



## PARENTING IN THE BEGINNING YEARS: Priorities for Investment

---

Carol Crill Russell, M.S.W., Ph.D.  
Vice President  
Research and Programs  
Invest in Kids



© Invest in Kids, 2003  
No part of this publication  
may be reproduced without  
the prior written consent of  
the publisher.

Thanks to The Lawson Foundation for making this report possible.



Committed to enriching the life of Canadian families, The Lawson Foundation provides funding to help create sustainable community-based programs that nurture the healthy development of very young children, their families, and their caregivers. Besides funding Beginning Years initiatives, the Foundation also provides grants for Healthy Communities projects.  
[www.lawson.on.ca](http://www.lawson.on.ca)



## PARENTING IN THE BEGINNING YEARS: PRIORITIES FOR INVESTMENT

Prepared by:  
**Carol Crill Russell, M.S.W., Ph.D.**  
Vice President, Research and Programs  
Invest in Kids



# TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	1
I. INTRODUCTION .....	5
II. WHAT ARE THE IMPORTANT EARLY YEARS' CONTROVERSIES? .....	9
A. Controversy #1: The Early Years are not More Important than any Other Years of Life ....	11
B. Controversy #2: Recent Research on Genes and Gene-mapping Show the Environment Plays a Relatively Minor Part in Early Development .....	11
C. Controversy #3: Because Science has not Demonstrated How Specific Environmental Experiences, or Even Generalized Environments, Precisely Affect Brain Cell Development, "Biological Embedding" of Experience into the Developing Brain is Just a Theory and is Overplayed .....	13
D. Conclusion .....	14
III. WHAT DO WE KNOW ABOUT TODAY'S CHILDREN .....	15
A. Child Health .....	17
1. Prenatal Indicators: Maternal Substance Use .....	17
2. Birth Indicators: Low Birth Weight; Infant Mortality .....	18
3. Infant and Young Child Mortality and Morbidity Indicators .....	22
4. Conclusions .....	24
B. Child Maltreatment .....	24
1. Poverty and Family Structure .....	25
2. Deviant Parents .....	26
3. Parents Lacking Knowledge and Skills .....	26
4. Conclusions .....	27
C. Cognitive and Behavioural Vulnerabilities .....	27
1. Incidence .....	28
2. Income .....	28
3. Parenting Style .....	29
4. Conclusions .....	31
IV. WHAT IS KNOWN ABOUT TODAY'S PARENTS? .....	33
A. Socio-Demographics .....	35
1. Fertility, Income and Education .....	35
2. Cohabitation .....	41
3. Employment .....	44
4. Child Care .....	44

5. Emotional Climate of the Home .....	44
a. Depression .....	45
b. Family Functioning .....	45
c. Marital Satisfaction .....	45
d. Time Stress And Pressure .....	46
6. Conclusions .....	46
<b>B. Parenting Knowledge, Skills and Confidence .....</b>	<b>46</b>
1. Commitment to the Parenting Role .....	46
2. Parenting Behaviour .....	47
3. General Child Development Knowledge .....	48
4. Knowledge about the Importance of the Environment .....	48
5. Knowledge about Ages and Milestones .....	49
6. Knowledge about Emotional, Social and Intellectual Areas .....	50
7. Knowledge/Influence Dilemma .....	50
8. Parents Confidence in their Role .....	50
9. Knowledge, Confidence and Behaviour .....	51
10. Information Sources .....	52
11. Conclusions .....	52
<b>V. HOW IS PARENT EDUCATION CURRENTLY DELIVERED? .....</b>	<b>53</b>
<b>A. Current Parent Education Sources .....</b>	<b>55</b>
1. High School Courses .....	55
2. Prenatal Classes .....	56
3. Community-based Parenting Programs .....	56
4. Television .....	57
5. Internet .....	57
6. Telephone .....	59
7. Physicians .....	59
8. Books and Magazines .....	60
9. Conclusions .....	61
<b>B. Research and Programs .....</b>	<b>62</b>
1. Centres of Excellence .....	62
2. Research Centres .....	64
3. Government Programs .....	65
4. Conclusions .....	66
<b>VI. WHAT CAN WE CONCLUDE? .....</b>	<b>67</b>
<b>ENDNOTES .....</b>	<b>70</b>
<b>BIBLIOGRAPHY .....</b>	<b>74</b>

# EXECUTIVE SUMMARY





## EXECUTIVE SUMMARY

This report is an overview of the important issues that have significant impacts on early child development, and what is being done in Canada to address them.

Clearly, one of the most important issues is whether or not the early years of life are important to later development. This has been the hot topic of many books, articles and conferences over the past five years. While there has been considerable debate, most leading scientists conclude that the early years are vitally important because they lay the groundwork, developmentally, for what comes later throughout child and adulthood. Further, most concur that while nature is important, so is nurture. There is little doubt that the environment provided by parents and other caregivers during pregnancy, infancy and early childhood is crucial to laying a good foundation for later development.

**What are the important issues concerning today's infants and young children?** We find there are three: physical health, child maltreatment and cognitive and behavioural vulnerabilities.

There are internationally accepted physical health indicators of a population's health such as low birthweight, infant mortality, Sudden Infant Death Syndrome (SIDS), and teen pregnancy. These indicators are good predictors of children's future health in a society. Canada has shown steady improvement over the past two decades on most such indicators to the point where the rates are substantially lower than they were a few decades earlier, and Canada is among the best performing countries worldwide. Thus, Canada's efforts in pre and postnatal health are paying important dividends.

Yet child maltreatment in Canada remains a concern. There are three main drivers of child maltreatment: poverty, parental deviance and lack of knowledge and skills about parenting and child development. Poverty is very difficult to address because there is no broad societal agreement on how to confront it. Deviant parents are similarly tough to tackle, because there are few effective treatment programs for parents with severe, longstanding psychiatric and behavioural abnormalities. However, some child abuse and neglect is the result of parents simply not knowing how children grow and develop, and not knowing how to handle the challenges of parenting. A number of experts concur that broad-based parent education, universally available to parents, could help reduce child abuse for this group of parents.

Of equal concern are recent findings from Canada's National Longitudinal Survey of Children and Youth which show 28.6% of Canada's children from birth to age eleven have cognitive and/or behavioural problems that are serious enough to require interventions or they will be prone to experiencing problems throughout their child and adulthood. These problems are directly related to lack of positive parenting. Both the children's problems and poor parenting are present in all levels of society, regardless of income, education or occupation. These vulnerabilities are disturbingly high and need to be reduced. This is an area where improved parenting skills could make a difference.

**What are the important issues facing today's parents of young children?** Today's parents of young children are substantially different than the parents of yesteryear. They are increasingly delaying childbirth (often, until well into their thirties), increasingly dual-income (71 percent at the birth of their first child), and their marriages/living arrangements are increasingly unstable (about 25 percent of children experience parental separation before their sixth birthday).

An examination of psychographic indicators shows that parents of young children also experience very high rates of depression, poor family functioning, disagreements with their spouse about how to parent, and parents are exceedingly

crunched for time.

Invest in Kids' National Survey of Parents of Young Children indicates that despite the fact that parents clearly think parenting is the most important thing they do, and despite wanting to and trying to learn how to parent, parents don't know much about how children grow and develop, and they are not confident in their ability to know how to parent. Parents are especially unsure about how to promote social, emotional and intellectual development in their young children, the very areas where as parents they think they have the most influence.

This lack of knowledge and confidence is not confined to certain subgroups of parents. Contrary to popular opinion, mothers do not know more or feel more confident than fathers; parents with high income and education do not know more than parents with low income and education; experienced parents do not know more or feel more confident than inexperienced, and stay-at-home mothers do not know more or feel more confident than working mothers.

The majority of parents try to learn about parenthood before the birth of their first child, but their sources of education are limited in important ways. Thus, many parents are left feeling a lack of support in their parenting role, both at the personal level of practical and emotional support, and at the larger societal level, where the majority do not feel Canada values its young children.

**How is parent education delivered currently in Canada?** The main sources of parent education include high school family life and parenting courses, prenatal classes, community-based parenting programs, television, internet, telephone information lines, physicians, books and magazines. The overall result is a patchwork of services and supports which are mainly purveyors of information, not genuine education. They are often targeted to "high risk" parents, leaving the majority of ordinary parents with normal babies without formal supports or resources. And parent education programs are largely unevaluated, so we know little about whom they reach and whether they are effective.

There are a number of new, primarily government-funded research centres that focus on early child development, and a broader set of research advocacy groups that generate findings on families to assist policymakers and service providers. However, these organizations lack the funding and/or the mandate to disseminate their knowledge directly to parents, and are often focused on "high risk" families.

**CONCLUSIONS:** High quality parenting is pivotal to healthy social, emotional and intellectual development. In Canada we provide woefully few opportunities for parents to really learn about parenting and child development. Even worse, we have not created an environment that is conducive to enhancing parenting skills.

Imaginative and thoughtful efforts are greatly needed:

- To reach out to all parents.
- To educate all parents about child development and parenting in meaningful and useful ways.
- To recognize the emotional experiences and stresses inherent in modern parenting.
- To support on all levels, the important responsibilities parents of young children have undertaken -- to raise healthy and adjusted children, who will grow to be the next generation of healthy and adjusted adults and parents.

# PART I: INTRODUCTION



## PART I: INTRODUCTION

This report is an overview of the important issues that have significant impacts on early childhood, and what is being done in Canada to address them. The presentation examines what developmental science tells us about some of the controversies concerning the importance of the early years, consolidates current facts and figures about Canadian infants, young children and their parents and then provides a scan of sources, programs and organizations in Canada that provide services and supports to families with young children.



## **PART II: WHAT ARE THE IMPORTANT EARLY YEARS' CONTROVERSIES?**





## PART II: WHAT ARE THE IMPORTANT EARLY YEARS' CONTROVERSIES?

This section presents a brief review of the highlights of what science tells us about the importance of the early years, with an emphasis on the current stance on nature and nurture -- the interplay between heredity and environment. The section shows that regardless of what heredity contributes, the environment provided by the parents during pregnancy, infancy and early childhood is crucial to positive development throughout childhood and beyond.

About five years ago developmental scientists initiated a strong effort to bring the importance of the early years to the attention of policymakers and the public. At that time the relatively recent brain imaging technology was able to graphically portray the astounding activity taking place inside the brains of infants and young children. For the first time, it was possible for the public at large to glimpse the internal brain development activity that accompanies the external behavioural marvels that are so evident as babies grow from tiny sleeping, eating, crying creatures into walking, talking children with distinctive personalities. The outcome of this scientific focus on early brain development was a publicly stated assertion that a baby's brain development is said to depend on the quality of the environment provided by parents and other care providers.

During the succeeding years since this initial examination of early brain development, several debates among developmental scientists have been featured publicly. For the most part these disputes have been resolved as summarized below.

### A. CONTROVERSY #1: The early years are not more important developmentally than any other years of a person's life.

Early childhood is important because this period of life lays the foundation for what comes later. This is the period of life when children learn to walk, talk and relate to others. A faulty foundation is much more difficult to correct later. The importance of the early years to later development has remained unchallenged during the debates of the last five years.<sup>1</sup> However, focusing attention on the significance of this period of life has caused some people to imply that subsequent years are less important developmentally. Clearly this is not the case. Very few five year olds would be able to withstand the buffets of life without continuing positive supports throughout childhood. The quality of family, friends and neighbourhoods are crucial throughout childhood and beyond, as are the quality of elementary and high school experiences. It is important to remember that just because the early years are important, due to the foundation they lay for later development, does not mean that the later years are developmentally unimportant. But the early years are important because they come first and lay down the foundation for further development.

### B. CONTROVERSY #2: Recent research on genes and gene-mapping shows that the environment plays a relatively minor part in early development.

Developmental scientists are for the most part in strong disagreement with this statement. Stephen Suomi studies rhesus monkeys which share over 95 percent of their genes in common with humans. Yet, because the monkeys are animals, he has been able to breed and cross-breed them to develop specific types of temperaments and then raise the offspring with those specific temperaments in varying types of parental environments. He has then observed what happens with these monkeys and concludes:

“Just because it's biology, and even if it's highly heritable, doesn't mean it's destiny. Virtually all of the outcomes can be altered substantially by early experiences. Biology just provides a different set of probabilities.”<sup>2</sup>

“Genes that mold personality can be quieted or amplified by the experiences a child has and how she is raised. Genes do influence personality, but rather than setting an absolute fate, they describe a range of starting places and possibilities.”<sup>3</sup>

In November 2001, The Lawson Foundation, Invest in Kids and the Atkinson Centre for Society and Child Development at the University of Toronto brought together a number of the leading developmental scientists who study the influence of nature and nurture on child development. This rare opportunity for inter-disciplinary dialogue was facilitated by Dr. Daniel F. Keating.<sup>4</sup> Although each scientist was an authority from a different specialization, it became evident that each arrived at the same conclusion: the social and emotional environment that surrounds the fetus, the infant and the young child is crucial, regardless of what children inherit. In their own words (as summarized by Dr. Dona Matthews) from that conference:

“The attempt to answer the nature/nurture question, to determine the relative influence of genetic and environmental influences on human development, is a seriously misleading oversimplification.”<sup>5</sup>

Dr. Charles Nelson, University of Minnesota

“A key feature of biological development is that it is organized to be adaptive to circumstances.”<sup>6</sup>

Sir Michael Rutter, London, England

“Genetic factors are not the primary engine leading development and mental health: there is research evidence showing that highly competent infants raised in detrimental environments functioned more poorly as preschoolers than low competence infants who were raised in favourable environments. These findings suggest that attention to environmental risk factors may be more effective for predicting developmental course than attention to individual [inherited] factors within the child.”<sup>7</sup>

Dr. Alicia Lieberman, University of California

One of the better known compilations of studies which demonstrated the interaction between genes and environment focused on schizophrenia. This relationship was explained by Dr. Thomas Boyce in the position paper he prepared for the dialogue with the other scientists:<sup>8</sup>

“While the neuroscience of schizophrenia provided compelling evidence for a heritable disorder of the brain, epidemiological studies revealed that, even among monozygotic twins, the concordance rate for a diagnosis of schizophrenia never exceeded 50 percent. Schizophrenia was demonstrably a biological disorder with heritable components, but as much as half of the variance in its rate of occurrence was attributable to environmental exposures. ... Schizophrenia, like virtually all forms of human behaviour ... came to be understood as a product of both biological and contextual etiologies.”

This example is but one of a number of studies over the last decade, devoted to teasing apart the relationship between genes and environment. The scientists concluded that enough is also now known to state that there are very few conditions, behaviours or diseases which are controlled only by one gene or that will be expressed almost uniformly in one type of environment. Almost all states are generated through multiple gene and environment interactions.

Thus, now more than ever, scientists understand that early environments are crucial to healthy child development. The environments, which are arranged primarily by parents during the early years, play a major role in whether genes are actually "expressed" and how they are expressed. (As per Dr. Boyce, parentally provided environments, for example, can strongly influence whether a highly reactive child becomes chronically anxious, or uses the reactivity in more productive behaviour.<sup>9</sup>) Scientists are also finding that expression of genetically heritable behaviour influences the types of environments parents provide. For example, hyperactive children sometimes are not recognized as such by their parents, because the parents consider such behaviour "normal." While for other parents, a child's hyperactivity brings out great stress in the parents, which influences the environment they provide to their child.

At this point, scientists know parents are pivotal in a general way. Parents need to provide warm, secure environments for their children. But science is only beginning to tease out the specific environments required for specific temperaments. Which leads to the final point: although there are many scientists working to understand the gene/environment relationship, and they are focusing on outcomes as diverse as criminality, reactivity, childhood asthma and nicotine addiction, and although the technological advances are rapidly allowing scientists to "see" changes at the chemical, cellular, hormonal, organic and neurological levels, and to compute millions of probabilities of occurrences, scientists are just beginning to unravel the gene-environment relationship. This is an area of developmental science which is expected to grow exponentially over the coming decade.

**C. CONTROVERSY #3:** Because science has not demonstrated how specific environmental experiences, or even generalized environments, precisely affect brain cell development, "biological embedding" of experience into the developing brain is just a theory and is overlapped.

First, here is a quick summary of "biological embedding," as detailed by Dr. Clyde Hertzman, from the University of British Columbia:

"Spending one's early years in an unstimulating, emotionally and physically unsupportive environment will affect brain development in adverse ways, and lead to cognitive, social and behavioural delays. The problems that children so affected will display early in school will lead them to experience much more acute and chronic stress than others, which will have both physiologic and life-course consequences. Because the central nervous system, which is the centre of human consciousness, 'talks to' the immune, hormone and clotting systems, systematic differences in the experience of life will increase or decrease levels of resistance to disease. This will change the long-term function of vital organs of the body and lead to socio-economic differentials in morbidity and mortality. This process, whereby human experience affects health over the life course, is called 'biological embedding.'<sup>10</sup>

"The fact that the developing brain is an 'environmental organ' means that improving child develop-

ment is a question of improving the environments in which children grow up, live and learn ... The knowledge drawn together from the biological and social sciences points to the kinds of experiences young children need in their everyday lives to promote optimal early development.”<sup>11</sup>

Although “biological embedding” is technically a theory, its footprints are substantial. Although some scientists think the theory of “biological embedding” is over-stated, for many highly regarded scientists the tenets are not in serious dispute.<sup>12</sup> It is important for us to act on an understanding that early environments, provided primarily by parents, in all probability, have important effects on brain development prenatally and in early infancy and childhood.

#### **D. CONCLUSION:**

It is clear that today’s eminent developmental scientists conclude: the environments parents provide during the early years have lifelong effects. Thus, Invest in Kids’ adage is upheld: “The years before five last the rest of their lives.”



**PART III: WHAT DO WE  
KNOW ABOUT TODAY'S  
CHILDREN?**



# PART III: WHAT DO WE KNOW ABOUT TODAY'S CHILDREN?

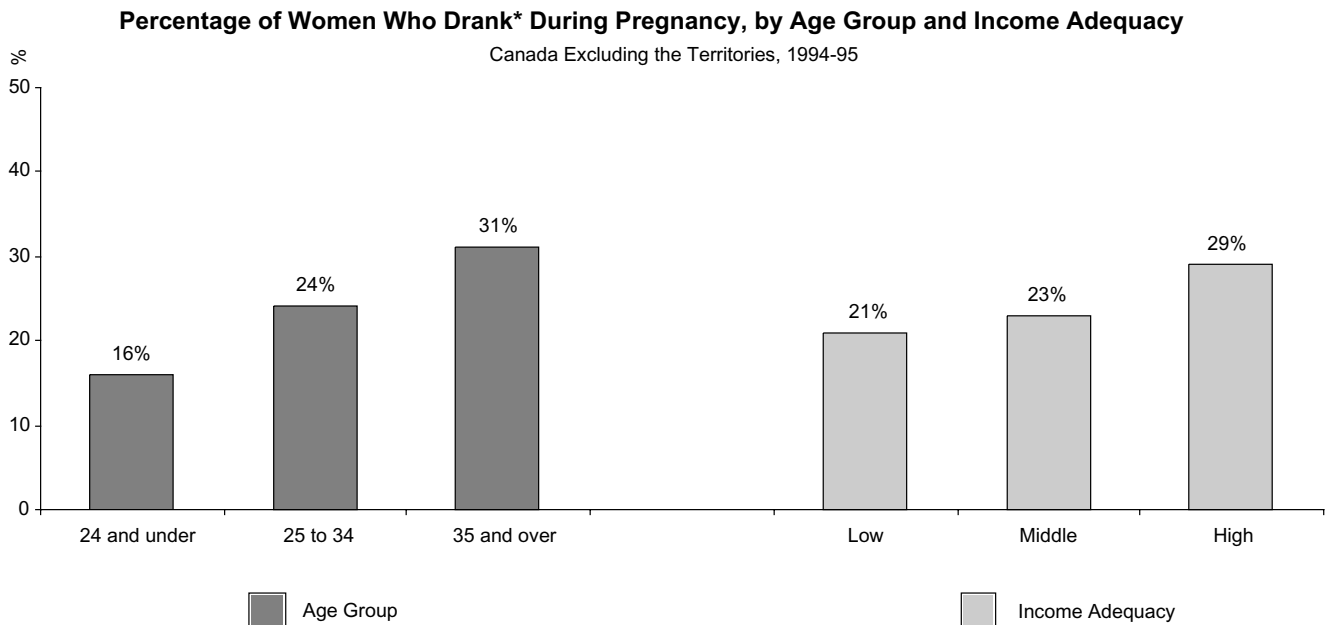
A. **Child Health** - A summary of key perinatal indicators of children's health (e.g., neural tube defects, low birth weight, mortality, Sudden Infant Death Syndrome, smoking and drinking during pregnancy, etc.) shows how Canada has progressed over the past two decades and how it compares to other countries. This section illustrates that regarding many internationally accepted physical health indicators of healthy development in young children Canada has shown steady improvement over the past two decades to the point where the overall rates of these indicators are relatively low and Canada is among the best performing countries worldwide.

