



Muskoka Family Focus: Building a Village for Families with Young Children

Results of Feasibility Study

Judit Alcalde & Karen Hayward
CAP Consulting

February 2017

Table of Contents

- Executive Summary i
- Methods i
- Programs and Services for Parents in Muskoka i
 - Awareness of Services i
 - Accessing Services ii
 - Strengths, Gaps and Limitations in Service ii
- Feedback on Peer Parental Support Program iii
- Highlights of the Community Consultation Meeting iv
- Conclusions and Next Steps iv
- Introduction 1
- Methods 2
 - Who Participated in the Parent Survey and Interviews 3
- Programs and Services for Parents in Muskoka 5
 - Awareness of Services 5
 - Parent Survey Results 5
 - Some sub-groups were less aware of services: 8
 - Parent Interview Results 9
 - Accessing Services 10
 - Parent Survey Results 10
 - Parent Interview Results 12
 - Key Informant Interview Results 13
 - Strengths, Gaps and Limitations in Service 13
 - Parent Survey Results 13
 - Parent Interview Results 15
 - Key Informant Interview Results 18
- Developing a Peer Parental Support Program: Thoughts and Input from Parents, Key Informants and Others 20
 - Results from the Parent Survey 21
 - Parent Interview Results 23
 - Support for the Program 23
 - Program Considerations 24
 - Key Informant Interview Results 25

Support for the Program 25

Program Considerations 26

What We Learned From Other Jurisdictions 27

Highlights of the Community Consultation Meeting 29

Service Awareness, Usage and Barriers to Access 29

Peer Parental Support Program 30

Conclusions and Next Steps 31

Appendix A: Key Informant Interview Guide (Muskoka) and List of Participating Organizations 34

Appendix B: Key Informant Interview Guide (Other Jurisdictions) 36

Appendix C: Parent Survey (Paper Version) 37

Appendix D: Parent Interview Guide 40

Executive Summary

Isolation in rural communities can be exacerbated by geography, lack of affordable public transportation and/or social and emotional barriers. The need to address this issue is pressing for both parents and children as the incidence of postpartum mood disorders (PPMD) is high and research suggests that social supports are a significant predictor of PPMD. Further, connectedness is a critical social determinant of health. Muskoka Family Focus and Children’s Place (MFFCP) and its partners aspire to address this need by facilitating the creation of a village for families. In this study, MFFCP, with funding from the Ontario Trillium Foundation and the cooperation of other agency partners, explored the need for, and feasibility of, providing a peer parenting support program that would provide individual and practical supports to families, engage them in existing programming and help them create a network of people to build that village. This report is the culmination of the key informant interviews, parent consultation, consultation with service providers and brief environmental scan.

Methods

The study included the following:

1. Phone interviews with key informants in the region (N=20) (October-November 2016)
2. Phone interviews with several key informants from other jurisdictions regarding peer support programs (N= 4) and brief environmental scan (October-November 2016)
3. Parent survey (N=269) (November-December 2016)
4. Phone interviews with parents (N=15) (January 2017)
5. Consultation with community service providers (N=26) to discuss study results

Programs and Services for Parents in Muskoka

Awareness of Services

- Most survey respondents (88%) could name at least one service for parents of young children and more than one-half could name three programs.
- By far, the program/service that they were most familiar with was the Ontario Early Years Centre (OEYC) – 71% reported this service. This was followed by library programs (17%), sports and recreation programs (15%), Great Beginnings (15%), dinner programs (13%), Baby Talk (11%), and Hands (8%).
- Respondents who did not list any services were more likely to be younger, live in Bracebridge and report barriers to accessing services that were not work or time-related.
- When asked specifically about services available from nine different organizations/agencies, respondents were most likely to be current or past users of MFFCP, library programs and community recreation programs.
- Respondents were least aware of Christine’s Place, Simcoe Muskoka Family Connexions, One Kid’s Place and Hands. Some of this unfamiliarity may be due to factors such as location of

service/residence of respondent, agency name changes, and the focus of the service (e.g., Christine’s Place tends to focus on younger parents who have unplanned pregnancies).

