

Positive Parenting

in the

North Bay Parry Sound District Health Unit Region

October 2014



myhealthunit.ca

in your community . . . here for your health

North Bay Parry Sound District
Health Unit



Bureau de santé
du district de North Bay-Parry Sound

Report Production Team

Lead Authors

Casey Hirschfeld, Research Assistant
Planning and Evaluation

Doris Chartrand, Public Health Nurse
Healthy Schools & Families

Shannon Mantha, Program Manager
Healthy Schools & Families

Support

John Mitchell, Research Assistant
Planning and Evaluation

Chris Bowes, Temporary Manager
Planning and Evaluation

Marlene Campsall, Program Manager
Healthy Babies Healthy Children

Suggested Citation

North Bay Parry Sound District Health Unit. (2014). Positive Parenting in the
North Bay Parry Sound District Health Unit Region.
North Bay, ON: North Bay Parry Sound District Health Unit.

For more information, please contact:

Doris Chartrand
North Bay Parry Sound District Health Unit
681 Commercial Street
North Bay, Ontario
P1B 4E7
1-800-563-2808 ext. 2326
doris.chartrand@nbpsdhu.ca

Acknowledgements

The North Bay Parry Sound District Health Unit (NBPSDHU) would like to thank the following individuals for their significant contributions to this project. The completion of this report would not have been possible without the work and dedication of others.

For permission to adapt their data collection tools:

Region of Waterloo Public Health
York Region Health Services

For the important information provided in regards to positive parenting practices in the NBPSDHU region and Ontario:

Community partners throughout the NBPSDHU region
Peer and Adjacent Public Health Units

For assistance in the data collection of the Parent Needs Survey:

Child Care Resources
Community Living North Bay, Ontario Early Years Centre - Nipissing
District of Parry Sound Social Services Administration Board, Ontario Early Years/Best Start Child and Family Centres
Family Enrichment Program
Highlands Early Learning and Child Care Centre
Nipissing District Housing Corporation
North Bay Indian Friendship Centre
North Bay Military Family Resource Centre/Little Wings Child Care Centre
Waubeeq Early Learning and Child Care Centre
West Ferris Day Nursery
West Nipissing Child Care Corporation
YMCA of North Bay

For hosting the Community Partner Meeting:

District of Parry Sound Best Start Network
Children's Services Planning Table, Nipissing Best Start

For the important information provided in regards to their parenting support needs:

Parents that participated in the Parent Needs Survey

For ongoing support provided throughout the Positive Parenting Situational Assessment:

NBPSDHU Healthy Schools & Families and Healthy Babies Healthy Children program staff

Table of Contents

Executive Summary	1
Sommaire.....	2
1.0 Background	4
2.0 What is a comprehensive approach to positive parenting?.....	5
3.0 NBPSDHU Mandate	5
4.0 Purpose.....	6
5.0 Methodology	6
5.1 Study Design	6
5.2 Data Collection	7
5.2.1 Public Health Unit Positive Parenting Survey	7
5.2.2 Positive Parenting Community Inventory Survey.....	7
5.2.3 Parent Needs Survey	8
5.2.4 Community Partner Meetings	8
5.2.5 Validation.....	8
5.3 Data Analysis.....	9
5.4 Assurance of Confidentiality.....	9
6.0 What priority populations exist in the NBPSDHU region in relation to parenting?	10
7.0 Findings.....	11
7.1 Respondents	11
7.1.1 Parent Needs Survey Respondent Demographics’	11
7.2 Mandates.....	13
7.2.1 Community Organizations	13
7.2.2 Public Health Units	13
7.3 Health Promotion Strategies	13
7.4 Modes of Communication	15
7.5 Access Points	16
7.6 When do parents want parenting activities?	17
7.7 Barriers	18
7.8 Positive Parenting Activities	18
7.8.1 Elements of Positive Parenting.....	18
7.8.2 Topics Parents are Interested in.....	19

7.8.3 Multidisciplinary Practitioners Involved in Positive Parenting Activities	20
7.8.4 Who do parents want to receive positive parenting information from?	21
7.8.5 Who are programs available for?	21
7.8.6 Evaluation of Positive Parenting Activities	23
7.8.7 Best Practice	23
7.8.8 Implementation of Public Health Unit Positive Parenting Activities	23
7.8.9 Collaboration	23
8.0 Community Partner Meetings	24
9.0 Discussion	25
9.1 Health Promotion Strategies	25
9.2 Modes of Communication	25
9.3 Priority Populations	25
9.4 Collaboration and Coordination	26
9.5 Best Practice	26
10.0 Conclusion	26
11.0 Study Limitations	26
References	27
Appendix A: Public Health Unit Survey.....	30
Appendix B: Community Inventory Survey.....	34
Appendix C: Parent Needs Survey	40
Appendix D: Instructions and Assurance of Confidentiality Form.....	48
Appendix E: Locations of Positive Parenting Activities.....	50
Appendix F: Location of Positive Parenting Activities, SRI, Town of Mattawa.....	52
Appendix G: Location of Positive Parenting Activities, SRI, City of North Bay	53
Appendix H: Location of Positive Parenting Activities, SRI, Villages of South River, Sundridge, and Burk’s Falls.....	54
Appendix I: Location of Positive Parenting Activities, SRI, Town of Sturgeon Falls	55
Appendix J: Location of Positive Parenting Activities, SRI, Town of Parry Sound	56
Appendix K: Topics by Parents Level of Interest	57

Executive Summary

Positive parenting is defined as “positive/warm and consistent parenting interactions with the child ([e.g.,] parents frequently talking, playing, praising, laughing, and doing special things together with their children, [setting] clear and consistent expectations, and [using] non-punitive consequences with regard to child behaviour)” (Ministry of Health Promotion, 2010). Parenting has been proven to have a substantial impact on children’s well being and their psychological, physical, and social development (de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008; Sanders, 2008). Moreover, evidence suggests that “the quality of parenting a child receives is considered the strongest potentially modifiable risk factor that contributes to the development of behavioral and emotional problems in children” (Centre of Excellence for Early Childhood Development & Strategic Knowledge Cluster on ECD, 2008).

The purpose of this situational assessment is to examine the current situation in the North Bay Parry Sound District Health Unit (NBPSDHU) region regarding positive parenting, for parents of children 0 to 18 years of age, to determine if a comprehensive approach to positive parenting is being accomplished and inform future planning. Data for the situational assessment was collected from four different stakeholder groups including public health units, community organizations, parents, and community partners.

Research questions for the situational assessment included:

- What positive parenting activities are offered in the NBPSDHU region?
- What positive parenting activities are offered by other public health units?
- What are the needs of parents in the NBPSDHU region?
- What gaps, if any, exist in a comprehensive approach to positive parenting in the NBPSDHU region?
- Are community organizations within the NBPSDHU region interested in collaborating towards a comprehensive approach to positive parenting?
- Is a comprehensive approach to positive parenting in the NBPSDHU region being accomplished?

Comprehensive Approach

“An approach that encompasses different levels of intervention, including prevention, that provide both targeted interventions as well as population-based strategies based on the needs of the community, and involve various service providers offering multiple access points for families” (Region of Waterloo Public Health, 2012).

Based on the data collected in this situational assessment, literature, and other secondary data, it appears that a comprehensive approach to positive parenting is not occurring in the NBPSDHU region.

Potential improvements in the NBPSDHU region regarding positive parenting include the following:

- Increase in availability of self-help resources for parents;
- Policy development;
- An increase in the number of health promotion strategies utilized;
- A shift in the modes of communication used to reach parents (e.g., the use of more self help resources such as internet/online learning);
- Determining if a sufficient amount of programming is available for the following parenting populations: Francophone populations, families with children 9 to 12 years of age and 13 to 18 years of age;
- Increased collaboration and coordination between community organizations; and
- Use of comprehensive and effective programming.

Moving forward, two community working groups will use information from this report, in addition to other resources (e.g., data and literature), as a starting point to address the gaps identified. These working groups will work in a collaborative way to ensure a comprehensive approach to positive parenting in the NBPSDHU region.

Sommaire

Les pratiques parentales positives est défini comme « l'interactions positives/chaleureuses et constantes entre les parents et l'enfant ([p. ex.] parents qui parlent, jouent, encouragent, rient et font souvent des activités spéciales avec leurs enfants, [établissent] des attentes claires et constantes et [utilisent] des conséquences non punitives pour le comportement de l'enfant) » (Ministry of Health Promotion, 2010). Il a été démontré que le rôle parental a un impact considérable sur le bien-être de l'enfant et sur son développement physique, psychologique et social (de Graaf, Speetjens, Smit, de Wolff et Tavecchio, 2008; Sanders, 2008). De plus, les données suggèrent que « parmi les facteurs de risque qui contribuent au développement des problèmes comportementaux et affectifs des enfants, la qualité des conduites parentales est le plus important des facteurs pouvant potentiellement être modifiés » (Centre of Excellence for Early Childhood Development & Strategic Knowledge Cluster on ECD, 2008).

Cette évaluation visait à étudier la situation actuelle dans la région du Bureau de santé du district de North Bay-Parry Sound, en particulier pour les parents d'enfants de 18 ans et moins, afin de déterminer s'il existe une approche globale en matière de pratiques parentales positives et d'éclairer la planification future. Les données de l'évaluation situationnelle ont été recueillies auprès de quatre groupes d'intervenants principaux, dont les bureaux de santé publique, les organismes communautaires, les parents et les partenaires communautaires.

Voici les principales questions de recherche posées pour l'évaluation situationnelle:

- Quelles activités parentales positives sont offertes dans la région du Bureau de santé du district de North Bay-Parry Sound?
- Quelles activités parentales positives sont offertes par d'autres bureaux de santé publique?
- Quels sont les besoins des parents de la région du Bureau de santé du district de North Bay-Parry Sound?
- Quelles lacunes, le cas échéant, existent pour l'utilisation d'une approche globale en matière de pratiques parentales positives dans la région du Bureau de santé du district de North Bay-Parry Sound?
- Les organismes communautaires de la région du Bureau de santé du district de North Bay-Parry Sound sont-ils intéressés à collaborer à la création d'une approche globale en matière de pratiques parentales positives?
- Est-ce qu'on utilise une approche globale en matière de pratiques parentales positives dans la région du Bureau de santé du district de North Bay-Parry Sound?

Approche globale

« Approche qui englobe plusieurs niveaux d'intervention, dont la prévention; qui inclut à la fois des interventions ciblées et des stratégies centrées sur les populations reposant sur les besoins de la communauté et qui comporte des fournisseurs de services variés offrant aux familles des points d'accès multiples » (Region of Waterloo Public Health, 2012).

Les données de cette évaluation situationnelle, les écrits et les données préexistantes indiquent qu'on ne suit pas une approche globale en matière de pratiques parentales positives dans la région du Bureau de santé du district de North Bay-Parry Sound.

Les améliorations qui pourraient être apportées dans la région comprennent:

- Accroître la disponibilité des ressources d'auto-assistance pour les parents;
- Élaborer une politique;
- Augmenter le nombre de stratégies de promotion de la santé qui sont utilisées;
- Modifier les moyens employés pour communiquer avec les parents (p. ex. utiliser davantage de ressources d'auto-assistance comme Internet et l'apprentissage en ligne);

- Déterminer s'il y a suffisamment de programmes pour les parents des groupes suivants: francophones, familles d'enfants âgés de 9 à 12 ans et familles d'enfants âgés de 13 à 18 ans;
- Améliorer la collaboration et la coordination entre organismes communautaires; et
- Utiliser des programmes avec une approche globale et efficaces.

Prochaines étapes: Deux groupes de travail communautaires utiliseront les résultats de ce rapport et d'autres ressources (p. ex. données et écrits) comme point de départ pour tenter de combler les lacunes cernées. Les groupes de travail collaboreront pour veiller à l'adoption d'une approche globale en matière de pratiques parentales positives dans la région du Bureau de santé du district de North Bay-Parry Sound.

1.0 Background

The Ministry of Health Promotion (2010), now a division of the Ministry of Health and Long-Term Care (MOHLTC), defines positive parenting as “positive/warm and consistent parenting interactions with the child ([e.g.,] parents frequently talking, playing, praising, laughing, and doing special things together with their children, [setting] clear and consistent expectations, and [using] non-punitive consequences with regard to child behaviour).”

Parenting has been proven to have a substantial impact on children’s well being and their psychological, physical, and social development (de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008; Sanders, 2008). Parents play an important role in their child’s development, which can lead to less behaviour problems in children (de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008). Moreover, evidence suggests that “the quality of parenting a child receives is considered the strongest potentially modifiable risk factor that contributes to the development of behavioral and emotional problems in children” (Centre of Excellence for Early Childhood Development & Strategic Knowledge Cluster on ECD, 2008).

There are several community agencies in the District of Nipissing and the District of Parry Sound that provide parenting education programs and services to families. Similar to many community partners, the North Bay Parry Sound District Health Unit (NBPSDHU) has been offering parenting education programs and services for a number of years and in a variety of formats. Discussions at community meetings and conversations with community partners about common challenges related to the provision of parenting education revealed a need for the Positive Parenting Situational Assessment (PPSA).

“Poor participation by parents in parenting groups spans as the most formidable barrier to widespread effective implementation of parenting group programs” (Sanders & Prinz, 2008).

The common challenges in the community were:

- Many of the parenting education programs, including the NBPSDHU program, had not been formally evaluated;
- A trend of declining enrolment and participation rates in parenting education programs;
- A key provider of parenting education within the community was unable to secure continued funding, which resulted in cancellation of several parenting education programs; and
- A comprehensive assessment of positive parenting education and supports within the NBPSDHU region had not been conducted.



2.0 What is a comprehensive approach to positive parenting?

The core principle of all positive parenting strategies is based on the concept that it is the parents' role to ensure that children grow up in a home environment that promotes optimal development (Region of Waterloo Public Health, 2012). For the purpose of the Positive Parenting Situational Assessment, a comprehensive approach to parenting was defined as “an approach that encompasses different levels of intervention, including prevention, that provide both targeted interventions as well as population-based strategies based on the needs of the community, and involve various service providers offering multiple access points for families” (Region of Waterloo Public Health, 2012). This definition of a comprehensive approach to parenting is also in keeping with the Ottawa Charter for Health Promotion’s (World Health Organization, 2014) guidelines for the development of a comprehensive health promotion approach:

- Build healthy public policy,
- Create supportive environments,
- Strengthen community action,
- Develop personal skills, and
- Reorient health services.

Evidence supports the notion that a comprehensive positive parenting approach is the optimal method to creating positive outcomes for families, since this approach addresses the needs of numerous people versus a single parenting intervention (Sanders et al., 2008).

3.0 NBPSDHU Mandate

In 2008, the MOHLTC released the *Ontario Public Health Standards (OPHS)*; a document outlining the expectations for boards of health (BOH). Under the OPHS, BOHs are responsible for providing public health programs and services that contribute to the physical, mental, and emotional well-being of all Ontarians, as well as assessing, planning, delivering, managing, and evaluating these programs and services. One component of the OPHS is the Child Health Program Standard, which includes the following requirements related to positive parenting:

- Child Health Requirement 1: The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the area of positive parenting.
- Child Health Requirement 4: The board of health shall work with community partners, using a comprehensive health approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address positive parenting.
- Child Health Requirement 5: The board of health shall increase public awareness of positive parenting.
- Child Health Requirement 7: The board of health shall provide advice and information to link people to community programs and services on positive parenting.

“The goal of the Child Health program is to enable children to attain and sustain optimal health and development potential. Achievement of this goal involves a complex interplay of internal and external factors for families and their children. Accordingly, the Child Health Program Standard is structured around six key areas: positive parenting, breastfeeding, healthy family dynamics, healthy eating, healthy weights and physical activity, growth and development, and oral health” (Ministry of Health Promotion, 2010).

4.0 Purpose

The purpose of this situational assessment is to examine the current situation in the NBPSDHU region regarding positive parenting, for parents of children 0 to 18 years of age, to determine if a comprehensive approach to positive parenting is being accomplished and inform future planning. The situational assessment will answer the following research questions:

- What positive parenting activities are offered in the NBPSDHU region?
- What positive parenting activities are offered by other public health units?
- What are the needs of parents in the NBPSDHU region?
- What gaps, if any, exist in a comprehensive approach to positive parenting in the NBPSDHU region?
- Are community organizations within the NBPSDHU region interested in collaborating towards a comprehensive approach to positive parenting?
- Is a comprehensive approach to positive parenting in the NBPSDHU region being accomplished?

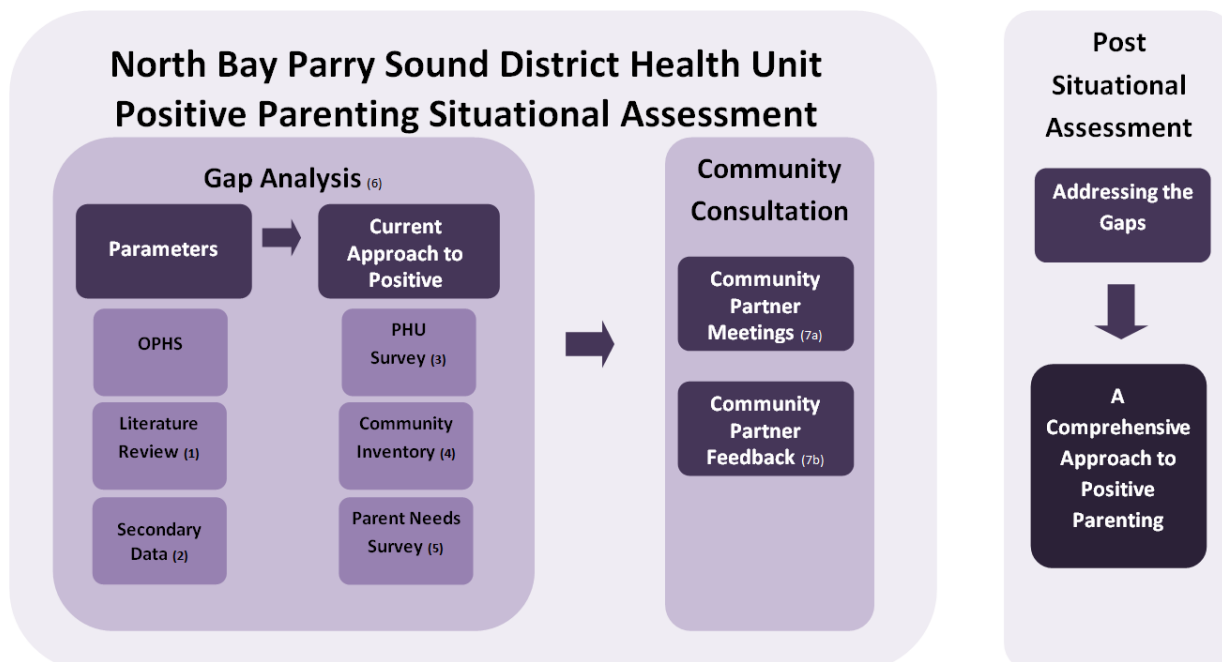
Furthermore, the OPHS Foundational Standard, Requirement 10, stipulates that all Ontario BOHs “shall engage in public health research activities, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations” (Ministry of Health and Long-Term Care, 2008). To answer the research questions, inform future programming, and fulfill the above legislation, a situational assessment of positive parenting programming in the NBPSDHU region was conducted.