For purposes of this paper a number of indicators of child health, accepted around the world, are presented. The section begins prenatally by examining in utero exposure to alcohol, tobacco smoke and pharmaceuticals. Then the report moves to indicators that become most evident around birth, including low-birth weight and infant mortality. Finally, the section concludes with an examination of the morbidity indicators, exploring those conditions that generally become evident in the first two years of life, including neural tube defects, Sudden Infant Death Syndrome (SIDS) and cancer. All of these indicators are internationally recognized for their strong associations with health outcomes, such as the quality of life and longevity.

## 1. PRENATAL INDICATORS

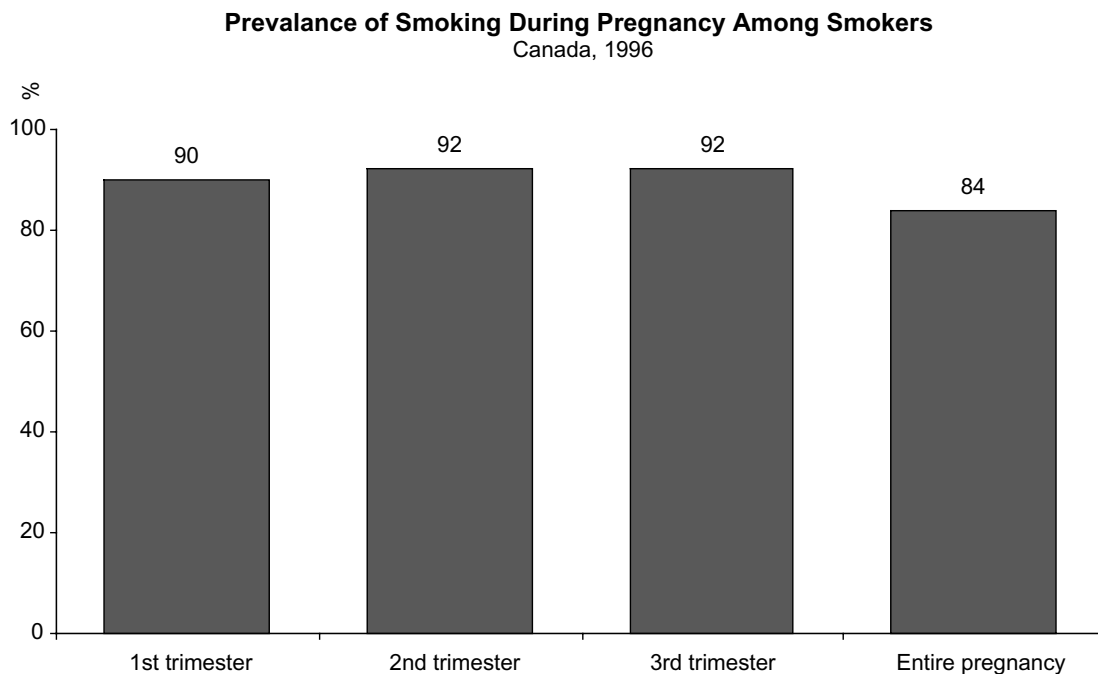
**Maternal Substance Use:** According to statistics compiled by Connor and McIntyre from the National Longitudinal Survey of Children and Youth (NLSCY):<sup>13</sup>

- 17.5% of women reported they consumed alcohol during their pregnancy
- 2.5% of these women reported “binge” drinking (more than 5 drinks on 1 occasion)
- 23.7% of women reported they smoked during their last pregnancy
- 84.2% of these women smoked throughout their pregnancy
- About 25% of women reported they used prescription and over the counter drugs during their pregnancy



Drinking alcohol during pregnancy is widely known to have the potential for negative impacts on fetal development, manifesting itself after birth in fetal alcohol syndrome or fetal alcohol effects in the child. Since this has been extensively reported in the popular as well as scientific media, it is surprising to find, as shown in the chart below, that alcohol consumption during pregnancy increases as the age of the mother increases (31 percent of mothers over the age of 35 reported consuming alcohol during pregnancy), and increases as mothers' "income adequacy" increases (29 percent of mothers with high "income adequacy" reported consuming alcohol):<sup>14</sup>

Smoking during pregnancy is similarly known throughout Canadian society to have potential negative effects on intellectual and physical development of infants. Yet the NLSCY shows that of women who were smokers when they became pregnant, 84 percent of them smoked during their entire pregnancy, and only about another 8 percent were able to stop for some portion of their pregnancy. These findings are shown in the chart below, reported by the Canadian Institute of Child Health and shown in the chart below, generated from NLSCY statistics:<sup>15</sup>



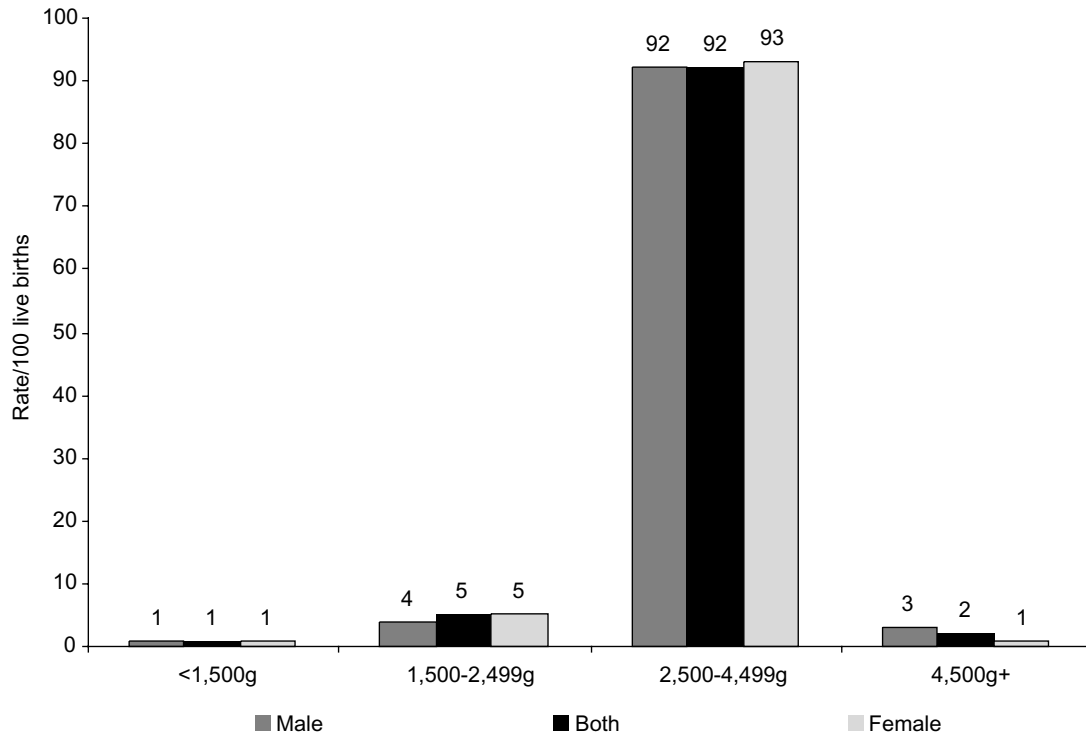
## 2. BIRTH INDICATORS

**Low Birth Weight:** As shown in the chart below, about 92 percent of babies born in Canada are born at a healthy birth weight.<sup>16</sup> Low birth weight is defined as being born at either less than 2,500 grams or less than 37 weeks of gestation or being born as small for gestational age (that is, born at less than the 10<sup>th</sup> percentile of size for gestational age). Low birth weight is associated with a higher rate of long-term health problems, including disabilities such as cerebral palsy and learning difficulties.<sup>17</sup>



### Rate of Live Birth, by Birth Weight and Gender

Canada\*, 1995



Canada has significantly reduced the incidence of low birth weight over time. The chart below shows a steady decrease from 5.7 to 5.4 per 1,000 live births between 1984 and 1990. The chart also shows that Canada's incidence rates are lower than the United Kingdom and the United States of America, although higher than Norway.<sup>18</sup>

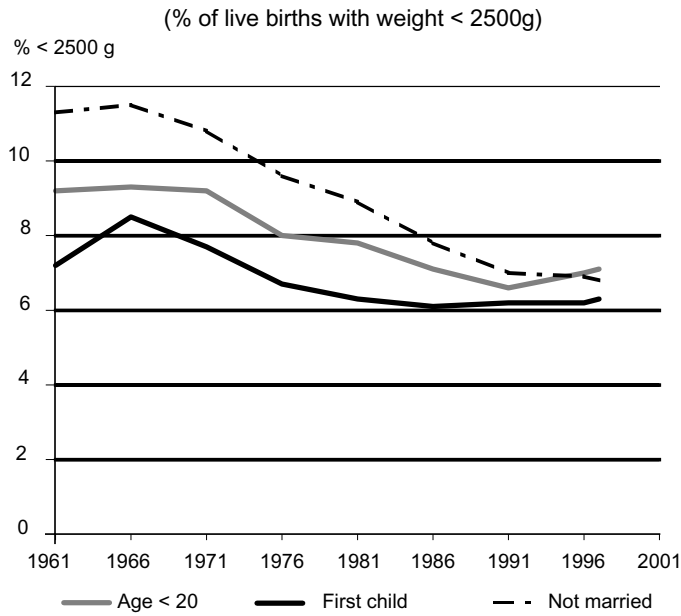
### Low Birth Weight

Canada and International, 1984, 1986, 1988 and 1990.

	1984	1986	1988	1990
Canada	5.7	5.6	5.6	5.4
Norway	N/A	N/A	4.5	4.6
United Kingdom	6.8	7	6.5	6.4
U.S.A.	6.7	6.8	6.9	N/A

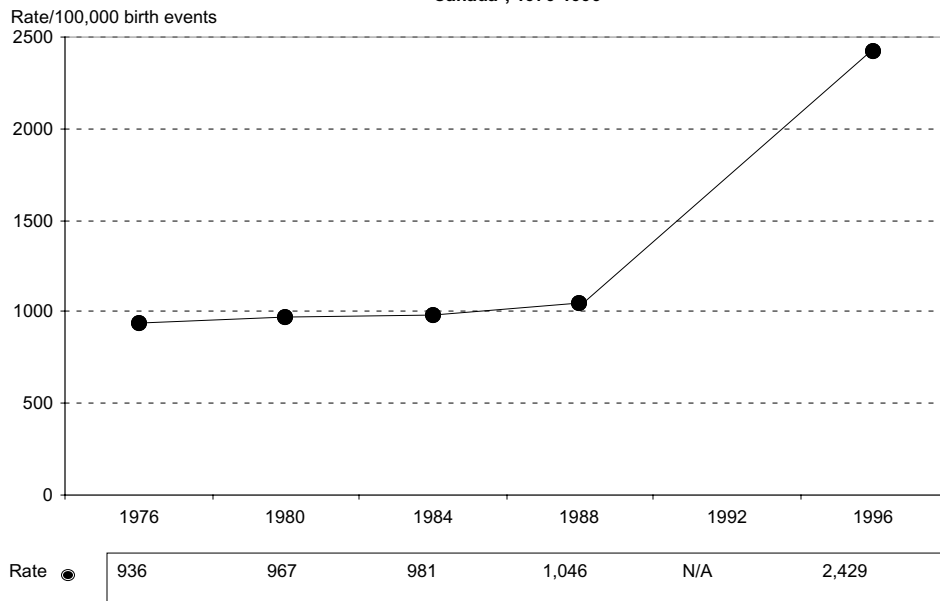
The chart below shows a similar steady decrease over a longer period of time from 1966 to the 1996.<sup>19</sup>

**Low birth weight by maternal characteristics, Canada, 1961 to 1997**

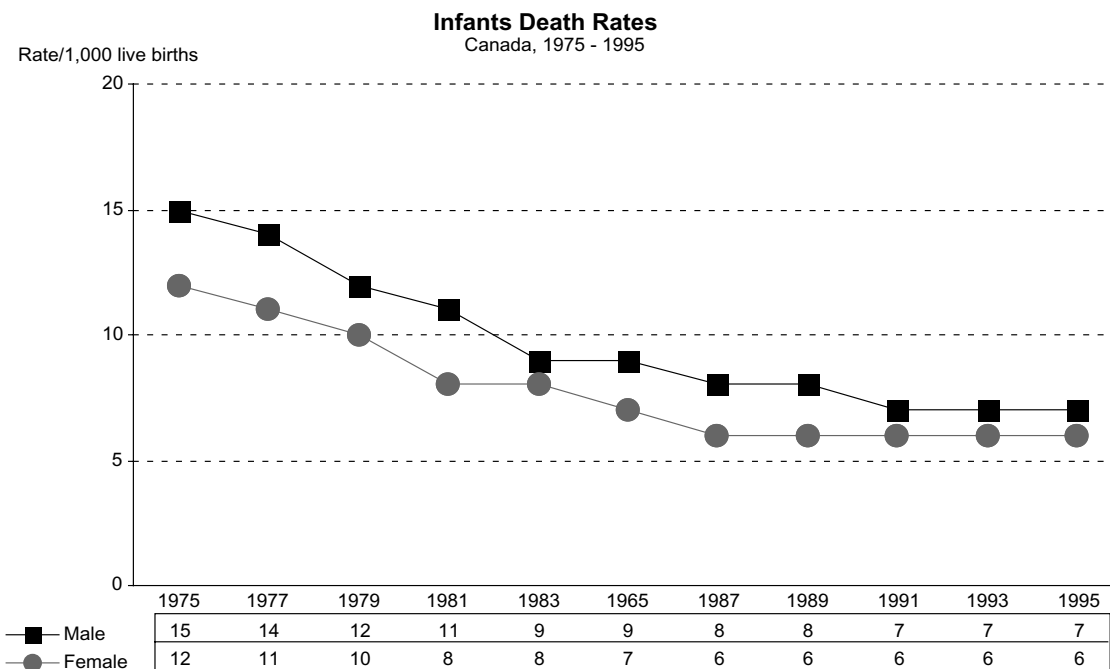


The increase in the incidence of low birth weight babies is thought to be due in part to an increase in multiple births. Such babies are much more frequently born at a low, or very low birth weight. The chart below shows a sudden increase in multiple births in Canada, due in large part to increased use of new reproductive technologies, such as fertility drugs and in vitro fertilization, according to the Canadian Institute of Child Health.<sup>20</sup>

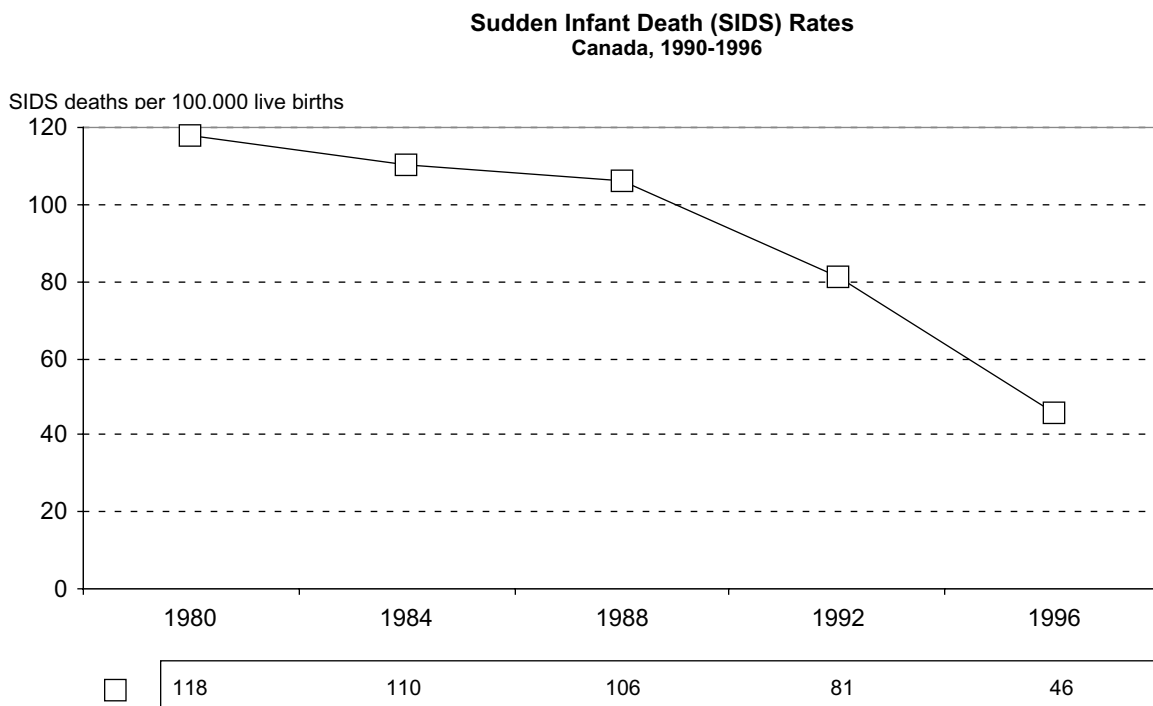
**Multiple Birth Rate per 100,000 Birth Events  
Canada\*, 1976-1996**



**Infant Mortality:** In 1996, the rate of infant mortality in Canada was 5.6 per 1000 live births. The rate of infant mortality has been decreasing dramatically since 1970, and is also low relative to other countries as shown in the chart below: <sup>21,23</sup>

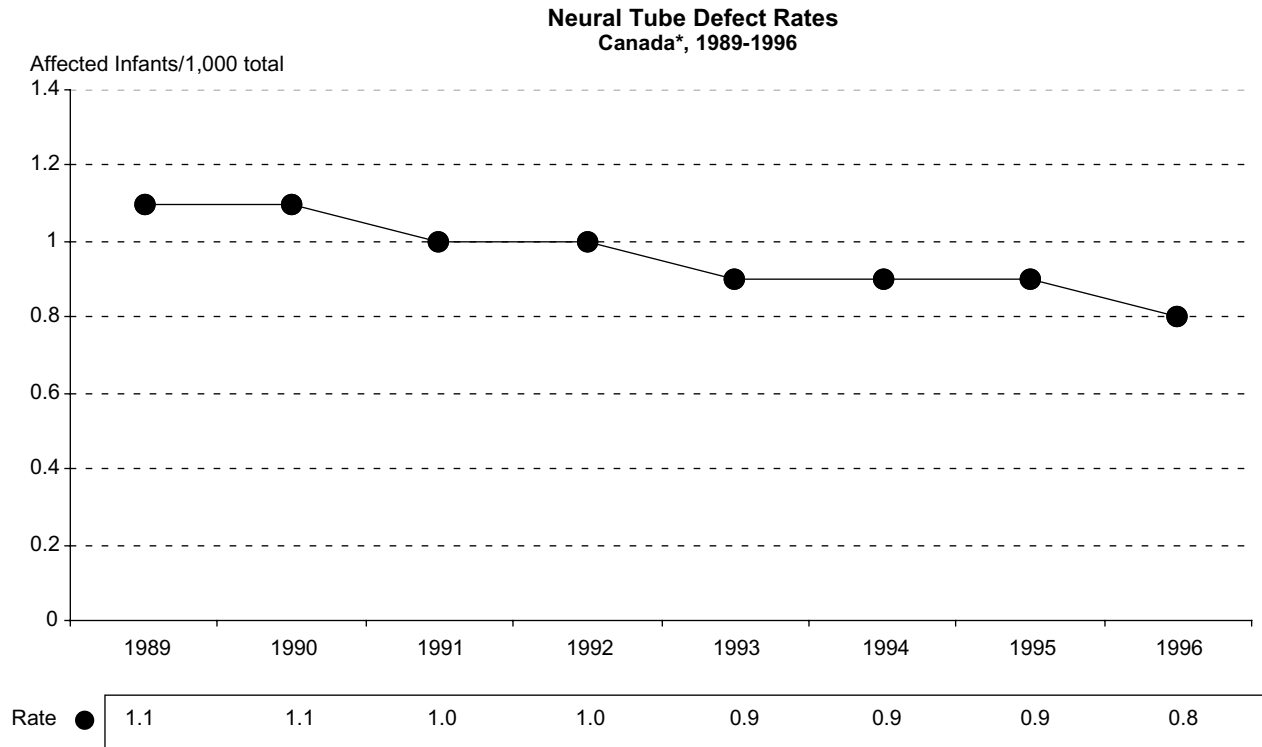


**Sudden Infant Death Syndrome (SIDS):** According to the Canadian Institute of Child Health, this type of mortality is scientifically defined as, “the sudden and unexpected death of an apparently healthy infant usually less than one year of age, which remains unexplained even after a full investigation.” <sup>24</sup> The rates of this type of childhood tragedy have been steadily decreasing since 1980, to a 1996 rate of 46 SIDS deaths per 100,000 children as shown below: <sup>25</sup>



