



# **Nurturing the Next Generation Parent Experience Study: A Picture of Parenting in Peel**

The NTNG Parent Experience Study Work Group

October 25, 2013

Revised: June 5, 2014

## Acknowledgements

---

### **Contributing Authors: Peel Public Health**

Melanie Gillespie, MA, MPH, Analyst, Research and Policy  
Kevin Black, PhD Candidate, Analyst, Research and Policy  
Poonam K. Sharma, RN, BN, Public Health Nurse  
Alyson Beben, MA, BEd, OCT, Education Specialist

### **Contributing Authors: Trent University**

Brenda Smith-Chant, PhD, Associate Professor and Psychology Department Chair  
Cyndi Gilmer, RN, MHSc(N), DHlthSc, Assistant Professor, Trent/Fleming School of Nursing  
Amy Peverly, BA, Student, Psychology  
Dougal Nolan, BA, Student, Psychology

### **Research Consultant**

Craig McEwen, PhD, Daniel B. Fayerweather Professor of Political Economy and Sociology Emeritus, Bowdoin College

### **Contributing Researchers: Peel Public Health**

Melanie Gillespie, MA, MPH, Analyst, Research and Policy  
Kevin Black, PhD Candidate, Analyst, Research and Policy  
Poonam K. Sharma, RN, BN, Public Health Nurse  
Judy Buchan, RN, BScN, PMP, Nurturing the Next Generation (NTNG) Project Manager  
Claudine Bennett, RN, MScN, Acting Manager

### **Contributing Researchers: Trent University**

Brenda Smith-Chant, PhD, Associate Professor and Psychology Department Chair  
Cyndi Gilmer, RN, MHSc(N), DHlthSc, Assistant Professor, Trent/Fleming School of Nursing

### **Focus Group Facilitators: Peel Public Health**

Claudine Bennett, RN, MScN, Acting Manager  
Kevin Black, PhD Candidate, Analyst, Research and Policy  
Judy Buchan, RN, BScN, NTNG Project Manager  
Jacquie Dover, RN, MHSc, Public Health Nurse  
Melanie Gillespie, MA, MPH, Analyst, Research and Policy  
Patrick Mahoney, RN, BScN, Public Health Nurse, Prenatal Educator  
Jackie Muresan, RN, MSc, Public Health Nurse  
Heather Noble-Volpe, B.A.Sc., Community Development Worker  
Poonam K. Sharma, RN, BN, Public Health Nurse

### **Student Researchers: Trent University**

Erin Hillier, Student, Psychology  
Amanda Li, Student, Trent/Fleming School of Nursing  
Dougal Nolan, Psychology  
Amy Peverly, Psychology  
Amanda Ward, Student, Psychology

### **Focus Group Facilitators: Trent University**

Cyndi Gilmer, RN, MHSc(N), DHlthSc, Assistant Professor, Trent/Fleming School of Nursing  
Brenda Smith-Chant, PhD, Associate Professor and Psychology Department Chair  
Amy Peverly, BA, Psychology  
Dougal Nolan, BA, Psychology

---

## Acknowledgements

### **Editor: Peel Public Health**

Alyson Beben, MA, BEd, OCT, Education Specialist

### **Reviewers: Peel Public Health**

Judy Buchan, RN, BScN, PMP, NTNG Project Manager

Jacque Dover, RN, MHSc, Public Health Nurse

Elaine Gayle-Thompson, RN, MScN, Public Health Nurse

Padi Meighoo, RN, MEd, Analyst, Research and Policy

Lynda Vera, RN, BScN, Public Health Nurse

### **Administrative Support: Peel Public Health**

Arlene O'Brien, Administrative Assistant

Sandi Wynter, Administrative Assistant

Stacey Fernandes, Administrative Assistant

### **Nurturing the Next Generation Project Manager: Peel Public Health**

Judy Buchan, RN, BScN, PMP,

### **Nuturing the Next Generation Project Sponsor: Peel Public Health**

Anne Fenwick, RN, BScN, Director, Family Health

## Table of Contents

---

Key Messages.....	6
Executive Summary.....	7
1.0 Issue .....	9
2.0 Context.....	9
3.0 Research Question .....	10
4.0 Methodology.....	10
4.1 Interpreting Findings.....	11
4.1.1 Theoretical Perspectives .....	11
4.1.2 Other Important Considerations .....	13
5.0 Findings.....	14
5.1 Transition to Parenthood: Highs and Lows.....	15
5.1.1 Changing Sense of Self .....	15
5.1.2 Parental Wellbeing.....	15
5.1.3 Challenges to Parental Wellbeing.....	16
5.2 Challenges to Parenting Capacity .....	17
5.2.1 Time Pressures.....	17
5.2.2 The Stress Triangle.....	18
5.2.3 Knowledge, Skills and Information Challenges.....	19
5.2.4 The Experience of Newcomer Parents .....	21
5.3 Early Nutrition, Growth and Development.....	22
5.3.1 Challenges and Rewards of Breastfeeding .....	22
5.3.2 Infant Behaviour, Growth and Developmental Milestones.....	25
5.4 Challenges to Relationships and the Experience of Isolation.....	25
5.4.1 Family Relationships .....	25
5.4.2 Isolation.....	27
5.5 Challenges in Accessing Formal Support .....	29
5.5.1 Health Care .....	29
5.5.2 Barriers to Accessing Community Resources.....	30

5.6 Creating a Supportive Environment of Relationships for Parents.....	31
5.6.1 Formal Support .....	31
5.6.2 Informal Support.....	32
5.6.3 Internet Support .....	33
5.7 Brief Discussion: Putting the Peel Parenting Experience into Context.....	34
6.0 Study Limitations .....	35
7.0 Implications for Public Health.....	37
8.0 Preliminary Recommendations: Priority Areas for Action.....	37
8.1 Support the Transition to Parenting.....	38
8.2 Increase Parent Confidence and Reframe the “Parenting Ideal” .....	39
8.3 Re-examine Peel Public Health’s Information Role .....	39
8.4 Promote Social Connectivity to Counter Isolation.....	40
8.5 Enhance Advocacy Role .....	41
9.0 Conclusion.....	42
References .....	44
Appendices .....	46
Appendix A	Background and Context for the Situational Assessment
Appendix B	Demographic Profiles
Appendix C-1	Focus Group Survey
Appendix C-2	Online Survey
Appendix D	Data Analysis
Appendix E	Summary of Themes
Appendix F	Parent Wish List

## Key Messages

---

- Becoming a parent is a significant life transition. In addition to the development of a new identity, relationships and behaviours, it can include a sense of loss, stress and uncertainty.
- Although becoming a parent can be challenging and stressful, over time most parents successfully manage the transition as they gain parenting experience and knowledge.
- The transition to parenthood is a learning process. How well and how quickly people adapt to parenthood depends on their personal and social supports, as well as the resources they access in their community. The quality of this transition impacts a parent's sense of competence, fulfilment and wellbeing.
- In order for parents to be supported during this transition, early child development (ECD) programs and services in Peel need to be affordable, convenient, meaningful and non-judgemental.
- The transition to parenthood can be negatively impacted by environmental factors such as income, physical or social isolation, barriers related to language or culture, and factors that hinder a family's access to ECD services.
- Priority areas for action include the promotion of social connectivity and the development of interventions that foster an environment of parental and family support.

## Executive Summary

---

### Issue

The Parent Experience Study (PES) was completed to address a knowledge gap about the experience of parents in Peel. In particular, Peel Public Health (PPH) wanted to talk with mothers and fathers about their experiences as new parents. This included collecting information about supports that are currently available for parents in Peel, as well as those that are missing. The information gathered from new parents can inform PPH, and its community partners, as they plan and promote future early child development (ECD) programs and services.

### Context

The PES was designed to explore the challenges faced by parents of children ages zero to two years and the supports they find useful. Along with the other components of the NTNG Situational Assessment, the PES findings will provide much-needed local evidence to support effective public health interventions to optimize early child development in Peel.

### Methods

Altogether, 260 Peel parents participated in either focus group interviews or in qualitative online surveys. The four areas of inquiry in the PES were parents' positive experiences, their challenges, the supports they found helpful, and those they wished were available. The content of four types of positive experiences and 13 types of challenges were analyzed.

### Findings

Becoming a parent is a significant life transition. Like all transitions, it includes a sense of loss from *an ending*; *a waiting period* typified by stress and uncertainty; and *a new beginning*,

during which a new identity and relationships are fostered, and new behaviours are learned. (1,2)

In general, we found the most challenging transition periods were early postpartum and the end of parental leave.

The process by which parents make the transition to parenthood is a *learning* process. How well and how quickly people make the transition to parenthood depends on their personal and social supports, as well as the resources they can access in their community. The quality of this transition impacts a parent's sense of competence, fulfilment, and ultimately, wellbeing. Social learning theory helps explain why some parents learn faster than others and why some gain more benefits with less suffering. The research on social learning helps us to better understand Peel parents' transition experiences and provides insight into the behaviour-change levers that can be used in the design and evaluation of successful ECD-focused services.

The most common challenges of new parenthood include exhaustion; anxiety from wanting to "do things right" coupled with not knowing how to do so; the stress of learning new skills; making satisfying decisions about child care and employment; negotiating changing relationships; and overall, forming a secure and meaningful parental identity.

## **Conclusion**

While most parents begin this significant life transition with high expectations, little experience and low efficacy, over time they will successfully "learn their way". This process could be made easier for parents if they received the right support at the right time in the right way. Peel Public Health can help ease the transition by identifying opportunities where parents can connect and learn from one another and by advocating for programs and services that meet parents' needs.



---

## 1. Issue

Little is known about the experience of being a parent in Peel, and how those experiences influence the *environment of relationships*<sup>1</sup> that support the healthy development of children in Peel. (3,4,5) In order for Peel Public Health (PPH) to tailor and advocate for programs and services that suit the needs of parents, we needed to gather more evidence. The Nurturing the Next Generation (NTNG) Parent Experience Study (PES) provides insight into the lived experiences of people during their transition to parenthood, and while raising children from birth to two years of age. This study's findings will be used to support evidence-informed, population-level public health interventions to optimize early child development (ECD) in Peel.

## 2. Context

NTNG is one of Peel Public Health's program priorities identified in *Staying Ahead of the Curve: The Public Health 10 Year Strategic Plan* (2009). The NTNG Situational Assessment includes three components: NTNG Data Story (DS), the NTNG Environmental Scan (ES), and the Parent Experience Study. Background information on each of these three components can be found in Appendix A.

The NTNG Research Group completed a Canadian Institutes of Health Research (CIHR)-funded realist review prior to conducting the PES. This integrated knowledge translation (iKT)<sup>2</sup> project focused on public health initiatives that could realistically be implemented to support

---

<sup>1</sup> The term *environment of relationships* refers to the network of relationships that exist between a child and the adults in her or his environment. Ideally, these relationships exhibit the following qualities: stability, responsiveness, and protection. (5) PPH uses this term to describe one of the pillars in the NTNG Conceptual Model. (4,6) The term was coined and popularized by Dr. Jack Shonkoff and his colleagues at the Center on the Developing Child at Harvard University.

<sup>2</sup> According to CIHR, the "central premise of iKT is that involving knowledge users as equal partners alongside researchers will lead to research that is more relevant to, and more likely to be useful to, the knowledge users." Knowledge users are expected to be highly involved in all aspects of research, from design, data collection and interpretation through to the communication of results and the dissemination of final products.

---

families during pregnancy until the end of their child’s first year. The realist review revealed a significant gap: There is insufficient research on the challenges parents face and the supports they find useful. Very few studies have explored the experiences and concerns among parents in the general population. Available studies often focus on parents from higher-needs groups (e.g., parents of children with special needs, teen parents, and mothers experiencing postpartum depression (7)). Therefore, a second iKT project, the PES, was devised. Given the research gaps mentioned above, the PES provides much-needed qualitative data regarding the experiences of parents in Peel.

### **3. Research Question**

The main research question for the PES was, “What are the experiences of parents in Peel as they transition to parenthood, from the prenatal period through to the end of the second year of their child’s life?” In order to answer this question, PPH staff asked participants about both the positive and challenging experiences of parenthood, formal and informal supports they found useful and those they wished were available. We then analyzed the parents’ responses to determine the implications for current and future ECD- focused interventions.