5.0 Methodology

5.1 Study Design

Figure 1 depicts the project plan for the Positive Parenting Situational Assessment (PPSA). A cross-sectional study design was utilized to obtain a snapshot of positive parenting programming being carried out by select Public Health Units (PHUs) within Ontario, in addition to organizations within the NBPSDHU region. This study design was utilized to determine the needs of parents within the community relating to positive parenting. Lastly, meetings were held with community organizations to determine if there was interest in collaborating towards a comprehensive approach to positive parenting in the NBPSDHU region.

Figure 1. PPSA project plan flow chart



5.2 Data Collection

Data was collected using the following:

- Public Health Unit Positive Parenting Survey,
- Positive Parenting Community Inventory Survey,
- Parent Needs Survey, and
- Community Partner Meetings.

5.2.1 Public Health Unit Positive Parenting Survey

The Public Health Unit Positive Parenting Survey (see Appendix A), adapted with permission from a pre-existing survey developed by the Region of Waterloo Public Health (2012), collected information regarding positive parenting activities being carried out by select Public Health Units (PHUs) within Ontario. Public Health Units were selected based on similarity and proximity to the NBPSDHU region. Public Health Units selected by reason of similarity were determined based on the Statistics Canada (2012) Peer Groups, while those selected based on proximity to the NBPSDHU included adjacent PHUs, where residents of the NBPSDHU region could access services within a reasonable distance.

The Public Health Unit Survey was distributed to managers of Child Health and Healthy Babies Healthy Children programs within the selected Public Health Units on March 18th, 2013 and completed electronically using Fluid Surveys over a two week period (March 18th to March 29th, 2013). In order to increase response rates, Dillman's (2000) theory of multiple-contact was applied. Reminder emails were sent one week after survey distribution (March 25th, 2013) and one day prior to the survey close date (March 28th, 2013).

Statistics Canada Peer Groups

Peer groups provide classification of health regions with similar social and economic determinants of health (Statistics Canada, 2012). Twenty-four variables covering a wide range of social, economic, and demographic areas were used to cluster the health regions (Statistics Canada, 2012).

5.2.2 Positive Parenting Community Inventory Survey

Information regarding positive parenting activities available throughout the NBPSDHU region was collected using the Positive Parenting Community Inventory Survey (see Appendix B). This survey was adapted, with permission, from a pre-existing survey initially developed by the Region of Waterloo Public Health (2012). Community organizations surveyed were selected based on participation in positive parenting activities within the NBPSDHU region.

The Positive Parenting Community Inventory Survey was distributed to organizations, including the NBPSDHU (i.e., this has been included in the collective results), via email on May 27th, 2013 and completed electronically using Fluid Surveys over a one month period (May 27th to June 21st, 2013). In order to increase response rates, Dillman's (2000) theory of multiple-contact was applied. Weekly reminder emails (June 3rd, June 11th, and June 18th, 2013) and a last day reminder email (June 20th, 2013) were disseminated.

In addition, First Nations communities throughout the region were sent the Positive Parenting Community Inventory Survey via email on June 18th, 2013 and completed the survey electronically using Fluid Surveys over a one month period (June 18th to July 12th, 2013). Dillman's (2000) theory of multiple-contact was also used in an effort to increase response rates, with weekly reminder emails (June 26th and July 3rd, 2013) and a last day reminder email (July 11th, 2013) distributed.

Early Development Instrument (EDI)

The EDI assesses children's level of development during their first year of kindergarten. More specifically, it assesses a child's school readiness in five domains:

1. Physical health and well-being,
2. Social competence, and
3. Emotional maturity, and
4. Language and cognitive development, and
5. Communication skills and general knowledge (Janus et al., 2007).

Social Risk Index (SRI)

The SRI represents the socio-economic risk factors for the population and the deprivations/disadvantages the population may be subject to. It is a composite score comprised of various socio-economic determinants of health. The nine indicators included in the SRI are:

1. Average household income (after-tax);
2. Unemployment rate;
3. Proportion of residents 25 and over who lacked a high school diploma*;
4. Proportion of owner-occupied dwellings;
5. Mobility over one year;
6. Knowledge of Canada's official languages;
7. Proportion of recent immigrants (migration within the last 5 years);
8. Lone parent families; and
9. Reliance upon government transfer payments (Peel District School Board, 2008).

*Adjusted from 15 and over to 25 and over to more accurately reflect the proportion of the population lacking a high school diploma.

5.2.3 Parent Needs Survey

The Parent Needs Survey (see Appendix C), adapted with permission from a pre-existing survey developed by York Region Health Services (2007), collected information regarding the needs of parents within the NBPSDHU region. The survey was administered to parents attending organizations in high risk areas (i.e., convenience sample) via hard copy. Organizations were requested to participate in this process by the NBPSDHU based on geographical location in high risk or vulnerable areas, according to the Social Risk Index (SRI) and Early Development Instrument (EDI) scores. The organizations who agreed to participate in the data collection phase were provided with a set of instructions detailing their participation in the process and were also required to sign a confidentiality agreement (see Appendix D).

The surveys, offered to organizations in both French and English, were available in the participating organizations over a one-month period (September 15th to October 11th, 2013). In an effort to increase response rates, an incentive was utilized. Participants could complete a ballot (i.e., attached to each survey; see Appendix C) for their chance to win one of two \$500 gift cards to a grocery store of their choice. Completed surveys and ballots were to be placed in the designated box at a participating location. Surveys were then collected from the participating organizations by the NBPSDHU.

5.2.4 Community Partner Meetings

The final phase of the PPSA was the Community Partner Meeting. Meetings took place with two different stakeholder groups: the District of Parry Sound Best Start Network (June 13th, 2014) and the Nipissing District Children's Services Planning Table, Nipissing Best Start (June 25th, 2014). The objectives of these meetings were to present the PPSA findings and have a discussion to determine if there was interest in exploring what a comprehensive approach to positive parenting could look like in the NBPSDHU region.

At the Community Partner Meetings, results from the PPSA were presented and a brief discussion regarding the next steps took place. The idea of moving forward together to meet a comprehensive approach to positive parenting and address the gaps identified in the NBPSDHU region was explored.

5.2.5 Validation

In order to be validated as measuring instruments, the surveys underwent non-experimental validity testing using cognitive review of the survey (Jobe, 2003). The cognitive review of the survey consisted of the NBPSDHU reviewing the survey for questions or terminology that presented potential problems for participants.

5.3 Data Analysis

All quantitative and qualitative data was analyzed using Microsoft Excel 2007. Quantitative data was analyzed using descriptive statistics, while qualitative data was analyzed using thematic analysis and respondent quotations.

Where possible, thematic analysis of open-ended questions was carried out; however, due to the sample size, there were not always sufficient number of responses for thematic analysis. Where thematic analysis was not possible, a basic overview of open-ended responses has been included along with respondent quotations.

5.4 Assurance of Confidentiality

Each survey contained information detailing the purpose and ethical context for the survey. Moreover, it outlined that completion of the survey signified respondents' informed consent to participate in the research.

All information collected was reported at a collective level; therefore, no individual was identified. All identifiable information was suppressed and remains confidential.

Families living in rural areas

- Families living in rural areas are at higher risk due to higher rates of social and educational disadvantage (Hourihan & Hoban, 2004).
- According to the Public Health Agency of Canada (2013c), research shows a relationship between social determinants of health (e.g., social and educational) and health inequities.
- “Rural adults are typically more isolated from sources of knowledge pertaining to child development and parenting skills, such as parenting groups, neighbours, social service agencies, and educational programs” (Novello, Stain, Lyle, & Kelly, 2011).
- Although several definitions of rural exist, Statistics Canada (2011) defines a rural area as one in which there is a population of less than 1,000 and a density of less than 400 people per square kilometre. In 2011, 28.9% of the District of Nipissing and 74.9% of the District of Parry Sound was considered rural (Statistics Canada, 2014c).

Families with low income

- “Parents strive to meet their children’s basic needs and to teach their children skills, values, and attitudes ... A family’s ability to do this is severely compromised by the reality of living in poverty” (Best Start Resource Centre, 2010).
- Poverty impacts a child’s physical health, mental health, and cognitive and social development (Ontario Public Health Association, 2004).
- According to the 2011 National Household Survey (NHS), the median after-tax income for economic families was \$64,192 for those residing in Nipissing District and \$59,891 for those residing in Parry Sound District (Statistics Canada, 2014b).
- 59.0% of family households in Nipissing District and 61.2% in Parry Sound District reported an after-tax income of \$59,999 or less in 2010 (Statistics Canada, 2014b).

6.0 What priority populations exist in the NBPSDHU region in relation to parenting?

A comprehensive approach targets all parents in the region (i.e., the general parent population), in addition to priority populations. It is important to mention that all priority populations need to be included for an approach to be considered comprehensive (Kingston, Frontenac and Lennox & Addington Public Health, 2013). Furthermore, evidence suggests that children categorized under a priority population are at greater risk and when implemented, positive parenting strategies minimize these risks (Kingston, Frontenac and Lennox & Addington Public Health, 2013). Priority populations that should be included in a comprehensive approach to positive parenting in the NBPSDHU region, based on a literature review and secondary data, include:

- Families living in rural areas,
- Families with low income,
- Francophone families,
- Families with Aboriginal heritage,
- Children of parents affected by mental illness,
- Families with children in the early years,
- Families with children in the pre-teen to teen years,
- Families with children experiencing or at risk for abuse or neglect,
- Families with young parents, and
- Families with children with special needs.

What is a priority population?

According to the Ministry of Health and Long-Term Care (2008), “priority populations are identified by surveillance, epidemiological, or other research studies and are those populations that are at risk and for whom public health interventions may be reasonably considered to have a substantial impact at the population level.” The Ministry of Health Promotion (2010) further adds that “priority populations exist where evidence points to health inequities or inequalities in the social determinants of health.” Additionally “the focus on priority populations within a population health approach challenges public health practitioners to make interventions more accessible, engage in outreach activities and/or develop specific strategies for priority populations” (Ministry of Health Promotion, 2010).

7.0 Findings

This section of the report will focus on the following research questions:

- What positive parenting activities are offered in the NBPSDHU region?
- What positive parenting activities are offered by other public health units?
- What are the needs of parents in the NBPSDHU region?

7.1 Respondents

Table 1 illustrates the response rates for the various surveys which took place throughout this research study:

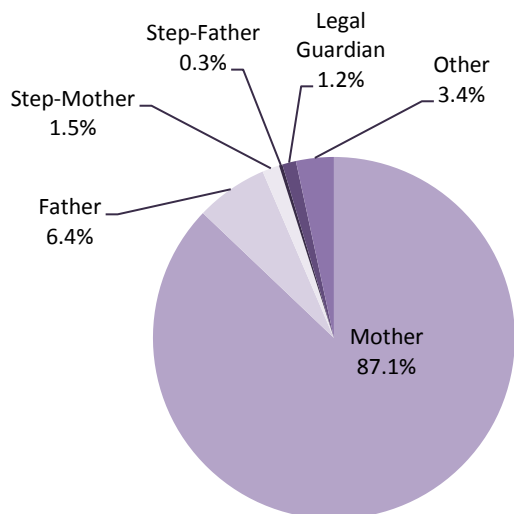
Table 1. Response rates

Data Collection Tool	#	%
Public Health Unit Positive Parenting Survey	4 of 5	80.0
Positive Parenting Community Inventory Survey	22 of 33	66.7
Parent Needs Survey	363	n/a

7.1.1 Parent Needs Survey Respondent Demographics'

A total of 326 of the 363 respondents (89.8%) who participated in the Parent Needs Survey indicated that they were a parent or guardian. Parents/guardians further defined their relationship to the child(ren), with the largest majority identifying themselves as the mother (87.1%; see Figure 2). Parent/guardians also indicated other relationships with the child(ren), including foster parents (n=5), grandparents (n=4), and child care provider (n=2). In addition, approximately one-quarter were between 25 and 29 years of age (26.1%), while an additional quarter were 30 to 34 (24.5%; see Figure 3). A total of 23.9% identified themselves as Francophone, while an additional 13.2% were Aboriginal (see Table 2). Lastly, 45.1% of parent/guardian respondents identified living in a rural area. In future, exploring the needs of parents/guardians in these priority population groups (e.g., Aboriginal, Francophone, rural) should be considered.

Figure 2. Parents and guardians by relationship with child(ren) (n=326)



Source: NBPSDHU. (2013). Parent Needs Survey.

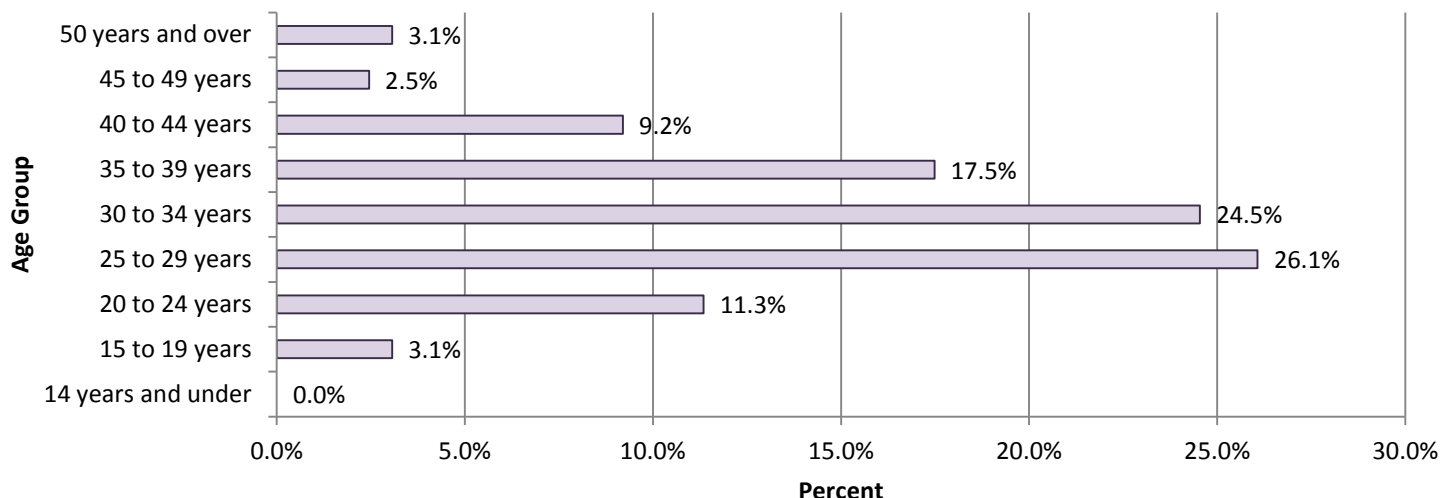
Francophone Families

- Individuals belonging to the French-speaking minority population may be at a social disadvantage which has substantial impact on their health and well-being (Société Santé en français, 2006).
- This is supportive of language as a social determinant of health, as stated in the OPHS (Ministry of Health and Long-Term Care, 2008).
- According to the 2011 Census, 23.6% of the District of Nipissing and 2.8% of the District of Parry Sound identified French as their mother tongue, compared to 3.9% for Ontario (Statistics Canada, 2014a).

Families with Aboriginal Heritage

- According to the Healthy Kids Panel (2013), social determinants of health (e.g., poverty, income inequality, food insecurity, inequitable access to prenatal care) have a larger impact on Aboriginal peoples.
- Jones (2010) acknowledged that “Aboriginal children were more likely to live in unstable socioeconomic conditions and that their parents were more likely to be struggling with an elevated number of stressors.”
- According to the 2011 NHS, 10.8% of Nipissing District and 5.8% of Parry Sound District reported being an Aboriginal person compared to 2.4% for Ontario (Statistics Canada, 2014b).

Figure 3. Parents and guardians by age group (n=326)



Source: NBPSDHU. (2013). Parent Needs Survey.

Table 2. Parent Needs Survey respondents by positive parenting priority populations in the NBPSDHU region (n=326)

Priority Population	#	%
Rural*	147	45.1
Francophone	78	23.9
Aboriginal	43	13.2
Parents of children in the early years (0 to 4 years of age)	274	84.0
Parents of children in the pre-teen to teen years (5 to 18 years of age)**	154	46.6
Children of young parents (up to 24 years of age)	47	14.4

Source: NBPSDHU. (2013). Parent Needs Survey.

*For the purposes of this report, the City of North Bay and the Town of Parry Sound have been defined as urban centres. All other areas of the NBPSDHU region have been classified as rural.

**Due to the categories included in the Parent Needs Survey, those aged 5 to 18 years of age have been included in children in the pre-teen to teen years.

Two-thirds of parents/guardians were from the District of Nipissing (66.9%), 29.7% were from the District of Parry Sound and, 5.2% did not specify their area of residence (see Table 3). When broken down further by health unit planning area (see Appendix E), the largest proportion of parents/guardians resided in the North Bay Area (39.9%), followed by West Nipissing Area (23.9%) and North East Parry Sound Area (13.2%). The lowest proportion resided in East Nipissing Area (3.1%), followed by (West Parry Sound Area (7.1%) and South East Parry Sound Area (7.7%; see Table 2).

Table 3. Parents and guardians by area of residence (n=326)

Location	#	%
Nipissing District	218	66.9
East Nipissing Area	10	3.1
West Nipissing Area	78	23.9
North Bay Area	130	39.9
Parry Sound District	91	27.9
North East Parry Sound Area	43	13.2
South East Parry Sound Area	25	7.7
West Parry Sound Area	23	7.1
Unspecified	17	5.2

Source: NBPSDHU. (2013). Parent Needs Survey.

The education level of parent/guardian respondents varied, with the largest proportion having a college diploma (33.3%), followed by completing high school (24.2%) and a university degree (19.0%; see Table 4).

Table 4. Parents and guardians by level of education (n=326)

Education	#	%
Some high school	38	10.5
Completed high school	88	24.2
Some postsecondary	33	9.1
Trades certificate	14	3.9
College diploma	121	33.3
University degree	69	19.0
Postgraduate degree	19	5.2

Source: NBPSDHU. (2013). Parent Needs Survey.