### 3. INFANT AND YOUNG CHILD MORTALITY AND MORBIDITY INDICATORS

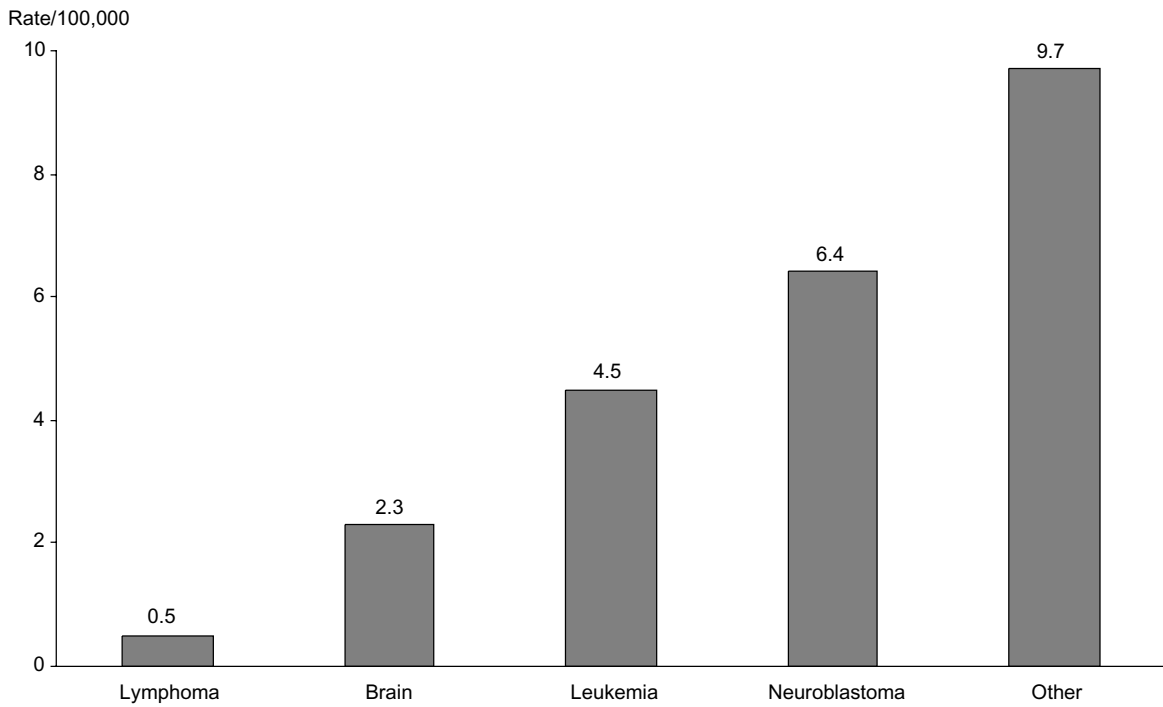
**Neural Tube Defects:** these are major anomalies where the spinal cord and or the brain fail to close completely during fetal development. The two defects most commonly known to the public include spina bifida and microencephaly (very small or non-existent brains). These types of abnormalities have been steadily decreasing over the years. The Canadian Institute of Child Health explains that this is “attributable, in part, to early detection and subsequent termination of affected pregnancies and possibly, in part, to better diets and the use of vitamin supplements, such as folic acid.”<sup>26</sup> A chart summarizing the rates of affected infants is shown below:<sup>27</sup>



**Cancer Incidence Rates:** The rates for children less than one year of age with cancer is very low as shown in the first chart below,<sup>28</sup> and the rates for children aged 1 – 4 are also relatively rare as shown in the second chart below.<sup>29</sup> (The rates in the charts below were based on 10 years of data, because the actual rate in any one year is so low, the data must be pooled and averaged.)

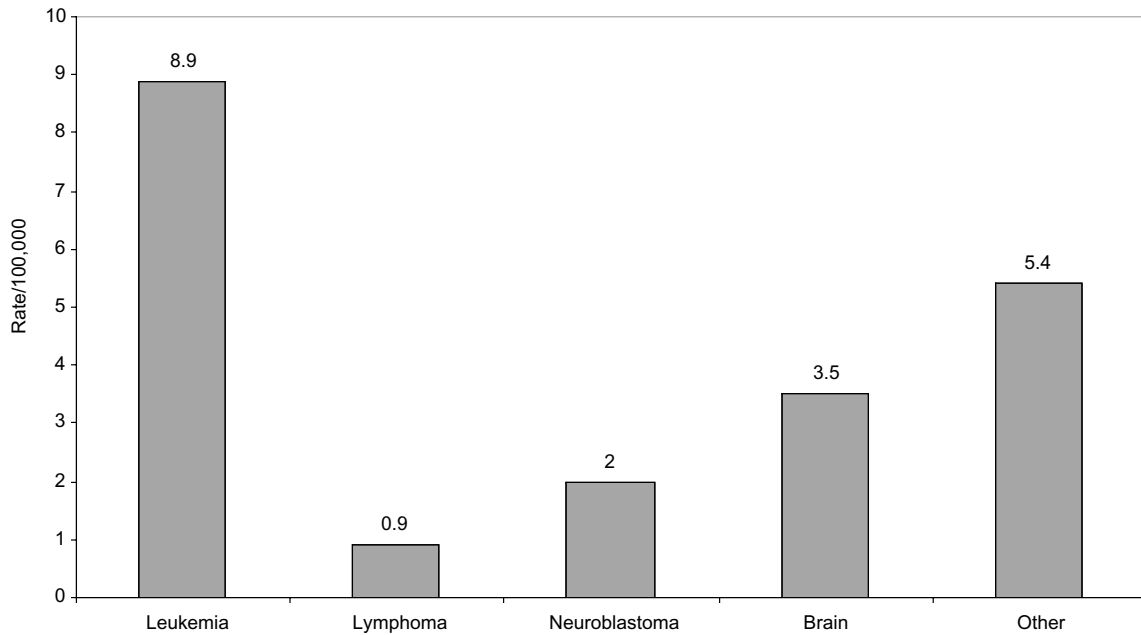
### Cancer Incidence Rates\*, Children Less Than 1 Year of Age, by Main Cancer Type

Canada, 1985 - 1994



### Cancer Incidence Rates\*, Children Aged 1-4 Years, by Main Cancer Type

Canada, 1985-1994



#### 4. CONCLUSIONS:

In general, Canada's children get off to a good start physically. Internationally recognized indicators of future problems in physical health and development show Canada has generally low rates. The rates are low compared to where Canada was a decade or two ago, and they are relatively low based on international comparisons with other western nations.

The major concern is the 17 – 25 percent of women who smoke and consume alcohol during pregnancy. However, this concern has been noted by the new Centre of Excellence on Early Child Development, and has become a major part of their agenda. They will focus on the psychosocial risks to children exposed to maternal smoking and alcohol exposure during pregnancy and early childhood, as well as on programs to promote cessation and abstinence.<sup>30</sup> The Hospital for Sick Children's Motherisk program is also a recognized leader in both clinical and services research about and for mothers who smoke, consume alcohol or use various prescription or over-the-counter drugs during pregnancy. They play an important role across Canada in this area.<sup>31</sup>

**B. Child Maltreatment:** This section begins with an overview of the findings from the Canadian Incidence Study of Reported Child Abuse and Neglect. While the incidence rates appear low, any child maltreatment is disturbing. The section also examines the following factors associated with child maltreatment: unemployment, parental deviance and lack of parenting and child development knowledge, skills and supports. The suggestion is made that while it is difficult to have an impact on unemployment and parental deviance, it is likely that improving parenting knowledge, skills and confidence universally could help reduce some portion of child abuse.

Health Canada commissioned Dr. Nico Trocmé and colleagues to undertake the Canadian Incidence Study of Reported Child Abuse and Neglect, to examine child maltreatment in Canada. The information in this section was drawn from the Highlights of the Report, 2002. The incidence survey focused on incidents of abuse that were reported to, and investigated by, child welfare services from October to December 1998.<sup>32</sup> Although the survey is comprehensive in many respects, it is not inclusive of all child abuse. The Health Canada study excludes 1) cases which were investigated by police only, with no further reporting by the police to the welfare authorities; 2) cases known to other professionals but not reported to child welfare; 3) cases known to community but not reported; and 4) unknown cases, hidden in the family or the community. Thus, estimates in the study represent only a portion of all child maltreatment occurrences. However, it is a scientifically well-founded survey, and it is national in scope.

The study reports 21.5 investigations of suspected child maltreatment per 1,000 children, of which 9.71 were substantiated after investigation. The percentage breakdowns of cases are as follows:

- 45%     substantiated
- 22%     remain suspected
- 33%     unsubstantiated

Of those 45 percent of cases which were substantiated, the percentages according to abuse classification is as follows:

- 31%     physical abuse
- 10%     sexual abuse
- 40%     neglect

19% emotional maltreatment

Of those substantiated cases which were classified as physical abuse:

69% inappropriate punishment  
1% shaken baby syndrome  
31% other forms of physical abuse

Of those substantiated cases which were classified as sexual abuse:

68% touching and fondling of genitals  
35% attempted or completed sexual activity  
12% adults exposing genitals

Of those substantiated cases which were classified as neglect:

48% failure to supervise leading to  
physical harm  
19% physical neglect  
14% permitting criminal behaviour  
12% abandonment  
11% educational neglect

Of those substantiated cases which were classified as emotional maltreatment:

58% exposure to family violence  
34% emotional abuse  
16% emotional neglect

What are the causes of abuse and neglect? For many years three factors appear and reappear in association with child abuse and neglect. They include: poverty, especially when combined with parental isolation; parents who have problems with impulse control and inhibiting deviant behaviour; and lack of parenting knowledge and skills. These factors appear in the more classic research on child maltreatment<sup>33</sup> and are currently being addressed by Canadian researchers, such as Drs. Nico Trocmé and Camil Bouchard and their associates at the Centre of Excellence in Child Welfare.<sup>34</sup>

## 1. POVERTY AND FAMILY STRUCTURE

“Child abuse is not confined to any one social class or sector of the population; it cuts across all ethnic, religious, social and economic backgrounds. However, economic disadvantage is a major contributor to child neglect. Poverty also appears to be a risk factor for physical abuse, though not for emotional abuse.”

National Clearinghouse on Family Violence website<sup>35</sup>

Because child abuse is found in all socio-economic strata of society, it is a misconception to think that child abuse only happens in poverty-stricken families. Yet, poverty, especially when combined with isolation from family, community and institutional supports, is repeatedly associated with high rates of child abuse.<sup>36</sup> So social scientists and policymakers must

consider that poverty, especially in combination with parental isolation, is one of the main factors in physical abuse and neglect.

## 2. DEVIANT PARENTS

There is a portion of child abuse that is due to “deviant” parents. This group includes parents who are unable to handle their anger, cannot control their substance abuse enough to protect their children, those who use their children to promote or cover their own criminal activity, those who think children enjoy and want to be sexual objects, and those who are so centred on themselves they dangerously neglect their children or use them to meet their own immature needs.

In Canada, there is currently a special focus on understanding this group of parents more thoroughly through the Quebec Incidence Study of Child Abuse. Dr. Camil Bouchard and his colleagues are examining abuse and neglect associated with “dysfunctionality” which they describe as being “heavily loaded with family distress ... [and] the presence of impulsive/irrational brutality ... eroding the adaptation capacities of both the parent and the child.”<sup>37</sup>

Deviant parents require major interventions to change their abnormal thinking and behaviour. This is a group of parents who require the most intensive services and supports to substantially change how they relate to their infants and young children. Even then the prognosis is not optimistic, because social scientists do not have good evidence that treatment programs for this particular group of parents work very well. Dr. Geraldine Macdonald reviewed the research evidence for these types of interventions, and concluded,<sup>38</sup>

“Given the paucity of studies, and the methodological problems that accompany many of them (e.g., small sample sizes, high drop-out rates, inadequate outcome indicators, no follow-up), it is difficult to conclude anything other than that the available evidence-base underpinning what I shall term therapeutic (as opposed to administrative or legal) interventions in child protection is wafer-thin.”

## 3. LACK OF KNOWLEDGE AND SKILLS

“Parenting education can help parents to better understand normal child development and to have a more nurturing and enjoyable relationship with their children. Positive approaches to parenting can help parents with children of any age.”

National Clearinghouse on Family Violence website<sup>39</sup>

“Many primary prevention interventions in the fields of health and social welfare are predicated on the assumption that knowledge and information can be sufficient to bring about behavioural change. There is, in fact, a great deal of evidence to cast doubt on this assumption, but nonetheless when lack of information or knowledge is a factor, it clearly makes sense to address it.”

Dr. Geraldine Macdonald<sup>40</sup>

Some parents have very unrealistic expectations about their child’s abilities and demand a level of physical, social and emotional maturity which is not appropriate for the age of the child. Other parents simply do not have knowledge of what



is culturally accepted as appropriate ways to relate to children. Sometimes these parents are described as those “who just don’t know any better.” Many new parents today have not been able to acquire knowledge about how children grow and develop, or to develop parenting skills during their own upbringing. Consequently, many parents have not had responsibility for a child for more than a few hours before their own newborn is placed in their arms.

Dr. Macdonald, who has spent many years studying how to address child maltreatment, suggests that mainstream or broad-based parent education programs would better address this knowledge gap, rather than programs provided by child welfare or mental health agencies. This would “normalize” the need to obtain knowledge and skills, and parents would not have to be stigmatized as being deficient in these areas to obtain their “education.”<sup>41</sup>

#### 4. CONCLUSIONS:

Although poverty is a major contributor to child maltreatment, poverty is very difficult to address because there is no broad societal agreement on how to tackle it. Deviant parents are similarly difficult to address, because there are very few effective treatment programs for parents with severe, longstanding psychiatric and behavioural abnormalities. However, some child abuse is the result of parents simply not knowing how children grow and develop, and not knowing how to handle the stresses of parenting. A number of professionals in the field of child maltreatment concur that broad-based parent education, universally available to parents, could help reduce child abuse for this group of parents.

**C. Cognitive and Behavioural Vulnerabilities** - New research from the National Longitudinal Survey of Children and Youth (NLSCY), shows 28.6 percent of Canadian children have a cognitive and/or behavioural problem serious enough to require an intervention or these children will be prone to experiencing problems throughout their child and adulthood. This is disturbingly high, and while explained somewhat by socio-economic status, it is more compellingly explained by parenting style. Children from families with an authoritative parenting style have more positive interpersonal relations and do better in school. Yet, only about 1/3 of parents in Canada demonstrate these positive, effective parenting skills. This is clearly an area where parenting skill development could make a difference in child development.

Dr. Douglas Willms, of the University of New Brunswick, recently edited a book, *Vulnerable Children: Findings from Canada’s National Longitudinal Survey of Children and Youth*. Willms developed a “vulnerability index” to identify children who were at risk of reduced health and productivity based on their performance in the cognitive, social/emotional or behavioural domains. The index was developed as follows:<sup>42</sup>

“Children were considered vulnerable in the cognitive domain if they were identified as having low MSD [motor social development] scores at ages zero to three, low PPVT-R [Peabody Picture Vocabulary Test – Receptive language] scores at ages four and five, or low mathematics scores at ages six through eleven. Children were considered to be vulnerable in the behavioural domain if they had a difficult temperament at ages zero or one, or had any one of the six behavioural problems at ages two through eleven [anxiety, emotional disorder, hyperactivity, inattention, physical aggression, indirect aggression].”

## 1. INCIDENCE

Using this index, Dr. Willms identified 28.6 percent of Canadian children, from birth to age ten, as having a cognitive or behavioural problem serious enough to require an intervention or these children will be prone to experiencing further problems throughout their child and adulthood.<sup>43,44</sup> It should be noted that this figure excludes children with physical or mental handicaps, learning disabilities or health problems, because according to Dr. Willms' rationale, these are factors that place children "at risk" for particular outcomes, but are not cognitive or behavioural outcomes in themselves. Therefore, unless a handicapping condition or health problem resulted in a behaviour problem or poor cognitive development, children with such conditions were not considered "vulnerable" for purposes of Dr. Willms' analyses.<sup>45</sup>

The 28.61 incidence rate appears disturbingly high to most people. In fact, some critics suggested this index was too liberal, and that the established cut-offs should be lowered. Dr. Willms answered these critics as follows:<sup>46</sup>

"They [the criteria to define vulnerability] were based on well-established cut-off points for the cognitive measures and, in the case of behaviour problems, by determining empirically which children clustered in groups with very low behaviour ratings. The prevalence of children with behaviour problems estimated in this study – 19.1 percent – is comparable to findings from the Ontario Child Health Study (Offord et al., 1987). And in 1993, the year before the collection of the first cycle of data for the NLSCY, 29.2 percent of Canadian youth had dropped out of secondary school before graduation (Organisation for Economic Co-operation and Development, 1996; see Table R11.1). These earlier results suggest that a figure of 28.6 percent is realistic."

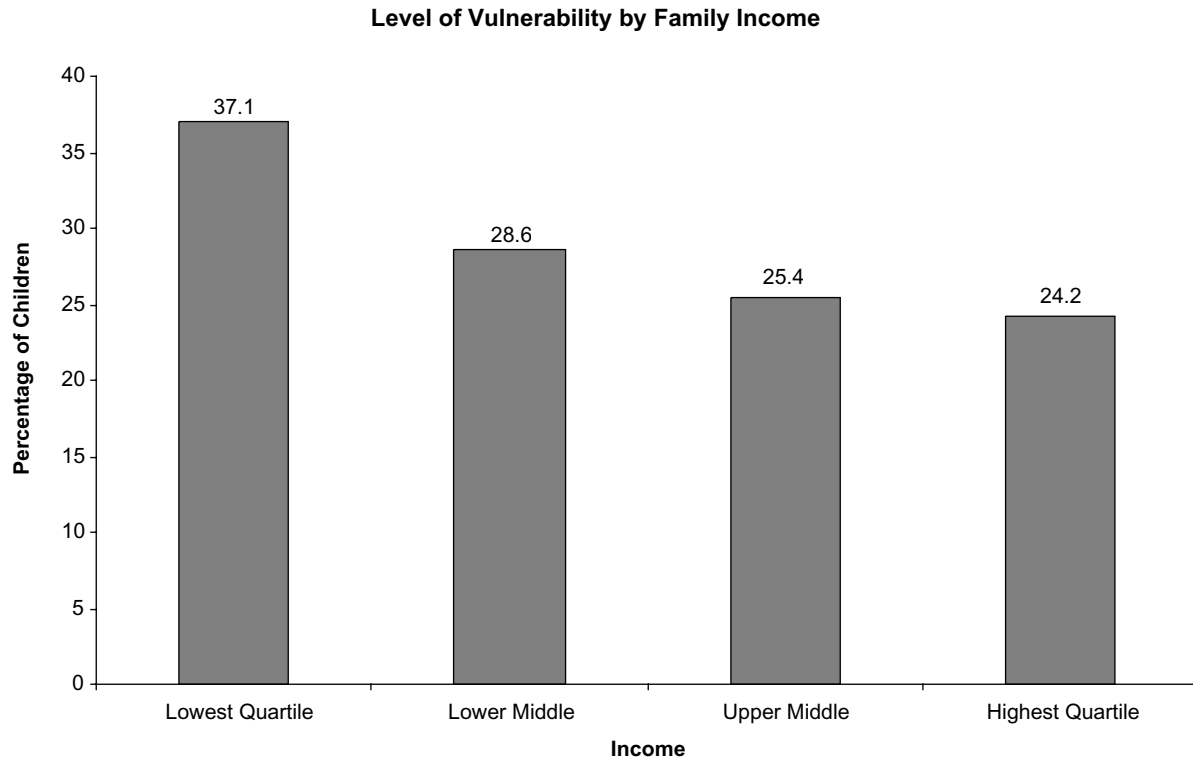
## 2. INCOME

Not only were the rates of vulnerability higher than expected, but the relationship between family income and childhood vulnerability, while present, was not as important a factor in explaining the relationship as anticipated.