### **4. Methodology**

Since our goal was to explore the lived experiences of Peel parents, this study used qualitative methods. Peel parents with at least one child between the ages of 0 to 24 months were eligible to participate in the study. The NTNG Project Team worked with PPH staff (e.g., staff from prenatal nutrition and parent education programs) as well as Peel’s ECD community

---

(e.g., staff from Ontario Early Years Centres, recreation centres and public libraries) to recruit parents from across the region.

This study used two qualitative data collection methods to capture a diverse range of parents: an open-ended online survey (118 respondents) and 23 semi-structured focus groups (150 participants). In striving to achieve maximum variation, this study used purposive sampling (i.e., socioeconomic status, age, ethnic background, gender, immigrant and Canadian-born (8)). This strategy yielded a diverse group of parents for whom demographic profiles can be found in Appendix B. Snowball sampling techniques also proved useful as staff from participating organizations often suggested that we contact other parenting groups. Focus groups were facilitated by the NTNG Parent Experience Study Work Group which included faculty and students from Trent University as well as PPH staff.

To include the perspectives of Peel parents who may not have attended the PES focus groups, an online survey, based on the interview guide, was promoted to parents via the PPH Facebook page and on the *Parenting In Peel* website. Staff members from community organizations also directed parents to PPH websites. The focus group questions and the online survey can be found in Appendices C1 and C2.

#### **4.1 Interpreting Findings**

Analysis began with categorizing and coding. During the advanced phase of analysis – conceptualization – two theories were applied to the PES data. These theories were chosen based on their “fit” with the PES data, and on their potential usefulness to future program design and evaluation. Moreover, the interpretive and pragmatic value of these theories was

---

verified during several rounds of internal PPH peer review and iKT processes with PPH knowledge users. (For a more detailed explanation of the analytic process, see Appendix D).

#### 4.1.1 Theoretical Perspectives

Although the PES findings could be analyzed in numerous ways, the NTNG PES Work Group found it helpful to use two well-established, empirically-grounded theoretical perspectives to assist with interpretation of the findings: William Bridge's theory of transitions (1) and Albert Bandura's social cognitive theory (SCT). (9) Specifically, these theories helped PPH knowledge users to better understand the findings. The following two points summarize how these theories were relevant to our analyses.

- 1) Becoming a parent is a significant life transition. Similar to all transitions, it includes three key experiences: *an ending* that involves letting go of familiar roles, identities, relationships and behaviours; *a waiting period* typically filled with uncertainty and confusion; and then *a new beginning*, which involves establishing new roles, identities, relationships and behaviours. (1,2) Success depends on personal capacities, child characteristics, and the social supports accessed during these challenging transitions. (10)
- 2) The process by which parents make the transition to parenthood is a learning process. From a social learning (or SCT) perspective, learning occurs through verbal or visual persuasion, social modeling and mastery experiences, and is filtered by one's physiological and emotional state. (6,9) Relevant variables in this behaviour-change theory include *self-efficacy*, *outcome expectations* (beliefs about the value and likelihood of specific consequences to one's actions), *environmental facilitators* (tools

---

and resources), *incentive motivation* (rewards and punishments), and *self-regulation* (via goal-setting, social support, self-monitoring and feedback). For example, SCT would enable PPH staff to predict that parents with higher levels of the above factors would learn parenting skills faster and with less stress than those who lack all or most of those same supports and experiences (such as parents who have no previous experience with newborns, no role models, negligible social support, poor feedback, or little understanding of their child's non-verbal cues, weak self-monitoring of mood and belief, and unrealistic expectations of themselves and their child).

In sum, these complementary theories had two broad benefits to PPH: They contextualized parents' challenging experiences and they explained both how parents cope and the types of social and environmental interventions that can be used to support mothers and fathers in their transition to parenthood.

#### 4.1.2 Other Important Considerations

Even though many challenges were reported by participants, this is not an indication that being a new parent in Peel is primarily a negative experience. In fact, with the exception of a few parents who disclosed difficult experiences such as Postpartum Mood Disorder (PMD), participants in the PES described parenting as a mostly positive experience.

Although the PES findings and analyses are presented using generalizations, it is important to note that the parents who participated, and the experiences they discussed, were often diverse. Based on participants' demographics and the focus group interviews, PES researchers discerned that the parental experiences described in the study could be influenced by at least nine contextual variables of parents: age, employment security, income level, marital

---

status, co-parent relationship quality, role as wage earner and/or caregiver, ethno-cultural background, immigration status, and the amount of support received from extended family and friends. In addition, PES researchers concluded that parents' challenges, positive experiences and supports must be understood using three continua: *frequency*, *duration* and *depth*. For example, a parenting challenge may occur rarely or daily; it may last for a moment or for weeks; and it may range from straightforward and manageable to difficult and overwhelming.

## **5. Findings**

The four areas of inquiry in the PES were parents' positive experiences, their challenges, the supports they found helpful, and those they wished were available. A total of 17 themes emerged. Of these, four themes were categorized as "positive experiences", while 13 were considered "challenging experiences". A summary of each theme and the corresponding key findings can be found in Appendix E. Comprehensive thematic analyses were developed to capture the essence of both these positive and challenging parental experiences. Additionally, seven sources of parental support were identified. In this case, the supports were divided into three groups: formal, informal and Internet. The thematic analyses, including parents' positive experiences, challenges and supports, will be compiled into a supplementary document that will later be appended to this report. Finally, the information shared by participants when asked, "What supports do Peel parents wish were available?" is included in the Parent Wish List (Appendix F).

---

## 5.1 Transition to Parenthood: Highs and Lows

### 5.1.1 Changing Sense of Self

Participants reported that becoming a parent is a significant life transition. This was true for both first-time parents and those who were dealing with the new challenge of parenting more than one child. Parents in the focus groups often expressed a changing sense of self:

I wasn't sure that I'd be a good mom. I was always uncomfortable with other people's children. But that's all changed. A total 360. I think my husband has kind of the same opinion. He doesn't have a lot of kids in his family [and] never really felt comfortable to get down to their level to do the funny voices and do all that kind of stuff. It's nice to see that having [our child] in our lives has taken us from one level and shot us up a bit more.

Parents described the transition as both rewarding and overwhelming.

### 5.1.2 Parental Wellbeing

The primary positive experience identified by parents was the sense of bonding that occurred between parents and their newborns, and the growing sense of attachment that accompanied these on-going bonding experiences. For example, when babies smiled, imitated or otherwise positively interacted with them, parents felt they were making a special connection with their infant. Similarly, when children achieved their developmental milestones, parents experienced an increased sense of wellbeing and confidence:

I felt good when my daughter smiled at me for the first time. It was as if she recognized me and was just happy to be my daughter. It made me feel a sense of purpose and feel as though I had done something right as a parent. After a rocky couple of months trying to adjust as a new parent, her smile meant that I hadn't been a complete failure and she loved me.

Another important factor related to parental wellbeing was the support parents received from their partner or spouse. Both mothers and fathers reported satisfaction with enhanced father involvement. Parents were happier when their partners gave positive

---

feedback, were involved in infant care, and spent family time together. By sharing important moments with each other, the couple relationship was strengthened. Positive reinforcement from those outside the immediate family also contributed to parents' confidence in their new roles:

[It felt good] hearing from other people that I am doing a good job raising my one year old. It's so challenging these days when most of us live alone and don't have a lot of help from others. But knowing that you have a happy healthy child, and that your family and friends can see it, feels wonderful.

### 5.1.3 Challenges to Parental Wellbeing

Parents expressed many challenges to their sense of wellbeing. The most commonly expressed feeling among parents was exhaustion: Inadequate sleep led to mental, physical and emotional fatigue. Lack of sleep was most consistently attributed to night-time infant care demands, and babies who did not sleep well. Other commonly expressed feelings included anxiety, self-doubt, inadequacy, unhappiness, frustration and a sense of being unprepared.

Some of these feelings are illustrated by the following comments:

Everybody has an opinion for you. And, so it's easy to not trust your own gut - and just go with what the research says or what the common opinion says. I still struggle with that.

There's a lot of self-doubting ... I used to ask my husband, 'Are we bad parents?' [My husband] was able to console [our baby], and then I broke down. I was like, 'You have more maternal instincts than I do.'

It's not much fun staying home with a 3-week-old baby. I expected it to be a lot more fun.

We were so unprepared when we got home ...

Sometimes parents reported a sense of being judged by both health care providers and family members. These experiences negatively impacted their sense of wellbeing:



---

Basically, the entire time [on the phone I was told] ‘You’re doing this wrong, you’re doing that wrong. That’s not the way you’re supposed to be doing this. What do you mean you’re feeding your baby formula? You should be breastfeeding.’

My biggest challenge is my family and my husband’s family ... They’re very judgemental. I feel like I’m always being judged by them.

Based on the focus group interviews, challenges to parental wellbeing appeared to be most intense during early transition (e.g., the postpartum period) when expectations were high and parental experience was low. As parents gained perspective over time, confidence increased:

Now that she’s three, I can look back and go, ‘Oh that was silly.’ At the time we were both stressed out. ‘Are we taking care of this human being sufficiently well?’

## **5.2 Challenges to Parenting Capacity**

### **5.2.1 Time Pressures**

Parents viewed time as a limited resource. The majority of focus group participants (and some online survey respondents) identified balancing time and dealing with time pressures as a major challenge. Often, the birth of a child signalled a need to shift priorities and expectations:

...it’s been pretty difficult to adjust to the fact that life has completely changed and you can’t do the things that you used to do. You kind of have a total shift in priorities now ... so that’s been hard. It’s been really hard.

[The biggest challenge was] expectation management – I knew that a baby would take up a lot of time, but I didn’t know it would be all-consuming.

For parents, the birth of a child meant having insufficient time for self-care, household chores as well as for connecting as a couple and as a family. Parents reported feeling overwhelmed, trapped and unable to balance their responsibilities. While time pressures occurred at various points during the parent transition, there appear to be two critical periods: first, the months immediately following a child’s birth and second, for working parents, just prior to the end of parental leave as they transition back to work.

---

### 5.2.2 The Stress Triangle: Financial Resources, Employment and Child Care

There was a consistent interplay between financial resources, employment and child care. Financial challenges were discussed in the majority of the focus groups. These challenges included families adjusting to having little or no discretionary funds when they are receiving maternal or parental benefits, or when their employment status makes them ineligible to collect benefits. If a parent was separated, divorced or unmarried, and was not receiving financial support from the other parent, financial hardship was intensified.

Unemployment and underemployment were also common experiences of the recent immigrant parents who participated in the study. They reported struggling with decisions about parental employment and child care. Often during the first year, parents tried to calculate the costs and benefits of child care versus those related to one parent staying at home with their child (e.g., pay cheque versus child care fees; psychological rewards of parenting versus working):

We're trying to figure out what we're going to be able to afford, what we're going to look for, how much [my wife is] going to have to work full-time to afford it. That's a massive stressor.

Several mothers in this study expressed dissatisfaction with the loss of independence – financial, emotional or otherwise – associated with staying home with their child. When parents stayed home with their infants, they reported feeling isolated and uneasy about their new dependence on their working partner. They often expressed regret associated with a delayed career. No matter what decision was made, parents reported negative feelings, such as sadness, worry and guilt. Stress during this period was reportedly triggered by: uncertain

---

resolution of the challenges, having to make difficult employment-related choices (e.g., accepting a lengthy commute for a high-paying job), reduced family income, feelings of being trapped at home or the guilt associated with not being home with the child.

Child care challenges (e.g., high cost, insufficient or unavailable subsidies) were often reported as significant. Three areas of concern were noted by parents. First, they did not have adequate information about child care options, including how to recognize and choose quality care. Second, communities lacked formal and informal child care services (e.g., for infants aged 12-18 months, for families living in rural areas, and for parents working extended or unusual hours). Third, parents were extremely anxious about the quality of care their children would receive with unfamiliar caregivers.

Parents reported that these challenges often led to indecision, postponing the search for child care or delaying the return to work:

I've been procrastinating because it seems like such a big thing to tackle. I feel a little intimidated by it.

I have nowhere to take my child and I need to start a new job. That's something that I stress about, but I don't know. I just try to block it from my mind, really. It's one of those things where I'm like 'Let's just deal with that when it happens and then I'll just try to figure it out.'