The majority of parents/guardians specified that they have children aged 2 to 4 years (59.2%), followed by 5 to 12 years (42.6%), and 0 to 6 months (17.8%; see Table 5).

Table 5. Parents and guardians by age group of their children (n=326)

Age Group of Children	#	%
0 to 6 months	58	17.8
7 to 12 months	34	10.4
13 to 18 months	42	12.9
19 to 23 months	30	9.2
2 to 4 years	193	59.2
5 to 12 years	139	42.6
13 to 18 years	35	10.7

Source: NBPSDHU. (2013). Parent Needs Survey.

7.2 Mandates

7.2.1 Community Organizations

Of the 19 organizations who stated that they lead positive parenting activities, 13 (68.4%) stated that their organization is mandated to do so.

7.2.2 Public Health Units

As stated in section 3.0 Mandate, PHUs in Ontario must meet specific requirements related to positive parenting as per the Ontario Public Health Standards (Ministry of Health and Long-Term Care, 2008). All four PHUs stated that their positive parenting activities meet Child Health requirements 4, 5, and 7; however, only one stated that their activities meet Child Health requirement 1. One respondent also specified that they have “limited surveillance capacity.” Similar to one other PHU, the NBPSDHU meets all four Child Health requirements for positive parenting: 1, 4, 5, and 7. One respondent also listed four additional programs within their PHU that address these requirements. At the NBPSDHU, there are primarily two programs who work together to meet these requirements (i.e., Healthy Schools & Families and Healthy Babies Healthy Children); however, these programs have also collaborated with other programs to lead positive parenting programming in the past, such as Clinical Information Services, Communications, and Oral Health.

7.3 Health Promotion Strategies

The most frequent health promotion strategy employed for positive parenting by community organizations are group (57.9%) and individual (36.8%) parent education or training programs (see Table 6). These were also most frequently utilized by PHUs (100.0% and 75.0%, respectively), with the addition of media campaigns (100.0%). No community

organizations use policy development as a health promotion strategy for positive parenting activities, while only one PHU (25.0%) reported using this strategy. One community organization (i.e., referrals and lesson plans) and two PHUs (i.e., collaboration with community partners) indicated that they also use other health promotion strategies.

Table 6. Health promotion strategies used for positive parenting activities

Health Promotion Strategy	Community Organizations (n=19)		PHUs (n=4)	
	#	%	#	%
Group parent education or parent training program	11	57.9	4	100.0
Individual parent education or training program	7	36.8	3	75.0
Media campaign	6	31.6	4	100.0
Self-help, mutual aid, and/or peer support	6	31.6	1	25.0
Advocacy	6	31.6	1	25.0
Policy development	0	0.0	1	25.0
Other	1	5.3	2	50.0
Mean number of strategies used per organization	1.9	n/a	4.0	n/a
Minimum number of strategies used per organization	1	n/a	3	n/a
Maximum number of strategies used per organization	4	n/a	5	n/a

Source: NBPSDHU. (2013). Positive Parenting Community Inventory and Public Health Unit Survey.

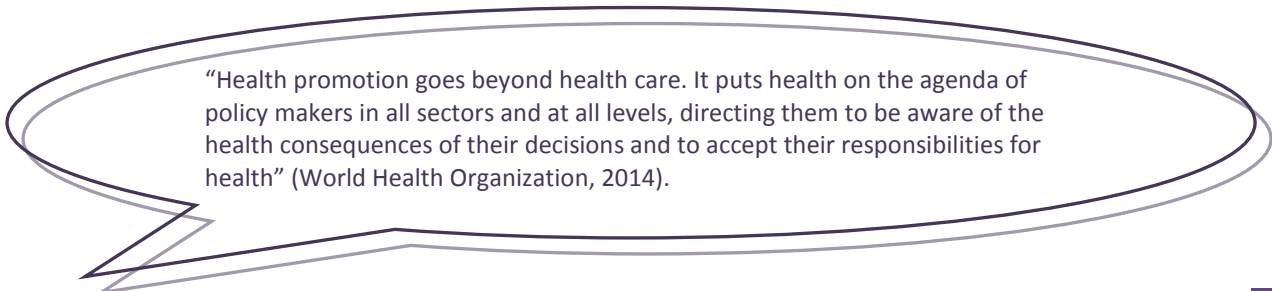
Upon examination of what parents in our region want in this regard, results indicate that self-learning (e.g., reading, online; 60.7%) is the number one preferred method to receive parenting information, followed closely by group settings (59.8%; see Table 7). One-on-one (31.0%) was identified least often by parents as a preferred method to receive parenting information. While organizations within the NBPSDHU region are meeting parents need for group sessions, these results also illustrate that there is room for improvement regarding self-help, suggesting that more resources should be available for parents who would like to educate themselves about parenting.

Table 7. Health promotion strategies parents would like to see (n=326)

Health Promotion Strategy	#	%
Self-learning (e.g., reading, online)	198	60.7
Group settings	195	59.8
One on one	101	31.0

Source: NBPSDHU. (2013). Parent Needs Survey.

Sanders, Markie-Dadds, and Turner (2003) highlight the importance of an approach which utilizes multiple strategies as they have been proven to reach a wider audience compared to use of a single strategy. Results illustrate that PHUs are meeting this recommendation for health promotion strategies (between three and five and four on average); however, there is room for improvement for community organizations in this regard (between one and four and two on average). This also aligns with what parents in our region want. On average parents selected two of the three different strategies (i.e., one-on-one, group, or self learning), suggesting that they are seeking a multimodal approach for positive parenting programming in our region.



7.4 Modes of Communication

In addition to the health promotion strategies used for positive parenting activities, modes of communication were also explored (see Table 8). Results illustrate that the most frequently utilized modes of communication by community organizations and PHUs include hard copy resources (68.4% and 100.0%, respectively), posters/billboards (36.8% and 100.0%, respectively), and newspaper ads (31.6% and 100.0%, respectively). Those employed least often include blogs (5.3% and 0.0%, respectively), television (5.3% and 25.0%, respectively), and Twitter (5.3% and 25.0%, respectively). Facebook is also used least often by PHUs, with only one utilizing this medium for positive parenting. Lastly, five community organizations (i.e., websites, classroom activities and education, and text messaging) and three PHUs (i.e., e-newsletter, website, and presentations to organizations) also identified other methods of communications they employ.

Table 8. Modes of communication used for positive parenting activities

Mode of Communication	Community Organizations (n=19)		PHUs (n=4)	
	#	%	#	%
Hard copy resources (e.g., pamphlets)	13	68.4	4	100.0
Posters/billboards	7	36.8	4	100.0
Newspaper ads	6	31.6	4	100.0
Email	5	26.3	1	25.0
Facebook	5	26.3	1	25.0
Radio	4	21.1	2	50.0
E-newsletter	2	10.5	3	75.0
Twitter	1	5.3	1	25.0
Television	1	5.3	1	25.0
Blog	1	5.3	0	0.0
Other	5	26.3	3	75.0
Mean number of modes used per organization	2.6	n/a	6.0	n/a
Minimum number of modes used per organization	1	n/a	4	n/a
Maximum number of modes used per organization	8	n/a	8	n/a

Source: NBPSDHU. (2013). Positive Parenting Community Inventory and Public Health Unit Survey.

There is some variation regarding how parents would like to receive information on parenting; with no one mode being selected by the majority of respondents. The most frequently identified modes of communication were internet or online learning (43.9%), workshops or presentations (43.6%), and books (40.2%), while radio was selected least often (4.6%; see Table 9). Parents also provided other ways they would like to obtain parenting information, including email (n=6), independent learning (n=1), French language parenting class (n=1), online videos (n=1), and Ontario Early Year Centres (n=1). Of those that would like to obtain information via email, two suggested sending a newsletter with one suggesting it be sent monthly.

When comparing the top three modes of communication utilized in the NBPSDHU region (i.e., hard copy resources, posters/billboards, and newspaper ads) with the top three ways parents would like to receive information (i.e., internet or online learning, workshops or presentations, and books), results suggest that a potential shift may be needed in the way community organizations try to reach parents.

Table 9. Mode of communication parents prefer for obtaining information relating to parenting (n=326)

Mode of Communication	#	%
Internet or online learning	143	43.9
Workshop or presentation	142	43.6
Books	131	40.2
Parenting classes	101	31.0
Newsletter	100	30.7
Pamphlet	92	28.2
Parenting support group	91	27.9
Parent fair	72	22.1
Video/DVD	65	19.9
Television	40	12.3
CD	23	7.1
Radio	15	4.6
Other	10	3.1
Do not want to receive information	14	4.2
No preference	19	5.8
Mean number of modes selected per parent	3.2	n/a

Source: NBPSDHU. (2013). Parent Needs Survey.

As stated in the previous section, literature has emphasized the importance of an approach that uses multiple strategies as they have been proven to reach a wider audience. Results illustrate that both community organizations (between one and eight and three on average) and PHUs (between four and eight and six on average) are meeting this recommendation for modes of communication. This also aligns with what parents in our region want. On average parents selected three modes of communication, suggesting that they are seeking to receive positive parenting information through multiple modes of communication.

7.5 Access Points

In addition to using multiple health promotion strategies and modes of communication, multiple access points for positive parenting activities allow families to retrieve information through various organizations and access services at different locations (Region of Waterloo Public Health, 2012). Thirteen of the 18 organizations (72.2%) who stated their organization offers face-to-face positive parenting activities further specified that they are offered at different locations within the community. Appendix E through J illustrate the locations of positive parenting activities mapped over the SRI for select areas within the NBPSDHU region (i.e., Town of Mattawa; City of North Bay; Villages of South River, Sundridge, and Burk's Falls; Town of Sturgeon Falls; Town of Parry Sound). However, this data does not take into account the frequency that the activities are offered at each location. This should be investigated in the future to determine if gaps exist in geographical locations throughout the region, which is very important when considering access to services. In addition, all four PHUs stated that they offer face-to-face activities at different locations within their community.



Upon analysis of the parent needs survey, it was noted that Ontario Early Years Centre (48.8%) was selected most frequently as a location parents/guardians would like to receive their parenting information from, followed by child care centres (42.9%) and at home (35.9%), while the workplace (7.1%) and religious centres (3.7%) were selected least often (see Table 10). Parents/guardians selected an average of three different locations each, suggesting that they would like to be able to receive parenting information at multiple locations.

Worth noting is that the home was ranked third by parents/guardians as a location to receive parenting information; however, the Community Inventory Survey did not obtain information regarding home visiting activities. Home visiting activities are an important element when considering access points and the removal of barriers, especially for rural populations, and therefore this should be explored in future research.

Table 10. Locations parent/guardian respondents want to receive parenting information (n=326)

Location	#	%
Ontario Early Years Centre	159	48.8
Child care centre	140	42.9
Home	117	35.9
Mail	99	30.4
Community centre	87	26.7
School	86	26.4
Public Health Unit	80	24.5
Doctor's office	72	22.1
Library	62	19.0
Workplace	23	7.1
Religious centre (e.g., church)	12	3.7
Total number of locations selected	937	n/a
Mean number of locations selected	2.9	n/a
Other	8	2.5
No preference	46	14.1
Do not want to receive information	12	3.7

Source: NBPSDHU. (2013). Parent Needs Survey.

7.6 When do parents want parenting activities?

Parent/guardian respondents were asked what time of week and day they would like to receive parenting information. Over three-quarters (78.8%) identified that they would like to receive information during the week, while less than one-third (32.8%) stated that they would like to receive it on the weekend (see Table 11). Moreover, the largest proportion stated that the evening (37.7%) works best for them, followed by the morning (31.3%), afternoon (20.9%), and lunch hour (11.0%; see Table 12). In addition, 19.3% stated that they did not have a preference.

Table 11. Time of week parent/guardian respondents want to receive parenting information (n=326)

Time of week	#	%
Weekday	257	78.8
Weekend	107	32.8

Source: NBPSDHU. (2013). Parent Needs Survey.

Table 12. Best time for parents/guardian respondents to receive parenting information (n=326)

Time of day	#	%
Morning	102	31.3
Lunch hour (12:00pm to 1:00pm)	36	11.0
Afternoon	68	20.9
Evening	123	37.7
No preference	63	19.3

Source: NBPSDHU. (2013). Parent Needs Survey.

7.7 Barriers

“Boards of health shall also ensure that barriers to accessing public health programs and services are minimized. Barriers can include, but are not limited to, education; literacy levels; language; culture; geography; economic circumstances; discrimination (e.g., age, sexual orientation, race, etc.); social factors, including social isolation; and mental and physical ability” (Ministry of Health and Long-Term Care, 2008).

7.7.1 Barriers in accessing positive parenting activities

The top three barriers identified by parents/guardians in accessing positive parenting activities throughout the NBPSDHU region included time of the program (43.6%), followed by child care (20.9%) and transportation (18.1%; see Table 13). Language (0.9%) was identified least often as a barrier in accessing activities. Of the 84 respondents who selected other, 68 provided an open-ended response. Themes which emerged included: lack of awareness (39.7%), busy (17.6%), work (17.6%), time (5.9%), age of child(4.4%), transportation (4.4%), child care (2.9%), location (2.9%), mental health (1.5%), grandparents (1.5%), and lack of programming (1.5%). Three respondents (4.4%) also stated that they did not need to attend activities.

Table 13. Barriers in accessing positive parenting activities (n=326)

Barrier	#	%
Time of program	142	43.6
Child care	68	20.9
Transportation	59	18.1
No interest	45	13.8
Cost	42	12.9
Language	3	0.9
Other	84	27.8

Source: NBPSDHU. (2013). Parent Needs Survey.

7.7.2 Fee and Incentive

Overall, only three of the 95 positive parenting activities (3.2%) offered in the NBPSDHU region have a fee with no subsidy available, all of which are face-to-face activities. In addition, 60.0% of activities offer an incentive to participate, none of which, however, are web-based activities. Information was not collected regarding what incentives were available and this should be explored in future research.

7.8 Positive Parenting Activities

Nineteen community organizations indicated that they lead at least one positive parenting activity in the NBPSDHU region. Collectively, these community organizations lead a total of 95 positive parenting activities across the district, with 91 being offered face-to-face and four available online.

A total of 40 positive parenting activities were described by the four PHUs that responded. All four PHUs identified that they use a multidisciplinary approach in their positive parenting activities. All four PHUs provide positive parenting activities with a face-to-face element at different locations throughout their community. PHUs, however, were not asked if they offer activities online; this should be explored in future research.

7.8.1 Elements of Positive Parenting

Community organizations were asked to identify which elements of positive parenting their activities address. The results demonstrate that setting clear and consistent expectations and boundaries (73.7%) was the most frequently identified element followed by promoting warm and/or nurturing parenting (68.4%), using praise for reinforcement of positive

behaviours (68.4%), providing a physically and emotionally safe environment (68.4%), and child development (68.4%; see Table 14). Addressing concerns related to parent mental health, self-care, and well-being (47.4%) was the only element identified by less than half of the respondents. Three community organizations identified other elements their activities address. Supporting children with special needs was identified by one community organization, while the two other comments provided were not elements but delivery methods (i.e., parenting workshops and peer support groups). An average of nearly six elements were identified per organization, indicating that the activities offered in the NBPSDHU region meet the definition of positive parenting, as provided in the Child Health Guidance Document (Ministry of Health Promotion, 2010).

Positive Parenting

“Positive/warm and consistent parenting interactions with the child ([e.g.,] parents frequently talking, playing, praising, laughing, and doing special things together with their children, [setting] clear and consistent expectations, and [using] non-punitive consequences with regard to child behaviour” (Ministry of Health Promotion, 2010).

Table 14. Elements of positive parenting activities in the NBPSDHU region (n=19)

Element	#	%
Setting clear and consistent expectations and boundaries	14	73.7
Warm and/or nurturing parenting	13	68.4
Using praise for reinforcement of positive behaviours	13	68.4
Providing a physically and emotionally safe environment	13	68.4
Child development	13	68.4
Practicing a child-centred approach	12	63.2
Using non-punitive consequences for negative behaviours	12	63.2
Encouraging independence while maintaining and monitoring behaviours	11	57.9
Addressing concerns related to parent mental health, self-care, and well-being	9	47.4
Other	3	15.8
Average number of elements per organization	5.9	n/a
Minimum number of elements per organization	1	n/a
Maximum number of elements per organization	10	n/a

Source: NBPSDHU. (2013). Positive Parenting Community Inventory.

7.8.2 Topics Parents are Interested in

The top five topics parents were most interested (i.e., very interested) in hearing about included communication with your child (68.1%), child nutrition (63.5%), building a relationship or bonding with your child (60.1%), preventing/coping with your child’s misbehaviour (59.5%), comforting your child (57.4%), and disciplining your child (57.4%; see Table 15). The five topics that parents were least interested (i.e., not at all interested) in included living in an abusive relationship, family violence (59.8%); parenting on your own (43.3%); breastfeeding (42.9%); adjusting to being a parent (29.5%); and coping with mental illness (26.7%). Appendix K includes a table which outlines all topics by level of interest.

Table 15. Topics parents are interested in (n=326)

Topic	Not at all interested		Very interested	
	#	%	#	%
Top 5 by very interested				
1. Parenting your child- Communication with your child	14	4.3	222	68.1
2. Healthy eating- Child nutrition	20	6.1	207	63.5
3. Parenting your child- Building a relationship or bonding with your child	22	6.8	196	60.1
4. Parenting challenges- Preventing/coping with your child's misbehaviour (e.g., tantrums, power struggles)	17	5.2	194	59.5
5. Parenting your child- Comforting your child`	25	7.7	187	57.4
5. Parenting your child- Disciplining your child	11	3.4	187	57.4
Top 5 by not at all interested				
1. Parent well being- Living in an abusive relationship, family violence	195	59.8	42	12.9
2. Parenting challenges- Parenting on your own	141	43.3	81	24.9
3. Healthy eating- Breastfeeding	140	42.9	92	28.2
4. Parenting challenges- Adjusting to being a parent	96	29.5	102	31.3
5. Parent well being- Coping with mental illness (e.g., depression)	87	26.7	96	29.5

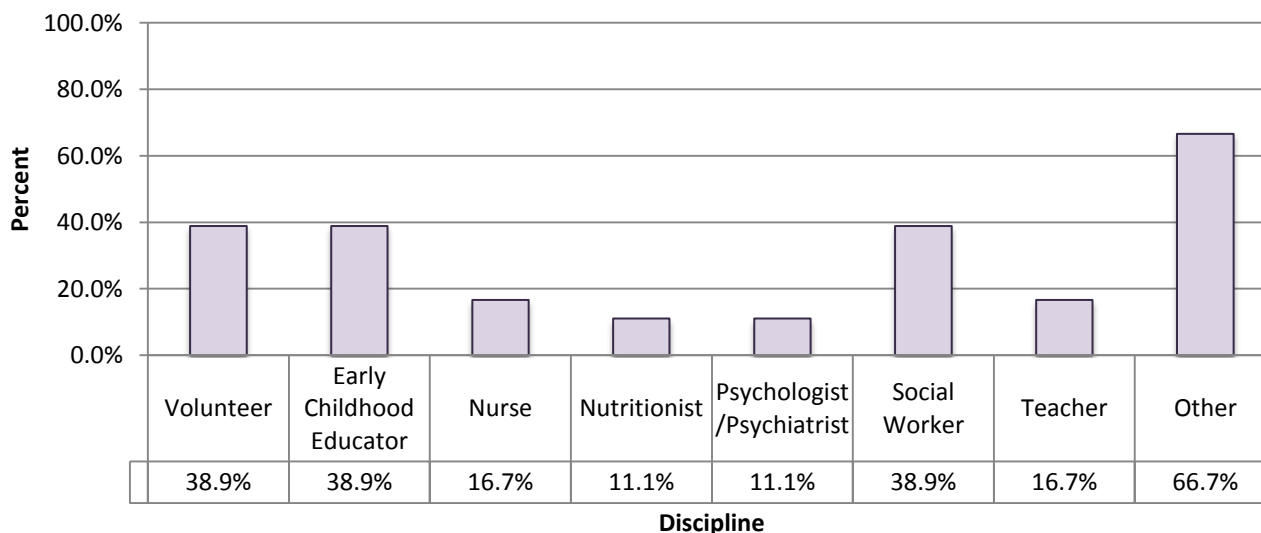
Source: NBPSDHU. (2013). Parent Needs Survey.