- Younger parents, those living in Gravenhurst and outside of the three main centres, and those with only one child were less aware of services.
- More than one-half of the parent interview participants reported that programs and services for families in Muskoka are not well promoted. The most common way parents found out about any programs, including the OEYC programs, was through word of mouth.

Accessing Services

- Parent survey results indicated that respondents were most likely to report work demands and lack of time as the main barriers that prevented them from accessing services.
- Not knowing anyone at programs, fees/costs/money, and feeling uncomfortable going to unknown places were reported as at least “somewhat” of a challenge by at least 25% of respondents.
- Although key informants indicated transportation is a large barrier for many parents, it does not appear that the survey reached those respondents who may be most isolated – only 12% indicated that transportation prevented them from accessing services.
- Younger parents (under age 25), those living in Gravenhurst, and those with two or more children were more likely to report barriers to accessing services.
- Parent interview participants reported that lack of awareness and lack of transportation as primary barriers in accessing services. Some of these parents also talked about how social anxiety, depression or shyness posed a barrier or challenge to accessing programs. A few participants also reported how stigma and feeling judged affected their ability to fully access programs.
- Key informants also reported on the main challenges and barriers faced by parents in Muskoka. The themes were similar to those described by the parents in the survey and interviews, including transportation barriers, social anxiety and issues such as low confidence, lack of awareness about services, as well as the stigma of asking for help.

Strengths, Gaps and Limitations in Service

- When asked what they believe was missing for parents in Muskoka, one-half of the survey respondents gave at least one response. The main themes included: i) parenting programs, services and resources (e.g., pre and post-natal support, clothing or toy banks/exchanges, better medical supports, support groups, etc.); ii) more activities in general or for different age-groups and/or ensuring those activities are affordable; iii) more day care or preschool locations, more affordable daycare, and/or more choices when it comes to daycare/preschool; iv) offering programs after hours (evenings and weekends) for working parents; v) expansion of mental health services; and vi) expansion of OEYC hours/programs
- In the parent interviews, many of the participants were positive about what Muskoka had to offer families; they felt their communities were good ones in which to raise their children. As well, many programs were free posing few financial barriers. Drop-in programs were described as comfortable and welcoming. OEYC programs, in particular, were described very positively.

- When asked what else they thought needed to be done to support parents in Muskoka, the most common response from the parent interview participants was that programs and services needed to be better promoted. Nonetheless, other suggestions were provided including ways in which to connect to other parents, more variety in the parenting workshops that are available, more programs in the summer, and expanded hours for OEYC programs to accommodate working parents. Some of the parents interviewed also reported on the importance of support for postpartum mood disorders.
- Key informants reported on what they believed was needed for parents in the region, including: i) comprehensive parenting support, including information and supports on parenting and information on what children needed at different points in their child's that what was needed at different points in a child's development; ii) more support or help in accessing formal and informal supports; and iii) more services for women experiencing postpartum mood disorders.
- Key informants also reported on other gaps in services or further supports needed including: day care or child care services, one-to-one support, support for parents who are isolated, more universal programs, more Early Years programs, more peer support, more services for low-income parents, greater breastfeeding support, expansion of parenting workshops, and more sensitivity for workers.
- Key informants reported that there several groups of parents that had additional or specific needs including parents in very rural and isolated areas, single parents, young parents, and parents living in poverty.