### 5.2.3 Knowledge, Skills and Information Challenges

In this PES, more than half of participants were new parents, most of whom had no lived experience or training in ECD prior to becoming parents. Participants consistently reported that they struggled to find relevant parenting information. The PES identified nine types of “information challenges” including:

- having limited information about specific topics;
- lacking practical skills (e.g., how to latch during breastfeeding);
- being too busy with responsibilities to search for and sift through information;
- receiving information at the “wrong time” or in ways that were not meaningful;

- 
- being unable to easily find required information when it was needed;
  - lacking confidence in the information source (e.g., is this a credible website?);
  - receiving conflicting information from different sources;
  - believing there is only “one right way” to parent; and
  - lacking confidence in making decisions under conditions of uncertainty.

Parents wished they had more information on many topics including: normal infant behaviours (e.g., sleep patterns), maternal care during the postpartum period, formula feeding, child care services, parental leave benefits and community resources for parents. Both mothers and fathers frequently said they lacked skills and know-how in baby care (e.g., soothing, feeding and play). However, fathers often felt their abilities paled in comparison to their partners’ skills.

Parents also described the consequences of receiving too much information or that it was given at the wrong time:

The websites that I found give you overwhelming information. You’re overwhelmed. So many people are [giving advice online]. Everybody’s an expert now. So that becomes a problem.

When you walk into there [the baby shows], they overload you with information ... they give you all those brochures. Then later, when you’re just sorting it, a lot of it goes in the garbage.

It was all kind of a blur when we were leaving the hospital. They give you a whole bunch of information. I don’t specifically remember [what was happening].

It was also clear that, over time, information overload could erode parental confidence:

I think that [information overload] made it hard to access the instinct inside. What do I, in my heart, feel like I should do in this situation? That gets clouded out because you’ve read articles saying ‘You need to do this’ or ‘You need to do that’ or ‘Absolutely, don’t do that!’ Then there are opinions from people that you love, that have been through it [before,] and people that you trust, like your parents and your in-laws and brothers and sisters. Everybody has an opinion for you. And so it’s easy to not trust your own gut in a lot of situations and just go with what the research says or what the common opinion says. I still struggle with that— bringing the instinct back.

Parents in this study often expressed confusion and stress associated with not knowing about normal child behaviour and fearing they will make the “wrong” decision:

When [my child is] not waking up to feed or whenever there’s any issue I’m panicking and ended up calling my sister [who is a nurse in Labour and Delivery]. ... For the first few days in my fearful state with my heart rate just elevated [I was] calling her like 30 times a day. It got to the point where it just felt so

---

overwhelming. ... I broke down. I bawled. ... It made me feel like if we're not following the [hospital's] information and those numbers, that we're doing something wrong."

Throughout this study, parents reported uncertainty. They repeatedly questioned if they were "doing the right thing".

It was very difficult when he's crying and we didn't know what was the right thing, because we were doing everything by the book ... I think in general [the most challenging part of parenting is] knowing the right thing to do.

[My baby] sounded distressed to me, so I picked him up. The whole time I was wondering, 'Am I doing the right thing?'

#### 5.2.4 The Experience of Newcomer Parents

Approximately 30% of focus group participants were new immigrant parents and several online survey respondents identified themselves as having arrived in Canada in the past five years. This group of parents raised issues that were "newcomer-specific". Similar to Canadian-born parents, immigrant parents in Peel said they were proud of their new role and identity, and wanted to be good parents. The addition of a baby to a newcomer family was important, as children became a source of companionship for mothers who often felt isolated. While children were often a symbol of new beginnings in Canada, the quality of newcomers' transition to parenthood was often linked to their post-migration settlement experiences.

New immigrant parents commonly expressed feelings of sadness and stress. The most prominently discussed challenge for newcomers, and one they cited as a significant source of stress, was the lack of extended family available for many kinds of support (i.e., social, financial, information, education, household and child care). Other themes that emerged are as follows: integrating into the Canadian workforce (e.g., unemployment or underemployment), managing financial issues, negotiating cultural differences (e.g., deciphering how health care is accessed

---

in Canada, managing winter weather), bureaucratic policy issues (e.g., restricted travel visas, child care subsidy eligibility), social isolation and language barriers.

In summary of this section on parental capacity, PPH found that parents in the PES were similar to those observed elsewhere (11): They possessed variable levels of the capacities which help them care for their children, such as time, commitment, resources, and the skills and knowledge they have gained through their personal experiences, education and training, and interactions with health care and social service providers. Moreover, parental capacities could be improved, as well as undermined, depending on the amount, type, timeliness and quality of the social and environmental supports parents experienced. Additionally, newcomers report some unique challenges that require exploration in a future study.

### **5.3 Early Nutrition, Growth and Development**

#### **5.3.1 Challenges and Rewards of Breastfeeding**

Although many mothers in the PES expressed their belief in the importance of breastfeeding, it was also clear that the challenges of learning this new skill were significant and sometimes quite stressful.

Within the PES, there were four components to mothers' experience of breastfeeding challenges:

- physical (e.g., pain, cracked nipples, scabbing, bruising, mastitis, yeast infections);
- technical (e.g., latching and pumping);
- social (e.g., unfriendly environments, unsolicited advice, stigmatization of formula); and
- emotional (e.g., feeling unprepared or overwhelmed, being fearful of pain).

---

In particular, mothers were surprised by the physical pain they experienced while breastfeeding. Initially, mothers assumed that breastfeeding would be a natural and easy process; however, many found that it was not:

Breastfeeding was extremely painful and difficult, which took me by surprise.

It [breastfeeding video] didn't address supply issues that many parents have. I had a tongue-tie [child] as well, mastitis, blisters, yeast, plugged ducts. There are so many issues beyond latch and you think of it as just latch. Oh, I'll just get this latch then all my problems are going to go away ... I remember with my little teddy bear in the breastfeeding class, I'm like zzzoompp [baby easily goes to breast]. How hard can that be? There. Done.

When parents' breastfeeding expectations were not met, they felt deep negative emotions such as frustration, sadness, disappointment and guilt:

From the first day I realized I was going to be a mom I had conditioned my mind to exclusive breastfeeding, so much so that I didn't buy any bottles in preparing for the baby. Then when my daughter was born, there was no milk for feeding and a very sleepy baby who couldn't stay awake long enough to nurse! I was devastated!! I felt like a failure ...

I think it was on the fourth day [of trying to breastfeed] that my wife literally started crying. She's like, 'I don't understand why the milk isn't coming'. I started comforting her and by the next day the milk started to come out.

Fathers were empathetic and expressed frustration at not being able to offer relief and support to their partners during the breastfeeding experience. Breastfeeding mothers reported being unprepared for emotional and physical demands of breastfeeding including their child's complete dependence on them for feeding, the crying that resulted from an unsatisfied baby and their extreme fatigue. They identified several other challenges such as a lack of experience and instrumental support. Frustration was reported to be most intense in the first few weeks after a baby's birth, but then tapered off as mothers' breastfeeding skills improved.

Mothers who had attempted to breastfeed, but who were unsuccessful, felt strong emotions, such as guilt and frustration. The decision to introduce formula was, in most cases, a difficult one. After struggling to breastfeed, it was common for mothers to express relief when

---

a trusted health professional (e.g., lactation consultant, midwife or physician) “gave them permission,” via a professional recommendation, to use formula, either as a supplement to breast milk during the early days of breastfeeding, or as an exclusive choice. However, it was common for formula-feeding mothers to cite a perceived social stigma against “their choice”. Some mothers had negative comments directed towards them. Some parents reported feeling judged by others. Mothers and fathers also indicated that it was hard to find information about the “right way” to formula feed, and that they felt shame or discomfort when asking health professionals for this information.

Based on the PES findings, it seems that a mother’s determination to learn breastfeeding was the primary personal factor driving her perseverance. Mothers who believed that “breast is best” were reluctant to introduce formula to their infants. Mothers in the PES were more likely to breastfeed successfully if they felt it is a mother’s role to provide food and emotional comfort to her baby. The type of support that mothers said was most valuable for learning effective latching and positioning techniques had these qualities: It was convenient, non-judgemental and hands-on (e.g., home visits from midwives, PHNs and lactation consultants; appointments at local clinics). They also valued positive affirmations from their friends and family. Finally, for those mothers who developed breastfeeding self-efficacy through perseverance, they reported a deep sense of accomplishment, not only with their newfound skill, but with their burgeoning maternal role.

Once you get the hang of it, then that’s the best part. I’m happy that I have to feed the baby.

It makes me feel good when I can meet the needs of my baby. I feel good when I can breastfeed my baby because that is the biggest needs of her as a baby as she can't eat something else.



---

### 5.3.2 Infant Behaviour, Growth and Developmental Milestones

Many parents in the PES said they were unsure about the nature of normal infant behaviour, growth and development. For example, parents expressed concern about their child's irregular and changing sleep routines. Others worried their children had difficult temperaments – mostly because they cried often or were generally fussy. Participants were also confused about when and how to introduce solid foods to their infants because they received conflicting messages from health professionals. Parents expressed feeling unprepared for their child's normal developmental transitions, even if they had prior parenting experiences.

Many parents in the PES said they worried about their child's achievement of developmental milestones. When comparing their child to others in social situations, parents were often anxious that their child was not meeting those milestones.

I get kind of stressed out about [my child's] development and the milestones. I can get a little wrapped up in my head about that.

I'm worried about my son's talking because right now he cannot say too [many] words.

Many parents did not have a clear understanding of developmental milestones and their corresponding timeframes: They did not know if their child was doing “the right thing at the right time”. As such, they worried, sometimes needlessly, about their child's development.

## 5.4 Challenges to Relationships and the Experience of Isolation

### 5.4.1 Family Relationships

In the PES, many parents reported stress in their spousal and family relationships after the birth of their infant.

[Our baby] needs to sleep or she's fussy. We [the parents] end up snarking at each other a little bit because we can't really get mad at her because she's just a baby. What is she going to do? He's not mad at me and I'm not mad at him but there's nobody else really to be mad at. I'm frustrated at the situation.

---

My mother-in-law is just very overwhelming so she wants to be helpful but she makes comments that aren't and I just end up feeling judged. She thinks she knows better than me and it's annoying me.

While extended family members were frequently helpful supports to new parents, they often contributed to new parents' frustration by offering unsolicited advice. In particular, mothers-in-law were often described as judgemental. In some cases, fathers experienced role conflict between being a husband, a new father and a son:

Being a husband you're standing in the middle. On the one side you have your parents. On the other side you have your wife. The fact was that they came to Canada for the first time ever, so they also expected that time from me. At the same time, this is when she [wife] wanted all my time. I would go upstairs because she would not want to breastfeed in front of my parents ... I would be jumping from the room upstairs, coming down to the parents ... It was a stressed out situation for me ... Then I figured out that it's better for them to go back.

The PES findings strongly suggest that primary caregivers typically learn their child's non-verbal cues (e.g., body language) and habits faster than the child's other parent, likely due to the greater amount of time they spend with their infant. Since mothers are typically the primary caregivers to their infants, this generally means mothers gain parenting knowledge, skills and confidence faster than fathers. This can result in mothers feeling they are the family's sole parenting expert. In such cases, a mother may insist that the father complete parenting tasks exactly as she does — “in the right way”.

In the beginning, there were some stupid arguments, “Why can't you put the blue tab on the diaper closer to Elmo's head, the way that I do it?”

In such cases, fathers may feel inadequate and experience a loss in esteem and parental efficacy.

I find it's stressful when your wife, because of lack of sleep, she just implies that you're worthless and you don't know what you're doing with the baby. ... It's like she's got all this experience and you're [useless].

---

Regardless of whether mothers appreciate there are multiple ways to parent well, fathers in the PES frequently cited feeling insecure and hesitant until they had spent the time necessary to learn their child's demeanour and habits. Fathers often found that the more time they spend with their child, especially during exclusive father-child time (i.e., without the presence of other caregivers), the more confident they became in their own parenting style and fathering skills. When, for whatever reasons, fathers were unable to spend time learning their child's demeanour and habits, they described their actions as "waiting until their child was older and could communicate more easily". These fathers believed they will feel more secure and capable of engaging confidently in physical play and other activities with their child in the future.

It's hard to know what to do. I've been trying to play with [my daughter]. I try to learn how to play with her. My wife is definitely better at play. [But] once [my daughter] gets a little older, like this summer, I want to do things with her...because she's going to be at that age we can do more things.