7.8.3 Multidisciplinary Practitioners Involved in Positive Parenting Activities

Community organizations were asked to identify the professionals involved in planning or leading positive parenting activities. Among the 18 organizations that provided a response to this question, 12 stated that multiple disciplines (i.e., two or more) are involved in the positive parenting activities they offer. Moreover, the average number of disciplines involved is 2.9. This suggests that positive parenting activities led by organizations in the NBPSDHU region are provided by multiple disciplines.

While Early Childhood Educators, Social Workers, and volunteers were most likely to lead positive parenting activities in the NBPSDHU region, staff from a wide variety of disciplines were involved in leading these activities (see Figure 4). In addition, 12 organizations also provided a list of 20 other disciplines that are involved in leading positive parenting activities (e.g., literacy specialist, infant development worker, mental health worker, occupational therapists, management).

Figure 4. Disciplines involved in positive parenting activities in the NBPSDHU region (n=18)

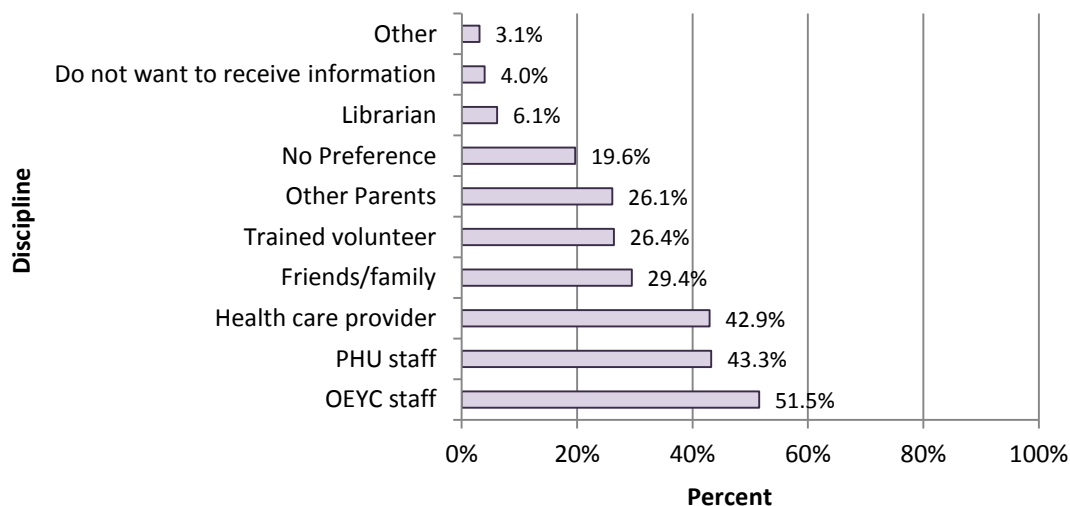


Source: NBPSDHU. (2013). Positive Parenting Community Inventory.

7.8.4 Who do parents want to receive positive parenting information from?

The majority of respondents stated that they would like to receive parenting information from Ontario Early Years Centre staff (51.5%), followed by Public Health Unit staff (43.3%) and a health care provider (42.9%; see Figure 5). Librarian was selected least often (6.1%). Please note that the majority of Parent Needs Survey were disseminated and collected at select Ontario Early Years Centres; therefore, these results may contain bias (see limitations section for more details). Results should be interpreted with this in mind.

Figure 5. Disciplines parents would like to obtain parenting information from (n=326)



Source: NBPSDHU. (2013). Parent Needs Survey.

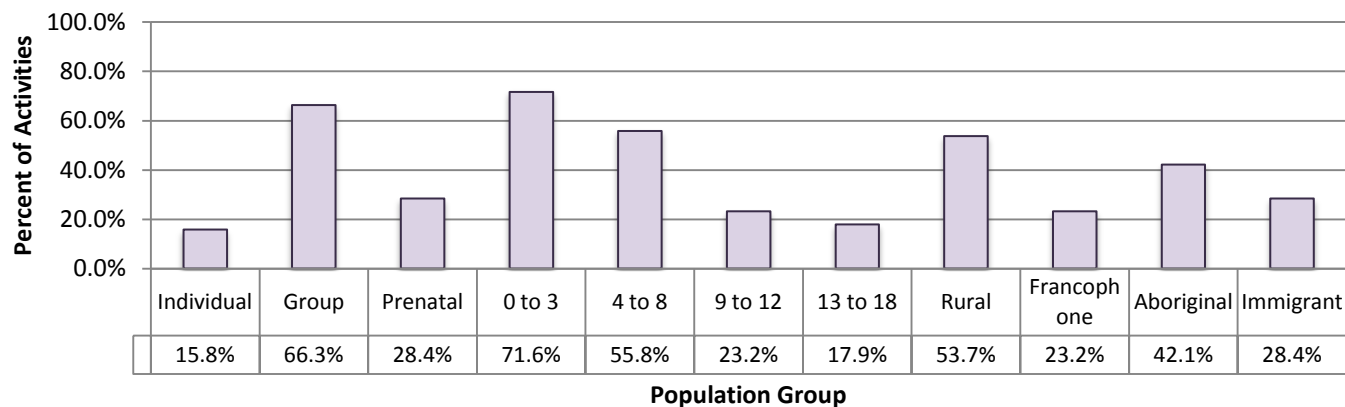
7.8.5 Who are programs available for?

Figure 6 illustrates the population groups that positive parenting activities are available for in the NBPSDHU region. Results illustrate that 34.7% of activities were universal, 49.5% were targeted, and 15.8% did not specify. Overall, more activities are available for groups (66.3%) than individuals (15.8%) in the NBPSDHU region. It is important to note, however, that this information (i.e., targeting groups or individuals) was not obtained for PHUs. Moreover, there is diversity in the targeted age range across PHUs (see Figure 7) and community organizations; however, a trend was evident which revealed that the number of activities available decreases with the age of a child. Community Organizations and PHUs (see Figure 8) also listed other populations their activities are available for, including rural (53.7% and 60.0%, respectively), Aboriginal (42.1% and 47.5%, respectively), Immigrant (28.4% and 32.5%, respectively), and Francophone (23.2% and 52.5%, respectively). In addition, one PHU provided additional information in an open-ended comment stating that 80.0% of their positive parenting activities are both universal and targeted.

Upon examination of the populations that positive parenting activities are available for in the NBPSDHU region, results revealed that fewer activities are available for individuals, Francophone, parents with children aged 9 to 12, and parents with children aged 13 to 18. Whether or not a sufficient amount of programming is available for these populations should be explored further.

“Successful implementation of the Child Health program requires a blend of universal and targeted public health strategies” (Ministry of Health Promotion, 2010).

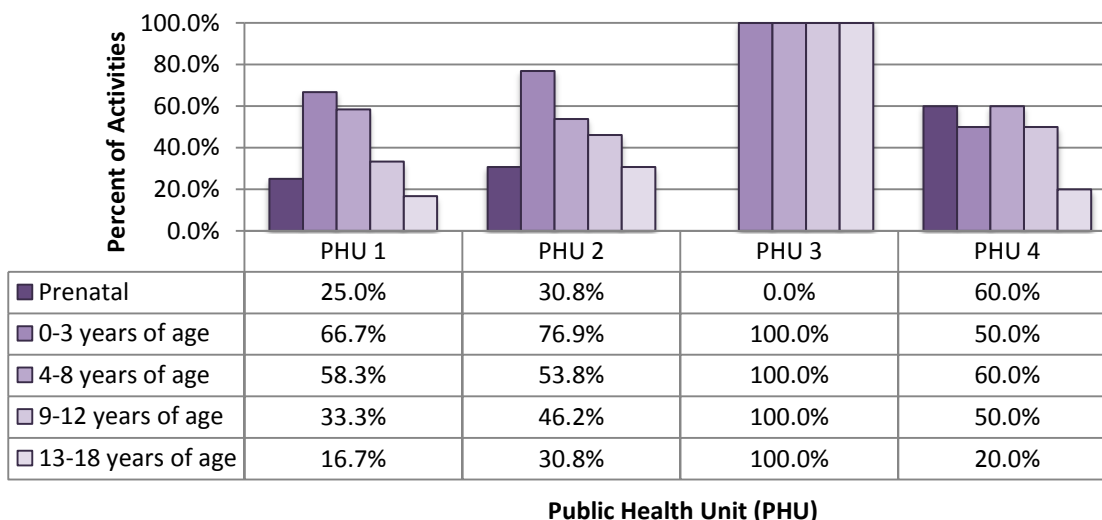
Figure 6. Positive parenting activities available in the NBPSDHU region by population group (n=18)*



Source: NBPSDHU. (2013). Positive Parenting Community Inventory.

*Please note that the ranges in the table should be interpreted as follows: parents of children 0 to 3 years of age, 4 to 8 years of age, 9 to 12 years of age, and 13 to 18 years of age.

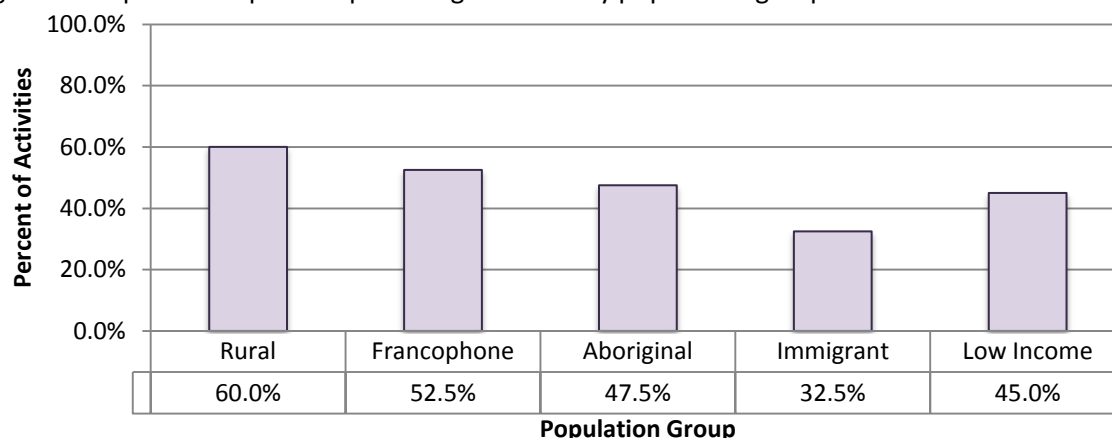
Figure 7. Proportion of positive parenting activities by age range and PHU*



Source: NBPSDHU. (2013). Positive Parenting Public Health Unit Survey.

*Please note that the age ranges in the table should be interpreted as follows: parents of children 0-3 years of age, 4-8 years of age, 9-12 years of age, and 13-18 years of age.

Figure 8. Proportion of positive parenting activities by population group for PHUs



Source: NBPSDHU. (2013). Positive Parenting Public Health Unit Survey.

7.8.6 Evaluation of Positive Parenting Activities

Forty-two percent of the community organizations (42.1%) and half of the PHUs (n=2) that offer positive parenting activities have evaluated one or more of their activities. Types of evaluations that have been conducted by community organizations and PHUs include both process (50.0% and 100.0%, respectively) and outcome (50.0% and 50.0%, respectively) evaluation. In addition, one PHU further stated that they use Triple P – Positive Parenting Program[®], which has been evaluated by the program developers.

7.8.7 Best Practice

Studies have found that the Triple P – Positive Parenting Program[®] and The Incredible Years[®] program have positive effects on child behaviour problems, parenting practices, and parent adjustment (Public Health Agency of Canada, 2013b; The Incredible Years, 2013). Additionally, both the Triple P – Positive Parenting Program[®] (2013b) and The Incredible Years[®] (2013a) program have been deemed as best practice by the Public Health Agency of Canada, maintaining that they are both comprehensive and effective.

Results reveal that only one (i.e., Triple P – Positive Parenting Program[®]) of the two evidence-based comprehensive positive parenting programs is offered by the community organizations and PHUs who responded. When examining the extent to which the Triple P – Positive Parenting Program[®] is offered in the NBPSDHU region, results of the Community Inventory Survey revealed that only levels four, five, and the Lifestyle Triple P specialist program are offered, which are targeted interventions and not available to the general public. In addition, all four PHUs offer the Triple P – Positive Parenting Program[®] to some extent: one PHU offers all five levels, two offer four levels (i.e., levels one through four), and one offers two levels (i.e., levels two and four). One PHU also identified offering the Lifestyle Triple P specialist program.

7.8.8 Implementation of Public Health Unit Positive Parenting Activities

Finally, PHUs were asked to provide insight into the implementation process for their positive parenting activities. Due to the sample size, there were not a sufficient number of responses for thematic analysis. PHUs, however, highlighted the importance of collaboration with both internal and external partners: “Building buy-in across teams internally and across agencies within the community before implementing Triple P, creating internal committee to address triple P issues, creating external steering committee to ensure coordination and delivery across the district. In particular, this committee tries to ... address/troubleshoot challenges that may arise within communities. Re-organized internally to be able to have dedicated staff deliver Triple P program; training across many agencies allows for consistency of parenting messaging.” Other things that went well while implementing positive parenting activities included increased awareness of positive parenting activities offered throughout community, program monitoring, and the flexibility and comprehensiveness of the Triple P positive parenting program. In addition, three of four PHUs highlighted training cost as an obstacle when implementing Triple P positive parenting programs: “Staggered training in programs (not everyone could be trained at once due to costs).” Other things that did not go well when implementing positive parenting activities included: training availability, capacity, time constraints, and teen group sessions for parents.

Similar to the Public Health Unit Survey conducted by the Region of Waterloo Public Health (2012), these results illustrate that there is an opportunity to learn from the PHUs which lead or support evidence-based comprehensive positive parenting programming within their community. In order to learn from these PHUs, follow up may be required.

7.8.9 Collaboration

Nine of the 15 community organizations (60.0%) stated that they are a member of a parenting committee. Moreover, 13 of the 15 community organizations who provided a response (86.7%) stated that they collaborate with other organizations to lead their positive parenting activities. All of the PHUs responded that they collaborate with other programs internally as well as other organizations externally to lead their positive parenting activities. It is important to note, however, that the

degree to which organizations and PHUs collaborated with community partners was not assessed and should be examined in future research.

When exploring collaboration, it is important to mention the Ontario Public Health Sector Strategic Plan, titled Make No Little Plans (Ministry of Health and Long-Term Care, 2013). This strategic plan is particularly supportive of public health's role in addressing health equities. It has further identified collaborative mechanisms as an area of focus and states that "public health actions depend on active collaboration with other partners" (Ministry of Health and Long-Term Care, 2013).

8.0 Community Partner Meetings

The findings of the Community Partner Meetings will focus on the following research question:

- Are community organizations within the NBPSDHU region interested in collaborating towards a comprehensive approach to positive parenting?

The following discussion points emerged at the two Community Partner Meetings:

- The importance of partnering with schools;
- Parental barriers to accessing parenting activities;
- Community agency barriers for providing positive parenting activities (e.g., funding, capacity, time);
- The value of online parenting activities;
- Triple P – Positive Parenting Program[®] in the community;
- Policy development;
- The lack of a coordinated approach for positive parenting in the community; and
- The value of community agency collaboration in regards to a comprehensive positive parenting approach.

Interest was expressed at both Community Partner Meetings (i.e., Nipissing and Parry Sound) to explore working together to address gaps identified in the NBPSDHU region and meet a comprehensive approach to positive parenting as defined in the literature. As a result of the Community Partner Meetings, two working groups will be exploring how this can be implemented in the NBPSDHU region.



9.0 Discussion

This section will focus on the following research questions:

- What gaps, if any, exist in a comprehensive approach to positive parenting in the NBPSDHU region?
- Is a comprehensive approach to positive parenting in the NBPSDHU region being accomplished?

Based on the data collected in this positive parenting situational assessment, literature, and other secondary data, it appears that a comprehensive approach to positive parenting is not occurring in the NBPSDHU region. Potential gaps and areas for improvement are listed below.

Comprehensive Approach

“An approach that encompasses different levels of intervention, including prevention, that provide both targeted interventions as well as population-based strategies based on the needs of the community, and involve various service providers offering multiple access points for families (Region of Waterloo Public Health, 2012).”

9.1 Health Promotion Strategies

- Self-help (e.g., online learning) was identified as the number one preferred delivery method by parent/guardian respondents (60.7%). This is consistent with the literature which highlights an increasing trend in parent interest in self-directed parenting programs (Centre for Parenting and Research, 2009). Results from the Community Inventory Survey, however, reveal that only 31.6% of community organizations are using this method. These results suggest that there is room for improvement regarding self-help, signifying that more resources should be available for parents who would like to educate themselves about parenting. Literature has also emphasizes that self-directed parenting interventions have advantages, including: “greater convenience, fewer barriers to participation, less stigma, and fewer costs” (Centre for Parenting and Research, 2009).
- “Policies serve as guides to action on an issue by specifying expectations and regulations [and] if implemented well, policies addressing a health issue can have a profound impact on the health status of individuals and communities” (The Health Communication Unit, 2004). No community organization in the NBPSDHU region identified policy development as a health promotion strategy utilized by their organization for positive parenting. Policy development pertaining to positive parenting should therefore be explored in the future.
- Literature highlights the importance of an approach which utilizes multiple strategies as they have been proven to reach a wider audience compared to use of a single strategy (Sanders, Markie-Dadds, & Turner, 2003). In addition, evidence has shed light on the importance of utilizing a wide range of delivery methods as they can have positive outcomes on children (Sanders, 1999). This is a potential area for improvement in the NBPSDHU region as an average of two health promotion strategies are used by each community organization.