In the chart on the next page<sup>47</sup> Willms and his colleagues ranked family income from high to low, and then clustered the families into four income categories (labeled as "lowest," "lower middle," "upper middle" and "highest"), which are called "quartiles," because each quartile represents an equal 25 percent of Canadian families. As seen above, the highest rate of vulnerability was 37.1 percent in the lowest income quartile. The middle quartiles showed rates of 28.6 percent and 25.4 percent each, and the highest income quartile showed a rate of 24.2 percent. Thus, there is an observable relationship between family income and child vulnerability. But the statistical analysis did not show this to be the most important explanation of child vulnerability. This is partly because although 37 percent of children in the lowest income quartile were vulnerable, 63 percent were not. Clearly the majority of children living in low income families are not vulnerable. As noted by Willms, "These results confront the stereotype that the majority of children who have problems at school or display behaviour problems are from poor families: it is simply not the case."<sup>48</sup>

In further analyzing socio-economic status, Willms examined five factors associated with risk for poor child development – low family income, low maternal education, a mother who does not work outside the home and a family that has recently immigrated. When taking into consideration both the impact and prevalence of these factors on children's vulnerability, Willms' found, "The attributable risk associated with low family income is 10.8 percent, which suggests that if Canada

could boost everyone's income above that level, the prevalence of vulnerability would only be reduced by about 10 percent." He then notes, "... even if we could eliminate all the risk factors associated with family background, we would reduce childhood vulnerability by less than twenty percent." <sup>49</sup>



### 3. PARENTING STYLE

If socio-economic status is not the major explanatory factor of childhood vulnerability, what is? Willms and his colleague, Dr. Ruth Chao, propose that “responsive” and “authoritative parenting” is the leading explanatory factor. They analyzed parenting styles in the National Longitudinal Survey of Children and Youth according to the framework conceptualized by the highly regarded Dr. Diana Baumrind (1967). This framework of parenting styles includes: <sup>50</sup>

*“Authoritative* parents establish a warm and nurturing relationship with their children, but set firm limits for their behaviour. Within these limits, though, they present options to them, discuss alternate ways of behaving, and allow them to participate in family decisions.

*Authoritarian* parents are characterized as being highly controlling, requiring their children to meet an absolute set of standards. They are less flexible, and lack responsiveness and warmth.

*Permissive* parents are typified as overly nurturing; they provide few standards for behaviour, and are extremely tolerant of misbehaviour.”

Chao and Willms chose this type of framework to conceptualize parenting because their review of studies which examined these styles in detail showed: <sup>51</sup>

“The authoritative parenting style has been found to be positively related to a number of schooling outcomes, including academic achievement, school grades, time spent on homework, positive school behaviour, and completion of secondary school...

Children of authoritarian and permissive parents tend to have relatively poor schooling outcomes, and researchers have found deleterious effects associated with inconsistent, rejection-oriented parenting ...”

When Chao and Willms applied the parenting style framework to the NLSCY dataset they found:

- Only about a third of parents can be considered to have an authoritative parenting style. About a quarter of parents were characterized as authoritarian, and a further quarter as permissive. The analysis identified a fourth category of parents, made up of slightly less than 15 percent of parents. These parents scored low on all aspects of positive parenting and were characterized as permissive—irrational or irresponsible. <sup>52</sup>

Since only 30 percent of parents report using the practices associated with an “authoritative” parenting style, there is cause for concern. Chao and Willms suggest that since this percentage is so low, most parents could benefit from training programs to improve their skills.

- Parenting practices were not strongly related to SES or family structure. When examining a full range of variables describing family structure and SES, Willms found they accounted for only about 2 - 6 percent of the variation in parents’ practices. Thus, both positive and negative parenting practices are apparent in all types of families (wealthy/poor; educated/uneducated, married/unmarried). <sup>53</sup>
- Parenting practices have important effects on a child’s social and cognitive outcomes, and on the likelihood that a child is vulnerable in some way. Generally, there were strong positive effects on children’s outcomes associated with positive parenting practices. These effects seemed to be particularly strong for pro-social behaviour and the likelihood that a child would have a behaviour problem. The effect of responsive parenting is particularly interesting because the positive effects between positive parenting and good outcomes increased as the child’s age increased. This is an important finding because, regrettably, parents are less responsive to their children as they grow older. <sup>54</sup>

Willms’ concludes his summary of results about childhood vulnerability and parenting practices by stating: <sup>55</sup>

“These findings present a serious challenge to... the widespread belief that the children of poor families do not fare well because of the way they are raised. These findings, based on a large representative sample of Canadian families, show that positive parenting practices have important effects on childhood outcomes, but that both positive and negative parenting practices are found in rich and poor families alike. Thus, good parenting is a concern for all parents.

The results also imply that universal programs aimed at improving all parents' practices would be preferable to targeted programs. Because positive practices are only weakly associated with SES, it is not feasible to identify parents with relatively poor [parenting] skills on the basis of SES factors. And given that only about a third of parents might be characterized as authoritative, most parents could benefit from training programs that improved their skills."

#### 4. CONCLUSIONS:

An unacceptably high proportion of Canadian children (28.6 percent) have a cognitive or behavioural vulnerability. This indicates that about one child in four is at risk for poor school performance and interpersonal relationships during childhood, youth and beyond. Socio-economic status, while related to childhood vulnerabilities, is not the main driver. Childhood vulnerabilities are much more strongly related to parenting style, such as the kinds of responsive, authoritative parenting practices which only about one third of Canadian parents use with their children. Too few, from almost any perspective. Additionally, positive parenting practices are not strongly explained by socio-economic status. The low rates of responsive, authoritative parenting practices are spread through all levels of income and education. There is a strong implication that to decrease cognitive and behavioural problems in children, Canada needs to increase knowledgeable, confident parenting universally, and this is best accomplished by educational approaches that reach out to all parents.



**PART IV:  
WHAT IS KNOWN ABOUT  
TODAY'S PARENTS?**





## PART IV: WHAT IS KNOWN ABOUT TODAY'S PARENTS?

This section provides a compilation of what is known about parents of young children, because the demographic and socio-emotional realities of parents' lives, as well as their levels of knowledge, skills and confidence around parenting will provide important directions on when and how parent education might be successful.

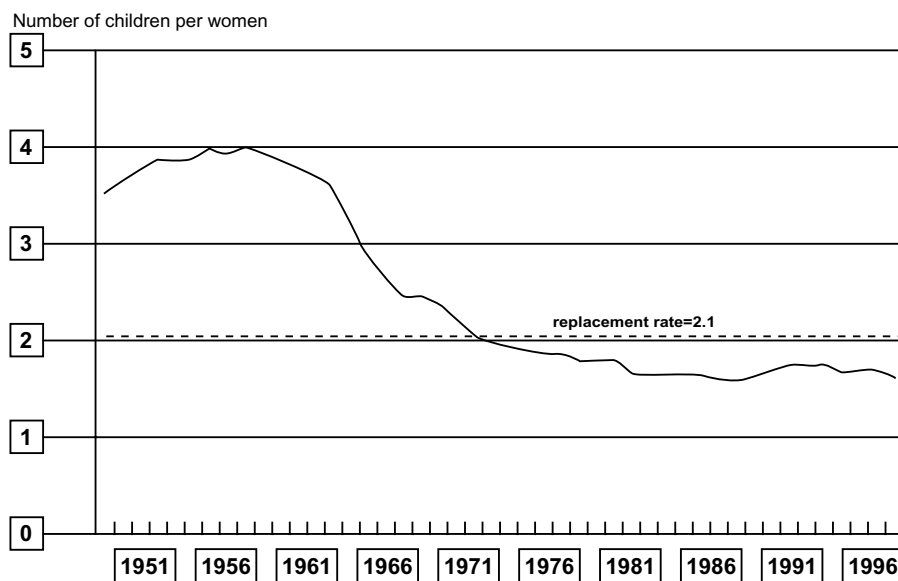
**A. Socio-Demographics** - This section provides a summary of what is known about families with young children, drawn primarily from recent Statistics Canada surveys. These surveys show most families are small (typically two or fewer children per family) and there is a recent trend toward delaying the birth of their first child, often until after parents reach their thirties. This has resulted in basically two types of families: a group of younger families who are struggling financially, and a group of older families which are more secure financially. There is also an increasing trend of family instability wherein parents are also delaying or foregoing marriage, and the latest statistics show that 24 percent of children have experienced parental separation before the child's 6th birthday. These are megatrends concerning families with young children that should be taken into consideration when planning parent education programs.

To provide a background for understanding the realities of today's parents, it is useful to examine recent socio-demographic trends among parents of young children. This report examines fertility, income, education, marital status, teen pregnancy, employment and child care arrangements.

### 1. FERTILITY, INCOME AND EDUCATION

The 2001 fertility rate in Canada was 1.51 children per family, up from a record low of 1.49 set in 2000.<sup>56</sup> This was the first increase in fertility in a decade. Statistics Canada indicates the reasons behind the increase in the birthrate are not possible to determine at this point in time. However, they note the increase coincides with the extension of parental leave benefits from 10 weeks to 35 weeks, and Statistics Canada speculates that this may have been influential in helping some

**Total Fertility Rate (1951-1996)**



families decide to start or add to their families during this time period.

Unless otherwise noted, the information for this section is taken from various documents published by the Vanier Institute of the Family. As shown in the graph on the previous page, the fertility rate has remained under the “replacement level” of 2 children per family, since the early 1970s.<sup>57</sup>

The chart above indicates that most families are small. In fact the number of children per family breaks down as follows:<sup>58</sup>

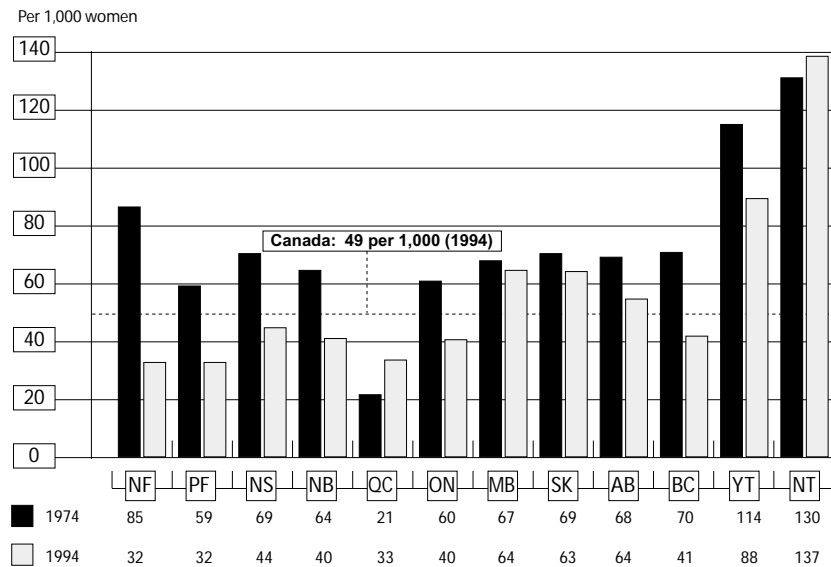
43% of children are the oldest or an only child

39% of children have an older brother or sister

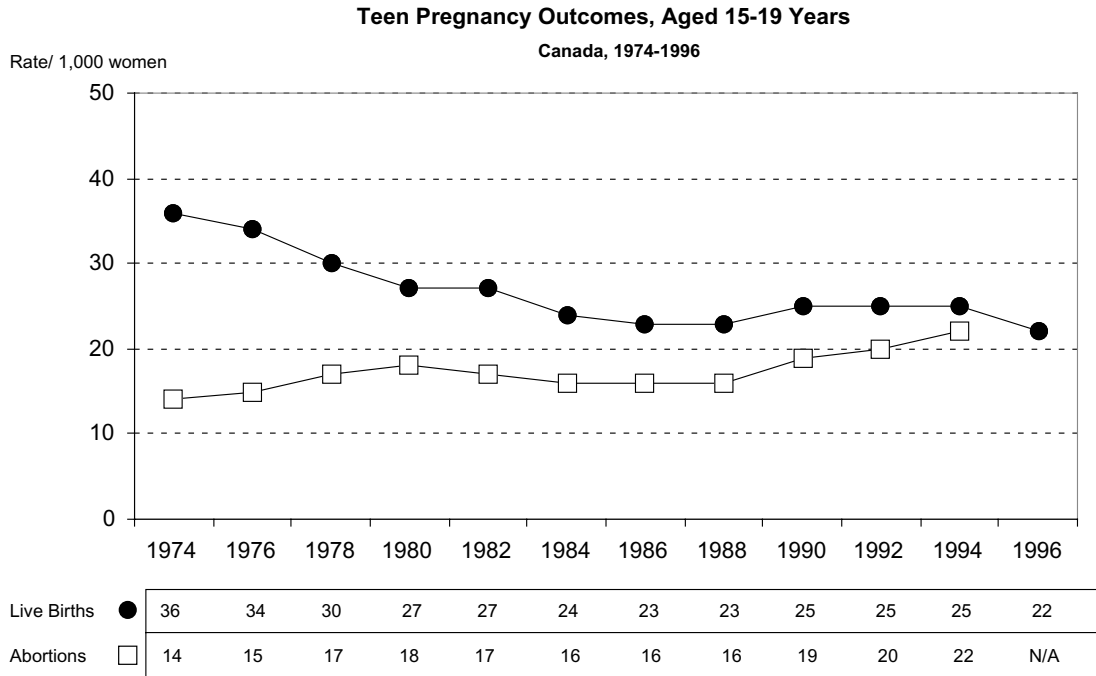
22% of children have 2 or more siblings

When discussing the age of parents, the first question most people ask concerns teen parents, because this group is often very unprepared to provide financial and parental stability for their infants. The good news is that teen pregnancy rates in Canada fell significantly between 1974 and 1994 as shown below:<sup>59</sup>

**Teenage Pregnancy: Pregnancy rates per 1,000 women aged 15 to 19, by province (1974-1994)**



In fact, according to the latest Statistics Canada figures, “The fertility rate of teenagers set a new low in 2001, with 16.3 births for every 1,000 women aged 15 – 19 in 2001. Part of this decrease in teen pregnancy is probably due to the increased availability of abortion, as shown in the chart below.<sup>61</sup>



But there is another, equally important trend. The average age of mothers giving birth has been significantly increasing over the past 20 years. The chart below shows a breakdown of births by age of mother.<sup>62</sup>

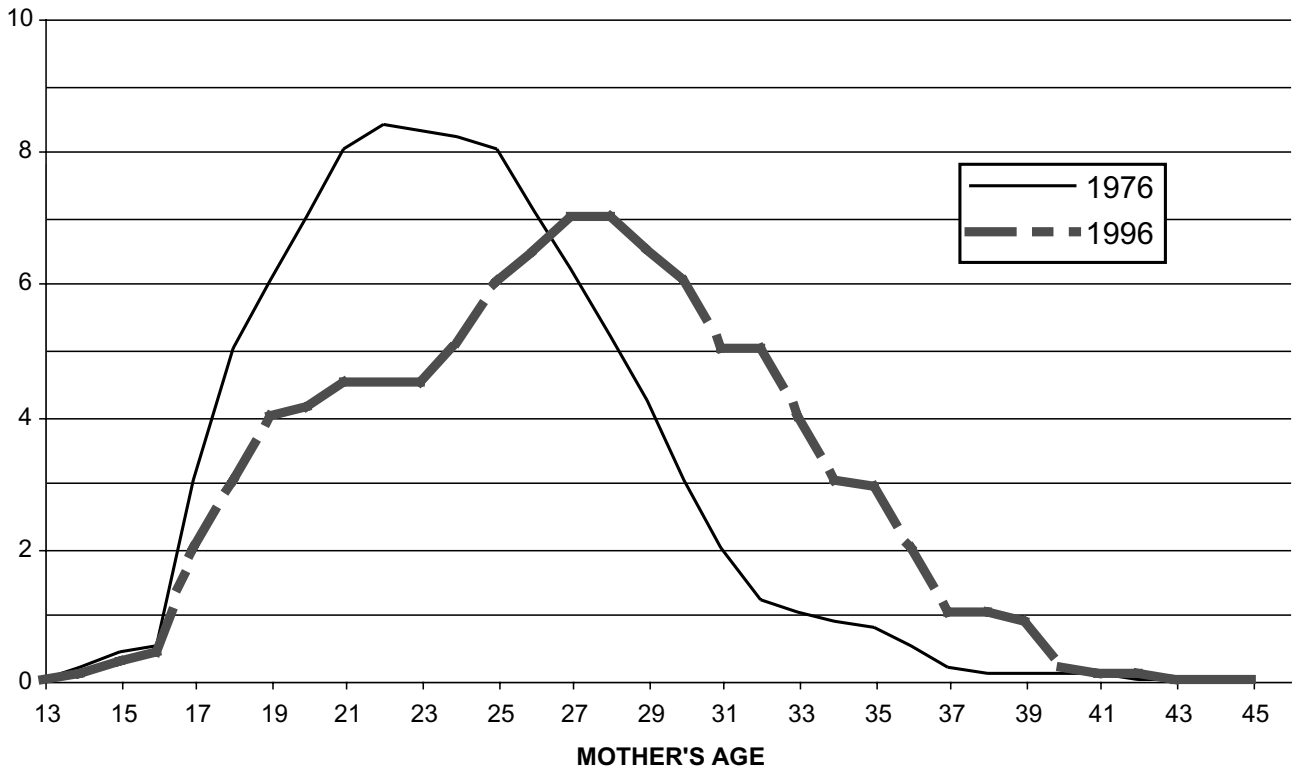
**Percentage Distribution of Births by Age of Mother**

	Under 20	20-24	25-29	30-34	35-39	40 & over	Total
1976	11%	33%	36%	15%	4%	1%	100%
1986	6	25	39	22	6	1	100
1996	6	18	32	30	12	2	100

Note in the table above, the percentage of teens giving birth dropped by almost half between 1976 and 1996 (from 11 per cent to 6 per cent), while the percentage of mothers aged 30 - 34 giving birth doubled (from 15 per cent to 30 per cent). Combining all age groups of mothers under the age of 30 accounted for 80 per cent of the babies born in 1976, but only 56 per cent of the babies born in 1996.