Feedback on Peer Parental Support Program

- Parents were asked about the likelihood of using different components of a possible peer parental support program. Respondents showed the greatest likelihood of using a support group component (58% were at least "somewhat likely" to use), following by the online component (47% were at least "somewhat likely" to use). Close to 30% of respondents were at least "somewhat likely" to use an in-home peer support component and 34% to use support outside of the home or in the community.
- When asked what would prevent them using a peer parental support program, respondents were most likely to answer "do not feel the need" (39%). Younger parents, and those with only one child, were less likely to indicate "no interest" as a barrier to using a peer parental support program. Gravenhurst residents were less likely to indicate "do not feel the need" as a barrier.
- All parents who participated in an interview supported the idea of a peer parental support program. Overall, there was support for each component with different parents indicating preference for one component over another. A number of the participants supported all four components, suggesting that it depended on each parent's needs, issues they faced, and where they lived.
- Most of the key informants interviewed provided full support for the development of a peer parental support program.
- A small component of the current study was a brief environmental scan of peer parental support programs in other jurisdictions. Key learnings from this brief environmental scan included: i) importance of having the in-home peer support visitor a paid, full-time position. High levels of supervision and training were important; ii) universality was key to one of the main program models identified (Better Beginnings, Better Futures); iii) weekly home visits are important; iv) great benefit to visiting parents in-home – parents feel comfortable and open up; v) critical component of in-

home programs is to connect parents and families to other resources in the community; vi) political climate is moving away from in-home models.

Highlights of the Community Consultation Meeting

- In February 2017, service providers from different sectors and organizations were invited to come together to hear the results from the study and to discuss the results.
- A discussion about service awareness, usage and gaps ensued. Participants agreed that reaching the most isolated and challenging families and parents is difficult. Ensuring that parents and families receive something tangible that provides information on the what, when and where of service availability in the region is important (e.g., calendar or booklet).
- This booklet or calendar needs to be available everywhere (e.g., doctor's offices, midwives' offices, libraries, community centres, etc.) and should be made available to parents when they attend prenatal classes. Service providers also need to be aware of what is available so that they can make appropriate referrals.
- Programming options need to be made available after hours and throughout the summer as well.
- When discussing the results from parents and key informants regarding the need and feasibility of a peer parental support program, there was agreement in the room that a program such as this was necessary.
- If planning for such a program was to move forward, participants believed that certain features were important: i) universal access; ii) flexibility/options (i.e., parents can be involved in different ways); iii) informal; iv) build the village/make connections (important to connect parents and families to the community and existing resources; v) promotion/marketing – it will be important that families do not feel labeled or stigmatized. The peer parents would also need to be carefully chosen.
- The service providers agreed that the next steps should be: i) select a lead agency (probably MFFCP) that is independent of funding sources and the CAS; ii) it will be important to liaise with existing program/models to see if there is a place for this model within other contexts; iii) it may be necessary to apply for another grant to continue the planning; iv) the planning group (i.e., those who attended the consultation and were interested in continuing) should meet again once the OEYCFC plan is submitted to the Ministry in the spring, and that expectations for that group should be clear.

Conclusions and Next Steps

- The results indicate that for the most part Muskoka is a very family-friendly community and that many programs and services are available for children and their families. The results also indicate, however, that there is a general lack of awareness of services and some groups of parents are very isolated and are not being reached by existing supports.
- One of the elements of the isolation experienced by some parents is the lack of awareness of programs. This lack of awareness was a key theme in the key informant and parent interviews. Even when parents are aware of services, there are other barriers that create access issues for many. The general consensus across study components was that many parents could not access groups or

other existing supports for numerous reasons including transportation barriers, living in isolated areas, social anxiety, postpartum mood disorders, feeling uncomfortable because of their young age, lack of confidence, or social stigma in asking for help.

- Creating a peer parenting support program is a viable option for creating a supportive village for families that are struggling and who are not accessing current programs and services. Key informants and parents expressed quite a bit of support for the creation of a peer parental support program. Results from both the key informant and parent interviews suggested that a universal peer parental support program would be more likely to reach isolated and vulnerable parents than the programs that are currently in place in Muskoka.
- The results also indicate that a thoughtful and engaging community approach will be essential to the success of a peer parental support program in Muskoka.
- Community Meeting participants reinforced the need for a parental support program and their support for such a program. They suggested that an in-home model would be challenging. They also highlighted again a few critical features of a support program, including: universal access; flexibility/options (do not impose choices on participants - have options for level of involvement); a less formal approach; building the village/making connections; using the right language in promoting it (e.g., not targeting those 'at risk'); and, given the apparent need for support with postpartum mood disorders, that reaching women with those issues be part of the overall model.
- Participants supported that the group continue to meet to discuss the gaps and develop a model, suggesting that an independent agency with a good reputation in the community and no ties to funding sources or CAS, such as MFFCP, take the lead with the support of committed partners and seek a grant to carry out a pilot project.