9.2 Modes of Communication

- When comparing the top three modes of communication utilized in the NBPSDHU region (i.e., hard copy resources, posters/billboards, and newspaper ads) with the top three ways parents would like to receive information (i.e., internet or online learning, workshops or presentations, and books), results suggest that a potential shift may be needed in the way community organizations try to reach parents.

9.3 Priority Populations

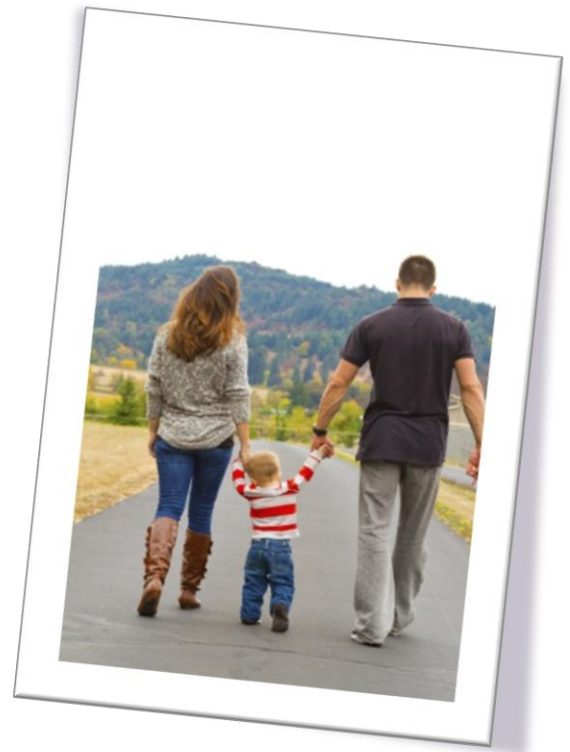
- Upon examination of the populations that positive parenting activities are available for in the NBPSDHU region, results revealed a potential gap for the following parenting populations: Francophone (23.2%) and families with children 9 to 12 years of age (23.2%) and 13 to 18 years of age (17.9%). Whether or not a sufficient amount of parenting programming is available for these populations should be explored further.

9.4 Collaboration and Coordination

- While a high percentage (86.7%) of organizations indicated that they collaborate with other organizations to lead positive parenting activities, the degree to which organizations collaborated with one another was not assessed and should be examined in future research.
- Lack of a coordinated approach for positive parenting in the NBPSDHU region emerged during discussion at both Community Partner Meetings, which is a key component of a comprehensive approach to positive parenting.
- “The development of an effective public health model of parenting support takes the sustained effort and support of many people” (Sanders, 2008). Accordingly, a collaborative and coordinated approach to positive parenting in the NBPSDHU region should be explored further.

9.5 Best Practice

- Within the NBPSDHU region, the Triple P – Positive Parenting Program[®] is the only comprehensive and effective intervention available; however, it is offered as a targeted intervention. Results therefore reveal that a comprehensive evidence-based strategy that has been proven effective is not offered universally within the NBPSDHU region.



10.0 Conclusion

Moving forward, two working groups will use information from this report, in addition to other resources (e.g., data and literature), as a starting point to address the gaps identified and plan a comprehensive approach to positive parenting in the NBPSDHU region, with the goal of creating a collaborative and coordinated approach.

“A coordinated across agency system of parenting support can produce meaningful population level effects” (Sanders et al., 2008).

11.0 Study Limitations

Data collection sites for the Parent Needs Survey were selected based on accessibility and both the EDI and SRI; therefore, results may not be representative of the entire parent population in the NBPSDHU region. Moreover, Ontario Early Years Centres were the primary location for dissemination and collection of the Parent Needs Survey; therefore, results may be biased. Results should be interpreted with these limitations in mind.

References

- Best Start Resource Centre. (2010). "I'm still hungry" child and family poverty in Ontario. Retrieved from Best Start Resource Centre website: http://www.beststart.org/resources/anti_poverty/pdf/child_poverty_guide_rev.pdf
- Centre for Parenting and Research. (2009). What makes parenting programs effective? An overview of recent research. Retrieved from NSW Department of Community Services website: http://www.community.nsw.gov.au/docswr/_assets/main/documents/researchnotes_parenting_programs2.pdf
- Centre of Excellence for Early Childhood Development & Strategic Knowledge Cluster on ECD. (2008). Parental skills synthesis. Retrieved from Encyclopedia for Early Childhood Development website: http://www.child-encyclopedia.com/pages/PDF/Synthesis-Parenting_Skills.pdf
- de Graaf, L., Speetjens, P., Smit, F., de Wolff, M., & Tavecchio, L. (2008). Effectiveness of triple p positive parenting program on parenting : A meta-analysis. *Family Relations*, 57(5), 553-566.
- Dillman, D.A. (2000). Mail and internet surveys: The tailored design method. New York: Wiley.
- Healthy Kids Panel. (2013). No time to wait: The healthy kids strategy. Retrieved from Association of Local Public Health Agencies website: http://c.ymcdn.com/sites/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/HKP_FINAL_English_Report_130221.pdf
- Hourihan, F. & Hoban, D. (2004). Learning, enjoying, growing, support model: An innovative collaborative approach to the prevention of conduct disorder in preschoolers in hard to reach rural families. *The Australian Journal of Rural Health*, 12(6), 269-276.
- Janus, M., Brinkman, S., Duku, E., Hertzman, C., Santos, R., Sayers, M., & Schroeder, J. (2007). The early development instrument: A population-based measure for communities: A handbook on development, properties, and use. Hamilton, ON: Offord Centre for Child Studies.
- Jobe, J.B. (2003). Cognitive psychology and self-reports: Models and methods. *Quality of Life Research*, 12(3), 219-227.
- Jones, M. (2010). Systemic/social issues: Aboriginal child welfare. *Relational Child and Youth Care Practice* 23(4), 17-30.
- Kingston, Frontenac and Lennox & Addington Public Health. (2013). An environmental scan of programs, services and resources for positive parenting in KFL&A. Retrieved from Kingston, Frontenac and Lennox & Addington Public Health website: http://www.kflapublichealth.ca/Files/Research/An_Environmental_Scan_of_Programs_Services_and_Resources_for_Positive_Parenting_in_KFLA-September_2013.pdf
- The Incredible Years. (2013). Evaluation. Retrieved from The Incredible Years website: <http://incredibleyears.com/for-researchers/evaluation/>
- Ministry of Health and Long-Term Care. (2008). *Ontario public health standards*. Retrieved from Ministry of Health and Long-Term Care website: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf
- Ministry of Health and Long-Term Care. (2013). Make no little plans: Ontario's public health sector strategic plan. Retrieved from Ministry of Health and Long-Term Care website:

http://www.health.gov.on.ca/en/common/ministry/publications/reports/make_no_little_plans/docs/make_no_little_plans.pdf

- Ministry of Health Promotion. (2010). *Child health guidance document*. Retrieved from Ministry of Health Promotion website: <http://www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/ChildHealth.PDF>
- Novello, D.J., Stain, H.J., Lyle, D., & Kelly, B.J. (2011). Psychological distress of rural parents: Family influences and the role of isolation. *The Australian Journal of Rural Health, 19*(1), 27-31.
- Ontario Public Health Association. (2004). Public health responds to the challenge to reduce poverty and enhance resiliency in children and youth: position paper and resolution adopted by the Ontario Public Health Association (OPHA). Retrieved from Ontario Public Health Association website: http://opha.on.ca/getmedia/00c69fed-7fa5-4769-84c1-c4c5ea9ec69d/2004-05_pp.aspx
- Peel District School Board. (2008). Social risk index: Elementary and secondary schools. Retrieved from City of Mississauga website: http://www.mississauga.ca/file/COM/myp_sri_report.pdf
- Public Health Agency of Canada. (2013a). Incredible Years. Retrieved from Public Health Agency of Canada Canadian Best Practice Portal: <http://cbpp-pcpe.phac-aspc.gc.ca/interventions/incredible-years/>
- Public Health Agency of Canada. (2013b). Triple P- Positive Parenting Program. Retrieved from Public Health Agency of Canada Canadian Best Practice Portal: <http://cbpp-pcpe.phac-aspc.gc.ca/interventions/triple-positive-parenting-program/>
- Public Health Agency of Canada. (2013c). What makes Canadians health or unhealthy. Retrieved from Public Health Agency of Canada website:
- Region of Waterloo Public Health. (2012). Positive parenting in Waterloo region: Exploring a comprehensive approach. Retrieved from Region of Waterloo Public Health website: http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/PositiveParenting_Report.pdf
- Sanders, M.R. (1999). Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behaviors and emotional problems in children. *Clinical Child and Family Psychology Review, 2*, 71-90.
- Sanders, M.R. (2008). Triple-P Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology, 22*(4), 506-517.
- Sanders, M.R., Ralph, A., Sofronoff, K., Garniner, P., Thomson, R., Dwyer, S., & Bidwel, K. (2008). Every family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *The Journal of Primary Prevention, 29*(3), 197-222.
- Sanders, M.R., Markie-Dadds, C., & Turner, KM.T. (2003). Theoretical, scientific and clinical foundations of the Triple P-Positive Parenting Program: A population approach to the promotion of parenting competence. Retrieved from Triple-P-Positive Parenting Program website: http://www.triplep.be/sites/triplep/files/Parenting_Research_and_Practice_Monograph_No.1_0_1.pdf
- Sanders, M.R. & Prinz, R.J. (2008). Using the mass media as a population level strategy to strengthen parenting skills. *Journal of Clinical Child & Adolescent Psychology, 37*(3), 609-621.

- Société Santé en français. (2006). Setting the stage: Primary health care in French in Ontario: Provincial report. Retrieved from Réseau du mieux-être francophone du Nord de l'Ontario website:
http://reseaudumieuxetre.ca/documents/PLT_P_eng.pdf
- Statistics Canada. (2011). From urban areas to population centres. Retrieved from Statistics Canada website:
<http://www.statcan.gc.ca/subjects-sujets/standard-norme/sgc-cgt/notice-avis/sgc-cgt-06-eng.htm>
- Statistics Canada. (2012). 2007 health region peer groups – User guide. Retrieved from Statistics Canada website:
<http://www.statcan.gc.ca/pub/82-221-x/2012002/regions/hrpg2007-eng.htm>
- Statistics Canada. (2014a). Census profile. Retrieved from Statistics Canada website: <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada. (2014b). NHS profile, 2011. Retrieved from Statistics Canada website: <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada. (2014c). Population counts, for Canada, provinces and territories, census divisions, population centre size groups and rural areas, 2011 census. Retrieved from Statistics Canada website: <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/hlt-fst/pd-pl/Table-Tableau.cfm?LANG=Eng&T=703&PR=35&S=80&O=A&RPP=99>
- The Health Communication Unit. (2004). Developing health promotion policies. Retrieved from The Health Communication Unit website: <http://www.thcu.ca/infoandresources/publications/policyworkbook.march04.v1.0.pdf>
- World Health Organization. (2014). The Ottawa charter of health promotion. *Proceedings of the First International Conference on Health Promotion, Ottawa, 21 November 1986*. Retrieved from World Health Organization website:
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html>
- York Region Health Services. (2007). Parenting needs assessment. Retrieved from York Region Health Services website:
<http://www.york.ca/NR/rdonlyres/ec3a7svyny4xncipxra33mtlky42gq7sqq5s7cwj4dxlukpo7kbbxmalkvqidwclo4uyjgc36sgwcjuczqgbkbid/Parenting+Needs+Assessment+Report.pdf>

Appendix A: Public Health Unit Survey

North Bay Parry Sound District Health Unit
Public Health Unit Positive Parenting Survey

Dear Public Health Unit,

The Healthy Babies Healthy Children program and Healthy Schools & Families program at the North Bay Parry Sound District Health Unit (NBPSDHU) are currently conducting a scan of the positive parenting activities presently being done by select Public Health Units within Ontario. Public Health Units have been selected based on Statistics Canada peer groups and location. The objective of this survey is to inform the planning of programs and services that address positive parenting within the NBPSDHU. As part of this work, we are requesting that you participate in a survey entitled *Public Health Unit Positive Parenting Survey*.

Results of the survey will be analyzed by NBPSDHU staff and included in a positive parenting situational assessment report which will be made available on the NBPSDHU website and disseminated to participating Public Health Units by April 2014. All information will be reported at a collective level; no individual or organization will be identified. All identifiable information will remain confidential.

If you agree to participate in this survey, please fill out the e-survey at <http://fluidsurveys.com/s/NBPSDHUPublicHealthUnitPositiveParentingSurvey/> by **Friday March 29th, 2013**. It will take approximately 20 minutes of your time. Completion and return of this survey signifies your informed consent. You may wish to keep a copy of this information letter for your records. Your feedback is important to us and is very much appreciated.

If you have any questions or concerns, please contact:

Doris Chartrand

Public Health Nurse, Healthy Schools and Families
North Bay Parry Sound District Health Unit
Phone: 705-474-1400 x 4242 and 2326
Toll Free: 1-800-563-2808
Email: doris.chartrand@nbpsdhu.ca

Public Health Unit Positive Parenting Survey

1. Please provide the following information about your Public Health Unit:

Public Health Unit: _____ Program: _____

2. Which Ontario Public Health Standards (OPHS) requirements do positive parenting activities led by your program address? (Select all that apply)

- Child Health Requirement 1: The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the area of positive parenting.
- Child Health Requirement 4: The board of health shall work with community partners, using a comprehensive health approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address positive parenting.
- Child Health Requirement 5: The board of health shall increase public awareness of positive parenting.
- Child Health Requirement 7: The board of health shall provide advice and information to link people to community programs and services on positive parenting.
- Unsure
- Other (please specify): _____

3. Are there other programs within your Public Health Unit that address the OPHS requirements listed above?

- Yes (please specify): _____
- No

Please use the following definition of activity to help you respond to the questions about positive parenting activities.

Activity: Any planned process linked to resources and intended to achieve a change or outcome in an intended population.

4. Please complete the following table regarding positive parenting activities led by your program: (Select all that apply)

Universal activity: does not target a specific population.

Targeted activity: targets a specific population (e.g., prenatal, rural, francophone).

Activity	Activity Title	Universal or targeted activity	Prenatal	0-3 years of age	4-8 years of age	9-12 years of age	13-18 years of age	Rural	Francophone	Aboriginal	Immigrant	Low Income	Other (please specify):
Activity 1		<input type="checkbox"/> Universal <input type="checkbox"/> Targeted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activity 2		<input type="checkbox"/> Universal <input type="checkbox"/> Targeted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...		<input type="checkbox"/> Universal <input type="checkbox"/> Targeted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Which of the following strategies are used for positive parenting activities led by your program? (Select all that apply)
- Social marketing and/or health communication (e.g., media campaign)
 - Self-help, mutual aid, and/or peer approaches (e.g., support groups)
 - Group parent education or parent training program
 - Individual parent education or parent training program
 - Advocacy
 - Policy development
 - Other (please specify): _____
6. Which of the following types of social marketing and/or health communication strategies does your program use for positive parenting activities? (Select all that apply)
- Hard copy resources (e.g., pamphlets)
 - Posters/billboards
 - Newspaper ads
 - Television
 - Radio
 - Email
 - E-newsletter
 - Twitter
 - Facebook
 - Blog
 - N/A
 - Other (please specify): _____
7. Are face to face positive parenting activities offered at different locations within your community?
- Yes
 - No
 - N/A
8. Do you collaborate with other programs within your Public Health Unit to lead positive parenting activities?
- Yes (please specify): _____
 - No
9. Do you collaborate with other organizations to lead positive parenting activities?
- Yes
 - No
10. Has your program evaluated any of the positive parenting activities?
- Yes (skip to Question 11)
 - No (skip to Question 15)

11. Which of the following types of evaluation were conducted on the positive parenting activities? (Select all that apply)
- Process evaluation (i.e., documents whether a program has been implemented as intended and why or why not)
 - Outcome evaluation (i.e., assesses the progress or sequence of outcomes a program is to address)
 - Unsure
 - Other (please specify): _____

12. Are you able to share the evaluation report(s)?
- Yes (skip to question 13)
 - No (skip to question 15)

13. If you are able to share the report(s), please upload the document(s).

14. If you are not able to upload the document(s) at this time, who should we contact about receiving a copy?

Contact name: _____

Contact email: _____

15. What worked well from implementing positive parenting activities within your program?

16. What didn't work well from implementing positive parenting activities within your program?

17. Additional comments and/or suggestions:

18. Can we contact you if we have any questions about the responses that you provided or would like more in depth information?

- Yes
- No

Thank you for your participation!

Appendix B: Community Inventory Survey

North Bay Parry Sound District Health Unit
Positive Parenting
Community Inventory Survey

Dear Community Agency,

The Healthy Babies Healthy Children program and Healthy Schools & Families program at the North Bay Parry Sound District Health Unit (NBPSDHU) are currently conducting a scan of the positive parenting activities presently being done by select organizations within the health unit catchment area. The objective of this survey is to inform the planning of programs and services that address positive parenting within the NBPSDHU. As part of this work, we are requesting that you participate in a survey entitled *Positive Parenting Community Inventory Survey*.

We understand that one organization may consist of multiple programs and/or services which offer positive parenting activities. As a result, organizations may submit multiple surveys or work collaboratively to submit one survey.

Results of the survey will be analyzed by NBPSDHU staff and included in a positive parenting situational assessment report which will be made available on the NBPSDHU website by April 2014. All information will be reported at a collective level; no individual or organization will be identified. All identifiable information will remain confidential.

If you agree to participate in this survey, please fill out the e-survey at <http://fluidsurveys.com/surveys/nbps-health-unit/positive-parenting-community-inventory-survey/> by **Friday June 21st, 2013**. It will take approximately 20 minutes of your time. Completion and return of this survey signifies your informed consent. You may wish to keep a copy of this information letter for your records. Your feedback is important to us and is very much appreciated.

If you have any questions or concerns, please contact:

Doris Chartrand

Public Health Nurse, Healthy Schools & Families
North Bay Parry Sound District Health Unit
Phone: 705-474-1400 x 4242 and 2326
Toll Free: 1-800-563-2808
Email: doris.chartrand@nbpsdhu.ca

Thank you for your participation!