In sum, the PES clearly showed that the birth of a child leads to many challenges to the relationships within a family, including: partners redefining their intimate relationships while taking on significant new responsibilities; in-laws trying to support new parents (whether that support is helpful and welcome or not); and mothers and fathers learning their new roles of *mother*, *father*, and *parents*. Finally, as Bridge's transition theory indicates, the changes to family dynamics and the behavioural and role adjustments described above are a normal part of the transition to parenthood. (1,2,10)

#### 5.4.2 Isolation

In the PES, many parents spoke about their feelings of isolation. Based on the focus group interviews, the analysts categorized isolation into three types: social, emotional and geographical. Each is discussed below.

---

*Social isolation*<sup>3</sup> occurs when one or both parents feel isolated from any of the following: each other, extended family, friends, work colleagues or acquaintances. Parents feel isolated when they have limited social opportunities, as well as when they lack instrumental support because extended family are unable or unavailable to help. Social isolation can contribute to a decreased sense of wellbeing, as well as reliance on one's partner for support and adult conversation.

My husband is an amazing father, but he has to travel a lot for work and we have no family nearby. Being a full-time mom with no extra help is very wearing, emotionally and physically.

I was alone with both of [my children]. Nobody, no parents here, nothing. I don't know anybody. Nobody to even say, "Can you hold my kids? Let me go to grocery and all that." It was really, really, really terrible at that time....I would just sit, look at them and cry.

*Emotional isolation*<sup>4</sup> occurs when parents feel distant or disconnected from other adults, whether or not they have social networks. This phenomenon impacts parents in different ways. Stay-at-home parents frequently expressed regret at the loss of daily social interactions with work colleagues:

I miss those days where I used to work. I used to be out of the house. I used to interact with people. That is what I really miss. Staying at home, I don't have much of social life. I don't get to go out.

*Geographical isolation*<sup>5</sup> occurs when parents (frequently mothers) are physically distant from other parents and family-oriented services. The built environment can also contribute to geographical isolation.

We're in a basement apartment so that doesn't help ["the whole isolation thing"]—not being able to see outside or not having a vehicle and stuff. ... I just felt completely alone.

[It's a challenge when] the sidewalks [are] not being cleared enough to go out with the stroller.

---

<sup>3</sup> The working definitions for social isolation, emotional isolation and geographical isolation were developed by the authors using data collected in the Parent Experience Study.

<sup>4, 5</sup> The working definitions for social isolation, emotional isolation and geographical isolation were developed by the authors using data collected in the Parent Experience Study.

---

The consequences of isolation include negative feelings, such as sadness, frustration and hopelessness, as well as an absent or weakened social support system. When parents' support systems are minimized, they lack the instrumental, social and emotional support that is provided by family, friends, other parents and social service providers. On the other hand, isolation was alleviated or avoided when new parents found ways to connect with each other through formal parent programs, informal social groups, websites and other online social networks.

## **5.5 Challenges in Accessing Formal Support**

### **5.5.1 Health Care**

Parents accessed a range of health care providers (e.g., physicians, nurses and hospitals) during the following time periods: in pregnancy, through labour and birth, immediately postpartum, and if their baby became ill. Parents experienced three kinds of challenges in accessing care:

- navigating complex health care services (e.g., doctor, midwife, obstetrician);
- receiving conflicting information (i.e., between two or more health care providers);
- having difficult personal interactions with health care providers (e.g., communication is judgemental, impersonal or negative).

While these challenges were only mentioned in a few focus groups and surveys, those parents who experienced negative interactions were upset by them. When parents had negative encounters while accessing support from health care providers, they were dissatisfied with the services provided and lost confidence in the health care system. This is particularly troubling because, at these crucial times, parents need support most. Medical complications,

---

patient vulnerabilities and fears all contributed to how parents perceived their encounters with health care providers.

On the positive side, parents identified the profound impact that good encounters with health care providers can make, especially when they felt most vulnerable. Overall, participants expressed the desire for compassionate, credible and non-judgemental care and frequently cited midwives and lactation consultants as models of this type of care. Moreover, parents expressed a desire for access to health care providers who provide home-based support (e.g., public health nurses, lactation and sleep consultants).

#### 5.5.2 Barriers to Accessing Community Resources

Parents in the PES cited a variety of local social services that they accessed with varying frequency (i.e., from rarely to frequently). These community resources included parent-child drop-ins, weekly programs requiring registration, as well as workshops and other educational activities for parents. However, many PES participants were not aware of the family-oriented services available in their communities. In addition, other barriers to services were discussed in many of the focus groups. The researchers divided the barriers into four types:

- personal logistics (e.g., difficulty getting organized to arrive on time, unaware of local services);
- community characteristics (e.g., lack of services, limited transportation);
- environmental factors (e.g., newcomer families adjusting to winter weather); and
- program characteristics (e.g., cost, inadequate spaces to match demand, inconvenient schedule, programs are only age-appropriate for one child, registration is required, and mother-centric programming).

When parents encounter barriers to programs, they often become discouraged. Some parents “shop around” for resources that meet their needs. However, if parents do not find meaningful resources, this can lead to frustration and isolation.

---

## 5.6 Creating a Supportive Environment of Relationships for Parents

Parents in this study accessed a range of formal supports (e.g., Ontario Early Years Centres), informal supports (i.e., family and friends) and Internet supports (e.g., chat groups for parents), all of which contributed to parental wellbeing. These were opportunities for social connectivity.

### 5.6.1 Formal Support

Social and emotional support was important for countering the uncertainty and reducing the stress experienced by new parents. One of the primary reasons that parents accessed formal supports was to gather information, particularly about their child's development. Formal supports, such as lactation consultants, midwives and public health nurses (PHNs) at breastfeeding clinics, provided trusted professional advice for specific parenting concerns. An important feature of organized parent groups was the opportunity for parents to meet other families and learn from each other. Here, parents made comparisons and provided reassurance to each other, particularly around child development. Attending parent groups also helped participants make connections, thereby increasing social connectivity, reducing isolation and broadening parents' social networks.

Formal programs often provided instrumental support such as teaching hands-on practical skills (e.g., breastfeeding techniques). Midwives, lactation consultants and PHNs at breastfeeding clinics were valued as providers of non-judgemental, empathetic, reassuring, family-oriented support<sup>6</sup>. Typically, these health care professionals helped parents solve specific

---

<sup>6</sup> These qualities are referred to as *family-system intervention practices* by Trivette, Dunst, and Hamby (2010). These include practitioners being flexible and responsive, treating families with respect, enabling informed decision-making, and overall, striving to place the family's needs and wishes at the centre of care (13, 14, 15). The

---

problems, thus contributing to their sense of parental efficacy. In some cases, formal agencies provided modest financial support to parents (e.g., distributing free bus tickets), which partially facilitated parents' participation in programs.

Many PES participants underscored the value of parent resource groups where they met and socialized with other parents who had similarly-aged children. Parents also appreciated the opportunity for their children to develop communication and social skills by interacting with other children. Some of these programs provided families with access to toys and books. Parent resource groups also provided parents with a regular routine and a reason to leave the house. Fathers enjoyed participating in groups with their children. Newcomer parents also valued programs that supported language acquisition and eased cultural transitions. For them, formal supports assumed some of the functions of absent extended families.

#### 5.6.2 Informal Support

Participants said that informal supports, including family and friends, were extremely valuable in a number of ways. First, they listened to parents' concerns regarding their new baby. Second, they provided positive feedback and encouragement. Third, they gave honest advice and information about parenting. By offering this emotional support, they reduced parents' stress, anxiety and isolation.

In the realm of informal supports, parents identified *instrumental support* as extremely valuable. In particular, mothers very much appreciated when their spouses shared household responsibilities and the demands of child care. Most instrumental support came from family

---

value of providing family-system intervention practices is that they can increase parental self-efficacy and wellbeing, which in turn exerts a positive influence on ECD and children's wellbeing (12). PPH has recommended the integration of such practices within its Family Health service provision (16).



---

members, with some contributions from neighbours and friends. Instrumental supports made the transition to parenthood easier for mothers and fathers: They helped them gain much-needed sleep or time to complete everyday tasks.

While parents reported receiving help with many practical household chores, including cooking and cleaning, child care was the tangible support most frequently provided by family and friends. Having others help with child care allowed parents to accomplish other tasks, but more importantly, it was viewed as a reprieve from parental responsibilities and an opportunity to “recharge”.

### 5.6.3 Internet Support

Many parents reported that the Internet was a vital source of convenient, accessible, round-the-clock information. Since there are so many ECD-focused websites and blogs, and the credibility of the information they provide can be questionable, many parents gravitated to one or two sites they trusted, and then accessed them regularly (e.g., *Baby Center Canada*: [www.babycenter.ca](http://www.babycenter.ca)). Age-specific ECD information made these sites relevant, and ‘push strategies’ (e.g., weekly e-newsletters, cell phone messages) made them convenient and popular. Parents also searched for community resources and activities online. Additionally, the Internet was used as an important social connector (e.g., to arrange “mommy-meet-ups” – casual social gatherings of mothers and their young children). Parents also received emotional support in the form of positive reinforcement and affirmation from online acquaintances. This was important for building a sense of parental confidence and competency.

---

## 5.7 Brief Discussion: Putting the Peel Parenting Experience into Context

Parents in this study identified a number of challenges associated with the transition to parenthood. Fortunately, most parents develop strategies for coping with these challenges. For some, however, parenthood can be an extremely difficult time: If parents have unrealistic expectations, lack formal and informal supports, have traumatic experiences (e.g., infant or parent has a serious medical issue), or experience chronic isolation, they may struggle to cope every day (cf. social learning). (6,9 ) Parents who repeatedly have negative experiences may encounter related negative outcomes such as depression and poor parent-infant attachment. (3,11)

Based on the PES findings, three points should be emphasized:

- A. Most parents possess different amounts of internal resources (e.g., determination, motivation, knowledge and self-confidence) that they can draw on during their transition to parenthood. Most importantly, they continue to develop these capacities over time, as they gather experience in parenting and insight into their child's development.
- B. Over time, many challenges are overcome (e.g., sleep deprivation ends, breastfeeding routines are established, relationships are renegotiated).
- C. In addition to parents' internal capacities, they also find, develop and access a variety of external supports (formal and informal) to help them address the challenges of being a new parent.

Although most parents indicated that they eventually "learned their way" through the challenges associated with the transition to parenting (e.g., loss of old roles and behaviours and the development of new ones), in the moments when challenges are being faced by new parents, their struggles are real and deeply felt.

The PES researchers identified 13 types of challenges common to parents living in Peel. However, the PES findings also showed that informal and formal supports, as well as parents'

---

internal resources, helped them deal with their challenges and experience the positive aspects of being a parent. In relation to the value of social supports to parents, it is important to note a particularly striking finding of the PES: Parents often reported deeply valuing the focus group experience. In fact, several parents asked to participate in future groups. It became clear that connecting with a group of peers provided several unintended benefits to new parents. In particular, the focus groups enabled parents to:

- exchange valuable, timely and credible information with each other;
- empathize about similar challenges;
- share their parenting victories; and
- celebrate their children’s developmental milestones.

The participants repeatedly thanked the PES focus group facilitators for bringing together parents with children of similar ages. This finding is testimony to parents’ desire for a supportive environment of relationships, both for their children and for themselves.

## **6. Study Limitations**

While the principle of maximum variation was used to generate this purposive sample, the NTNG PES Work Group noted that segments within Peel’s parent population were missing or under-represented, including single parents, teen/young parents, fathers, parents of children with special needs, same-sex couples and people who do not speak English.<sup>7</sup>

Most focus group participants were recruited from ECD organizations and, in several cases, previously formed groups (e.g., clients from PPH’s prenatal classes). These parents may be different from parents who do not seek formal supports. For example, while most immigrant parents in this study said they did not have extended family in Canada, local health status data

---

<sup>7</sup> Several focus groups were conducted with these under-represented segments of the population: two for teen/young mothers and three for fathers.

---

suggests that a large proportion of immigrant families live in multi-family or extended family contexts. It is possible that parents who live with extended family do not access formal supports (e.g., OEYCs and library programs), and therefore they did not receive an invitation to participate in the PES. The online survey was included as a second method in the PES, with the intention of capturing the experiences of parents who do not necessarily access formal programs. While 300 potential participants opened the link to the online survey, only 118 took the time to finish it (completion rate of 39%).