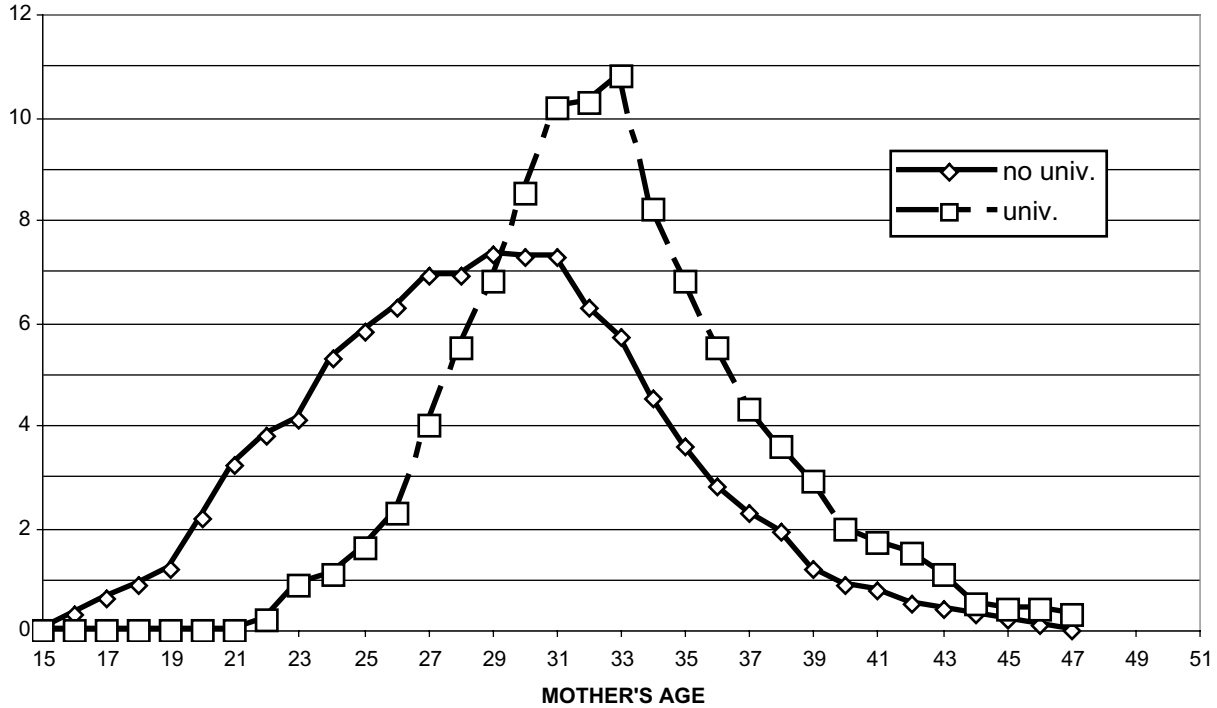
Another way to look at this is presented in the chart below, which shows the distribution of births by age of mother for those mothers having their first baby. <sup>63</sup>

**Distribution of first births, by age of mother, Canada, 1976 & 1996**



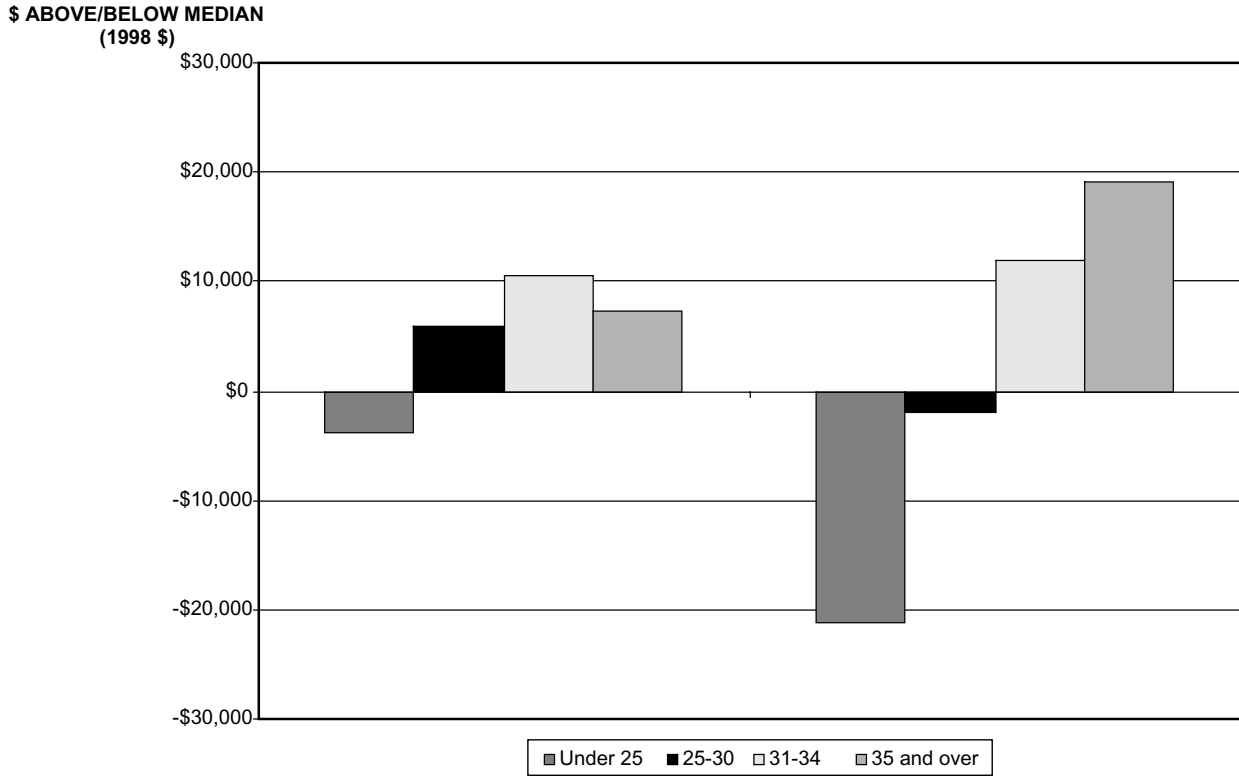
Given this trend, Clarence Lochhead has done some additional analyses and uncovered some underlying patterns. The first pattern is that the women who are delaying their first birth are by and large women who have done so to undertake higher education, as shown below.<sup>64</sup> Almost no women with a university education gave birth before age 21. This unfer- tile period is followed by a period of further delayed childbirth, as many women choose to obtain additional education or to launch their careers.

Distribution of first-time mothers, by age and education, Canada, 1996



Lochhead found a similar pattern when examining family income and age of mother, as shown in the chart below: <sup>65</sup>

**Difference between average and median family income, by mother's age, two-parent families with oldest child aged 0-5, Canada, 1971 & 1996**



The chart above shows that when Lochhead arranged all the mothers' ages in a distribution from low to high, and divided the ages into four equal groups (quartiles), in 1971 the youngest mothers were somewhat disadvantaged in income, but the top three groups clustered together. In 1996, the pattern had changed. By the late 1990s there is a clear bifurcation between younger mothers, who were disadvantaged in terms of family income, and older mothers who were not.

A quick summary of Lochhead's key findings follows: <sup>66</sup>

#### Education Patterns

1971: 61% of mothers and fathers having their 1<sup>st</sup> child had less than Grade 12  
 4% of mothers and 11% of fathers having their 1<sup>st</sup> child had a university degree

1996: 21% of mothers and 23% of fathers having their 1<sup>st</sup> child had less than Grade 12  
 18% of mothers and 20% of fathers having their 1<sup>st</sup> child had a university degree

### Employment: Dual Earners

1971: 44% of couples having their 1<sup>st</sup> child  
1996: 72% of couples having their 1<sup>st</sup> child

### Annual Income: as measured in 1998 dollars

1970: \$36,600  
1995: \$51,000

However, knowing the average income increased between 1970 and 1995 must always be tempered by the pattern noted above, where those families which form when the parents are younger have much lower incomes, and those families which delay childbirth until the parents are older have much higher incomes. Lochhead attributes the increase in family income among the older women not only to their own education and employment advantages, but also to the fact that many older mothers choose to stay in the labour force after childbirth. Thus, children born into families with older parents are more likely to be living in dual-earner families.

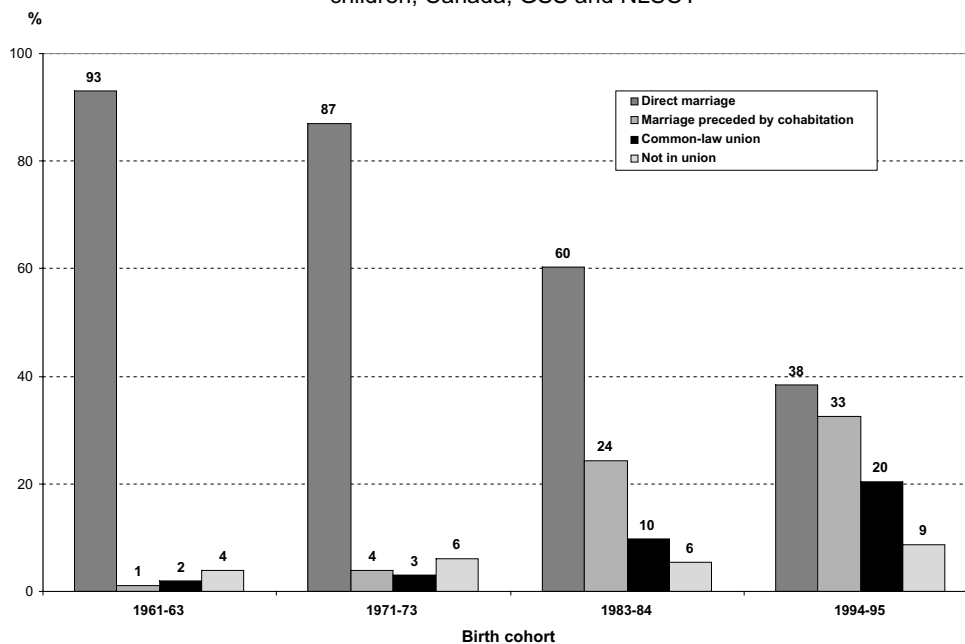
Lochhead summarizes his findings as follows: <sup>67</sup>

“On average, today's first-time parents are better educated and have incomes that are considerably higher than parents having children in the 1970s. However, this “good news” is tempered by virtue of growing socio-economic disparities between younger and older parents. While it is not surprising to find that younger parents have lower incomes than older parents, the differentials have increased dramatically since the mid 1970s. This delayed childbirth and the growing socio-economic diversity of first-time parents has important social and health implications.”

## 2. COHABITATION

“Cohabitation” is the technical term demographers use to describe what is more popularly known as “living together without being married” or “common law unions.” Parental co-habiting has been on a steady increase since the 1960s. This topic has been a special interest of Dr. Nicole Marcil-Gratton and her colleagues for a number of years. As shown in their chart below, in the cohort of parents of children born in 1994 – 1995, about 20 percent of parents were living in common-law unions and another 33 percent “married after cohabiting” and the trend towards common law and cohabitation among parents has been noticeably increasing as the trend for marriage without cohabiting has been as markedly decreasing over time. <sup>68</sup>

Type of parents' union at birth for different cohorts of children, Canada, GSS and NLSCY



A quick summary of family formation taken from the chart above shows trends in four types of family contexts that have changed between 1961 - 1963 and 1994 - 1995:

Parents married, without previous cohabitation: steady decrease from 93% to 38%

Parents married, after previous cohabitation: steady increase 1% - 33%

Parents cohabiting, without marriage: steady increase from 2% - 20%

Lone parents, without marriage or previous cohabitation: steady increase from 4% - 9%

Why is this phenomenon important to child development? Dr. Marciel-Gratton has found that co-habiting carries with it a much higher probability of parental separation, particularly during the child's early years. This parental separation leads to more children facing reduced income and emotional resources, especially during the period immediately surrounding the separation. The trends she has uncovered are presented below.<sup>69</sup>

Dr. Marciel-Gratton first notes the increase in the cumulative percentage of children either born to a lone parent or living with separated parents. The chart above shows that more children are experiencing lone parenting at a much earlier age than previously.

A quick summary of Dr. Marciel-Gratton's findings of an accelerating relationship between child's age and parental separation shows that approximately:<sup>70</sup>

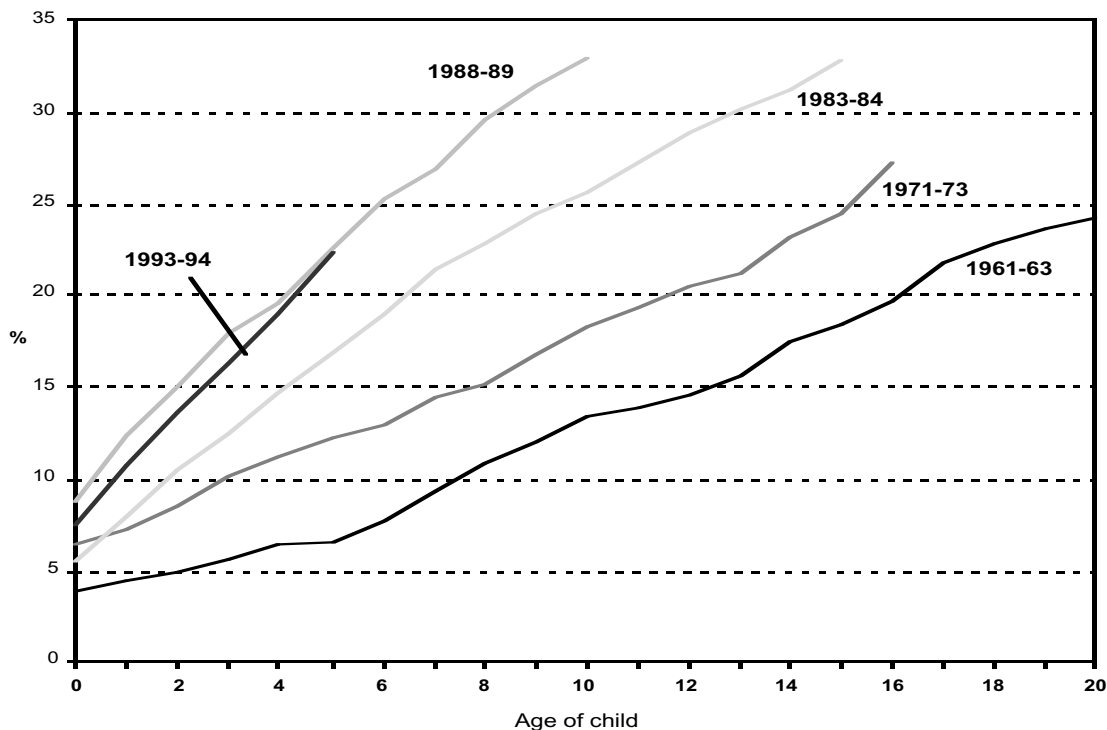
25% of children born in early 1960s experienced single parenthood **by age 20**.

25% of 1983-84 birth cohort experienced single parenthood **by age 10**.

25% of 1987-88 birth cohort experienced single parenthood **by age 6**.

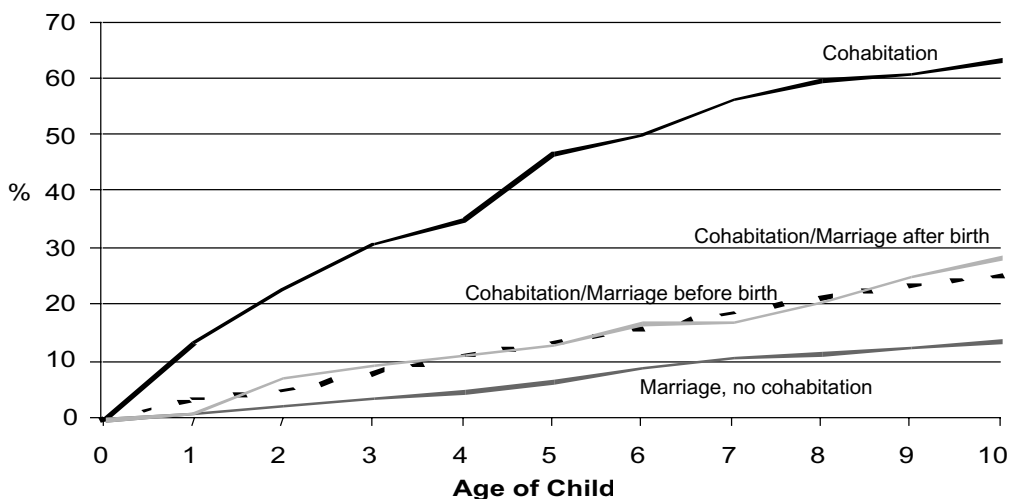


Cumulated probabilities that Canadian children experience single-parent family life through birth or parental separation, various birth cohorts, GSS and NLSCY



Furthermore, the chart above indicates that 25 percent of the most recent cohort of children for which this type of data is available, the 1993-94 cohort, will also experience single parenthood before their sixth birthday. What does this rising rate of single parenthood have to do with cohabitation? Dr. Marcil-Gratton found clear evidence that cohabiting parents are much more likely to separate, than the other types of conjugal relations.<sup>71</sup>

Cumulative percentage of Canadian children born in a two-parent family, who have experienced their parents' separation, by type of parents' union - 1983-1984 cohorts - NLSCY, 1994 - 1995



The chart on the previous page shows that although there is a universal trend toward increased parental separation for parents across all categories of conjugal relations, the risk of separation is far greater for parents who were cohabiting at birth of the child. It is clear from the findings above that if the trends above continue about 25 percent of children will experience single parenthood before they reach their sixth birthday.

In addition to cohabitation and separation, there are important statistics on marriage and divorce, published by the Vanier Institute of the Family:

**Marriage (in 1997):** <sup>72</sup>

30.9 years was the average age at which women married for the 1st time.

33.5 years was the average age at which men married for the 1st time.

**Divorce (based on 1996 divorce rates):** <sup>73</sup>

Based on 1996 divorce rates, 37% of marriages were expected to end in divorce.

### 3. EMPLOYMENT

Most parents with children under the age of six are employed. A breakdown of the percentages who are employed is provided below according to family structure: <sup>74</sup>

Lone parent mothers:	55%
Wives:	69%
Lone parent fathers:	83%
Husbands:	94%

### 4. CHILD CARE

40 percent of children under age 6 receive some non-parental child care while one or both parents worked for pay or studied. Of the 40 percent of children who received non-parental care: <sup>75</sup>

56% received it in someone else's home
22% received it in their own home
20% received it in a daycare centre
2% received it in other locations

### 5. EMOTIONAL CLIMATE OF THE HOME

Invest in Kids conducted a national survey of parents with at least one child under the age of six. Information was gathered on the "emotional climate" of the home to assess the level of personal and interpersonal burden present in these families. The remainder of this section is a summary of those findings. <sup>76</sup>

### a. Depression <sup>77</sup>

A sizeable number of Canadian parents of young children (27 percent) reported experiencing elevated depressive symptoms at the time of the survey in 1999. It is of interest to note that this percentage is considerably higher than that obtained by the NLSCY study (15 percent) for mothers of similarly aged children. One difference between Invest in Kids' approach and the NLSCY was purely methodological. The NLSCY administered the same instrument in a person-to-person interview format, where the Invest in Kids' respondents filled out their responses by themselves in the privacy of their own home, in complete anonymity. The Invest in Kids' measured rate of depressive symptoms is in line with those obtained by others who have used a similar methodology to Invest in Kids. Results from these studies have found elevated depressive symptoms in about one third to nearly one half of mothers of young children. <sup>78</sup>

Depressive symptoms are important because they impede high quality parenting. It is difficult to be positive, warm and effective with your children if you are feeling useless and troubled. Consequently, parental depression has many detrimental effects on children. Depression adversely affects the infant's physiology, responsiveness to facial expressions, play and exploratory behaviours, sense of competence, security of attachment and physical growth. <sup>79</sup>

A breakdown of elevated symptoms of depression found in the Invest in Kids' survey are as follows: 18 percent of fathers, 28 percent of married mothers and 48 percent of single mothers. Although the fathers' rate is the lowest, it still is concerning to think that for every six fathers, on average, one of them is experiencing high depressive symptoms. And the rate for single mothers (nearly 1 in every 2 single mothers) is very alarming.

### b. Family Functioning <sup>80</sup>

When it comes to family functioning, 61 percent of parents in the Invest in Kids survey reported high family functioning. Those subgroups with the highest levels include those parents whose first child was born when they were between 25 and 35 years of age, those parents with higher income and education, and both mothers who stay-at-home and those who are employed full-time. Family functioning is an important aspect of the emotional climate in which today's young children are being raised. It is likely the accelerating rates of parental separation before the child's first birthday, noted previously, are related to the 40 percent of parents who do not have high family functioning.

### c. Marital Satisfaction <sup>81</sup>

Most married parents (82 percent) rate their overall marital satisfaction "high." More fathers than mothers rate their satisfaction as high. The highest subgroup in rating their marital relationship as high was the group of parents who had their first baby between 25 and 35 years of age (87 percent). The group with the lowest percentage of those who reported high marital satisfaction (68 percent) was the group who had their first child before age 25.

Although most parents were satisfied with their marriage, 37 percent of parents reported "disagreements with their spouse/partner about how to parent" and 40 percent reported they "often felt pressure from their spouse/partner to change how I parent our child or children." This type of pressure among parents increases with:

**Age of Child:** parents of infants and very young children show both more agreement on how to parent and less pressure from their spouse about parenting than parents of older children.

**Number of Children:** more children means less agreement on how to parent and more pressure about parenting from their spouse.

**Age of Parent When First Child Is Born:** younger parents receive more spousal pressure, middle-aged parents are in the middle, and older parents receive the least spousal pressure of all groups.

d. **Time Stress And Pressure** <sup>82</sup>

Close to one quarter of parents reported being very stressed from trying to balance work and family life. The biggest losses seem to be "having time for me," and "having quality time with my children." There appears to be a trade-off between "personal time" and "quality child time" between working and non-working parents. Both fathers and full-time employed mothers report high levels of not having enough quality time for their children, but fewer are concerned about having enough time for themselves. Whereas younger parents and stay-at-home mothers are less likely to report too little quality time with their children, but more likely to report having little time for themselves.

6. **CONCLUSIONS:**

The key demographic features of today's families with young children are that parents are increasingly delaying childbirth (often, until well into their thirties), parents are increasingly dual-income (71 percent at birth of the first child) and parents are increasingly separating before the child's sixth birthday (about 25 percent of children currently experience this). The socio-emotional features of depression, poor family functioning, and time stress are inter-related, and the relative strength of each may be impossible to tease out. But they draw our attention to important realities of families with young children that need to be taken into consideration when planning parent education programs.

**B. Parenting: Knowledge, Skills and Confidence** - Although parents almost universally think parenting is the most important thing they do, they know little about child development and are not confident about how to parent. Yet most of them tried to learn about parenthood before their child was born.

The purpose of Invest in Kids' survey was to discern what parents know about child development and parenting, how confident they were in their role as parents, how they felt about parenting and how they parented their young children. The findings from this survey provide some direction about key moments for education.

1. **COMMITMENT TO THE PARENTING ROLE:** <sup>83</sup>

Nearly all parents (92 percent) think "Being a parent is the most important thing I do." And 84 percent strongly agree, "The influence of parents during a child's early years (birth through age five) is absolutely critical to the way a child turns out as an adult."