Positive Parenting Community Inventory Survey

1. Please provide the following information about your organization:

Organization name: _____

Street address: _____

City: _____

Postal code: _____

Website: _____

Please use the following definition of positive parenting and activity to help you respond to the remaining questions:

Positive Parenting: “Positive/warm and consistent parenting interactions with the child ([e.g.,] parents frequently talking, playing, praising, laughing, and doing special things together with their children, [setting] clear and consistent expectations, and [using] non-punitive consequences with regard to child behaviour)” (Ministry of Health Promotion, 2010).

Activity: Any planned process linked to resources and intended to achieve a change or outcome in an intended population.

2. Does your organization lead any positive parenting activities (please include involvement in provincial or national campaigns)?

Yes (Skip to Question 3)

No (please explain; Skip to “Thank you for your participation!” page): _____

3. Does your organization have a mandate for positive parenting activities?

Yes

No

4. Who is involved in planning and/or leading positive parenting activities at your organization? (Select all that apply)

Volunteer

Early Childhood Educator

Nurse

Nutritionist

Psychologist/Psychiatrist

Social Worker

Teacher

Other (please specify): _____

5. Does your organization offer any face-to-face positive parenting activities?

- Yes (Skip to Question 6)
- No (Skip to Question 9)

6. Please complete the following table regarding face-to-face positive parenting activities led by your organization: (Select all that apply)

Universal activity: does not target a specific population.

Targeted activity: targets a specific population (e.g., prenatal, rural, francophone).

Activity	Activity Title	Cost to participate	Incentive to participate (e.g., child care, transportation)	Frequency (e.g., annually, monthly, weekly)	Duration (e.g., 7 weeks)	Universal or targeted activity	Individual or group	Prenatal	0-3	4-8	9-12	13-18	Rural	Francophone	Aboriginal	Immigrant	Other (please specify):
Activity 1		<input type="checkbox"/> Fee; subsidy available <input type="checkbox"/> Fee; no subsidy available <input type="checkbox"/> No fee	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Universal <input type="checkbox"/> Targeted	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activity 20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. Are face to face activities offered at different locations within your community?

- Yes (Skip to Question 8)
- No (Skip to Question 9)

8. Please list the addresses of the additional locations where face to face activities are offered:

Location	Organization name	Street address	City	Postal code
Location 1				
...				
Location 40				

9. Does your organization offer any web-based positive parenting activities?

Yes (Skip to Question 10)

No (Skip to Question 11)

10. Please complete the following table regarding web-based positive parenting activities led by your organization: (Select all that apply)

Universal activity: does not target a specific population.

Targeted activity: targets a specific population (e.g., prenatal, rural, francophone)

Activity	Activity Title	Cost to participate	Incentive to participate (e.g., child care, transportation)	Frequency (e.g., annually, monthly, weekly)	Duration (e.g., 7 weeks)	Universal or targeted activity	Individual or Group	Prenatal	0-3	4-8	9-12	13-18	Rural	Francophone	Aboriginal	Immigrant	Other (please specify):
Activity 1		<input type="checkbox"/> Fee; subsidy available <input type="checkbox"/> Fee; no subsidy available <input type="checkbox"/> No fee	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Universal <input type="checkbox"/> Targeted	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
...			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activity 20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. Which of the following elements do positive parenting activities led by your organization address? (Select all that apply)

Warm and/or nurturing parenting (e.g., parents frequently talking, playing, praising, and laughing with their children)

Setting clear and consistent expectations and boundaries

Using praise for reinforcement of positive behaviours

Using non-punitive consequences for negative behaviours

Practicing a child-centred approach

Encouraging independence while maintaining and monitoring behaviours

Providing a physically and emotionally safe environment

Child development

Addressing concerns related to parent mental health, self-care, and well-being

Other (please specify): _____

12. Which of the following strategies are used for positive parenting activities led by your organization? (Select all that apply)
- Advertising campaign
 - Self-help, mutual aid, and/or peer approaches (e.g., support groups)
 - Group parent education or parent training program
 - Individual parent education or training program (e.g., one-to-one counseling, support)
 - Advocacy
 - Policy development
 - Other (please specify): _____
13. How does your organization promote positive parenting activities? (Select all that apply)
- Hard copy resources (e.g., pamphlets)
 - Posters/billboards
 - Newspaper ads
 - Television
 - Radio
 - Email
 - E-newsletter
 - Twitter
 - Facebook
 - Blog
 - Other (please specify): _____
14. Do you collaborate with other organizations to lead positive parenting activities?
- Yes (please specify): _____
 - No
15. Is your organization a member of a parenting committee?
- Yes (please specify): _____
 - No
16. Has your organization evaluated any of the positive parenting activities?
- Yes (Skip to Question 17)
 - No (Skip to Question 21)
17. Which of the following types of evaluation were conducted on the positive parenting activities? (Select all that apply)
- Process evaluation (i.e., document whether a program has been implemented as intended and why or why not)
 - Outcome evaluation (i.e., assess progress or sequence of outcomes the program is to address)
 - Unsure
 - Other (please specify): _____
18. Are you able to share the evaluation report(s)?
- Yes (Skip to Question 19)
 - No (Skip to Question 20)

19. If you are able to share the report(s), please upload the document(s).

20. If you are not able to upload or share the document(s) at this time, who should we contact about receiving a copy?

Contact name: _____

Contact email: _____

21. Additional comments and/or suggestions:

Thank you for your participation!

**Appendix C: Parent Needs Survey
North Bay Parry Sound District Health Unit**

Parenting Needs Survey

Complete and return this survey for your chance to win one of two \$500 grocery store gift cards.^{1,2}

The Health Unit wants to learn about the needs of parents or guardians with children between 0 and 18 years of age. The survey will take 10 to 15 minutes to complete (front and back) and will help us improve our programs to better meet your parenting needs. By completing this survey you are consenting to participate. All responses will remain completely anonymous and confidential.

If you have any questions regarding the survey, please contact:

Doris Chartrand, Public Health Nurse

1-800-563-2808 ext. 2326

Are you the parent or guardian of a child 0 to 18 years of age?

Yes

No

If **no**, please do not continue with this survey. Thank you for your time.

1. From the list below, circle a number from 1 to 4 to show which topics would be of interests to you.

Topic	Not at all interested	Somewhat interested	Moderately interested	Very interested
Parenting Your Child				
Building a relationship or bonding with your child	1	2	3	4
Comforting your child	1	2	3	4
Disciplining your child	1	2	3	4
Communication with your child	1	2	3	4
Encouraging and praising your child	1	2	3	4
Child safety (e.g., home safety, preventing injury)	1	2	3	4
Importance of involving fathers	1	2	3	4
Healthy Eating				
Breastfeeding	1	2	3	4
Child nutrition	1	2	3	4
Child Growth and Development				
Growth and development	1	2	3	4
Dental care	1	2	3	4
Physical activity	1	2	3	4
Importance of play	1	2	3	4
Parenting Challenges				
Adjusting to being a parent	1	2	3	4
Parenting on your own	1	2	3	4
Preventing/coping with your child's misbehavior (e.g., tantrums, power struggles)	1	2	3	4
Parent Well Being				
How to cope with stress (e.g., financial, relationships)	1	2	3	4
Taking care of yourself	1	2	3	4
Coping with mental illness (e.g., depression)	1	2	3	4
Living in an abusive relationship, family violence	1	2	3	4

¹Each respondent can only be entered once into the draw.

²Winner(s) will be contacted to select a grocery store of their choice.

2. Are there any other topics that you would be interested in learning more about?
 Yes (please specify): _____
 No
3. How would you like to receive information on the topics that you are interested in? (Select all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Books | <input type="checkbox"/> Parenting classes |
| <input type="checkbox"/> CD | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Television |
| <input type="checkbox"/> Workshop or presentation | <input type="checkbox"/> Video/DVD |
| <input type="checkbox"/> Pamphlet | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Parenting support group | <input type="checkbox"/> Do not want to receive information |
| <input type="checkbox"/> Parent fair | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Internet or online learning | |
4. What time of week would you like to receive parenting information? (Select all that apply)
- Weekday
 Weekend
5. When is the best time for you to receive parenting information? (Select all that apply)
- Morning
 Lunch hour (12:00pm to 1:00pm)
 Afternoon
 Evening
 No preference
6. Where would you like to receive parenting information? (Select all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Child care centre | <input type="checkbox"/> Public Health Unit |
| <input type="checkbox"/> Community centre | <input type="checkbox"/> Religious centre (e.g., church) |
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> School |
| <input type="checkbox"/> Home | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Library | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Do not want to receive information |
| <input type="checkbox"/> Ontario Early Years Centre | <input type="checkbox"/> Other (please specify): _____ |
7. Who would you like to receive parenting information from? (Select all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Public Health Unit staff |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Trained volunteer |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Ontario Early Years Centre staff | <input type="checkbox"/> Do not want to receive information |
| <input type="checkbox"/> Other Parents | <input type="checkbox"/> Other (please specify): _____ |
8. How would you like to receive parenting information? (Select all that apply)
- | | |
|---|--|
| <input type="checkbox"/> One on one | <input type="checkbox"/> Self-learning (e.g., reading, online) |
| <input type="checkbox"/> Group settings | <input type="checkbox"/> Other (please specify): _____ |
9. What language would you **most** like to receive parenting information in?
- English
 French
 Other (please specify): _____

10. What parenting programs are you aware of? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Community Action Program for Children (CAP-C) |
| <input type="checkbox"/> 1-2-3-4 Parents | <input type="checkbox"/> Mothercare |
| <input type="checkbox"/> Active Parenting NOW | <input type="checkbox"/> Baby, Toddler, and Preschool groups |
| <input type="checkbox"/> Active Parenting of Teens | <input type="checkbox"/> Ontario Early Years Centre (drop-in) |
| <input type="checkbox"/> Healthy Babies Healthy Children | <input type="checkbox"/> Triple P Positive Parenting Program |
| <input type="checkbox"/> Aboriginal Healthy Babies Healthy Children | <input type="checkbox"/> Nobody's Perfect |
| <input type="checkbox"/> Prenatal Classes | <input type="checkbox"/> Fun-er-tize |
| <input type="checkbox"/> Play Your Part Parenting | <input type="checkbox"/> School Readiness |
| <input type="checkbox"/> Fathers Matter | <input type="checkbox"/> Infant Child Development Programs |
| <input type="checkbox"/> Family Enrichment | <input type="checkbox"/> Early Literacy Programs (Hands TheFamilyHealthNetwork.ca) |
| <input type="checkbox"/> Great Beginnings Prenatal Nutrition Program | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Great Beginnings Growing Up group | |

11. What parenting programs have you gone to? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Community Action Program for Children (CAP-C) |
| <input type="checkbox"/> 1-2-3-4 Parents | <input type="checkbox"/> Mothercare |
| <input type="checkbox"/> Active Parenting NOW | <input type="checkbox"/> Baby, Toddler, and Preschool groups |
| <input type="checkbox"/> Active Parenting of Teens | <input type="checkbox"/> Ontario Early Years Centre (drop-in) |
| <input type="checkbox"/> Healthy Babies Healthy Children | <input type="checkbox"/> Triple P Positive Parenting Program |
| <input type="checkbox"/> Aboriginal Healthy Babies Healthy Children | <input type="checkbox"/> Nobody's Perfect |
| <input type="checkbox"/> Prenatal Classes | <input type="checkbox"/> Fun-er-tize |
| <input type="checkbox"/> Play Your Part Parenting | <input type="checkbox"/> School Readiness |
| <input type="checkbox"/> Fathers Matter | <input type="checkbox"/> Infant Child Development Programs |
| <input type="checkbox"/> Family Enrichment | <input type="checkbox"/> Early Literacy Programs (Hands TheFamilyHealthNetwork.ca) |
| <input type="checkbox"/> Great Beginnings Prenatal Nutrition Program | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Great Beginnings Growing Up group | |

12. What, if anything, has prevented you from going to a parenting program? (Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Language | <input type="checkbox"/> No interest |
| <input type="checkbox"/> Time of program | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Transportation | |

13. What age is your child/are your children? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 0 to 6 months | <input type="checkbox"/> 2 to 4 years |
| <input type="checkbox"/> 7 to 12 months | <input type="checkbox"/> 5 to 12 years |
| <input type="checkbox"/> 13 to 18 months | <input type="checkbox"/> 13 to 18 years |
| <input type="checkbox"/> 19 to 23 months | |

14. I am the child's/children's:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Step-father |
| <input type="checkbox"/> Father | <input type="checkbox"/> Legal guardian |
| <input type="checkbox"/> Step-mother | <input type="checkbox"/> Other (please specify): _____ |

15. What age group do you fall into?

- | | |
|---|--|
| <input type="checkbox"/> 14 years and under | <input type="checkbox"/> 35 to 39 years |
| <input type="checkbox"/> 15 to 19 years | <input type="checkbox"/> 40 to 44 years |
| <input type="checkbox"/> 20 to 24 years | <input type="checkbox"/> 45 to 49 years |
| <input type="checkbox"/> 25 to 29 years | <input type="checkbox"/> 50 years and over |
| <input type="checkbox"/> 30 to 34 years | |

16. Do you identify with any of the following cultural or ethnic groups?

- Francophone
- Aboriginal
- Other (please specify): _____

17. City/Town: _____

18. What is the highest level of education you have completed?

- Some high school
- Completed high school
- Some postsecondary
- Trades certificate
- College diploma
- University degree
- Postgraduate degree

19. Please provide any additional comments and/or suggestions you have about parenting programs and/or resources:

Thank you for your participation in this survey. Please complete the ballot attached to this survey for your chance to win one of two \$500 grocery store gift cards.

ENTER TO WIN!

Thank you for your participation in the Parenting Needs Survey. Please complete the ballot below for your chance to win one of two \$500 grocery store gift cards.^{1 2} For anonymity purposes, please separate the ballot from the survey before entering them into the box.

First Name: _____

Last Name: _____

Telephone Number: _____

Email Address: _____

¹Each respondent can only be entered once into the draw.

²Winner(s) will be contacted to select a grocery store of their choice.

Bureau de santé du district de North Bay-Parry Sound

Sondage sur les besoins des parents

**Remplissez et retournez le présent sondage pour courir la chance de gagner
une des deux cartes-cadeaux de 500 \$ d'épicerie.^{1 2}**

Le personnel du Bureau de santé veut connaître les besoins des parents ou des tuteurs d'enfants de 18 ans ou moins. Il vous faudra de 10 à 15 minutes pour répondre au sondage (recto et verso); vos réponses nous aideront à améliorer nos programmes selon vos besoins. En remplissant ce sondage, vous consentez à y participer. Toutes les réponses demeureront anonymes et confidentielles.

Si vous avez des questions au sujet du sondage, appelez :

Doris Chartrand, infirmière de la santé publique

1 800 563-2808, poste 2326

Êtes-vous le parent ou tuteur d'un enfant d'un 18 ans ou moins?

Oui

Non

Si « non », ne répondez pas au sondage. Merci de votre temps.

1. Dans la liste ci-dessous, encerclez un chiffre de 1 à 4 pour indiquer les sujets qui vous intéressent.

Sujet	Ne m'intéresse aucunement	M'intéresse plus ou moins	M'intéresse assez	M'intéresse beaucoup
Élever votre enfant				
Bâtir une relation ou un lien d'affection avec votre enfant	1	2	3	4
Réconforter votre enfant	1	2	3	4
Discipliner votre enfant	1	2	3	4
Communiquer avec votre enfant	1	2	3	4
Encourager et féliciter votre enfant	1	2	3	4
La sécurité de votre enfant (p. ex. sécurité au domicile et prévention des blessures)	1	2	3	4
L'importance de faire participer les pères	1	2	3	4
Une saine alimentation				
L'allaitement maternel	1	2	3	4
La nutrition de l'enfant	1	2	3	4
La croissance et le développement de l'enfant				
La croissance et le développement	1	2	3	4
Les soins dentaires	1	2	3	4
L'activité physique	1	2	3	4
L'importance du jeu	1	2	3	4
Les défis parentaux				
S'adapter au rôle parental	1	2	3	4
Élever son enfant seul	1	2	3	4
Prévenir les mauvais comportements chez votre enfant ou faire face à de tels comportements (p. ex. crises et luttes de pouvoir)	1	2	3	4
Le bien-être des parents				
Gérer le stress (p. ex. situation financière et relations)	1	2	3	4
Prendre soin de soi	1	2	3	4
Gérer la maladie mentale (p. ex. la dépression)	1	2	3	4
Vivre dans une relation violente ou subir la violence familiale	1	2	3	4

2. Y a-t-il d'autres sujets sur lesquels vous aimeriez en apprendre?

Oui (précisez) : _____

Non

¹Chaque répondant n'a qu'une chance de gagner.

²Nous communiquerons avec les gagnants afin qu'ils nous indiquent l'épicerie de leur choix.