The questions asked in the focus groups, and in the online survey, were open-ended. The assumption underlying this strategy was that parents would talk about “what came to mind” and responses would be participant-driven. It is possible that in the focus groups, some parents did not want to share their more sensitive concerns and may have “self-censored”. While the online surveys offered anonymity, we observed no differences between the themes arising in surveys and those arising in focus groups.

An area of potential bias was that staff members from PPH facilitated some focus groups. Even though facilitators from PPH probed for responses about services parents found useful, parents did not necessarily speak favourably about PPH programs. This suggests that parents did not feel pressure to describe these services in a positive manner.

It must also be noted that the PES cannot answer questions about the distribution within the population of positive and negative parenting experiences, nor the frequency, duration and magnitude of those experiences. Answering such questions requires the use of other research methods. However, what the PES *does provide* is deep, unique insight into the variety of parenting experiences.

---

Future studies could include parents who do not speak English to ensure their diverse experiences and needs are captured. The demographic section of the survey could be expanded to identify parents in particular population segments (e.g., same-sex parents, parents of children with special needs and parents who access faith-based organizations) in order to conduct targeted research with these groups.

## **7. Implications for Public Health**

The population and the environment in Peel are unique and dynamic. To achieve healthy ECD outcomes in our communities, actions such as building healthy public policy, creating supportive environments, strengthening community action, supporting the development of personal skills and reorienting services will be necessary. (17) The following implications for public health were derived with the PES, the NTNG Conceptual Model, and the Ontario Public Health Standards in mind.

1. Support the Transition to Parenting
2. Increase Parent Confidence and Reframe the “Parenting Ideal”
3. Re-examine Peel Public Health’s Information Role
4. Promote Social Connectivity to Counter Isolation
5. Enhance Advocacy Role

## **8. Preliminary Recommendations: Priority Areas for Action**

The Parent Experience Study has led to the formulation of five preliminary recommendations. These will assist Peel Public Health to plan and evaluate interventions for families and children in Peel.

---

## 8.1 Support the Transition to Parenting

PES parents reported that as they learned key parenting practices and gained a sense of mastery, their anxiety diminished. The findings overwhelmingly support the idea that parents transition successfully when surrounded by a network of supports they use and find valuable. The PES offers insights into priority areas for intervention. The two theoretical perspectives outlined earlier – parenting as a significant life transition and parenting as a social learning process – provide guidance on *when* and *how* to intervene. An example of the former includes the two most stressful transition periods identified by parents: 1) the early postpartum period as mothers and fathers transition to parenthood, and 2) the final months and weeks of parental leave, when most families face another transition as the primary caregiver returns to work and the infant enters child care.

In order to develop interventions that build an environment of parental supports, PPH should:

- Use Social Cognitive Theory as a program design and evaluation tool, to determine the extent to which current PPH services help build parental efficacy, and to ascertain where efficacy-building factors can be bolstered.
- Explore enhancements and the expansion of Peel breastfeeding services, in order to continue PPH’s support for the acquisition of this skill.
- Complete a more detailed analysis of the data collected from fathers in the PES in order to evaluate current father support activities and plan future programs and services.
- Where relevant and feasible, include “transitional topics” (e.g., father involvement, relationships, child care and financial planning) in PPH prenatal classes, web content and social media exchanges.
- Incorporate family-system intervention practices (12) and social connectivity opportunities for parents into all parent-focused PPH services.
- Engage with health care partners to increase their knowledge of parents’ experiences (e.g., via the PES) and to encourage their use of family-system intervention practices (i.e., particularly during prenatal and postpartum transitions).

- 
- Find ways to publicly celebrate the wisdom, resilience and value of Peel parents.

## **8.2 Increase Parent Confidence and Reframe the “Parenting Ideal”**

Parents experience high levels of anxiety because they want to “do things right”, but they are not sure how to do so. They thrive and build confidence when they receive positive reinforcement from others. Communication strategies can actively support the diversity of parenting practices and experiences in Peel by reducing unrealistic expectations, countering negative messages and reinforcing the natural capacities of parents to nurture their children.

In order to increase parent confidence and encourage realistic expectations for new parents, PPH should:

- Encourage parents to trust their intuition, and seek help when they need it.
- Support the transformation of the current idealized image of parenting to a more realistic one by communicating, in all aspects of service provision, that:
  - parenting is a significant life transition and therefore it is naturally stressful;
  - over time, parents will learn and gain parental efficacy; and
  - there is more than one way to parent well.
- Encourage other Peel parent-focused organizations to do the same.

## **8.3 Re-examine Peel Public Health’s Information Role**

Information should contribute to parental wellbeing and feelings of support. Instead, parents can feel confused by conflicting information, overloaded by the volume, and frustrated when they cannot find information when they need it. In addition, parents sometimes lack confidence in the information sources and are thus unsure which information to trust. The result is often increased worry and frustration. Parents need strategies for reducing “information clutter” and for boosting their confidence.

---

Beyond speaking with other parents and trusted professionals, parents seek information from trusted websites. They want information that is reassuring, timely, trusted, easily accessed and focused on priority parenting practices. They enjoy information exchanges with other parents, trusted family members and peers.

In order to develop parent-focused information strategies that follow the principles of family-system intervention practices, PPH should:

- Expand parenting topics and strategies that foster active preparation for the transition to parenting.
- Prioritize and develop evidence-based strategies to deliver family-oriented information to parents in Peel.
- Consider the unique needs of fathers in the planning and delivery of future programs and services.
- Use social marketing strategies to support ECD interventions when specific goals for behaviour change have been identified and audiences targeted (e.g., parents seeking support in the postpartum period) (16).
- Evaluate PPH parenting websites and develop strategies to enhance their profile, reach and usability.
- Develop strategies to equip parents to become critical consumers of parenting information.
- Facilitate a culture of informed choice for parents (cf. family-systems intervention practices; 12).

#### **8.4 Promote Social Connectivity to Counter Isolation**

Organizations that provide parent programs offer unique opportunities for caregivers to develop informal social networks in which they can experience social modelling and affirmation. Parents who use these resources highly value the opportunities they provide. In particular, they appreciated programs that helped their children develop speech and social



---

skills. However, parents identified several barriers to participation including lack of awareness, accessibility, waiting lists and variation in program quality.

In order to promote social connectivity among current and future parents, PPH should:

- Define a role for Peel Public Health in promoting social connectivity (e.g., engage in advocacy, consult with ECD organizations, create resources and/or offer programs that provide opportunities for parents to connect).
- Work with community partners to encourage peer modelling and to link new and future parents to parental resources, especially those services that foster social connectivity.
- Prioritize the strengthening of natural support networks for parents and develop key messages for these audiences (e.g., extended family members).

### **8.5 Enhance Advocacy Role**

The PES participants identified challenges in the economic, social, political and built environments. These issues, which may seem to sit outside of the mandates of public health, demand attention. For example, concerns about child care were pervasive among Peel parents (e.g., cost, quality, few options for infants and toddlers and for parents who work shifts). As well, challenges for immigrant parents, particularly recent immigrants, often stem from precarious employment, limited access to affordable child care, and immigration policies that impact all aspects of life. These may include restrictions on travel visas for extended family members, OHIP residency requirements, and ineligibility for child care subsidies.

In order to highlight the determinants of healthy ECD and family wellbeing, PPH should:

- Focus advocacy efforts on population-level issues that would positively impact parenting and ECD in Peel.
- Work with community partners in order to optimize and unify large-scale advocacy efforts at the national, provincial or municipal level.
- Advocate for sufficient, affordable, high-quality child care in Peel.

- 
- Advocate for parental supports and policy decisions to enhance optimal ECD in Peel, especially (though not exclusively) for vulnerable populations.
  - Address the unique parent-transition issues of newcomer Canadians by advocating for resources that are sensitive to the needs of immigrant families.
  - Collaborate with community organizations to address the challenges facing Peel parents. This could include advocating for increased, high-quality parenting resource centres in Peel, (especially in populous locations that are currently under-resourced) and delivering programs and services that promote social connectivity.
  - Share key findings from this study with Region of Peel Human Services, as well as ECD organizations such as child care centres.
  - Complete a more detailed analysis of data collected from newcomer parents in the PES.
  - Advocate for needed interventions that fall outside the scope of public health practice.

## **9. Conclusion**

The successful transition to parenthood, in order to facilitate children’s optimal growth and development, is a goal of public health in Ontario (18). The PES was conducted to support the achievement of this goal. It explored the challenges Peel parents face and the supports they find useful, thus providing PPH with much-needed local evidence to support effective public health and community interventions to optimize ECD in Peel.

PPH gained two meaningful insights into parenthood through the completion of the PES. Although it is well documented that becoming a parent is a significant life transition, the early postpartum period and the end of the parental leave are particularly challenging times for new parents. Second, the transition to new parenthood will be more or less difficult for parents depending on their personal and social resources as well as their ability to access supports in their communities.

While most parents begin this significant life transition with high expectations, little experience and low efficacy, over time, they will successfully “learn their way”. This process

---

could be made easier for parents if they received the right support at the right time in the right ways. These supports need to be delivered in a caring, convenient, credible and non-judgemental manner: In other words, they should follow the principles of family-system intervention practices (12). Finally, Peel Public Health can help ease (but not eliminate) the anticipated challenges involved in the transition to parenthood by identifying opportunities for parents to connect and learn from one another.

## References

---

1. Bridges, W. *Transitions: Making sense of life's changes*. 2<sup>nd</sup> Ed. Da Capo Press; 2004.
2. Foss, G. A conceptual model for studying parenting behaviors in immigrant populations. *Adv Nurs Sci*. 1996; 19(2): 74-87.
3. Region of Peel Public Health. *Nurturing the Next Generation Conceptual Model*. 2013 Aug 22. V21.
4. Region of Peel Public Health. *Nurturing the Next Generation Data Story: Key Findings and Data Gaps*. Brampton: Region of Peel Public Health; 2013.
5. Shonkoff, J.P. & Garner, A.S. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012; 129(1): 232-46.
6. McAlister, Alfred L., Perry, Cheryl L., Parcel, Guy S. How individuals, environments, and health behaviors interact: Social Cognitive Theory. In: Karen Glanz, Barbara K. Rimer & K. Viswanath, editors. *Health behavior and health education: Theory, research, and practice*. San Francisco, CA: Jossey-Bass; 2008.169-188.
7. Gilmer, C. et al. A realist synthesis of parent education interventions designed to support the transition to parenthood. *Nurturing the Next Generation Research Team*. Forthcoming 2013.
8. Jack, S. Critical appraisal and utility of qualitative research evidence. Presented at the Qualitative Research Workshop. Brampton; 2010.
9. Bandura, A. *Social foundations of thought and action: A Social Cognitive Theory*. Englewood Cliffs, New Jersey: Prentice-Hall; 1986.
10. Belsky, J. The determinants of parenting: A process model. *Child Dev*. 1984 Feb; 55(1): 83-96.
11. Center on the Developing Child at Harvard University [Internet]. [Cambridge, MA]: Harvard University; c2013. *Foundations of Lifelong Health*; c2010 [cited 2013 Sept 16]. Available from: [developingchild.harvard.edu/topics/foundations\\_of\\_lifelong\\_health/](http://developingchild.harvard.edu/topics/foundations_of_lifelong_health/).
12. Trivette, C. M., Dunst, C. J., Hamby, D. W. Influences of family-systems intervention practices on parent-child interactions and child development. *Topics in Early Childhood Spec Educ*. May 2010; 30(1), 3-19.
13. Doktor, J. E., Poertner, J. Kentucky's family resource centers: A community-based, school-linked services model. *Remedial Spec Educ*. 1996; 17(5), 293-302.
14. Dupper, D. R., Poertner, J. Public schools and the revitalization of impoverished communities: School-linked, family resource centers. *Soc Work*. 1997; 42(5), 415-422.
15. Kalafat, J. Enabling and empowering practices of Kentucky's school-based family resource centers: A multiple case study. *Eval Program Plan*, 2004; 27(1), 65-78.