Parents also think the early years are important. Seventy-nine percent of parents strongly agreed with the statement, “The years from birth through age five are absolutely critical to the way a child turns out as an adult.” Far fewer stay-at-home mothers agreed that the early years are important compared to mothers who were employed. This is quite surprising, as popular opinion seems to think stay-at-home mothers are at home precisely because they think these years are so important that they want to personally give their attention to their little ones.

## 2. PARENTING BEHAVIOUR <sup>84</sup>

In the Invest in Kids survey, three dimensions of parenting behaviour were derived: positive/warm interactions, angry/punitive parenting and ineffective child management. Invest in Kids established a benchmark of parenting behaviour of being in the top quartile of possible responses for each dimension (i.e., those parents high on the positive/warmth dimension, low on the ineffective dimension and low on the punitive/angry dimension). The subsequent analysis showed there is considerable room for improvement in how Canadian parents behave with their young children:

36% could increase positive/warm behaviour with their children

34% could become more effective at child management

62% could reduce punitive/angry behaviour with children.

It is especially noteworthy to observe that the previously noted high levels of commitment to parenting did not directly translate into optimal parenting behaviour.

The Invest in Kids survey permitted analysis of the overall findings by subgroups of parents. The following results are worth mentioning:

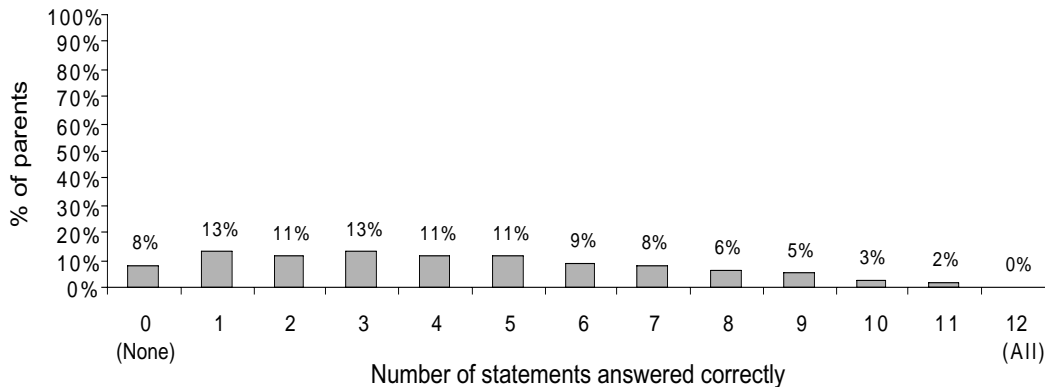
- Single mothers were especially high in positive/warm behaviour – contrary to prevailing views of harsh parenting due to stresses.
- Along the same lines, those parents with low income and education were not more likely to report using angry punitive parenting.
- As children grow older and there are more children in the family appropriate parenting in all three areas decreases.
- Mothers and fathers were the same on effective parenting and punitive parenting – contrary to a prevailing view where fathers are seen as both more effective and more punitive. However, fewer fathers than mothers reported positive/warm behaviours.
- Older first-timer parents, age 35 or older with their first baby, had the best parenting of any subgroup.
- Younger first-time parents, under age 25 at the birth of their first baby, were noticeably low in the use of angry/punitive behaviour.

- Full-time working mothers were the least punitive and the most effective of all mothers – contrary to views which see full-time working mothers as more punitive and ineffective because they are so stressed out.
- All mothers were equal on the positive/warm dimension, regardless of work status.

### 3. GENERAL CHILD DEVELOPMENT KNOWLEDGE: <sup>85</sup>

Parents know very little about child development. This lack of knowledge is pervasive. No parent had a perfect score on the 12 item Knowledge Quiz on child development that was embedded in the survey. Across the 12 items, the correct responses averaged only 36 percent. <sup>86</sup>

Percentage of parents who were completely certain about the accuracy of 1 statement, 2 statements, and so on



The low scores held true regardless of whether parents had one or more than one child, worked or stayed at home or had high or low incomes. Both mothers and fathers were equally low. The low scores were even present when parents had a college degree. As educated as they were, they did not know about child development.

### 4. KNOWLEDGE ABOUT THE IMPORTANCE OF THE ENVIRONMENT <sup>87</sup>

Most parents know something about the importance of the environment for infants and young child development, as evidenced by the six items in the Knowledge Quiz that focused on this topic. Eighty-four percent of the parents knew that babies are learning from the moment they are born. This is a response rate that Invest in Kids would like to see on all knowledge items. However, none of the other items even approached this level. The next closest percentage of parents who answered an item correctly about the importance of the environment was 52 percent – the percentage of parents who know that “A parent’s emotional closeness with their baby can strongly influence that child’s intellectual development.” In fact, across the six environmental influence knowledge items, the correct responses averaged only 48 percent.

### **Environmental Influence: ITEM ANALYSIS**

<b>Average answering an correctly: 48%</b>	<b><u>Answer:</u></b>	<b><u>% Certain</u></b>
Q1. Babies are learning from the moment they are born. . . . .	True . . . . .	84%
Q2. Parents emotional closeness with their baby can strongly influence that child s intellectual development. . . . .	True . . . . .	52%
Q3. If a baby does not receive appropriate stimulation – like being read to, played with, or touched and held, his or her brain will not develop as well as the brain of a baby who does receive these kinds of stimulation. . . . .	True . . . . .	47%
Q4. The more stimulation a baby receives by holding or talking, to them, the more you spoil them. . . . .	False . . . . .	43%
Q5. The things a child experiences before the age of 3 will greatly influence his or her ability to do well in school. . . . .	True . . . . .	34%
Q6. Every baby is born with a certain level of intelligence which can not be either increased or decreased by how parents interact with him or her. . . . .	False . . . . .	30%

#### 5. KNOWLEDGE ABOUT AGES AND MILESTONES: <sup>88</sup>

Parents know very little about typical developmental milestones for infants and young children. Across the six Child Development Statements in the Knowledge Quiz, correct responses averaged only 23 percent. Parents do not know when babies begin to communicate, share and learn. Parents need help, because they say parenting is the most important thing they can do, yet they do not know the basics of child development, which means they do not know how to enhance it.

### **Child Development: ITEM ANALYSIS**

<b>Average answering an item correctly: 23%</b>	<b><u>Answer:</u></b>	<b><u>% Certain</u></b>
Q1. A baby can't communicate much until he or she is able to speak at least a few words. . . . .	False . . . . .	41%
Q2. The average one -year-old can say one or two words, but understands many more words and phrases. . . . .	True . . . . .	30%
Q3. By age one, a baby's brain is fully developed. . . . .	False . . . . .	26%
Q4. Infants as young as six months consciously know how to manipulate parents. . . . .	False . . . . .	18%
Q5. One-year-olds often cooperate and share when they play together. . . . .	False . . . . .	14%
Q6. Intellectual development is the most important part of a child's being ready for school. . . . .	False . . . . .	8%

## 6. KNOWLEDGE ABOUT PHYSICAL, SOCIAL, EMOTIONAL AND INTELLECTUAL AREAS <sup>89</sup>

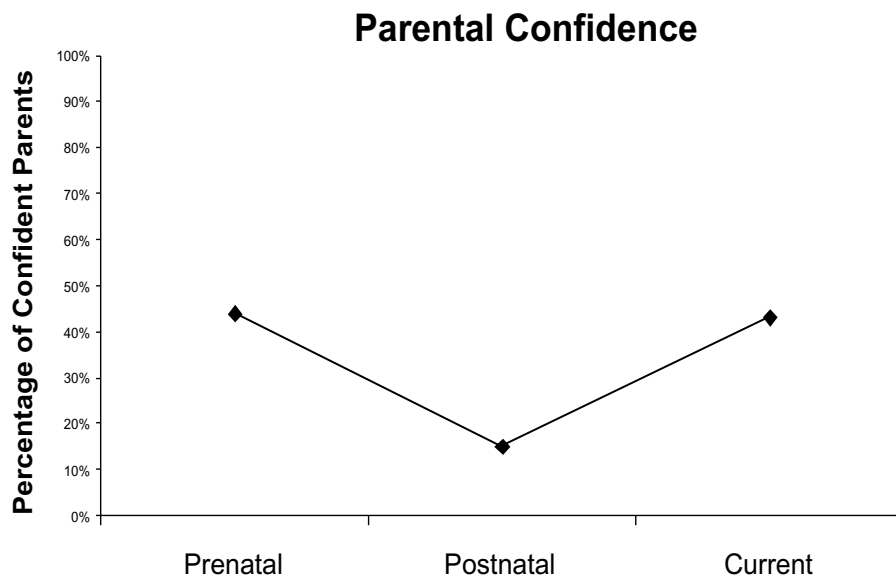
Parents were asked whether they would be totally sure what signs to look for that would show their child was developing about right in any of the four domains of development (physical, social, emotional or intellectual). In response to this item, nearly 25 percent of parents indicated they had “low confidence” in their ability to know what signs to look for in social and emotional development. This group of parents did not feel they knew enough in these areas to mark themselves as having even “some” confidence.

## 7. THE KNOWLEDGE/INFLUENCE DILEMMA <sup>90</sup>

Parents are in a genuine dilemma. When asked which domain of development they thought they had the most knowledge, most parents selected “physical development.” However, when asked which area of development they thought they had the most influence, only 6 percent chose physical development, 44 percent chose “emotional development” and 32 percent chose “social development.” In other words, parents quite clearly recognize their influential role in the social and emotional domains, yet do not know what to expect or do to facilitate their children’s development in these areas. In essence, parents are telling us that they are struggling.

## 8. PARENTS’ CONFIDENCE IN THEIR ROLE <sup>91</sup>

In the Invest in Kids’ survey, parents were asked a series of questions designed to measure their confidence in their parenting ability prenatally, postnatally and currently. Overall only about 40 percent of parents were confident before their first baby was born, only a very few parents (about 15 percent) were confident right after their baby was born, and “currently” only about 40 percent of parents were confident in their parents ability. Overall, far too few parents are confident in their parenting skills.





## 9. KNOWLEDGE, CONFIDENCE AND BEHAVIOUR <sup>92</sup>

The Invest in Kids survey permitted analysis of subgroups of parents to ascertain whether particular groups of parents were more or less knowledgeable, skillful or confident about child development and parenting. Counter to prevailing views, the analysis found:

- **Mothers are not more knowledgeable and confident than fathers.** Mothers are slightly more confident before the baby is born, but after the baby arrives, their level of confidence falls back to the level of fathers', and remains low.
- **Experienced parents do not know more than inexperienced.** Parents with older children and with more children are not more knowledgeable than parents with only one child or with younger children.
- **Parents with more income and education do not know more about child development than parents with less education or income.** It is particularly interesting to note that formal education does not bring with it any additional knowledge about child development or parenting, nor more confidence in parents' ability to know what to do.
- **Stay-at-home mothers do not know more than full-time working mothers and stay-at-home mothers do not feel more confident in their role.**

Theoretically, confidence, knowledge and behaviour feed into one another. In fact, this is what Invest in Kids found. Generally, parents with more knowledge are more confident, report more positive warm practices with their children, fewer punitive/angry behaviours and fewer ineffective management strategies.

### Correlation Coefficients

	<u>Current Confidence</u>	<u>Knowledge Items</u>
<u>Knowledge</u>	. 27	
<u>Behaviour:</u>		
Positive/Warm	. 26	. 22
Punitive/Angry	- . 31	- . 18
Ineffective		
Management	- . 23	- . 17

Based on these relationships, it would appear that if parents' knowledge about child development increased, their parenting confidence might also increase, and most importantly, this might also positively impact their overall parenting.

## 10. INFORMATION SOURCES <sup>93</sup>

The national survey asked parents of young children where they turned for advice and information. Their responses were distributed as follows:

### Where do Parents Turn for Information and Support?

Child's Doctor	61%
Spouse/Partner	58%
Friends	58%
Own Mother	57%
Books	56%
Magazines	45%

The table above shows that when seeking information or advice about children and parenting, generally about 60 percent of parents turn to their child's doctor/pediatrician, their spouse/partner, friends, their own mother, books and magazines. About 10 percent more mothers than fathers seek information from all the above sources, except "Spouse/Partner," where about 10 percent more fathers turn to their wives than mothers turn to their husbands (and only 38 percent of fathers turn to magazines).

Over 80 percent of younger first-time parents turn to their "Own Mother" for information and advice. More younger first-time parents (69 percent) also read books than any other subgroup, and considerably more younger parents are likely to read books than older first-time parents (53 percent).

One final note, most parents tried to learn about parenthood before the birth of their first child. Preparing for the birth of the first child appears to be an important key "moment" at which parents try to learn about parenting and child development.

## 11. CONCLUSIONS:

Parents of young children think parenting is the most important thing they can do, yet they do not know much about it. This leads to the low levels of confidence that parents feel. This lack of knowledge and confidence in parenting cuts across all types of parents. More education and income does not carry with it more knowledge about child development and parenting. Parents think they have the most influence in social, emotional and intellectual development, yet these are areas that they know least about. Linking back to Dr. Willms' findings, children need parents with a positive authoritative parenting style to develop well socially, emotionally and intellectually. Yet parents feel the least confident to know how to enhance these areas of development.

## **PART IV: HOW IS PARENT EDUCATION CURRENTLY DELIVERED?**



## PART IV: HOW IS PARENT EDUCATION CURRENTLY DELIVERED?

This report identifies eight sources through which parents, and future parents, receive information and education on parenting and child development. These include high school courses, prenatal classes, community-based parenting programs, television, the internet, telephone warm lines, physicians and books and magazines.

**A. Current Parent Education Sources:** This section reviews a number of the main sources, through which parents, and people about to become parents, obtain information about child development and parenting. These include high school family life and parenting courses, prenatal classes, community-based parenting programs, television, internet, telephone information lines, physicians, books and magazines. Program Directors and policy-makers actually know very little about the effectiveness of each due to the lack of research and evaluation, and know even less about their actual reach. The biggest drawback is that most parent education programs provide information, not real education.

### 1. HIGH SCHOOL COURSES

**What we Learned:** The official “Ontario High School Curriculum” now requires each school board to provide two parenting and two human development courses. One of each is to be offered for students who expect to enter a university or college, and one of each for students who expect to complete only basic high school education. Each course lasts a full year, or 112 hours. Ontario high schools must offer each course once every two years. *However, the courses are electives, not mandatory, so only a small proportion of teens will actually select these classes.*

There is a small advocacy group in Ontario called the Ontario Coalition for Mandatory Parenting Education which recommends parenting courses be required for students in all high schools, and further recommends that parenting and human development education units become part of Kindergarten to Grade 12 programs for all students in Ontario. The objectives of this group are to:<sup>94</sup>

- Implement an education policy change which requires all Ontario secondary school students to have passed at least one senior parenting course prior to graduation.
- Develop and implement a public awareness campaign dedicated to parenting and human development education for students in Ontario.
- Infuse parenting education, human development and personal and social responsibility concepts into the current K-12 curriculum.

#### What we Don't Know:

- **Reach:** How many students across Canada take these types of courses?
- **Quality:** Are teachers experts in the subject? Is content of the textbooks up to date?
- **Effectiveness:** Will students who take the course(s) have better parenting skills than students who do not, especially those students who have babies long after they leave high school?

## 2. PRENATAL CLASSES

**What we Learned:** It appears that many expectant parents, especially first-timers, attend prenatal classes, either through private programs, the public health department or the hospital. Invest in Kids interviewed seven public health educators from Nova Scotia, Ontario, Alberta and British Columbia about the content of their prenatal courses. Most educators generated their own curricula, and they generally focus on fetal development, maternal body changes during pregnancy and preparation for labour and delivery. The courses are generally divided into weekly class periods, for 4 - 8 classes in total. When asked whether any time was given to parenting and child development after the baby is born, only a few said “yes.” Interestingly, most said they had been thinking about adding some parenting and child development content to their prenatal classes. However, they also said that even if they altered their curricula it would only be to devote one or two class periods to parenting and child development.

### **What we Don't Know:**

- **Reach:** How many parents attend prenatal classes?
- **Interest:** Are parents interested in learning about post-birth child development and parenting during their prenatal classes?
- **Delivery Agent:** Would hospitals and public health nurses be willing to expand their prenatal class curricula to include parenting and child development?
- **Receptivity:** Would expectant parents attend a stand-alone prenatal course focusing solely on parenting and early child development?
- **Effectiveness:** Would prenatal parent education improve parenting confidence and skills?

## 3. COMMUNITY-BASED PARENTING PROGRAMS

**What we Learned:** There are over 500 family resource centres in Ontario, and most offer parenting programs of some sort or another. Plus, parenting courses are offered by public health units, children's mental health centres, faith-based organizations, community-organizations such as YWCA's and schools. Most courses focus on particular age groups (e.g., “The newborn,” “The Terrible Two's,” “Your Preschooler”), or ethnic groups (e.g., Vietnamese, Sri Lankan), specific parenting tasks (e.g., breast-feeding, sleep routines, discipline) or specific child temperaments (e.g., hyperactivity).

Parents come to these programs of their own volition, therefore the parents who attend these programs are motivated to learn. Some of the most well-known curricula (such as Nobody's Perfect and You Make the Difference) were developed for high risk parents.

### **What we Don't Know:**

- **Reach:** How many parents attend community-based parenting programs across Canada?
- **Quality:** Do the programs disseminate high quality information based on the latest research?
- **Effectiveness:** Do parents actually change their attitudes and behaviour as a result of these programs?

#### 4. TELEVISION:

**What we Learned:** Almost all families with young children have television in their homes. Many people use TV for educational purposes. This source has the potential to reach many parents. In general, this medium caters to delivering information, or “parenting tips.” It is the rare program that provides “education.”

There are two main ways parents could receive parenting and child development information through television.

- **Programs created especially for parents** such as TVO's “Planet Parent,” the Life Channel's “Real Families” and talk shows that focus at least partly on parenting, such as “Oprah” and “Canadian Living Television.” A good portion of programs for parents are “reality-based” with an emphasis on video-diaries of mothers and children. There is also a trend of “parenting shorts,” which appear as public service announcements. Almost all shows feature one or more experts promoting their views.
- **Preschool children's programming** which takes place primarily in the mornings, Monday through Saturday. Television industry surveys show that about 30 percent of children watch TV with an adult in the same room. This implies that programming on parenting and child development could reach some parents through this source. This is the premise of the CBC/Invest in Kids partnership on Get Set for Life, which airs daily on CBC in the mornings. Rather than commercials, Invest in Kids and CBC fill 23 minutes a day with information to enhance parenting skills and parents' knowledge about child development.

**What we Don't Know** - about reaching parents through television programming especially for parents:

- **Effectiveness:** Would parents actually improve their parenting because of what they learned through television programs for parents?
- **Content:** What kinds of information do parents who watch parenting programs and talk shows want to receive?
- **Frequency:** Would parents watch parenting programs and talk shows regularly?
- **Who:** What types of parents watch parenting programs? (Sociodemographics of parents, age of child, etc.)

**What we Don't Know** - about reaching parents through children's television programming:

- **Effectiveness:** Would parents actually improve their parenting because of what they learned through television programs for children?
- **Receptivity:** Do adults who are in the same room while young children are watching television want to receive parenting information from these types of programs?
- **Who:** What types of adults are in the room during children's programming? (Stay at home mothers? Other caregivers?)

#### 5. INTERNET:

**What we Learned:** The public is becoming very accustomed to using the internet to answer their questions. It is likely that more and more parents will turn to the internet for this purpose. The key advantage of the internet is that it permits parents access to information when they have the time (during a quick lunch hour, after the kids are in bed, in the middle

of the night when worries or illness are keeping parents awake).

On the other hand, parents often have to wade through a lot of irrelevant material on the internet to find what they need. Many may give up. Internet access is generally not available to low income families (although this may be changing due to federal government efforts to expand its availability to this group). It is difficult for parents to know the quality of the information provided.

Invest in Kids has reviewed hundreds of websites devoted to parenting and child development. There are corporate sites operated by companies such as Pampers and Gerber's; TV websites associated with various programs such as Planet Parent and Get Set for Life; "women's" magazine websites associated with Martha Stewart, Today's Parent and Canadian Living; medical sites such as TeleHealth and Motherisk from the Hospital for Sick Children, and there are a myriad of parenting sites supported by various assemblages of corporate and non-profit groups such as babycenter.com and parenting.com.

