



Healthy Child Development

Resources for Canadian Primary Care Professionals

Compiled by

Peter Kondra, MSc, MD, FRCPC,
and Brenda Mills, C&Y MHC
Hamilton Family Health Team
Child & Youth Mental Health Initiative

in collaboration with

Helen Spenser MD, CCFP, FRCPC,
Children's Hospital of Eastern Ontario, Ottawa, Ontario

and Blair Ritchie MD, FRCPC,
Alberta Health Services, University of Calgary

Disclaimer

This information is for general education only. The accuracy, completeness, adequacy or currency of the content is not warranted or guaranteed. Users should always seek the advice of physicians or other qualified health providers with questions regarding a health condition. Any practice described here should be applied by a health professional in accordance with professional standards of care used with regard to the unique circumstances that apply in each practice situation. The author disclaims any liability, loss, injury or damage incurred as a consequence, directly or indirectly, of the use and application of any of the contents of this information.



This work is "licensed" under a Creative Commons License
Attribution-Noncommercial NoDerivatives 4.0 Canada,
<https://creativecommons.org/licenses/by-nc-nd/4.0/>



Healthy Child Development

[Talking with parents about general strategies for successful parenting](#)

[Talking with parents about parenting styles](#)

[Talking with parents about what is normal](#)

[Tips for family physicians](#)

[Child safety](#)

[Websites and resources](#)

[References and acknowledgements](#)

Becoming a parent is exciting, but parenting can be challenging! Many factors influence parenting (e.g., culture, role-models, parent physical and mental health, socioeconomic factors), but most parents want to do the best job they can.

Parenting issues are a common concern brought to family doctors. Parenting issues and strategies vary according to the age and developmental stage of the child. However, there are some guiding principles that are applicable across ages and developmental stages.

Talking with parents about general strategies for successful parenting:

(1) Building a strong relationship with your child:

- Establishing a trusting relationship with your child requires listening to your child and providing unconditional love and nurturance.
- Become familiar with the appropriate behaviour for your child's age/stage of normal development and behaviour.
- Have realistic expectations of your child that are based on their age and stage of development.
- Provide a stable base: This is helpful for children of all ages, and may include clear rules/limits and consistency with routines and consequences.
- Children require guidelines and supervision in order to feel safe and secure, though parents need to have flexibility and openness to adjusting expectations.
- Discipline is built on a foundation of respect, modeling, teaching, and guiding. It is not forcing obedience. Parents are the most important role models for their children.
- Communication with your child is key: Be aware of your tone of voice and body language, and be clear about expectations. Let your child(ren) participate in decision-making where possible, as this may make them more motivated to follow through with expectations.

[back to top](#)

- Spend time with your child: This includes all types of activities, such as playing and having fun, snuggle time, reading, going for a walk, having a snack or meal together.

(2) *Promoting positive behaviour and self-esteem/self-worth:*

- Acknowledging and encouraging positive behaviour promotes positive self-esteem in children.
- Look for opportunities to praise your child's behaviour.
- Building on the positive is preferred over focus on the negative.
- Use positive reinforcement strategies to reinforce desired behaviour (e.g., verbal praise, special time with child, earning rewards).

(3) *Dealing with problem behaviour:*

- Behaviour is one of the primary ways that children express their feelings, especially young children.
- Look beyond the behaviour to gain an understanding of how your child is feeling. For example, crying could be due to fatigue, hunger, disappointment or feeling lonely or sad.
- Effective discipline does not instill shame, guilt, a sense of abandonment or a loss of trust.
- When dealing with problem behaviour, stay calm, and keep emotions in check. Parents may be more negative and harsh if they discipline when upset. It can help if you take some time for yourself before dealing with the problem behaviour situation (e.g., take a few deep breaths, remove yourself from the situation, ask yourself if your reaction will make the problem situation bigger or worse).
- Emphasize the negative behaviour and not the child as being negative or bad.

[back to top](#)

- Immediate consequences should be put into place if possible, and should be connected to the negative behaviour (e.g., didn't put their bike away, so loses the bike for the day or throws cereal on floor, must pick it up).
- Prioritize the rules you make. It is often best to ignore little things.
- Don't dwell on the negative behaviour. Begin each day with a fresh start and a new outlook.

(4) *Communication is important!*

- Communication with your child: This is central to developing a positive relationship with your child. Physical contact is the key method of communication when children are very young, and later language is important. Aspects of communication include tone of voice, body language, listening, acknowledging another's feelings, and use of "I" statements (e.g., I would like you to stop that behaviour...).
- Communication with partner/extended family: Partners may not have identical parenting styles, but it is important to identify shared principles and support each other in their implementation. It is important to also let extended family and other supports be aware of your family values.
- Communication with family physician: Open dialogue with your family doctor allows her/him to provide the most appropriate, comprehensive and consistent care during your relationship.
- Communication with the school: Establish regular communication with your child(ren)'s school community. This "team" approach is helpful to share positive achievements and problem-solve around difficulties.
- Communication with others: Be aware of your child's social network, and other individuals in their life.