- 
16. Bennett, C. et al. A realist synthesis of social connectivity interventions during the transition to parenthood: the value of relationships. Brampton: Region of Peel. Forthcoming 2013.
  17. World Health Organization. (1986). *Ottawa Charter for Health Promotion*. Geneva: World Health Organization. [who.int/healthpromotion/conferences/previous/ottawa/en/](http://who.int/healthpromotion/conferences/previous/ottawa/en/): 2013.
  18. Ontario. Ministry of Health and Long-Term Care. Ontario Public Health Standards. Toronto, ON: Queen's Printer for Ontario; 2008.

## Appendices

---

Appendix A	Background and Context for the Situational Assessment
Appendix B	Demographic Profiles
Appendix C-1	Focus Group Survey
Appendix C-2	Online Survey
Appendix D	Data Analysis
Appendix E	Summary of Themes
Appendix F	Parent Wish List

## Background and Context for the NTNG Situational Assessment

Nurturing the Next Generation (NTNG) was identified as a strategic priority for Peel Public Health (PPH) in 2009. The goal of this priority is to support evidence-informed, population-based interventions that promote the health of families before and during pregnancy, positive birth outcomes and secure attachment between infants and their caregivers in the first year of life.

In 2010, PPH participated in a literature review with researchers from Trent University (1) that identified the Biodevelopmental Framework from the Center on the Developing Child at Harvard University (2) as the guiding framework for the NTNG Project.

Also in 2010, the NTNG Project Team secured a grant from the Canadian Institutes of Health Research to conduct a realist review in partnership with researchers at Trent University. The realist review answered the question: *What are the population health interventions that public health can realistically implement to support optimal child wellbeing from the prenatal period through infancy to the end of the first year of life?* Three domains for possible intervention were identified: parent education, social marketing and social connectivity, as well as several useful principles within each domain.

In 2012, the NTNG Project Team initiated a comprehensive Situational Assessment of Peel's early childhood environment for families from preconception to the end of the second year of life. The scope of the project was initially the first 12 months of life, but it was expanded to the first 24 months of life for two reasons. First, the expansion allowed for the inclusion of a broader range of services that impact ECD but do not necessarily identify themselves as targeting infants in the first year of life. Second, the broader age range allowed for the consideration of the transitions in parenting that primary caregivers' experience beyond the postpartum period (e.g. the transition of the primary caregiver back to work at the end of the first year).

The NTNG Situational Assessment incorporates the perspectives of multiple stakeholders including parents and providers of early child development services. The Situational Assessment includes a review of the ECD service sector and the capacity of the community to support ECD, an assessment of the health status/needs of the population of interest, identification of ECD data gaps, and an analysis of the experiences of parents with young children.

The following research question guided each of the three components of the Situational Assessment: *What is the state of the early child development (preconception to 2 years) environment in the Region of Peel, with respect to strengths and deficiencies, health status and disparities, data needs, service availability and accessibility, and community capacity?*

The three components of the NTNG Situational Assessment are:

### **1. An Assessment of Health Status Data**

In order to quantify health issues impacting young families in Peel, the work group compiled and analyzed readily available health status data. Findings were summarized to describe the data relevant to NTNG and to prioritize data gaps.

## Appendix A

The NTNG Conceptual Model was used to guide the analysis of health status data and the identification of data gaps. The model was an adaptation of the Biodevelopmental Framework and it includes the factors that influence optimal child development and key outcomes of interest identified in the literature. The NTNG Data Story reports on this work and provides recommendations for the future.

### **2. An Environmental Scan of the Early Child Development Service Sector**

The Environmental Scan included a comprehensive review and analysis of the services that support early child development in Peel. Data were gathered using qualitative methods (focus groups and interviews). The Environmental Scan was guided by the Biodevelopmental Framework (2) and ECD services were analyzed for alignment with the framework. The Environmental Scan also assessed the capacity of the community to support ECD including the strengths and challenges of ECD organizations and service providers' perceptions of families' needs, strengths and challenges.

### **3. An Analysis of Parents' Experiences**

The goal of the Parent Experience Study was to understand parents' experiences and perceived needs in the preconception and prenatal periods and during the first two years of life. This study was also guided by the Biodevelopmental Framework (2) which emphasizes the importance of stable, responsive parental relationships and provision of supportive environments. Qualitative research methods (focus groups and an online survey) was used to identify strengths, needs, and challenges of parents; their experiences with programs, services and other formal/informal supports and the nature of their social connections. Findings will be used to identify challenges to responsive caregiving for Peel parents and community supports within the Peel environment that contribute to capacity of parents through the transition to parenthood.

## References

1. Smith-Chant, B.L., Oliver, A. Marlin, M.C. Nurturing the Next Generation: In search of a theoretical framework to support population-based approaches for supporting very early child development (Preconception to age 1). Prepared for Peel Public Health; 2010 Dec: Mississauga ON.
2. Shonkoff, J.P. Building a biodevelopmental framework to guide the future of early childhood policy. *Child Dev.* 2010; 81(1): 357-67.



## Appendix B

### Parent Experience Study - Demographic Profiles

#### Focus Group Participants: N=150

Participant Role	%
Mother	77.8
Father	22.2
Where Participants Live	%
Brampton	30.4
Caledon	8.9
Mississauga	58.5
Family Structure	%
Two-Parent	80.7
Two-Parent with Other Relatives	12.6
One-Parent	3.7
One-Parent with Other Relatives	3.0
Parental Ages	%
15-19	0
20-24	7.4
25-29	22.2
30-34	43
35-39	17.8
40-44	5.2
45+	1.5
Number of Children in Household*	%
One	62.9
Two	24.5
Three or More	12.6
Employment Status	%
Employed	30.4
Parental Leave	33.3
Stay at home parent	24.4
Unemployed	8.1
Education Level	%
Post Secondary Education	85.3
High School Diploma	7.4
Less than High School Diploma	4.4
Approximate Annual Income	\$
Above \$80,000	34.1
\$40,000-\$80,000	20.7
\$20,000-\$40,000	12.6
Below \$20,000	12.6
Immigration Status	%
Born in Canada	37
Immigrant**	63
Primary Language	%
English	54.8
Other	45.2
*Average age of youngest child: 0.77 years ( $\pm 9.52$ days). **These parents responded that they immigrated to Canada between 1985 and 2013. 15.6% of the parents in this sample emigrated from India.	

#### Online Survey Participants: N=118

Participant Role	%
Mothers	89
Fathers	11
Where Participants Live	%
Brampton	38.1
Caledon	5.9
Mississauga	51.7
Family Structure	%
Two-Parent	83.1
Two-Parents with Other Relatives	2.5
One-Parent	8.5
One-Parent with Other Relatives	4.2
Parental Ages	%
15-19	0.8
20-24	5.1
25-29	16.1
30-34	38.1
35-39	22.9
40-44	12.7
45+	0
Number of Children in Household*	%
One	64.4
Two	23.7
Three or More	11.0
Employment Status	%
Employed	32.2
Parental Leave	35.6
Stay at home parent	18.6
Unemployed	10.2
Education Level	%
Post Secondary Education	88.9
High School Diploma	6.8
Less than High School Diploma	3.4
Approximate Annual Income	\$
Above \$80,000	40.7
\$40,000-\$80,000	26.3
\$20,000-\$40,000	8.5
Below \$20,000	11.9
Immigration Status	%
Born in Canada	57.6
Immigrant**	42.4
Primary Language	%
English	79.7
Other	30.3
*Most of the parents had children that were newborn to 3 months (26.3%) or 18-24 months (19.5%). **These parents responded that they immigrated to Canada between 1973 and 2013. 8.5% of the parents in this sample emigrated from India.	

## Parent Experience Study - Focus Group Facilitator Guide and Protocols



### Focus Group Survey



### Registration

1. Have a greeter at door: Greets participants and ask them to sign in at the registration table.
2. Registration: Ask individuals to complete name tag (first name). Participants can complete the draw slips to enter to win gift certificate.
3. Hand out Focus Group package with consent form, focus group questions and demographic survey.
4. Direct participants to child care location if provided.

### Welcome and Introduction - Facilitator

Thank you all for participating in our focus group today.

My name is \_\_\_\_\_ and I will be facilitating the discussion.

My other team member is \_\_\_\_\_ who will be helping to lead this discussion and will also be taking notes for us.

Before we begin, I would like to take care of some practical things and review some ground rules for today's session:

1. Washrooms
2. Refreshments
3. If you haven't signed in
4. Name cards/tags
5. Cell phones
6. Child care (Some groups will provide child care and some will not – for sessions without child care reassure parents that if they have to leave during the session or early to attend to their child, that's ok. For sessions providing child care – if parents have to leave to attend to their child and come back that's ok.)
7. Purpose of the Focus Group:
  - We are doing this research project because we want to understand your experience as parents raising young children in Peel. We think that by having conversations with parents we will be better able to work with our community to provide you and other parents with supports to best meet your needs.
  - Our goal is to support expectant parents in Peel to be healthy before, during, and after pregnancy.

## Parent Experience Study - Focus Group Facilitator Guide and Protocols



### Focus Group Survey



- Focus groups are a popular research strategy used to have conversations. The idea is that if you put a few people together who share a common experience to talk about a specific topic, as researchers we can learn a lot from the interaction
- Peel Public Health is able to do this research because of a research partnership with Trent University.
- This focus group is part of a larger project about early child development in Peel called Nurturing the Next Generation. We are also gathering information from parenting agencies. Our discussion today will allow us to include the important views and perspectives of parents.

#### 8. Consent forms:

- Briefly review the consent form
  - Confidentiality
  - Recording (for accuracy only)

#### 9. Survey (Demographic information) – to be completed after the group session – We have included these questions so that we can learn more about the parents who have participated. The survey will only take a few minutes to complete.

#### 10. Ground Rules

- Be respectful – all opinions are valuable
- There are no right or wrong answers – It's about your experience
- Only one person speaking at a time – to promote good conversation and recording quality
- No side conversations – we don't want to miss anything
- Confidentiality of focus group discussions - encourage conversation to stay in the room
- Cell phones – vibrate mode

#### 11. Draw for Gift Certificate – Explain/reminder how to enter. Explain prize.

#### 12. Final questions before starting?

Throughout our discussion, please keep in mind the following periods and definition of families:

1. **Periods:** We are interested talking about the period before pregnancy, during pregnancy and after birth, right up to your child's second birthday.
2. **Families:** We are using a broad definition of families, which includes common-law families, single parent families, blended families, extended families members, same sex families.

## Parent Experience Study - Focus Group Facilitator Guide and Protocols



### Focus Group Survey



#### Focus Group Questions

Time	Questions	Probes/Prompts
	1. To begin, I would like to ask you to introduce yourself, and tell us briefly about your child(ren).	<ul style="list-style-type: none"> <li>Your child's name and age</li> </ul>
<b>Prenatal and Parenting Experience: Challenges and Supports</b>		
	2. Tell us about a time that made you feel good as a parent.	<ul style="list-style-type: none"> <li>Things that have happened that make you feel good about being a parent (e.g. the way your child is growing, the way you interact with your child, events that you have shared with other people, things that have been good for your family, things you have discovered about yourself).</li> <li>What has been good about being a parent (in Canada)?</li> </ul>
	3. What are the biggest problems you've had as a parent so far?	<p>Thinking from the time you were pregnant to now:</p> <ul style="list-style-type: none"> <li>What has been most stressful?</li> <li>What about challenges within the family? (e.g. financial, time, family dynamics/change) What has changed?</li> <li>How has being a newcomer to Canada shaped your experience as a parent? What has been difficult?</li> </ul>
	4. What have you found to be helpful in your first few years (or months/weeks; depending on the sample) as a parent?	<ul style="list-style-type: none"> <li>Are there any people that have been helpful?</li> <li>Who provides you with the support you need? (Emotional, social, informational as well as instrumental support).</li> <li>Helpful programs or services?</li> <li>What is it about the "program" that you've found most helpful?</li> <li>What types of programs or services are you likely to use?</li> <li>Have you made friends through any of these programs? What has that been like?</li> <li>What else has helped you to be the parent you want to be?</li> <li>What about faith-based centres/places of worship?</li> <li>What about the Internet?</li> <li>What about your network of friends? Do you feel connected in your neighbourhood?</li> <li>What about your community connections?</li> <li>What has helped you as a newcomer?</li> <li>What about programs you don't use?</li> <li>What are your reasons for not using them?</li> <li>What are some of the reasons you might not seek help or support? (from a family member, a friend, or a program)</li> <li>Can you describe anything you've used that wasn't helpful?</li> <li>What type of support is needed for immigrant/newcomer parents?</li> </ul>
	5. If you could wave a magic wand to change one thing that would make it easier to be a parent in Peel what one thing would you change?	<ul style="list-style-type: none"> <li>What do you think is missing for parents like yourself living in Peel?</li> </ul>

## Parent Experience Study - Focus Group Facilitator Guide and Protocols



### Focus Group Survey



### Wrap-up

- Thank everyone for their participation.
- Debrief about the process. (How did you find the experience? Have we missed any questions? Are the questions easy to understand?)
- Briefly describe next steps (other components of the SA, findings will be available mid-late 2013 and will be posted on the Nurturing Matters website at [www.NurturingMatters.ca](http://www.NurturingMatters.ca))
- Ask parents to fill out demographic survey.
- Remind parents about the [Peel Parenting Facebook Page](#) and [ParentinginPeel.ca](http://ParentinginPeel.ca) websites.
- Remind parents that if they need more information on parenting in Peel they can talk to the facilitator or contact one of the listed researchers (Hand out brochure).