3. Par quels moyens aimeriez-vous recevoir des renseignements sur les sujets qui vous intéressent? (Cochez toutes les réponses qui s'appliquent.)
- | | |
|---|--|
| <input type="checkbox"/> Livres | <input type="checkbox"/> Cours sur l'art d'être parent |
| <input type="checkbox"/> CD | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Bulletin | <input type="checkbox"/> Télévision |
| <input type="checkbox"/> Atelier ou exposé | <input type="checkbox"/> Vidéo/DVD |
| <input type="checkbox"/> Dépliant | <input type="checkbox"/> Aucune préférence |
| <input type="checkbox"/> Groupe d'entraide | <input type="checkbox"/> Je ne veux pas recevoir de renseignements |
| <input type="checkbox"/> Foire sur le rôle parental | <input type="checkbox"/> Autre (précisez): _____ |
| <input type="checkbox"/> Internet ou apprentissage en ligne | |
4. À quel moment de la semaine aimeriez-vous recevoir des renseignements sur l'art d'être parent? (Cochez toutes les réponses qui s'appliquent.)
- Sur semaine
- La fin de semaine
5. Quel temps vous convient le mieux pour recevoir des renseignements sur l'art d'être parent? (Cochez toutes les réponses qui s'appliquent.)
- L'avant-midi
- L'heure du midi (de 12 h à 13 h)
- L'après-midi
- En soirée
- Aucune préférence
6. Où aimeriez-vous recevoir des renseignements sur l'art d'être parent? (Cochez toutes les réponses qui s'appliquent.)
- | | |
|--|--|
| <input type="checkbox"/> Garderie | <input type="checkbox"/> Bureau de santé |
| <input type="checkbox"/> Centre communautaire | <input type="checkbox"/> Centre religieux (p. ex. église) |
| <input type="checkbox"/> Cabinet du médecin | <input type="checkbox"/> École |
| <input type="checkbox"/> Domicile | <input type="checkbox"/> Lieu de travail |
| <input type="checkbox"/> Bibliothèque | <input type="checkbox"/> Aucune préférence |
| <input type="checkbox"/> Poste | <input type="checkbox"/> Je ne veux pas recevoir de renseignements |
| <input type="checkbox"/> Centre de la petite enfance | <input type="checkbox"/> Autre (précisez) : _____ |
7. De qui aimeriez-vous recevoir des renseignements sur l'art d'être parent? (Cochez toutes les réponses qui s'appliquent.)
- | | |
|---|--|
| <input type="checkbox"/> Amis et famille | <input type="checkbox"/> Personnel du Bureau de santé |
| <input type="checkbox"/> Fournisseur de soins de santé | <input type="checkbox"/> Bénévole ayant reçu la formation nécessaire |
| <input type="checkbox"/> Bibliothécaire | <input type="checkbox"/> Aucune préférence |
| <input type="checkbox"/> Personnel du Centre de la petite enfance | <input type="checkbox"/> Je ne veux pas recevoir de renseignements |
| <input type="checkbox"/> Autres parents | <input type="checkbox"/> Autre (précisez): _____ |
8. Comment aimeriez-vous recevoir des renseignements sur l'art d'être parent?(Cochez toutes les réponses qui s'appliquent.)
- | | |
|---|---|
| <input type="checkbox"/> Individuellement | <input type="checkbox"/> De moi-même (p. ex. lecture ou en ligne) |
| <input type="checkbox"/> En groupe | <input type="checkbox"/> Autre (précisez): _____ |
9. Dans quelle langue **préféreriez**-vous recevoir des renseignements sur l'art d'être parent?
- Français
- Anglais
- Autre (précisez): _____
10. Quels programmes sur l'art d'être parents connaissez-vous?(Cochez toutes les réponses qui s'appliquent.)
- | | |
|---|--|
| <input type="checkbox"/> Aucun | <input type="checkbox"/> Programme d'action communautaire pour les enfants (PACE) |
| <input type="checkbox"/> Active Parenting 1, 2, 3, 4 | <input type="checkbox"/> MaternAide |
| <input type="checkbox"/> Active Parenting Now | <input type="checkbox"/> Groupes pour bébés, bambins et enfants d'âge préscolaire |
| <input type="checkbox"/> Active Parenting of Teens | <input type="checkbox"/> Centre de la petite enfance de l'Ontario(halte-accueil) |
| <input type="checkbox"/> Bébés en santé, enfants en santé | <input type="checkbox"/> Triple P – Programme de pratiques parentales positives |
| <input type="checkbox"/> Bébés en santé, enfants en santé à l'intention des Autochtones | <input type="checkbox"/> Y'a personne de parfait |
| <input type="checkbox"/> Cours prénataux | <input type="checkbox"/> Fun-er-tize |
| <input type="checkbox"/> Play Your Part Parenting | <input type="checkbox"/> Préparation à l'école |
| <input type="checkbox"/> Fathers Matter | <input type="checkbox"/> Services pour le développement du jeune enfant |
| <input type="checkbox"/> Programmed'enrichissement familial | <input type="checkbox"/> Programme d'alphabétisation précoce (Hands TheFamilyHealthNetwork.ca) |
| <input type="checkbox"/> Great Beginnings – Programme de nutrition prénatal | <input type="checkbox"/> Autre (précisez): _____ |
| <input type="checkbox"/> Great Beginnings– groupe Growing Up | |

11. À quels programmes sur l'art d'être parent avez-vous participé?(Cochez toutes les réponses qui s'appliquent.)
- | | |
|---|--|
| <input type="checkbox"/> Aucun | <input type="checkbox"/> Programme d'action communautaire pour les enfants (PACE) |
| <input type="checkbox"/> Active Parenting 1, 2, 3, 4 | <input type="checkbox"/> MaternAide |
| <input type="checkbox"/> Active Parenting Now | <input type="checkbox"/> Groupes pour bébés, bambins et enfants d'âge préscolaire |
| <input type="checkbox"/> Active Parenting of Teens | <input type="checkbox"/> Centre de la petite enfance de l'Ontario(halte-accueil) |
| <input type="checkbox"/> Bébés en santé, enfants en santé | <input type="checkbox"/> Triple P – Programme de pratiques parentales positives |
| <input type="checkbox"/> Bébés en santé, enfants en santé à l'intention des Autochtones | <input type="checkbox"/> Y'a personne de parfait |
| <input type="checkbox"/> Cours prénataux | <input type="checkbox"/> Fun-er-tize |
| <input type="checkbox"/> Play Your Part Parenting | <input type="checkbox"/> Préparation à l'école |
| <input type="checkbox"/> Fathers Matter | <input type="checkbox"/> Services pour le développement du jeune enfant |
| <input type="checkbox"/> Programmed'enrichissement familial | <input type="checkbox"/> Programme d'alphabétisation précoce (Hands TheFamilyHealthNetwork.ca) |
| <input type="checkbox"/> Great Beginnings – Programme de nutrition prénatal | <input type="checkbox"/> Autre (précisez): _____ |
| <input type="checkbox"/> Great Beginnings– groupe Growing Up | |

12. Qu'est-ce qui vous a empêché, le cas échéant, de participer à un programme sur l'art d'être parent?(Cochez toutes les réponses qui s'appliquent.)
- | | |
|---|--|
| <input type="checkbox"/> Langue | <input type="checkbox"/> Aucun intérêt |
| <input type="checkbox"/> Heure où le programme est offert | <input type="checkbox"/> Coût |
| <input type="checkbox"/> Garde d'enfants | <input type="checkbox"/> Autre (précisez): _____ |
| <input type="checkbox"/> Transport | |

13. Quel âge ont vos enfants?(Cochez toutes les réponses qui s'appliquent.)
- | | |
|--|---|
| <input type="checkbox"/> 6 mois ou moins | <input type="checkbox"/> de 2 à 4 ans |
| <input type="checkbox"/> de 7 à 12 mois | <input type="checkbox"/> de 5 à 12 ans |
| <input type="checkbox"/> de 13 à 18 mois | <input type="checkbox"/> de 13 à 18 ans |
| <input type="checkbox"/> de 19 à 23 mois | |

14. Je suis... des enfants
- | | |
|--|--|
| <input type="checkbox"/> la mère | <input type="checkbox"/> le beau-père |
| <input type="checkbox"/> le père | <input type="checkbox"/> le tuteur |
| <input type="checkbox"/> la belle-mère | <input type="checkbox"/> Autre (précisez): _____ |

15. À quel groupe d'âge appartenez-vous?
- | | |
|--|---|
| <input type="checkbox"/> 14 ans ou moins | <input type="checkbox"/> de 35 à 39 ans |
| <input type="checkbox"/> de 15 à 19 ans | <input type="checkbox"/> de 40 à 44 ans |
| <input type="checkbox"/> de 20 à 24 ans | <input type="checkbox"/> de 45 à 49 ans |
| <input type="checkbox"/> de 25 à 29 ans | <input type="checkbox"/> 50 ans ou plus |
| <input type="checkbox"/> de 30 à 34 ans | |

16. Vous identifiez-vous à l'un des groupes culturels ou ethniques ci-dessous?
- Francophone
- Autochtone

17. Ville : _____

18. Quel est le plus haut niveau de scolarité que vous avez atteint?
- | | |
|--|---|
| <input type="checkbox"/> Un peu d'études secondaires | <input type="checkbox"/> Diplôme collégial |
| <input type="checkbox"/> Diplôme d'études secondaires | <input type="checkbox"/> Grade universitaire |
| <input type="checkbox"/> Un peu d'études postsecondaires | <input type="checkbox"/> Diplôme d'études supérieures |
| <input type="checkbox"/> Certificat de métier | |

19. Veuillez nous fournir des commentaires et des suggestions concernant les programmes ou les ressources sur l'art d'être parent.

Nous vous remercions d'avoir répondu au sondage. Remplissez le billet de tirage ci-joint pour courir la chance de gagner une des deux cartes-cadeaux de 500 \$ d'épicerie.

PARTICIPEZ POUR GAGNER!

Merci d'avoir participé au sondage sur les besoins des parents. Remplissez le billet de tirage ci-dessous pour courir la chance de gagner une des deux cartes-cadeaux de 500 \$ d'épicerie. ^{1 2}

Pour assurer toute confidentialité, séparer le billet de tirage du sondage avant de le soumettre dans la boîte.

Prénom: _____

Nom: _____

Téléphone: _____

Courriel: _____

¹Chaque répondant n'a qu'une chance de gagner.

²Nous communiquerons avec les gagnants afin qu'ils nous indiquent l'épicerie de leur choix.

Appendix D: Instructions and Assurance of Confidentiality Form

Assurance of Confidentiality Form North Bay Parry Sound District Health Unit Parenting Needs Survey

Our organization is firmly committed to maintaining the confidentiality of individual respondents' data obtained through surveys.

Procedures for Maintaining Confidentiality

1. All survey administrators shall sign this assurance of confidentiality.
2. All survey administrators shall keep completely confidential the names of respondents, all information or opinions collected, and any information about respondents learned incidentally. Survey administrators shall exercise reasonable caution to prevent access by others to survey data in their possession.

Pledge of Confidentiality

I hereby certify that I have carefully read and will cooperate fully with the above procedures on confidentiality. I will keep completely confidential all information arising from surveys concerning individual respondents to which I gain access. I will not discuss, disclose, disseminate, or provide access to survey data and identifiers. I will devote my best efforts to ensure that there is compliance with the required procedures by personnel whom I supervise. I give my personal pledge that I shall abide by this assurance of confidentiality.

SIGNATURE. I have read this and I agree to the Pledge of Confidentiality.

Organization: _____

Telephone Number: _____

Name: _____

PRINT

SIGNATURE

Date: _____

A Guide to administering and collecting the Parenting Needs Survey

North Bay Parry Sound District Health Unit

Activities to do before survey dissemination:

1. Make sure that personnel within your organization are aware of the survey and the assurance of confidentiality.
2. Make sure you have the following materials provided by the North Bay Parry Sound District Health Unit:
 - A copy of the Assurance of Confidentiality Form
 - A copy of the Parenting Needs Survey
 - Enough copies of the Parenting Needs Survey for all clients
 - A copy of the Parenting Needs Survey poster
 - One box in which clients will put their completed survey and ballot

Dissemination

3. Hang poster in general area from **September 15th to October 11th, 2013**.
4. Place surveys and box in a general area from **September 15th to October 11th, 2013** for clients to complete.
5. Ensure that a sufficient amount of surveys are available for clients to complete.

Collection of the survey:

6. Clients are to return the survey and ballot by placing them directly in the box provided.
7. Do not review the answers to the survey as they are returned, even if it means accepting incomplete data. Clients must be confident that their privacy will be maintained and their participation will remain anonymous.

Completion of the survey:

8. Responses are anonymous. Clients should **not** place their name on the survey.
9. Completing the survey is voluntary.
10. Only one survey and ballot may be completed per client. Clients who complete the survey can fill out the attached ballot for their chance to win one of two \$500 gift cards to a grocery store of their choice.

Returning the survey to the North Bay Parry Sound District Health Unit:

11. NBPSDHU staff will pick up completed surveys and ballots beginning the week of October 14th, 2013.

Should you require more surveys or have any questions, please contact:

Doris Chartrand, Public Health Nurse

Healthy Schools & Families, North Bay Parry Sound District Health Unit

1-800-563-2808 ext. 2326

Appendix E: Locations of Positive Parenting Activities

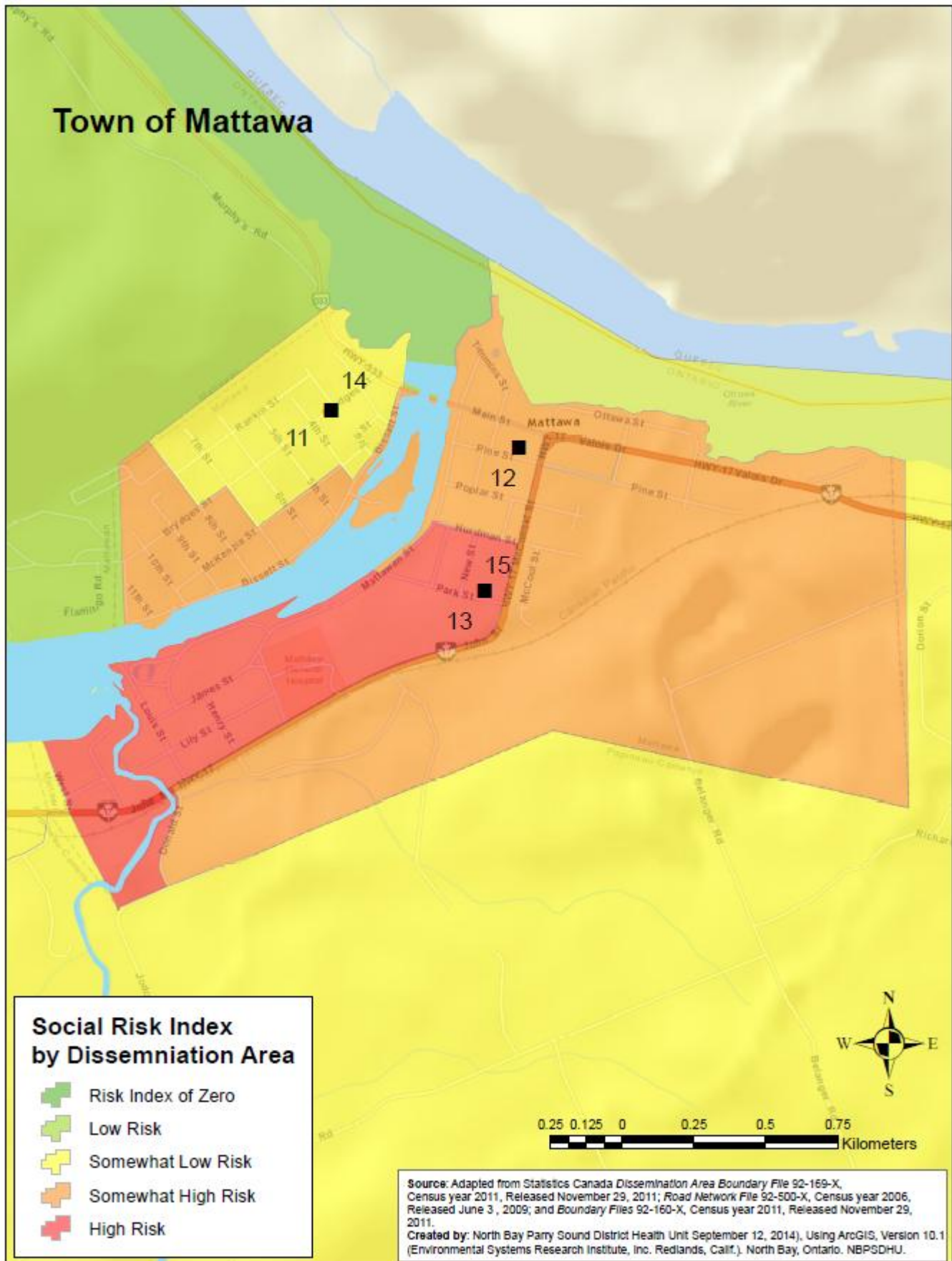
This table is to be used with Appendices F through J.

Facility ID	Organization	Address	City	Postal Code
1	École catholique St- Thomas d'Aquin	1392 Village Road	Astorville	POH 1B0
2	OEYC- École catholique St- Thomas d'Aquin	1392 Village Road	Astorville	POH 1B0
3	DSSAB	178 Young Street	Burk's Falls	POA 1C0
4	NBPSDHU- Burk's Falls	17 Copeland Street	Burk's Falls	POA 1C0
5	DSSAB	249 Landsdowne Street	Callander	POH 1H0
6	Ferris Glen Public School	30 Voyer Road	Corbeil	POH 1K0
7	OEYC- Ferris Glen Public School	30 Voyer Road	Corbeil	POH 1K0
8	OEYC- Evergreen Heights Public School	2510 Highway 582 North	Emsdale	POH 1J0
9	OEYC- Kearney Community Centre	8 Main Street	Kearney	POA 1M0
10	OEYC- Magnetawan Public School	31 Sparks Street	Magnetawan	POA 1P0
11	École Catholique Sainte-Anne	298 Brydges Street	Mattawa	POH 1V0
12	F.J. McElligott Secondary School	370 Pine Street	Mattawa	POH 1V0
13	Mattawa District Public School	376 Park Street	Mattawa	POH 1V0
14	OEYC- École Catholique Sainte-Anne	298 Brydges Street	Mattawa	POH 1V0
15	OEYC- Mattawa Public School	376 Park Street	Mattawa	POH 1V0
16	DSSAB	140 Hammul Avenue	Nobel	POG 1G0
17	Chippewa Secondary School	539 Chippewa Street West	North Bay	P1B 6G8
18	Garderie Soliel	681 Chippewa Street West	North Bay	P1B 6G8
19	NBPSDHU- North Bay	681 Commercial Street	North Bay	P1B 4E7
20	Marshall Park Public School	4 Marshall Avenue	North Bay	P1A 2N9
21	OEYC- E.W. Normal Public School	599 Lakeheights Road	North Bay	P1A 3A1
22	OEYC- École St. Vincent	124 King Street	North Bay	P1B 1P2
23	OEYC- John XXIII Catholic School	602 Lakeheights Road	North Bay	P1A 2Z8
24	OEYX- Marshall Park Public School	4 Marshall Avenue	North Bay	P1A 2N9
25	OEYC- One Kids Place	400 McKeown Avenue	North Bay	P1B 0B2
26	OEYC- Ontario Early Years Centre	171 Chippewa Street West	North Bay	P1B 6G3
27	OEYC- St. Luke Catholic School	225 Milani Road	North Bay	P1B 7P4
28	OEYC- YMCA	186 Chippewa Street West	North Bay	P1B 6G2
29	One Kids Place	400 McKeown Avenue	North Bay	P1B 0B2
30	One Kids Place	400 McKeown Avenue	North Bay	P1B 0B2
31	West Ferris Secondary School	60 Marshall Park Drive	North Bay	P1A 2P2
32	Widdifield Secondary School	320 Ski Club Road	North Bay	P1B 7R2
33	22 Wing North Bay	19 Market Street	North Bay	POH 1P0
34	CSCFN (All schools)	681 Chippewa Street West	North Bay	P1B 6G8
35	DSSAB	70 Joseph Street	Parry Sound	P2A 1Z7
36	Friendship Centre	13 Bowes Street	Parry Sound	P2A 2K7
37	Hands	2 May street	Parry Sound	P2A 1S2
38	NBPSDHU- Parry Sound	70 Joseph Street	Parry Sound	P2A 1Z7
39	OEYC- Waubeek	64 Waubeek Street	Parry Sound	P2A 1C5
40	One Kids Place	70 Joseph Street	Parry Sound	P2A 2G5
41	Parry Sound Secondary School	111 Isabella Street	Parry Sound	P2A 1N2
42	OEYC- Argyle Public School	11767 Highway 522	Port Loring	P1H 1Y0