[back to top](#)

Talking with parents about parenting styles:

- There are many things that influence your parenting style, including parent temperament, cultural norms, values and beliefs, the experience of your parent(s) when you were a child, support and discussions with friends and family, reading books, and taking parenting classes.
- Be flexible in your approach. Having a sense of humour can help!
- All parents have strengths and limitations, and you don't have to be perfect or to have all the answers. Mistakes are normal, and it is okay to ask for help.
- Make sure to take care of yourself. Be aware of key stresses in your life and how they influence your level of patience and ability to cope with upsets on a day-today basis.
- Learn ways to calm yourself.
- Establish good communication and consistency with partner as part of your co-parenting approach.

[back to top](#)

Talking with parents about what is normal:

- Normal behaviour varies according to age and developmental stage.
- Each child is unique and behaviour varies according to a child's temperament.
- Children with special needs and developmental delay require additional adjustments and problem-solving.
- Testing limits is a normal child behaviour.
- Certain parenting styles are associated with more childhood behaviour problems and parent/child conflict. For example, harsh, punitive, inconsistent parenting styles including yelling, name-calling, spanking, are associated with childhood aggression and may be associated with other mental health problems later in life.
- If you are concerned that there are problems, seek help. Early intervention before age 8 is associated with the best outcomes.
- It is best to suggest evidence-based programs to parents, e.g., parenting programs such as [The Incredible Years](#), [Triple P Positive Parenting program](#) (Sanders et al., 2002), COPE for children 3 years of age and up (Cunningham et al., 1995) (see ["Websites and Resources"](#) below).
- Parental readiness to engage in programs and other barriers (i.e., timing, travel, location, cost, language) may limit participation.
- Availability of programs varies considerably depending on geographic location, and there may be more reliance on the family physicians to screen and counsel families where there are few additional resources.
- There is a great deal of variation between internet site reliability of information. Directing families to well-established sites is recommended (see ["Websites and Resources"](#) below).

[back to top](#)

Tips for Family Physicians:

- (1) *Building a relationship with families:*
 - Parenting is an important part of child and family health.
 - As a family physician, you have an opportunity to establish regular dialogue about this aspect of child health as part of the ongoing comprehensive health care.
 - Discussion can be built in as part of the early regular well-baby and immunization visits, with a focus not just on the health of the child but also on the developing relationship between the parent and child. The opportunity to discuss parenting practices at this early stage will emphasize the importance of parenting practices across the developmental span.

- (2) *How to use your time effectively when visiting with families:*
 - Use of routine screening questionnaires may assist with using time optimally (e.g., [Rourke Well-Baby Record](#), [Nipissing District Developmental Screen](#), [Pediatric Symptom Checklist](#), all are downloadable and free, see [Websites and Resources](#) below).
 - Allowing extra time for visits can be facilitated through use of allied health professionals and taking a team approach to working with families.

- (3) *Listening below the surface of the question:*
 - Empathizing with parenting stress and worry is an important part of validating a parent's concerns.
 - Behaviour problems can be the manifestation of something more complex, and quick suggestions about behaviour management may increase the difficulties without getting at the underlying issues.

- (4) *Use of allied health professionals:*
 - Allied health professionals can play an important role in the discussion with parents about the importance of parenting.

[back to top](#)

- (5) *Creating a family-friendly environment in your office:*
- The physical environment can include magazines and other literature about parenting which parents can take with them.
 - Include toys that allow interaction between parents and children across a range of developmental stages in the waiting area.
 - A collaborative approach by the “team” in the family doctor’s office (which includes everyone who works in the office) will allow consistent emphasis on the importance of the parenting role.
- (6) *Identification of risk factors and behaviours:*
- Parental mental health (e.g., maternal depression, substance use), parent relationship discord and socioeconomic disadvantage are established risk factors for child emotional and behavioural problems.
 - Family doctors have a unique knowledge of the family and the opportunity to recognize and facilitate access to appropriate supports for families.
 - Awareness of community resources for parents, particularly for young families, is important (e.g., Ontario Early Years Centres, public health).

Three key questions for family doctors to ask:

1. Would you like to discuss any concerns regarding parenting?
2. On a scale of 0 to 10, how confident are you in your parenting?
(0=not confident – 10=extremely confident)
3. What do you feel would be helpful in order to boost your confidence?

[back to top](#)

Child Safety

Physical and emotional safety is paramount for a child's healthy development. Unfortunately there are times when there are suspicions of maltreatment which need to be reported. To locate the Children's Aid Society in your area visit www.oacas.org in Ontario or the Child Welfare League of Canada nationally (<http://www.cwrp.ca/help>).