### Demographic Questions

1. Where do you live?       Mississauga       Brampton       Caledon       Don't know/not sure

---

2. How would you describe your family?       2 parent family       1 parent family  
 2 parent family with other relatives       1 parent family with other relatives

---

3. Are you a:       Mother?       Father?

---

4. How many children live in your household?       1       2       3 +
5. How many of these children are 0 to 24 months?       1       2       3 or more
6. What is the age (in months) of your youngest child?      \_\_\_\_\_ Months

---

7. Please describe your current employment status:
  - Currently working       Currently on maternity or parental leave
  - Stay-at-home parent       Unemployed

---

8. What is the highest level of education that you have ever completed?
  - Less than high school       High school diploma
  - Completed trade school or college       Completed University

---

9. In what country were you born? \_\_\_\_\_
10. If you were not born in Canada, what year did you come to Canada to live? \_\_\_\_\_ (year)       Don't know

---

11. What language do you speak most often at home? (Select all that apply)
12. What is your age?
  - 15 – 19       20 – 24       25 – 29       30 – 34       35 – 39       40 – 44       45 +

To better understand the use of various programs and services in Peel, we ask a question about household income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

13. What is the best estimate of your total **household** income before taxes, during 2011?
  - Less than \$20,000       \$20,000-40,000       \$40,000 -80,000
  - \$80,000 +       Do not want to answer



## Online Survey



### **Complete our Online Survey**

Welcome to our Peel Parent Experience online survey for parents of infants and toddlers. We are asking you to share your stories so that we can understand your experience as parents raising young children in Peel.

### **How long will the survey take to complete?**

This survey provides you with lots of room to share your story in your own words. It takes most parents 10 to 15 minutes to complete but you can take as much time as you need.

### **Chance to Win!**

We recognize how busy you are as a parent and we value your time. By completing this survey you are eligible to be entered into a draw to win a \$100 gift certificate. Instructions are provided at the end of this survey.

### **Consent to Participate**

This is a research study. Before you get started, you must first consent to participate by clicking "Yes" after reading study details. By clicking yes, you are agreeing to participate in the study. You can then access the survey.

### **Information and Consent to Participate**

Thank you for your interest in this research study. The purpose of this study is to research parents' experiences when raising a family in Peel. By participating in this research study, you will help us to gain a better understanding of what it is like to be a parent in Peel and what can be done to make this experience easier for you and other parents. This online survey asks you a series of questions about your parenting experience. Participation in this study puts you at no risk beyond what you would experience in everyday life. Your participation in this study is completely voluntary. You may choose not to answer any or all of the questions and you are free to terminate the survey at any time. However you can only participate in the draw for the gift certificate if you submit your survey responses.

All of the information you provide will be completely anonymous. Your feedback will be compiled, reviewed and analyzed by our research team. No one other than the people working on this specific project will have access to your data. All of your data will be destroyed five (5) years following the completion of the analysis for this study. The data that you provide will be used solely for the purpose of understanding general experiences related to parenting in Peel. We may use your data in the writing of a scholarly article regarding the current research study and we request your permission to use non-identifying quotes from your survey responses as they contribute to the writing of the article. Findings from this research study will also be used by Peel Public Health staff in the planning of future programs. The researchers have no commercial purpose or interest in this study. This research study has received approval from the Trent University Research Ethics Committee and the Peel Public Health Research Ethics review process.

At the end of the survey, if you would like to be entered into the draw to win the gift certificate (\$100 value), you will be asked to provide your contact information. Your contact details will not be attached to the responses you provided in the survey.

## Parent Experience Study - Online Survey



### Online Survey



**If you would like more information about the Parent Experience Study contact:**

Judy Buchan, Project Manager, Nurturing the Next Generation Project Team at (905) 791-7800 ext. 2837 or Brenda Smith-Chant, Department of Psychology, Trent University Phone: (705) 748-1011 ext. 7780 Email: [bresmith@trentu.ca](mailto:bresmith@trentu.ca)

**I have read the information about the Parent Experience research study and agree to participate in this online survey.**

- Yes  No

---

**Do you live in Brampton, Caledon or Mississauga?**

- Yes  No

---

**This is your chance to share your experiences as a parent, both good and bad. Thank you for taking the time to share your parenting story with us.**

**Are you the parent of an infant or toddler?**

- Yes  No

---

**Tell us about a time that made you feel good as a parent.**

**Thinking back to when you found out you were having a baby until now, what are the biggest problems you've had as a parent so far?**

---

**We know how important it is for parents to have support. We would like to learn more about the people and programs that you find helpful.**

**Who or what has made the biggest difference in helping you as a parent?**

---

**If you could have a wish to change something that would make it easier to be a parent in Peel what would that wish be?**

**Is there anything else you would like to share with us about your parenting experience?**





Parent Experience Study - Online Survey



Online Survey



What are the first three digits of your postal code?

Please describe your current employment status:

- Currently working
- Stay-at-home parent
- Currently on maternity or parental leave
- Unemployed

What is the highest level of education that you have completed?

- Less than high school
- Completed trade school or college
- High school diploma
- Completed university
- Some college or university

In what country were you born?

If you were not born in Canada, what year did you come to Canada to live?

What language do you speak most often at home?

What is your age?

- 15-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45+
- I prefer not to answer.

To better understand the use of various programs and services in Peel, we ask a question about household income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

What is the best estimate of your total household income before taxes, during 2011?

- Less than \$20,000
- 20,000-40,000
- I prefer not to answer
- 40,000-80,000
- 80,000+

## Parent Experience Study - Data Analysis

Focus group and online survey data were analyzed using verbatim transcripts prepared by a professional service. A member of the working group then reviewed the data for transcription errors. Then the transcripts were independently reviewed by three teams of two Parent Experience Study (PES) Work Group members: a Peel Public Health (PPH) staff member and a Trent University student. Discrepancies in their analyses were resolved by consensus.

A two-stage coding process was used. During the review and analysis of the project's first four transcripts, sections of participants' dialogue were flagged if an analyst deemed it relevant to the project's research questions. Each flagged comment was discussed within each analytic team and consensus reached. Relevant sections of participants' dialogue were categorized (1) (e.g., challenging parental experience), and then sub-categorized (e.g., information or employment challenge). After four transcripts had been reviewed in this way, a coding tree was developed and then used for all subsequent transcripts, with modifications made as necessary after group discussion and agreement. At the conclusion of each transcript's analysis, a thematic summary was prepared, and exemplar quotes were identified.

The second stage of coding involved the working group dividing into two groups: one to analyze the data and thematic summaries for parenting challenges, and one to do the same for positive parenting experiences and parental supports. These group analyses were sense-making exercises that used mind mapping as a tool to theorize connections amongst the themes and build informed interpretations of the PES data. The groups then developed thematic syntheses, including parents' experiences of a theme, antecedents and consequences, and a summary of these syntheses.

Finally, the two groups reconvened to discuss the overall data analysis. Social psychological theories on life transitions (2, 3) and social learning (4, 5) were used to integrate the individual PES themes into a larger social pattern. This process of mapping PES data and themes onto existing, evidence-based theory highlights various interventions that could be used by PPH and its partners to improve parental and community supports and the parenting experience in Peel.

### References

1. Hsieh, H.F. & Shannon, S.E. (2005). Three approaches to qualitative content Analysis. *Qual Health Res.* 2005 Nov; 15(9): 1277-88.
2. Bridges, W. *Transitions: Making sense of life's changes.* (2<sup>nd</sup>. Ed.) Da Capo Press; 2004.
3. Foss, G. A conceptual model for studying parenting behaviors in immigrant populations. *ANS Adv Nurs Sci.* 1996; 19(2): 74-87.
4. Bandura, A. *Social foundations of thought and action: A Social Cognitive Theory.* Englewood Cliffs, New Jersey: Prentice-Hall; 1986
5. McAlister, Alfred L., Perry, Cheryl L., & Parcel, Guy S. (2008). How individuals, environments, and health behaviors interact: Social Cognitive Theory. In Karen Glanz, Barbara K. Rimer & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (4th ed., pp. 169-188). San Francisco, CA: Jossey-Bass.

## Parent Experience Study - Summary of Themes

A summary of the study themes is provided below. Study findings are divided into three overall themes to match the study questions: positive parent experiences, challenging parent experiences and sources of parental support. A detailed explanation of each theme will be provided in a supplementary document.

### A. Positive Parent Experiences

*The following four themes were identified as positive experiences for parents and contributed to their overall wellbeing.*

Theme	Positive Parent Experiences Key Findings
Interaction with infant/child	<ul style="list-style-type: none"> <li>• Participants reported positive experiences with infant and child attachment.</li> <li>• Most parents expressed that they felt a special connection when they “bonded” with their infants.</li> </ul>
Growth and developmental milestones	<ul style="list-style-type: none"> <li>• Healthy growth and development of infant/child was reported as source of parental wellbeing and happiness.</li> <li>• The majority of parents expressed a sense of pride when their child achieved developmental milestones (e.g., smiling, crawling, night sleeping etc.).</li> </ul>
Parental confidence	<ul style="list-style-type: none"> <li>• Confidence in parenting was reported when infant/child was healthy and happy.</li> <li>• Positive reinforcement from others increased parental confidence.</li> <li>• Parents reported feeling reassured about their parenting skills when their children interacted well with others in social settings.</li> </ul>
Impact of parenting on relationships	<ul style="list-style-type: none"> <li>• Parents reported a “changing sense of self” with their new parenting role.</li> <li>• A more meaningful spousal relationship was reported when both parents were involved with infant/child.</li> </ul>

### B. Challenging Parent Experiences

*The following 13 themes were identified as challenges that parents experience.*

Theme	Challenging Parent Experiences Key Findings
Challenges to parents’ sense of wellbeing	<ul style="list-style-type: none"> <li>• Challenges were most intense in the postpartum period when expectations were high and parental experience and efficacy was low.</li> <li>• Fatigue and exhaustion due to inadequate sleep was reported as a major challenge.</li> <li>• Other challenges reported included physical health concerns, anxiety, frustration, inadequacy, self-doubt, unhappiness and isolation.</li> <li>• Some mothers experienced feeling a loss of financial independence when they stayed home to care for their infants/children.</li> </ul>
Barriers for newcomers	<ul style="list-style-type: none"> <li>• Newcomers experience problems with settlement (e.g., struggle to gain Canadian qualifications).</li> <li>• Financial issues such as unemployment and underemployment pose significant challenges for newcomers.</li> <li>• A significant source of stress for newcomers was the lack of extended family available for support.</li> <li>• Difficulty accessing healthcare services and language barriers when interacting with health professionals.</li> <li>• Newcomers experience similar challenges as Canadian-born parents in their transition to parenthood; however child care issues were more prominent for newcomers.</li> </ul>