Overall, we found:

- The internet is crowded with parenting websites. Many of the comprehensive sites look inter-changeable.
- Most are designed to appeal to mothers, but a growing number have special sections for fathers on the website.
- Most have the appearance of being "expert-driven," citing research and experts which are publicly well-known.
- Most devote only a small proportion of their space to the early years. Generally, websites focus on children from birth through to the teen years (although a few begin with pregnancy).
- Many provide an interactive FAQ format, but almost none are comprehensive in the early childhood period of life. Most websites that provide any focus on the early years offer information on physical health and development (breast-feeding, immunizations, ear infections, various medical conditions and pharmaceutical advice) and discipline. Very few address social, emotional and intellectual development. When there is information in these areas, they tend to be problem-driven (tantrums, hyperactivity). They lack positive, pro-active coaching/learning.
- Many of the sites that have credibility with the research and academic community are either presented at too high a level for most parents, or are generally not attractive to parents (i.e., dense text, no illustrations).
- The content of most sites is that of information advice or "tips." We found almost no online parent education courses.
- Parents not only seek information on the sites, they also use parenting websites to locate books, toys and other resources to enhance their children's development.
- There are very few early childhood sites with Canadian content or resources. This means Canadian parents must either order resources (such as children's books, educational toys, and parenting books) from other countries or try to locate the products in Canada by themselves.



In advance of partnering with Kids Help Phone to develop Parent Help Line, a bilingual, 24-hour telephone and website counseling and referral service, Invest in Kids surveyed existing research on website utilization. The research showed that, in general, both hotlines and websites were welcomed by users because 1) they experience tremendous time crunches as they attempt to balance their information needs with work and family life demands, and 2) they find professionals, such as physicians, are largely unavailable except in urgent medical situations. People also experienced a positive feeling when they were able to solve a dilemma themselves, without having to personally ask another individual - even a caring counselor. Some questions are just too embarrassing to ask. The internet allows for private searching.

**What we Don't Know:**

- **Reach:** How many parents use the internet to help them with their parenting and child development questions?
- **Who:** What kinds of parents use the internet?
- **Patterns of Use:** What patterns of information seeking from the internet do they use? Do parents find a site and stay with it, or do they surf? Regularly or intermittently?
- **Motivation:** What motivates them to turn to the internet? Specific problems? Support groups?
- **Content:** What would an ideal website provide them? Practical solutions? Expert advice? Access to products? A parent education course?-
- **Effectiveness:** Do parents improve their parenting skills as a result of information or parent education accessed through the internet?

## 6. TELEPHONE INFORMATION LINES:

**What we Learned:** Although there are an ever increasing number of medical telephone information lines becoming available (TeleHealth; Motherisk; various Public Health Units) and a couple smaller parent helplines across Canada, there is only one bilingual national Parent Help Line available in Canada, which focuses on social, emotional and intellectual development, in addition to physical development.

**What we Don't Know:**

- **Who:** What kinds of parents use telephone warm lines?
- **Effectiveness:** Does parenting improve among parents who contact a helpline?

## 7. PHYSICIANS:

**What we Learned:** There are 4,900 family physicians in Ontario. In 2001 they accounted for 12 percent of the obstetrics visits and 80 percent of the well-baby visits. This equates to seeing 96,000 young children across the province. We also know from our national survey of parents that physicians are the top group that parents (both mothers and fathers) turn to for information and advice. There is a credibility that comes with doctors' advice, which may imply that parents may be more motivated to act on that information. However, parents generally visit their children's physicians only a few times a year, at most, usually about a physical health issue. It is not clear that parents would think to consult their physicians about social, emotional and intellectual development.

Invest in Kids inspected the offices of six pediatricians and six family physicians in the greater Toronto area to see what parenting information was offered in the waiting rooms. Only one office (a family physician) supplied books or brochures, and those focused on substance abuse during pregnancy, the province's Healthy Babies, Healthy Children program and RESPs (the Canadian scholarship trust plan). Several of the pediatrician's offices had posters on safety, immunization and chicken pox.

However, the Ontario College of Family Physicians is distributing 4,400 of Invest in Kids' "Bringing Up Baby" booklets to physicians who requested it, and the Alberta College is doing likewise. We think this indicates that physicians would generally distribute information, if it was available for free, and carried the approval of their professional colleges.

We also know that physicians are under great pressure to bill their provinces for only those services covered in provincial health plans. A small proportion can be devoted to "counselling," but there are important restrictions about the content and time to be spent in this area. Also, physician training focuses primarily on physical health. Invest in Kids reviewed the physician training of several universities, and found no concrete requirements regarding knowledge about "healthy" social, emotional and intellectual development of children.

**What we Don't Know:**

- **Delivery Agent:** What are physicians willing to do to enhance the emotional, social and intellectual development of children? Disseminate materials? Educate parents? Screen and refer children?
- **Effectiveness:** Whether parents change their parenting based on physicians' advice.

## 8. BOOKS AND MAGAZINES <sup>95</sup>

**What we Learned:** The Invest in Kids' National Survey of Parents of Young Children found that books and magazines, typically authored by child development and parenting experts, are generally regarded as a source of sound and practical information for parents. While it is promising that, on average, half of Canadian parents claimed to turn to these sources, the numbers are less impressive when we look at the actual frequency with which parents said they consulted books and magazines. The survey showed that only about 25 percent parents report using these sources "very" or "fairly" regularly. <sup>96</sup> The subgroup analysis shows that young parents (less than age 25), with young children (under age 3) and those who have more than a high school education are more likely to read books and magazines regularly (about 40 percent of these groups).

**What we Don't Know:**

- **What?** What information are parents reading about?
- **Effectiveness:** Do books and magazines have an impact parenting behaviour?

## 9. CONCLUSIONS:

When we examine the opportunities for future parents (high school students and prenatal parents) and parents to learn about parenting and early child development, we find most sources to be lacking - they provide information, but little education. And we know almost nothing about whether these programs have an impact on parenting behaviour.

- High school courses are elective, so few students select them.
- Prenatal courses generally focus on pregnancy and childbirth, with very little attention to child development and parenting after the baby is born.
- Community-based parenting programs are built to appeal to subgroups of parents, are short-term in nature and not generally convenient for working parents (and most parents are employed). They are not developed to prepare and educate all parents comprehensively.
- Little is known about how and when parents might like to use television to learn about parenting and child development, yet almost all parents have access to TV.
- The internet is a growing source of information but few sites deal comprehensively with the early years. Those that do tend to concentrate on physical development.
- Parent Help Line is a unique national service, and while its reach is growing each year, it has not yet become ubiquitous.
- Physicians see many parents, but their interest in providing information and education about emotional, social and intellectual development is uncertain.
- Books and magazines have the potential to reach parents who are readers, but with so many to choose from, parents don't know which to select.

While there is a myriad of initiatives to reach parents with parenting information, overall, the programs are primarily just that – information, not comprehensive parent education. Furthermore, given the lack of evaluation, it is unclear whether any of the sources actually improve parenting behaviour.

**B. Research and Programs:** A brief overview of large-scale primarily governmental and quasi-governmental (with a few privately funded) research centres and programs that at least partially focus on parents. The primary mandate of the Centres of Excellence is research. They have low budgets and skills to disseminate their findings to parents. The other research and advocacy groups focus primarily on professionals and policymakers, not directly on parents. The government programs for parents generally focus on families living in poverty, leaving the larger group of non-poor parents without parenting supports. The government programs are largely un-evaluated as to the impact they have on parenting, even for the high risk families they do try to reach.

### 1. CENTRES OF EXCELLENCE:

In 2001 the federal government funded three new Centres of Excellence, all of which share at least a partial focus on parenting and early child development.

The Canadian Language and Literacy Network

The Centre of Excellence on Early Child Development

The Centre of Excellence for Child Welfare

Invest in Kids has been in contact with all of these centres. They all share two common concerns: their budgets for communicating their findings with parents are too low to reach many parents, and their personnel lack the background to know how to do this well.

#### a. The Canadian Language and Literacy Network

“The mandate of this centre is to improve understanding of and to find ways of identifying children who are at risk of failing to develop adequate language, communication and literacy skills, which if not addressed, reduce their potential to succeed in school and function effectively as adults in Canadian society.

Communication and literacy skills provide the foundation for effective social functioning and for academic, occupational/economic and life success. When children fail to develop good language and reading skills there are a range of profound and enduring consequences, including academic failure and dropping out of school, poor psycho-social development, and reduced self esteem and sense of well-being. All of these reduce the opportunities for lifelong success.”

“Welcome Page,” CLLRNet website <sup>97</sup>

This Centre will primarily conduct research and then communicate the results to professionals, caregivers, families of young children, the research community and policymakers. Translating research into practical strategies for families with young children will be an important outcome for this centre, but it will not become a substantial priority for a number of years.

b. Centre of Excellence on Early Child Development

“The mission of the Centre of Excellence for Early Childhood Development (CEECD) is to improve our knowledge of the social and emotional development of young children.

Between the ages of 0 and 5, children experience a phase of accelerated growth. The education, care and attention they receive during this crucial period of development have a decisive effect on their future.

It is therefore extremely important for service providers, planners and policymakers to thoroughly understand the significance of early childhood to ensure that young children's social and emotional needs are fulfilled.”<sup>98</sup>

This Centre’s agenda is focusing on the social and emotional outcomes in children associated with the following topics:<sup>99</sup>

Aggression	Parent support programs
Attachment	Parental leave
Autism	Parenting – Discipline
Breast-feeding	Peer relations – rejection/inclusion
Child Care	Prematurity
Crying problems	Preschool programs
Eating problems	Reproductive technologies
Effects of toxins in the environment	Resilience
Fetal alcohol syndrome	School completion
Home Visiting programs	School transition
Hyperactivity	Screening for high risk at birth
Immunization	Sleeping problems
Language development	School transition
Learning disabilities	Screening for high risk at birth
Low income and pregnancy	Sleeping problems
Maltreatment (abuse/neglect)	Stress (prenatal and perinatal)
Nutrition	Temperament
Pregnancy	Tobacco and pregnancy
Obesity	Violence in the family

For each of these topics, two reports are being prepared – one focusing on what developmental science tells us about the topic, and the other report focusing on what social science tells us about the effectiveness of various interventions that address the topic.

This Centre will no doubt make a significant contribution to what we know about social and emotional development in young children, which is greatly needed. But their dissemination plans focus primarily on service providers, program planners and policymakers. Ordinary parents are not expected to receive this information directly from this Centre.

**c. Centre of Excellence for Child Welfare**

“...this Centre will create mechanisms for effective co-ordination and integration of child welfare research across multiple service systems ... The Centre also carries out original research in order to build knowledge to inform child welfare policy and practice and to build capacity for child welfare research in Canada.”

“Welcome Page”, Centre of Excellence for Child Welfare website <sup>100</sup>

This Centre will primarily conduct research and then work to disseminate best practices to health, education, justice, recreation and social service systems. This centre does not reach out to parents directly.

## **2. RESEARCH CENTRES**

**a. Atkinson Centre for Society and Child Development**

This relatively new centre has undertaken an ambitious agenda. Headed by Dr. Daniel Keating at the University of Toronto, “The Centre will engage in research and network-building efforts to support the building of an early child development system in Canada.” <sup>101</sup> This Centre is a network of researchers, practitioners and policy makers that will address three questions:

- What do we really know about child development?
- How do children grow-up today?
- How can we use what we now know to improve children’s health, well-being, coping and competence?

With its emphasis on system building, this group expects to focus primarily on professional training and influencing policy, not reaching out broadly or directly to ordinary parents.

**b. Vanier Institute of the Family**

The Vanier Institute of the Family exists to: <sup>102</sup>

- Build public understanding of important issues and trends critical to the well-being and healthy functioning of Canadian families.
- Foster the creation of means designed to identify and provide for the needs and aspirations of families.
- Encourage a family perspective among policy-makers, institutions, service providers, employers, business executives, and others whose work with organizations affect the lives of Canadian families.
- Encourage and promote the inherent capacity of families to help themselves.

This important organization is an advocacy group for incorporating a family-perspective into policies, programs and

Canadian society. It provides good information on families with young children, but reaching out directly to parents is not a priority for it.

**c. Canadian Institute of Child Health**

“For over 20 years, the *Canadian Institute of Child Health* has acted as a dedicated voice for children, improving their health and well-being. We work to ensure that this goal is met through our many publications and resources for parents and health professionals.

Our role in child and family health involves working with governments to make sure the right kind of policies are developed; working with professionals and educators to equip them with the best in research and programs; and reaching out to families to help with the crucial task of nurturing, protecting, educating, and empowering our children. We are determined to give all of our children the best possible future by making them a top priority.”

“About the Canadian Institute of Child Health” from their website <sup>103</sup>

This organization is primarily known for its high quality research and public education efforts on important physical health aspects of child development (SIDS, childhood asthma, breast-feeding, brain development). They have had a long association with the Nobody’s Perfect parent education program, providing coordination for training leaders to deliver this program.

**d. Human Early Learning Partnership**

“The Human Early Learning Partnership (HELP) is a pioneering, interdisciplinary research partnership that is directing a world-leading contribution to new understandings and approaches to early child development.

Directed by Dr. Clyde Hertzman, HELP is a network of faculty, researchers and graduate students from British Columbia’s four major universities. HELP facilitates the creation of new knowledge, and helps apply this knowledge in the community by working directly with government and communities. “

From their Home Page <sup>104</sup>

This centre is primarily applying evidence-based research to policy and program planning for provincial and community initiatives that focus on families with young children. Although a part of the web-site is devoted to parents, it primarily provides a series of fact-sheets and links to local resources.

### **3. GOVERNMENT PROGRAMS**

Although there are many federal and provincial programs that support families with young children (family support, children’s mental health, public health, child welfare), very few focus directly on parenting skills. Those that do, mostly focus on families living in poverty (e.g., home visiting programs such as Ontario’s “Healthy Babies, Health Children” and “Better Beginnings, Better Futures;” Manitoba’s “Early Start;” public health’s “Nobody’s Perfect” courses; the federal gov-

ernment's "Community Action Program for Children"). While there are a few provincial or federal evaluations of programs currently underway, to date we were unable to find publicly available rigorous evaluations of the effectiveness of national or provincial government programs on improving parenting behaviour for families who do not have socio-economic risk factors (e.g., low income; receiving social assistance) or psychosocial risk factors (e.g., parents have substance abuse problems; children are developmentally delayed) which indicate they could be at risk for parenting problems, or for families whose children are not at risk in some manner. Government supported parenting programs are not broadly available for "ordinary" families with young children.

#### 4. CONCLUSIONS:

- The three new Canadian Centres of Excellence with a major focus on early childhood are alike in that their primary mandate is on research, and they are already worried about how to disseminate what they know will be valuable information to parents. Their communications budgets are too low, and they do not have the internal expertise to communicate effectively with parents on a broad-scale.
- Most of the other research organizations are advocacy groups who focus primarily on influencing parenting through professionals or through government policies. Several important groups also focus primarily on physical health or families living in poverty. No group focuses primarily on parents with young children or primarily on helping parents obtain knowledge, skills and confidence in social, emotional and intellectual development of young children.
- Most of the government programs (family support, children's mental health, child welfare and public health) are directed to parents who are at risk for poor parenting. There are no province-wide or national evaluations of program effectiveness related to universal parenting in the early years which have been released to the public.

The three new government-funded research centres and the broader research advocacy groups generate research findings to assist policymakers and service providers, but the Centres of Excellence lack the funding and/or the mandate to disseminate their knowledge directly to parents. The government programs focus mostly on high risk parents, and they are largely unevaluated as to their impact.



**PART V:  
WHAT CAN WE  
CONCLUDE?**



## PART V: WHAT CAN WE CONCLUDE?

"Never has science known so much about how children grow and develop, yet never have parents known so little."

Dr. Freda Martin, 2001<sup>106</sup>

Developmental science clearly demonstrates the early years of child development are important because these years lay the foundation for the future. The social environment in which children grow is crucial to how they develop, socially, emotionally and intellectually, and parents are pivotal in shaping those environments.

Canada's youngest children are by and large healthy -- in comparison to both children in recent generations and children of other western countries. Clearly, the approaches we have undertaken to achieve these standards have been largely effective.

Yet disturbingly, 28.6 percent of Canadian children have unacceptably high rates of cognitive and behavioural problems. These problems are directly related to lack of positive parenting. Too few Canadian parents use parenting practices which promote healthy social, emotional and intellectual development. Both the children's problems and poor parenting are present in all levels of society, regardless of income, education or occupation.

Today's parents are truly in a quandary. They want to do the right thing; yet too many do not know what to do. In a society that purports to value the role of parents, we provide woefully few opportunities for parents to become truly educated about parenting and child development. Even worse, we have not created an environment that is conducive to enhancing parenting skills.

Across the board, parents need help. Too many parents fail to use the positive parenting practices which promote healthy social, emotional and intellectual development. Too many parents lack knowledge about child development and confidence in the parenting role; they are often emotionally worn-out and stressed; and they are not receiving sufficient support.

Imaginative and thoughtful efforts are greatly needed:

- To reach out to all parents.
- To educate all parents about child development and parenting in meaningful and useful ways.
- To recognize the emotional experiences and stresses inherent in modern parenting.
- To support on all levels, the important responsibilities parents of young children have undertaken – to raise health and adjusted children, who will grow to be the next generation of health and adjusted adults and parents.

## ENDNOTES

- <sup>1</sup> For a short summary of the latest research evidence on the importance of the early years see R. A. Thompson, *Development in the First Years of Life, The Future of Children*, Vol. 11, No. 1, 21 – 33.
- <sup>2</sup> T. Hayden, "A sense of self," *Newsweek: Special 2000 Edition*, (2000, Fall/Winter). 60.
- <sup>3</sup> T. Hayden: 62.
- <sup>4</sup> The full reports will be forthcoming in a volume edited by Dr. Daniel Keating, the Atkinson Professor of Early Child Development and Education in the Department of Human Development and Applied Psychology at the Ontario Institute for Studies in Education, University of Toronto. Inquiries should be directed to Jane Bertrand, Executive Director of the Atkinson Centre on Society and Child Development, [jbertrand@acscd.ca](mailto:jbertrand@acscd.ca)
- <sup>5</sup> Matthews, D.J. (2001). Summary of Nelson, C.A. (May 2001). Neural development and life-long plasticity. Summary of paper presented at the WebForum 2001: Millennium Dialogue on Early Child Development, November 8 – 9, 2001, University of Toronto. Published by the Atkinson Centre for Society and Child Development, OISE\UT, 252 Bloor Street West, HDAP 9 – 240, Toronto, Ontario, Canada. Also, retrieved from <http://www.acscd.ca/acscd/public/papers.nsf/by+type/openview&ExpandView>.
- <sup>6</sup> Matthews, D.J. (2001). Summary of Rutter, M. (May 2001). Biological and experiential influences on psychological development. Summary of paper presented at the WebForum 2001: Millennium Dialogue on Early Child Development, November 8 – 9, 2001, University of Toronto. Published by the Atkinson Centre for Society and Child Development, OISE\UT, 252 Bloor Street West, HDAP 9 – 240, Toronto, Ontario, Canada. Also, retrieved from <http://www.acscd.ca/acscd/public/papers.nsf/by+type/openview&ExpandView>.
- <sup>7</sup> Matthews, D.J. (2001). Summary of Lieberman, A. (May 2001). Mental Health Intervention in Infancy and Early Childhood. Summary of paper presented at the WebForum 2001: Millennium Dialogue on Early Child Development, November 8 – 9, 2001, University of Toronto. Published by the Atkinson Centre for Society and Child Development, OISE\UT, 252 Bloor Street West, HDAP 9 – 240, Toronto, Ontario, Canada. Also, retrieved from <http://www.acscd.ca/acscd/public/papers.nsf/by+type/openview&ExpandView>.
- <sup>8</sup> Boyce, W. Thomas. (2001, November). Biology and context: Symphonic causation and the origins of childhood psychopathology. (Centre for Society and Child Development: University of Toronto, Ontario Institute for Studies in Education) 3.
- <sup>9</sup> Boyce, W. Thomas. (2001, November). Biology and context: Symphonic causation and the origins of childhood psychopathology. (Centre for Society and Child Development: University of Toronto, Ontario Institute for Studies in Education)
- <sup>10</sup> C. Hertzman, "The case for an early childhood development strategy," *ISUMA: Canadian Journal of Policy Research* 1, no. 1 (2000): 14.
- <sup>11</sup> C. Hertzman: 15.
- <sup>12</sup> This debate is ongoing. For more information see: D. P. Keating and C. Hertzman (Eds.) *Developmental health and the wealth of nations: Social, Biological and Educational Dynamics*, New York: Guilford Press; John T. Bruer, *The Myth of the First Three Years*, (New York: The Free Press, 1999); John T. Bruer, *Commentary: Avoiding the pediatrician's error: how neuroscientists can help educators (and themselves)*, *Nature neuroscience supplement*, Vol. 5, November 2002, 1031 – 1033; Peter R. Huttenlocher, *Reply to Bruer: Basic neuroscience research has important implications for child development*, *Nature neuroscience*, Vol. 6, No. 6, June 2003, 541.
- <sup>13</sup> From *The health of Canada's children: A CICH profile*, 3rd ed. (Ottawa: Canadian Institute of Child Health, 2000) 33. Reprinted with permission.
- <sup>14</sup> From *The health of Canada's children: A CICH profile*: 278. Reprinted with permission.
- <sup>15</sup> Moutquin, et al., 1996, as noted in *The health of Canada's children: A CICH profile*, 3rd ed. (Ottawa: Canadian Institute of Child Health, 2000): 278.
- <sup>16</sup> From *The health of Canada's children: A CICH profile*: 35. Reprinted with permission.
- <sup>17</sup> *The health of Canada's children: A CICH profile*: 35.
- <sup>18</sup> From *The health of Canada's children: A CICH profile*: 39. Reprinted with permission.
- <sup>19</sup> R. Wilkins, C. Houle, J. M. Berthelot & N. Ross, *The Changing health status of Canada's children*, *ISUMA: Canadian Journal of Policy Research*, Vol. 1, no. 1 (2000): 61. Reprinted with permission.
- <sup>20</sup> From *The health of Canada's children: A CICH profile*: 29. Reprinted with permission.
- <sup>21</sup> From *The health of Canada's children: A CICH profile*: 52. Reprinted with permission.
- <sup>22</sup> R. Wilkins, et al.: 58. Reprinted with permission.
- <sup>23</sup> From *The health of Canada's children: A CICH profile*: 50. Reprinted with permission.
- <sup>24</sup> From *The health of Canada's children: A CICH profile*: 51. Reprinted with permission.
- <sup>25</sup> From *The health of Canada's children: A CICH profile*: 51. Reprinted with permission.