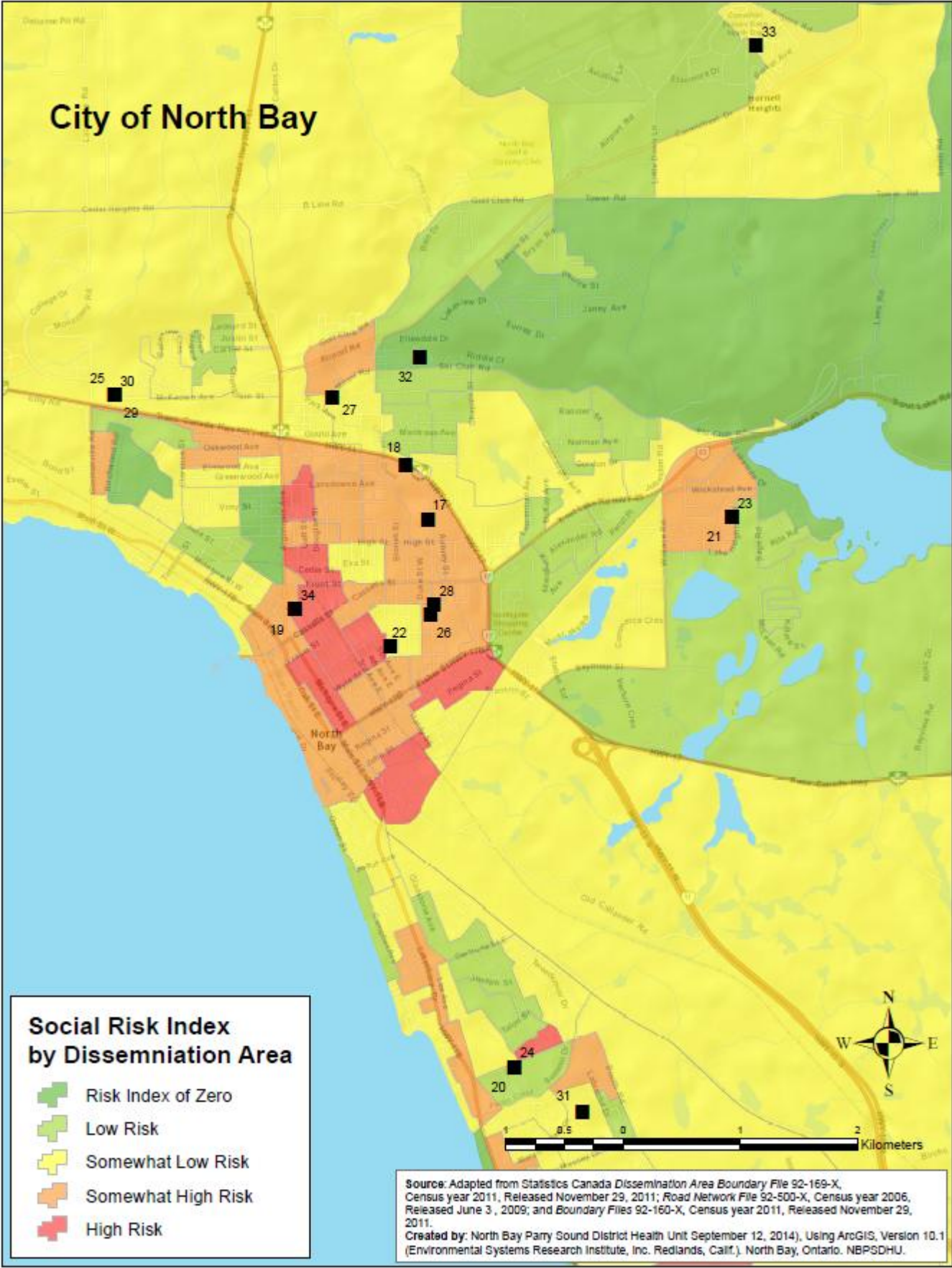
Facility ID	Organization	Address	City	Postal Code
43	OEYC- Maple Ridge Public School	171 Edward Street	Powassan	POH 1Z0
44	Phelps Central Public School	19 Glenvale Drive	Redbridge	POH 2A0
45	Almaguin Highlands Secondary School	21 Mountainview Road	South River	POA 1X0
46	DSSAB	16 Toronto Avenue	South River	POA 1X0
47	Hands	65 Queen Street	Sturgeon Falls	P2B 1A0
48	Northern Secondary School	175 Ethel Street	Sturgeon Falls	P2B 2Z8
49	OEYC- West Nipissing Child Care	131 Michaud Street	Sturgeon Falls	P2B 1B9
50	Hands	37 Main Street	Sundridge	POA 1Z0
51	OEYC- Centennial Public School	118 Main Street	Sundridge	POA 1Z0
52	OEYC- Verner Caldwell Building	11790 Highway 64	Verner	POH 2M0
53	West Nipissing Child Care Corporation	131 Michaud Street	Sturgeon Falls	POH 2G0

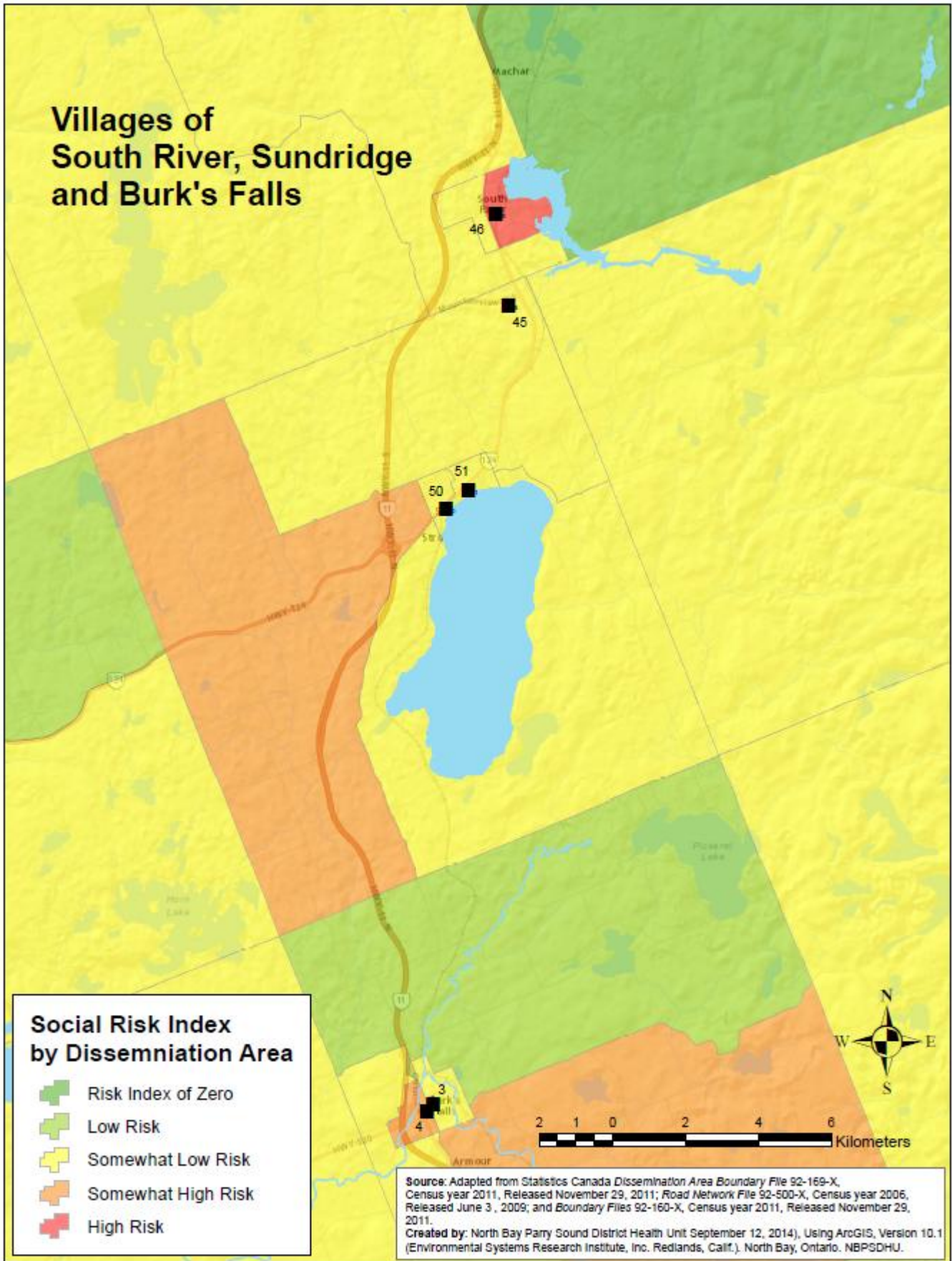
Source: NBPSDHU. (2013). Positive Parenting Community Inventory Survey.

Appendix F: Location of Positive Parenting Activities, SRI, Town of Mattawa

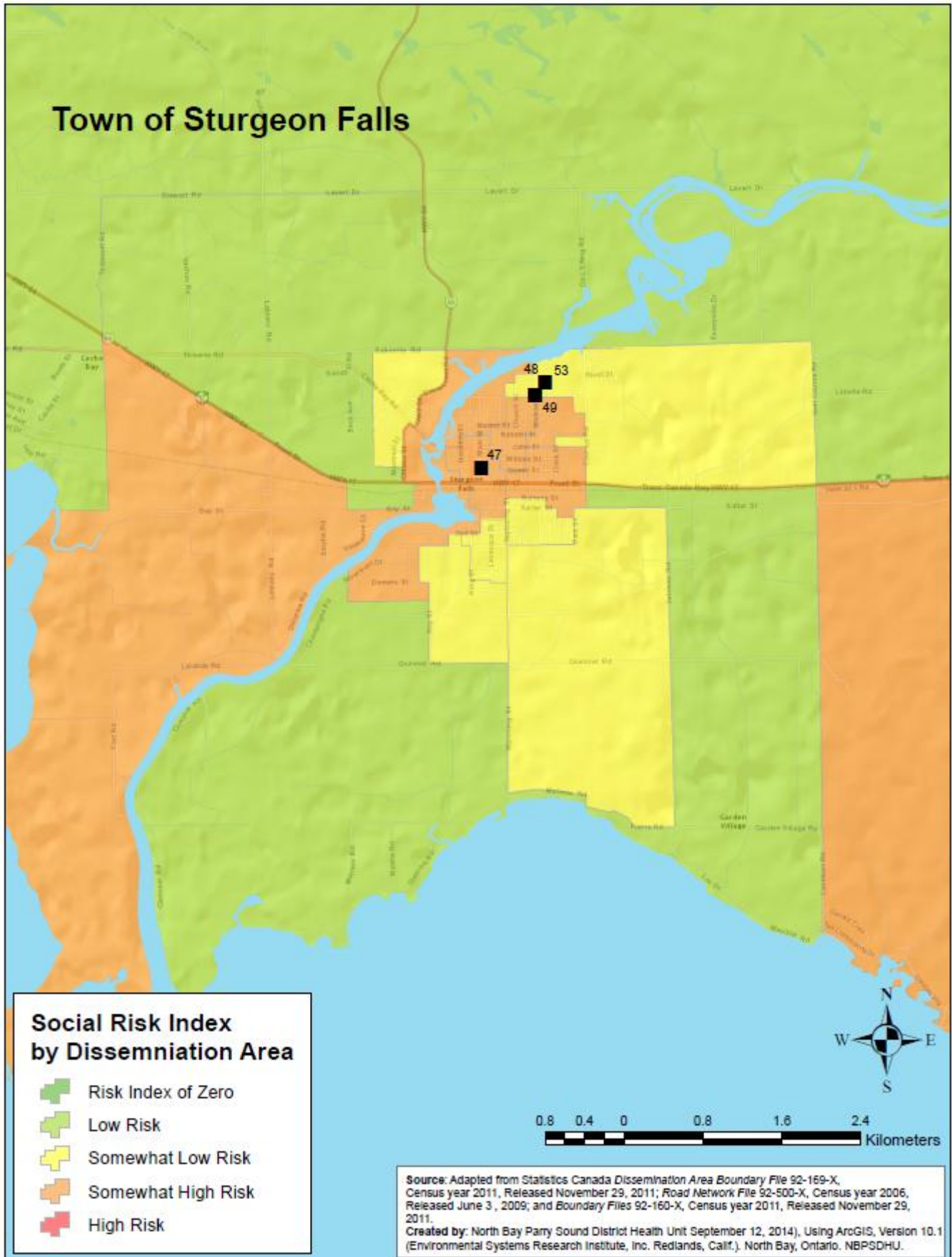


Appendix G: Location of Positive Parenting Activities, SRI, City of North Bay

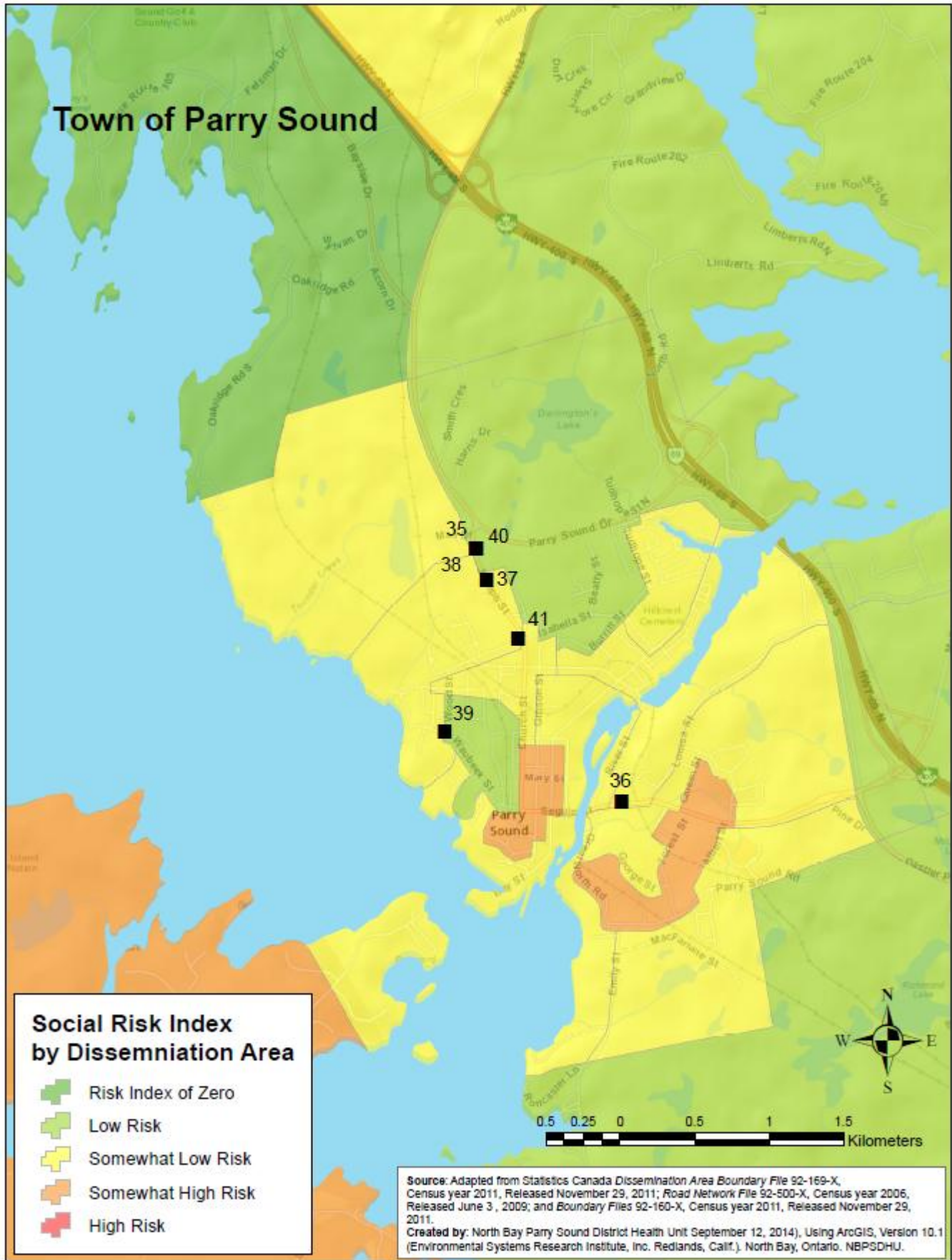




Appendix I: Location of Positive Parenting Activities, SRI, Town of Sturgeon Falls



Appendix J: Location of Positive Parenting Activities, SRI, Town of Parry Sound



Appendix K: Topics by Parents Level of Interest

Topic (n=326)	Not at all interested		Somewhat interested		Moderately interested		Very interested	
	#	%	#	%	#	%	#	%
Parenting your Child								
Building a relationship or bonding with your child	22	6.7	41	12.6	63	19.3	196	60.1
Comforting your child	25	7.7	41	12.6	67	20.6	187	57.4
Disciplining your child	11	3.4	31	9.5	91	27.9	187	57.4
Communication with your child	14	4.3	23	7.1	58	17.8	222	68.1
Encouraging and praising your child	25	7.7	51	15.6	55	16.9	186	57.1
Child safety (e.g., home safety, preventing injury)	37	11.3	66	20.2	51	15.6	164	50.3
Importance of involving fathers	48	14.7	62	19.0	55	16.9	153	46.9
Healthy Eating								
Breastfeeding	140	42.9	38	11.7	48	14.7	92	28.2
Child nutrition	20	6.1	23	7.1	71	21.8	207	63.5
Child Growth and Development								
Growth and development	17	5.2	42	12.9	76	23.3	186	57.1
Dental care	22	6.7	49	15.0	75	23.0	172	52.8
Physical activity	23	7.1	42	12.9	73	22.4	178	54.6
Importance of play	23	7.1	49	15.0	76	23.3	168	51.5
Parenting Challenges								
Adjusting to being a parent	96	29.4	62	19.0	55	16.9	102	31.3
Parenting on your own	141	43.3	47	14.4	48	14.7	81	24.8
Preventing/coping with your child's misbehavior (e.g., tantrums, power struggles)	17	5.2	32	9.8	78	23.9	194	59.5
Parent Well Being								
How to cope with stress (e.g., financial, relationships)	27	8.3	44	13.5	85	26.1	165	50.6
Taking care of yourself	40	12.3	56	17.2	102	31.3	121	37.1
Coping with mental illness (e.g., depression)	87	26.7	55	16.9	79	24.2	96	29.4
Living in an abusive relationship, family violence	195	59.8	51	15.6	26	8.0	42	12.9

Source: NBPSDHU. (2013). Parent Needs Survey.