Appendix E

Theme	Challenging Parent Experiences Key Findings (continued)
Barriers to accessing community programs	<ul style="list-style-type: none"> <li>• Parents reported difficulty in traveling to program sites without a car (e.g., accessible public transportation).</li> <li>• Parenting programs are often offered in small spaces that fill up quickly.</li> <li>• Parents with more than 1 child reported insufficient programs that accommodate all ages (e.g., both baby and 1 to 3 year old siblings).</li> <li>• Programs offered in daytime are not readily accessible to working parents.</li> <li>• Mother-centric programs are a barrier to fathers accessing programs.</li> </ul>
Challenges with health care services	<ul style="list-style-type: none"> <li>• Families experienced challenges with health care services when they felt most vulnerable (e.g., prenatal, labour and birth, immediate postpartum and when baby was ill).</li> <li>• Families felt that prenatal doctors' visits were "too rushed".</li> <li>• Confusion created by conflicting advice from health professionals was challenging for families (e.g., breastfeeding).</li> <li>• Families struggle with a lack of paediatricians and long wait times in hospital emergency rooms and physician clinics.</li> </ul>
Challenges with breastfeeding	<p>Many participants reported challenges with breastfeeding their infant. These challenges include:</p> <p>Physical issues</p> <ul style="list-style-type: none"> <li>• Pain and tenderness in breasts and nipples</li> <li>• Fatigue related to baby's dependence on mother for feedings</li> </ul> <p>Technical issues</p> <ul style="list-style-type: none"> <li>• Related to latch and positioning baby</li> <li>• Learning to express breast milk with pump</li> </ul> <p>Social issues</p> <ul style="list-style-type: none"> <li>• Public areas perceived as "non-friendly" due to judgement from others (e.g., people staring)</li> <li>• Unwanted advice (mostly from extended family)</li> <li>• Lack of information and support available related to formula supplementation</li> </ul> <p>Emotional issues</p> <ul style="list-style-type: none"> <li>• Unprepared for the amount of new learning and how long it took</li> <li>• Fear of pain and discomfort</li> <li>• Uncertainty related to breastfeeding success</li> </ul>
Challenges with child care	<p>Families experienced challenges with:</p> <ul style="list-style-type: none"> <li>• High financial expense associated with child care</li> <li>• Lack of formal and informal child care options</li> <li>• Limited hours of operation for child care programs</li> <li>• Lack of child care options in rural areas</li> <li>• Quality of child care services</li> </ul>
Challenges with employment	<p>Parents often have to weigh:</p> <ul style="list-style-type: none"> <li>• Financial benefit of parental employment with child care expenses</li> <li>• The choice to stay home to raise children with the decision to advance their career and maintain social networks</li> </ul>

## Appendix E

Theme	Challenging Parent Experiences Key Findings (continued)
Challenges with family relationships	<ul style="list-style-type: none"> <li>• Parents experience challenges with unwanted advice from family members (e.g., mothers-in-law).</li> <li>• Mothers taking on the role of “the expert” in caring for infants sometimes cause tension with their spouse and leads to a lack of paternal efficacy.</li> <li>• Dads experienced role conflicts between being a new father, husband and son.</li> </ul>
Challenges with health and infant care	<ul style="list-style-type: none"> <li>• Since most children living in Peel are born healthy, only a few parents identified medical issues as a concern.</li> <li>• Most parents experienced challenges in dealing with infant’s/child’s crying, sleeping and nutrition concerns.</li> </ul>
Challenges with information	<p>Most parents reported:</p> <ul style="list-style-type: none"> <li>• Confusion when looking for credible parenting information (e.g., not knowing who or what to trust and how to decide)</li> <li>• Information overload</li> <li>• Conflicting information</li> <li>• Lack of “just in time” information (related to child’s stage of growth and development)</li> </ul>
Isolation	<p>Parents reported experiencing three types of isolation:</p> <ul style="list-style-type: none"> <li>• Social isolation from their spouse, extended family, friends and work colleagues</li> <li>• Physical or geographic isolation as a result of the built environment (e.g., limited community meeting spaces, limited access to public transit)</li> <li>• Emotional isolation or feeling distant or disconnected from his/her social network</li> </ul>
Lack of financial resources	<p>Parents reported inadequate financial resources as a major challenge. Contributing factors include:</p> <ul style="list-style-type: none"> <li>• Low family income or job loss</li> <li>• Ineligibility or limited eligibility for parental leave benefits</li> <li>• Ineligibility to collect subsidies (e.g., child tax benefit)</li> <li>• High debt burden</li> </ul>
Insufficient time	<ul style="list-style-type: none"> <li>• Parents viewed the new parental role as a 24 hour per day 7 days per week job with “added pressure” of “re-balancing” their lives.</li> <li>• The new parental role left little time for self, others (e.g., other children, partner, family) and household management.</li> </ul>

**C. Sources of Parental Support**

*Parents access instrumental, informational and social/emotional supports either formally or informally.  
Parents also access information via the Internet.*

Sources of Parental Support Key Findings	
<b>Type of Support</b>	<b>Formal:</b> Professional services such as health care services and community programs
Instrumental or practical support	<ul style="list-style-type: none"> <li>• Practical “hands on” assistance from health care professionals was most useful to parents.</li> <li>• Parents most often referred to breastfeeding assistance when discussing formal instrumental services.</li> <li>• Parents valued easily accessible services such as home visits and telephone supports.</li> </ul>
Informational support	<ul style="list-style-type: none"> <li>• Parents valued advice or information from health care professionals that was non-judgmental, relevant and timely (e.g., Public Health Nurses, Prenatal Educators).</li> <li>• Parents value convenient, easily accessible, accurate and practical information.</li> <li>• Parents exchanged information with other parents when they attended formal programs (e.g. child care options, baby items, infant care).</li> </ul>
Social or emotional support	<ul style="list-style-type: none"> <li>• Parents received social support when they attended parenting programs through interactions with service providers and similar parents (i.e., parents with infant of similar age or stage of development).</li> <li>• Social interactions or relationships that develop in a formal setting (e.g., organized community program) contribute to parental wellbeing and builds parental confidence.</li> <li>• Attending formal programs provides opportunities for children to develop social skills.</li> </ul>
<b>Type of Support</b>	<b>Informal:</b> Supports based on a parent’s own social networks, including family, friends and neighbours
Instrumental support	<ul style="list-style-type: none"> <li>• Participants identified practical supports received through family members and friends as valuable (e.g., child care and meal preparation).</li> <li>• Mothers and mothers-in-law were identified most frequently as sources of support.</li> </ul>
Informational support	<ul style="list-style-type: none"> <li>• Parents reported seeking information from their informal support networks particularly from those who have children.</li> <li>• Neighbours and friends often connect parents to community services and resources.</li> </ul>
Social or emotional support	<ul style="list-style-type: none"> <li>• Positive reinforcement from other parents provided affirmation and boosted parental confidence.</li> <li>• Parents reported that sharing experiences with others who are non-judgemental provided emotional support</li> </ul>
<b>Internet</b>	
	<ul style="list-style-type: none"> <li>• Participants identified the internet as helpful in seeking information (e.g., breastfeeding, symptoms when infant is ill).</li> <li>• The internet was identified as a convenient source of readily available information, easily accessible on various devices (e.g., laptop computers, smart phones, iPads, iPods).</li> <li>• Just in time information relevant to child’s age was identified as convenient and valuable (e.g., emailed newsletters).</li> <li>• Only a few parents mentioned accessing the Parenting in Peel website and Facebook page.</li> </ul>

## Parent Experience Study - Parent Wish List

During the focus groups and in the online survey, parents were asked the following question:  
*If you could have one wish to change one thing that would make it easier for you to be a parent in Peel what one thing would you change?*

The following table summarizes the responses from parents.

Category	Description
Breastfeeding	<ul style="list-style-type: none"> <li>• More home visits from public health nurses and lactation consultants</li> <li>• More private breastfeeding spaces in public environments (e.g., malls and restaurants)</li> <li>• Larger doors to accommodate strollers in mall nursing lounges</li> <li>• More hands-on breastfeeding support and information from nurses during hospital stay</li> <li>• More access to lactation consultants</li> <li>• Information on breastfeeding resources in the community</li> </ul>
Formula feeding	<ul style="list-style-type: none"> <li>• Non-judgemental information on formula (e.g., selection, preparation)</li> <li>• Information on how to bottle feed</li> </ul>
Child care	<ul style="list-style-type: none"> <li>• Affordable and accessible child care</li> <li>• More child care options for infants less than 18 months old</li> <li>• Flexible hours and arrangements: after school, weekend, drop-in</li> </ul>
Father-centered services	<ul style="list-style-type: none"> <li>• Opportunities for fathers to meet other fathers</li> <li>• Increased paternal leave</li> <li>• Father-focussed parent education</li> </ul>
Employment	<ul style="list-style-type: none"> <li>• Flexible working hours</li> <li>• Family-friendly employers</li> <li>• Fully funded parental leave</li> <li>• Opportunities for newcomers without Canadian experience</li> </ul>
Government services	<ul style="list-style-type: none"> <li>• Shorter wait times for health insurance and visitors' visas for family members living overseas</li> </ul>
Hospital services	<ul style="list-style-type: none"> <li>• A pediatric hospital in Peel</li> <li>• Non-judgemental support in hospital settings</li> </ul>
Information	<ul style="list-style-type: none"> <li>• Growth and developmental milestones</li> <li>• Additional and current information on infant feeding (solids)</li> <li>• Family planning</li> <li>• Provide evidence on immunization (benefits and risks)</li> </ul>
Medical resources	<ul style="list-style-type: none"> <li>• Greater availability of family physicians and pediatricians</li> <li>• Referrals to community programs from physicians</li> <li>• Shorter wait times</li> <li>• More after hours clinics for babies/toddlers</li> </ul>
Midwives	<ul style="list-style-type: none"> <li>• More access to midwifery services</li> </ul>
Parks	<ul style="list-style-type: none"> <li>• Revitalize existing parks (e.g., sand free, safe)</li> </ul>

## Appendix F

Category	Description
Postnatal care	<ul style="list-style-type: none"> <li>• Home visits with public health nurses for all families</li> </ul>
Prenatal care	<ul style="list-style-type: none"> <li>• More home visits with public health nurses</li> <li>• More information on prenatal education and services</li> <li>• Shorter wait times for obstetricians</li> </ul>
Postpartum mood disorder (PMD) support	<ul style="list-style-type: none"> <li>• Home visit support for postpartum depression</li> <li>• More information on symptoms of PMD and how fathers can support their partners</li> </ul>
Prenatal classes	<ul style="list-style-type: none"> <li>• Postnatal classes integrated into prenatal curriculum</li> <li>• Financial planning guidance included in the curriculum</li> <li>• Education on healthy parental relationships</li> <li>• Information on self-care for mothers in the postpartum period</li> <li>• Increased promotion of prenatal classes in the community</li> </ul>
Community programs	<ul style="list-style-type: none"> <li>• More mommy-baby exercise programs</li> <li>• More information and support for twin births</li> <li>• More support for first-time parents</li> <li>• More support for single parents</li> <li>• More availability of sleep consultants to assist with children sleeping through the night</li> <li>• Affordable programs and more funding for organized sports for children</li> </ul>
Informal social groups	<ul style="list-style-type: none"> <li>• More community social events for parents to connect with other parents</li> <li>• Greater awareness of mommy groups and additional mommy/play groups</li> <li>• More opportunities for children to socialize with other children of similar ages</li> </ul>
Programs for young children	<ul style="list-style-type: none"> <li>• Toddler programs with flexible hours (e.g., evenings and weekends)</li> <li>• Greater access to Ontario Early Year Centres in local communities</li> </ul>
Schools	<ul style="list-style-type: none"> <li>• Increased teacher ratio per student</li> <li>• Change school start age to two years</li> <li>• Organized sports</li> <li>• After school programs for younger children and parents</li> </ul>
Basic needs	<ul style="list-style-type: none"> <li>• Parent/infant friendly food banks (i.e., provide nutritious and/or fresh foods for infants and young children)</li> <li>• Greater accessibility to child's basic needs (e.g., formula, diapers, clothing)</li> </ul>
Transportation and parking	<ul style="list-style-type: none"> <li>• Better public transit in remote areas</li> <li>• Ability to use child car seat on public transport (e.g., bus, train)</li> <li>• Family friendly parking spots</li> </ul>
Online resources	<ul style="list-style-type: none"> <li>• One website for all of Peel's programs and parenting resources</li> <li>• Credible and evidence-based online information</li> <li>• Real time electronic messages sent to parents regarding child's developmental milestones</li> <li>• Opportunities to connect online with other parents</li> <li>• More parents actively participating on the Parenting In Peel Facebook page</li> </ul>