- 26 From The health of Canada's children: A CICH profile: 41. Reprinted with permission.
- 27 From The health of Canada's children: A CICH profile: 41. Reprinted with permission.
- 28 From The health of Canada's children: A CICH profile: 49. Reprinted with permission.
- 29 From The health of Canada's children: A CICH profile: 71. Reprinted with permission.
- 30 Centre of Excellence on Early Child Development. Retrieved July 31, 2003, from [http://www.hc-sc.gc.ca/dca-dea/allchildren\\_touslesenfants/centres\\_edc\\_e.html](http://www.hc-sc.gc.ca/dca-dea/allchildren_touslesenfants/centres_edc_e.html)
- 31 Motherisk Program at the Hospital for Sick Children, Toronto, Ontario, Canada. Retrieved August 10, 2003 from <http://www.Motherisk.org/>.
- 32 N. Trocmé, et al., "Canadian incidence study of reported child abuse and neglect: Highlights," Health Canada, 2001. Retrieved 14 July, 2003 <<http://www.hc-sc.gc.ca/pphb-dgsp/CM-vee/cishl01/index.html>>.
- 33 J. Garbarino, Raising children in a socially toxic environment (Reprint ed.). (San Francisco: Jossey-Bass, 1999); B. Egeland, et al., "Breaking the cycle of abuse," Child Development 59 no. 4 (1988); D. Quinton, et al., "Institutional rearing, parenting difficulties and marital support," Psychological Medicine 14 no. 1 (1984); D. Cicchetti, & V. Carlson, (Eds.) Child Maltreatment: Theory and research on the causes and consequences of child abuse and neglect. (New York: Cambridge University Press, 1989).
- 34 M.C. Larrivee, et al., Physical abuse WITH and WITHOUT other forms of child maltreatment: Dysfunctionality vs. dysnormativity. (Montréal: GRAVE/Ardec et Université du Québec à Montréal, 2002); M. Mayer, et al., Comparing parental characteristics regarding child neglect: An analysis of cases retained by child protection services in Quebec. (Montreal: Centre of Excellence for Child Welfare, 2003). Retrieved September 03, 2003 from <http://www.cecw-cepb.ca/DocsEng/LarriveeEtAl.pdf>.
- 35 Child abuse and neglect fact sheet, Health Canada, February 1997. Retrieved 14 July, 2003 [http://www.hc-sc.gc.ca/hppb/familyviolence/html/nfntsneg\\_e.html](http://www.hc-sc.gc.ca/hppb/familyviolence/html/nfntsneg_e.html).
- 36 Although this position is almost universally taken for granted among child maltreatment researchers, it is most frequently associated with Dr. James Garbarino, the Elizabeth Lee Vincent Professor of Human Development at Cornell University. See The Meaning of Poverty in the World of Children, American Behavioral Scientist, Vol. 35, No. 3, January/February 1992, 220 – 237 for a more complete explication.
- 37 M.C. Larrivee, et al.
- 38 G. Macdonald, Effective Interventions for Child Abuse and Neglect: An Evidence-based Approach to Planning and Evaluating Interventions, (2001), Toronto: John Wiley & Sons, Ltd., 167.
- 39 Child abuse and neglect fact sheet.
- 40 G. Macdonald: 131.
- 41 G. Macdonald: 132.
- 42 J.D. Willms, The prevalence of vulnerable children, Vulnerable children ed. J.D. Willms (Edmonton: University of Alberta Press, 2002) 51.
- 43 J.D. Willms: 54. The percentages for the various age groups are 27.76 percent of infants, 26.06 percent of babies, 30.98 percent of toddlers and 29.54 percent of preschoolers. These problems include social, emotional, language and intellectual problems, but exclude physical or mental handicaps, learning disabilities or health problems.
- 44 J.D. Willms: 3.
- 45 J.D. Willms: 46-47.
- 46 J.D. Willms: 335.
- 47 From J.D. Willms: 336.
- 48 J.D. Willms: 335.
- 49 J.D. Willms: 90.
- 50 R.K. Chao, & J.D. Willms, The effects of parenting practices on children's outcomes, Vulnerable children, ed. J.D. Willms (Edmonton: University of Alberta Press, 2002) 149.
- 51 R.K. Chao, & J.D. Willms: 149.

- 52 R.K. Chao, & J.D. Willms: 164.
- 53 R.K. Chao, & J.D. Willms: 164.
- 54 R.K. Chao, & J.D. Willms: 164-165.
- 55 R.K. Chao, & J.D. Willms: 165.
- 56 The Daily, Monday, August 11, 2003 (Statistics Canada's official release bulletin). Full text and charts retrieved on August 11, 2003 from <http://www.statcan.ca/Daily/English/030811/d030811a.htm>.
- 57 Profiling Canada's families II. (Nepean: The Vanier Institute of the Family, 2000) 57. Reprinted with permission.
- 58 Profiling Canada's families II: 58.
- 59 From Profiling Canada's families II: 60. Reprinted with permission.
- 60 The Daily, Monday. August 11, 2003.
- 61 From The health of Canada's children: A CICH profile: 132. Reprinted with permission.
- 62 From Profiling Canada's families II: 60. Reprinted with permission.
- 63 C. Lochhead, "The trend toward delayed first childbirth: Health and social implications," ISUMA: Canadian Journal of Policy Research, Vol. 1, no. 1 (2000): 42. Reprinted with permission.
- 64 From C. Lochhead: 42. Reprinted with permission.
- 65 From C. Lochhead: 43. Reprinted with permission.
- 66 C. Lochhead: 42-43.
- 67 C. Lochhead: 41.
- 68 N. Marcil-Gratton, et al., personal communication to author, June 2003. A similar chart, without the most recent data may be found in "The implications of parents' conjugal histories for children," ISUMA: Canadian Journal of Policy Research, Vol. 1, no. 2 (2000): 33.
- 69 From N. Marcil-Gratton, et al.: personal communication to author, June 2003. A similar chart, without the most recent data may be found in "The implications of parents' conjugal histories for children," ISUMA: Canadian Journal of Policy Research, Vol. 1, no. 2 (2000): 34.
- 70 N. Marcil-Gratton, et al.: 34.
- 71 From N. Marcil-Gratton, et al.: 34. Reprinted with permission.
- 72 Profiling Canada's families II: 44.
- 73 Profiling Canada's families II: 48.
- 74 Profiling Canada's families II: 87.
- 75 Profiling Canada's families II:160-161.
- 76 L. Oldershaw, A national survey of parents of young children. (Toronto: Invest in Kids, 2002)
- 77 L. Oldershaw: 67.
- 78 L. Oldershaw: 67.
- 79 L. Oldershaw: 66.
- 80 L. Oldershaw: 25.
- 81 L. Oldershaw: 71.
- 82 L. Oldershaw: 75.
- 83 L. Oldershaw: 13.

- 84 L. Oldershaw: 16 – 17.
- 85 L. Oldershaw: 33.
- 86 L. Oldershaw: 33.
- 87 L. Oldershaw: 36.
- 88 L. Oldershaw: 44.
- 89 L. Oldershaw: 51.
- 90 L. Oldershaw: 55.
- 91 L. Oldershaw: 60.
- 92 L. Oldershaw: 64.
- 93 L. Oldershaw: 95.
- 94 Information about the Ontario Coalition for Mandatory Parenting Education is housed on the Ontario Family Studies Leadership Council website. Retrieved August 10, 2003 <http://www.ofslc.org/WhoweAre/Index1.htm>
- 95 L. Oldershaw: 89.
- 96 L. Oldershaw: 89.
- 97 Canadian Language and Literacy Research Network, Overview. Retrieved July 31, 2003 from <http://www.cllrnet.ca/index.php?fa=ResearchHome.showResearchHome.en>
- 98 Centre of Excellence for Early Childhood Development, Our Mission. Retrieved July 31, 2003 from <http://www.excellence-earlychildhood.ca/mission.asp?lang=EN>
- 99 Centre of Excellence for Early Childhood Development, Site Map. Retrieved July 31, 2003 from <http://www.excellence-earlychildhood.ca/carte.asp?lang=EN>
- 100 Centre of Excellence for Child Welfare, Home. Retrieved July 31, 2003 from <http://www.cecw-cepb.ca/home.html>
- 101 The Atkinson Centre on Society and Child Development. Retrieved August 10, 2003 from <http://www.acscd.ca>.
- 102 The Vanier Institute of the Family, About the Vanier Institute of the Family. Retrieved July 31, 2003 from <http://www.vifamily.ca/about/vision.html>
- 103 Canadian Institute of Child Health, Overview and Mission. Retrieved July 31, 2003 from <http://www.cich.ca/about.html>
- 104 Human Early Learning Partnership. Homepage. Retrieved September 2, 2003 from <http://www.earlylearning.ubc.ca/>.
- 105 Introduction to news conference on the release of Invest in Kids' National Survey of Parents of Young Children.
- 106 Quoted from Dr. Martin's introduction to the news conference on the release of Invest in Kids' National Survey of Parents of Young Children in 2001.

## BIBLIOGRAPHY

This report relies heavily on a number of key documents. We would like to acknowledge their excellence, and encourage anyone who has an interest in parenting during the early years to delve deeper into the following sources:

Hertzman, C., & Keating, D.P. (1999). *Developmental Health and the Wealth of Nations: Social, Biological and Educational Dynamics*. New York: The Guilford Press.

Keating, D.F. (Ed.) (2001) *The Millennium Dialogue on Early Child Development*. Toronto, ON: Atkinson Centre for Society and Child Development, University of Toronto.

Session 1: Sir Michael Rutter, Biological and experiential Influences on Psychological Development  
Charles Nelson, Neural Development & Life-long Plasticity  
Clyde Hertzman, respondent

Session 2: Megan Gunnar, Early Experience & Stress Regulation in Human Development  
Ronald Barr, Mother & Child Preparing for a Life  
Jennifer Jenkins, respondent

Session 3: Richard Tremblay, Origins, Development and Prevention of Aggressive Behaviour  
W. Thomas Boyce, Biology and Context: Symphonic Causation and the  
Origins of Childhood Psychopathology  
Dan Offord, respondent

Session 4: Alicia Lieberman, Mental Health Intervention & Early Childhood  
Daniel Keating, Society and Early Child Development

Lochhead, C. (2000). *The trend toward delayed first childbirth: Health and social implications*. *ISUMA: Canadian Journal of Policy Research*, 1 (2), 41-44.

Marcil-Gratton, N., Le Bourdais, C., & LaPierre-Adamcyk, E. (2000). *The implications of parents' conjugal histories for children*. *ISUMA: Canadian Journal of Policy Research*, 1 (2), 32-40.

Oldershaw, L. (2002). *A National Survey of Parents of Young Children*. Toronto: Invest in Kids.

*Profiling Canada's Families II* (2000). Nepean, Ontario: The Vanier Institute of the Family.

Shonkoff, J.P. & Phillips, D. (Eds.) (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press.

*The Health of Canada's Children: A CICH Profile* (3rd ed.). (2002) Ottawa: Canadian Institute of Child Health.

*The Well-being of Canada's Young Children* (2002). Ottawa, Canada: Human Resources Development Canada and Health Canada.

Trocmé, N. & Wolfe, D. (2001). *Child Maltreatment in Canada : Selected Results from the Canadian Incidence Study of Reported Child Abuse and Neglect*. Ottawa, ON : Minister of Public Works and Government Services Canada.

Willms, J.D. (2002) (Ed.). *Vulnerable children: Findings from Canada's National Longitudinal Survey of Children and Youth*. Edmonton, AB: University of Alberta Press.



In addition, the following websites and documents were sources of information for this report:

Atkinson Center for Society and Child Development. Retrieved July 31, 2003, from <http://www.acscd.ca>.

Boyce, W. Thomas. (2001, November). *Biology and context: Symphonic causation and the origins of childhood psychopathology*. Manuscript submitted for publication to the Centre for Society and Child Development: University of Toronto, Ontario Institute for Studies in Education:

<http://www.webforum2001.net/MDC/scientists.nsf/029dc067a3d218df85256b5100698d58?OpenView>.

Canadian Language and Literacy Research Network. Retrieved July 31, 2003, from <http://www.cllrnet.ca>.

Centre of Excellence on Early Child Development. Retrieved July 31, 2003, from [http://www.hc-sc.gc.ca/dca-dea/allchildren\\_touslesenfants/centres\\_edc\\_e.html](http://www.hc-sc.gc.ca/dca-dea/allchildren_touslesenfants/centres_edc_e.html).

Centre of Excellence on Child Welfare. Retrieved July 31, 2003, from <http://www.cecw-cepb.ca/home.html>.

Chao, Ruth K., & Willms, J.D. (2000). *Family income, parenting practices and childhood vulnerability: A challenge to the 'culture of poverty' thesis*. (Policy Brief No. 9). University of New Brunswick, Canadian Research Institute for Social Policy.

Chao, R.K., & Willms, J.D. (2002). The effects of parenting practices on children's outcomes. In J. D. Willms (Ed.), *Vulnerable children*. (pp.149-165). Edmonton: The University of Alberta Press.

*Child abuse and neglect fact sheet*. (1997, February). Retrieved July 14, 2003 from Health Canada, Health Promotion and Programs Branch, National Clearinghouse on Family Violence: [http://www.hc-sc.gc.ca/hppb/familyviolence/html/nfntsnegl\\_e.html](http://www.hc-sc.gc.ca/hppb/familyviolence/html/nfntsnegl_e.html).

Garbarino, J. (1992, January/February). The Meaning of Poverty in the World of Children, *American Behavioral Scientist*, Vol. 35, No. 3, 220 – 237.

Hayden, T. (2000, Fall/Winter). A sense of self. *Newsweek: Special 2000 Edition*, 56-62.

Hertzman, C. (2000). The case for an early childhood development strategy. *ISUMA: Canadian Journal of Policy Research*, 1 (2), 11-18.

Human Early Learning Partnership. Retrieved September 2, 2003 from <http://www.earlylearning.ubc.ca/>.

Larrivée, M. C., Bouchard, C. & Tourigny, M. (2002). *Physical abuse WITH and WITHOUT other forms of child maltreatment: Dysfunctionality vs. dysnormativity*. Montréal: GRAVE/Ardec et Université du Québec à Montréal.

Macdonald, G. (2001). *Effective Interventions for Child Abuse and Neglect: An Evidence-based Approach to Planning and Evaluating Interventions*, Toronto: John Wiley & Sons.

Matthews, D.J. (2001). Summary of Lieberman, A.F. (May 2001). Mental Health Intervention in Infancy and Early Childhood. Summary of paper presented at the WebForum 2001: Millennium Dialogue on Early Child Development. University Toronto and Invest in Kids, Toronto, Canada. Retrieved July, 31, 2004 from <http://www.acscd.ca/acscd/public/papers.nsf/by+type!openview&ExpandView>.

Matthews, D.J. (2001). Summary of Rutter, M. (May 2001). Biological and Experimental Influences on Psychological Development. Summary of paper presented at the WebForum 2001: Millennium Dialogue on Early Child Development. University Toronto and Invest in Kids, Toronto, Canada. Retrieved July, 31, 2004 from <http://www.acscd.ca/acscd/public/papers.nsf/by+type!openview&ExpandView>.

Matthews, D.J. (2001). Summary of Boyce, W.T. (May 2001). *Biology and Context: Symphonic Causation and the Origins of Childhood Psychopathology*. Summary of paper presented at the WebForum 2001: Millennium Dialogue on Early Child Development. University Toronto and Invest in Kids, Toronto, Canada. Retrieved July, 31, 2004 from <http://www.acscd.ca/acscd/public/papers.nsf/by+type!openview&ExpandView>.

Mayer, M., Dufour, S., Lavergne, C., Girard, M., & Trocmé, N. (2003). *Comparing parental characteristics regarding child neglect: An analysis of cases retained by child protection services in Quebec*. Montreal: Centre of Excellence for Child Welfare.

Motherisk Program at the Hospital for Sick Children, Toronto, Ontario, Canada. Retrieved August 10, 2003 from <http://www.motherisk.org/>.

Rusen, I.D., & McCourt, C (Eds.), (1999). *Measuring up: A health surveillance update on Canadian children and youth - cancer incidence*. Retrieved July 14, 2003 from Health Canada-Population and Public Health Branch, Minister of Public Works and Government Services Canada: <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/meas-haut/>.

Rusen, I.D., & McCourt, C (Eds.), (1999). *Measuring up: A health surveillance update on Canadian children and youth - infant mortality*. Retrieved July 14, 2003 from Health Canada-Population and Public Health Branch, Minister of Public Works and Government Services Canada: <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/meas-haut/>.

Rusen, I.D., & McCourt, C (Eds.), (1999). *Measuring Up: A health surveillance update on Canadian children and youth - injury mortality*. Retrieved July 14, 2003 from Health Canada-Population and Public Health Branch, Minister of Public Works and Government Services Canada: <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/meas-haut/>.

Shonkoff, J.P. & Phillips, D. (Eds.) (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press.

*The Well-being of Canada's Young Children (2002)*. Ottawa, Canada: Human Resources Development Canada and Health Canada.

Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., Mayer, M., Wright, J., Barter, K., Burford, G., Hornick, J., Sullivan, R., and McKenzie, B. (2001, Spring). *Canadian incidence study of reported child abuse and neglect: Final Report*. Retrieved October 25, 2003 from Health Canada, Minister of Public Works and Government Services Canada: <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/cisfr-ecirf/>

*Canadian incidence study of reported child abuse and neglect: Highlights*. Retrieved July 14, 2003 from Health Canada, Minister of Public Works and Government Services Canada: <http://www.hc-sc.gc.ca/pphb-dgspsp/cm-vee/cishl01/index.html>.

Trocmé, N. & Wolfe, D. (2001). *Child Maltreatment in Canada : Selected Results from the Canadian Incidence Study of Reported Child Abuse and Neglect*. Ottawa, ON : Minister of Public Works and Government Services Canada.

Willms, J.D. (2002). A study of vulnerable children. In J.D. Willms (Ed.), *Vulnerable children*. (pp. 3-22). Edmonton, AB: University of Alberta Press.

Willms, J.D. (2002). The prevalence of vulnerable children. In J.D. Willms (Ed.), *Vulnerable children*. (pp. 45-70). Edmonton, AB: University of Alberta Press.

Willms, J.D. (2002). Socio-economic gradients for childhood vulnerability. In J.D. Willms (Ed.), *Vulnerable children*. (pp. 71-104). Edmonton, AB: University of Alberta Press.

Willms, J.D. (2002). Research findings bearing on Canadian social policy. In J.D. Willms (Ed.), *Vulnerable children*. (pp. 331-358). Edmonton, AB: University of Alberta Press.



Invest in Kids  
64B Merton Street  
Toronto, ON M4S 1A1  
Tel: 416-977-1222 • Toll Free: 1-877-583-KIDS  
Fax: 416-977-9655  
[www.investinkids.ca](http://www.investinkids.ca)