(1) *When is it necessary to report concerns to a Children's Aid Society?*

- There is often uncertainty as to when it is necessary to report a concern to Children's Aid. Current legislation requires reporting if you suspect child maltreatment. It is not the family physician's role to prove or verify maltreatment.
- Child protection legislation is determined on a provincial basis, and the age of a child for whom reporting requirements pertain may vary, but generally reporting must be done for a child less than 16 years of age. As an initial step, an inquiry call can be made anonymously to a central intake worker at your local Children's Aid agency. This will help to determine if the situation warrants reporting.
- The following describes what is considered reportable:

Physical Abuse involves bodily harm to a child by a caregiver. For example, this could include hitting, shaking or burning a child.

Sexual Abuse is any sexual activity with a child by a caregiver. For example, this could include fondling, sexual intercourse or exposure to sexual activity.

Emotional Harm occurs when there is an absence of a nurturing environment for the child. It can also occur when the caregiver continually treats the child in a negative demeaning manner.

[back to top](#)

Neglect is usually a pattern of failure to provide the child's physical needs such as food, clothing and shelter. It can also mean a failure to provide for the child's emotional needs, attention and supervision.

- The publications "Child Maltreatment in Canada: Overview Paper" (<http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfnts-2006-maltr-eng.pdf>) and "Child Maltreatment: a "What to Do" Guide for Professionals Who Work with Children" (http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfnts-2006-cmt_e.pdf) are available free of charge through the National Clearinghouse on Family Violence (<http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/index.html>).

(2) *What if a caregiver refuses to provide medical treatment for a child who is need? Do you need to report?*

- According to the Child and Family Services Act in Ontario, Section (37) (2) (e), a child is in need of protection if a child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent (or person having charge of the child) does not provide or consent to the treatment. National guidelines can be investigated through the Child Welfare League of Canada (<http://www.cwrp.ca>).

[back to top](#)

Websites and Resources

Caring for Kids:

<http://www.caringforkids.cps.ca>

Developed by the Canadian Paediatric Society with topics on child development, parenting, teen health, and nutrition. A consumer-friendly website with downloadable resources.

The Centre of Knowledge on Healthy Child Development – Offord Centre for Child Studies:

http://www.knowledge.offordcentre.com/index.php?option=com_content&view=article&id=224&Itemid=26

Access to important and up-to-date information that is based on the best scientific research currently available. It's designed to help you sort through all the conflicting information about what promotes, and what hinders, healthy child development so you can make better choices that will result in better outcomes for children.

Facts for Families:

http://www.aacap.org/cs/root/facts_for_families/facts_for_families

Facts for Families is available through the American Academy of Child and Adolescent Psychiatry.

Growing Healthy Canadians: A Guide for Positive Child Development:

<http://www.growinghealthykids.com/english/home/index.html>

This website includes an overview of developmental stages from birth through adolescence. This guide offers not only a rich source of information, but also a unique perspective on how best to promote the well-being of young people.

Also in this section you will find resources on the following topics:

- parenting
- bullying
- safety
- understanding developmental ages and stages

Healthy Choices in Pregnancy:

A resource website regarding women's health concerns related to pregnancy and substance use. Developed by the Centre of Excellence for Women's Health and BC Women's Hospital & Health Centre

<http://www.hcip-bc.org>

Incredible Years Parenting Program (includes references):

<http://www.incredibleyears.com>

KidsHealth:

<http://www.kidshealth.org>

An excellent website for caregivers, children and youth. Topics are practical, consumer friendly and interactive. The Kids and Teens section is interactive, informative and humorous.

Nipissing District Developmental Screen:

<http://www.ndds.ca/language.php>

Pediatric Symptom Checklist:

http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf

Post Partum Depression Guidelines:

Post-Partum depression clinical overview. Resources and education regarding PPMD.

<http://www.camh.net>

Rourke Well-Baby Screening:

<http://www.cps.ca/english/statements/CP/Rourke/RourkeBabyRecord.htm>

Triple P Positive Parenting Program:

<http://www1.triplep.net>

[back to top](#)

References

Cunningham, C. E., Bremner, R., & Boyle, M. (1995). Large group community-based parenting programs for families of preschoolers at risk for disruptive behaviour disorders: utilization, cost effectiveness, and outcome. *Journal of Child Psychology and Psychiatry, 36*, 1141-1159.

Sanders, M. R., Turner, K. M., & Markie-Dadds, C. (2002). The development and dissemination of the Triple P-Positive Parenting Program: a multilevel, evidence-based system of parenting and family support. *Prevention Science, 3*, 173-189.

Developed by: Dr. Ellen Lipman and Brenda Mills

[back to top](#)