Introduction

Isolation in rural communities can be exacerbated by geography, lack of affordable public transportation and/or social and emotional barriers. The need to address this issue is pressing for both parents and children as the incidence of postpartum mood disorders (PPMD) is high and research suggests that social supports are a significant predictor of PPMD. The World Health Organization reports that 1 in 5 “*women who have just given birth experience a mental disorder, primarily depression*”.¹ This means that there a significant number of families in Muskoka who are coping with some form of PPMD. Further, HC Link, a government-funded organization tasked to “*enhance the capacity of communities to build, strengthen and sustain healthy vibrant communities*”² reports that connectedness is a critical social determinant of health.

Muskoka Family Focus and Children’s Place (MFFCP) and its partners aspire to address this need by facilitating the creation of a village for families. In this study, MFFCP, with the cooperation of other agency partners, explored the need for, and feasibility of, providing a peer parenting support program that would provide individual and practical supports to families, engage them in existing programming and help them create a network of people to build that village.

The purpose of the study was to:

- Conduct key informant interviews with local stakeholders who work with parents to solicit feedback on current services and the feasibility of a peer parent support model.
- Conduct a survey with parents, and interviews with parents, to solicit feedback from them directly on their awareness of current services, their ideas around gaps in services and the feasibility of a peer parent support model.
- Conduct a consultation with service providers providing results from the study and soliciting feedback re: recommendations and next steps.
- Conduct a document review and brief environmental scan of existing peer parenting models.
- Produce final report with results and recommendations for moving forward

This report is the culmination of the key informant interviews, parent consultation, consultation with service providers and brief environmental scan. The report discusses the methods used in the study, participation levels, key findings, and provides recommendations for moving forward.

¹ http://www.who.int/mental_health/maternal-child/en/

² <http://www.hclinkontario.ca/about.html>

Methods

The study included the following:

1. Phone interviews with key informants in the region (N=20) (October-November 2016)
 - A list of key informants to contact for telephone interviews was generated by MFFCP.
 - The interview guide was developed in collaboration with MFFCP and included questions about issues and barriers facing parents in the region, supports needed by parents, gaps in service, and thoughts on a peer parental support program. Key informants were also asked if there were particular documents we should look at OR others to contact (either inside the region or in other jurisdictions).
 - Please see Appendix A for a copy of the interview guide and for list of agencies/ organizations who participated.
2. Phone interviews with several key informants from other jurisdictions regarding peer support programs (N= 4) and brief environmental scan (October-November 2016):
 - Based upon the recommendations given by the region's key informants and an online search, several other contacts were made with programs in other jurisdictions.
 - The interview guide was developed in collaboration with MFFCP and included questions about the description of the program, what challenges they faced, any outcomes they have documented, and advice/lessons learned about running a peer parental support program. Please see Appendix B for a copy of the interview guide and for list of organizations contacted.
 - Several documents/websites were reviewed based upon recommendations provided by both sets of key informants and an online search.
3. Parent survey (N=269) (November-December 2016)
 - Using the region's key informants, MFFCP staff reached out to parents to request participation in a brief survey.
 - The survey was developed in collaboration with MFFCP and included questions about awareness of services in the region, usage of services, barriers to accessing services, gaps in service, and interest in a peer parenting support program. Please see Appendix C for a copy of the parent survey (paper version).
 - The survey was offered both online and on paper. Most parents completed the survey online (61%); 39% completed the survey on paper.
 - More information about the parents who participated in the survey is provided below.
4. Phone interviews with parents (N=15) (January 2017)
 - A group of approximately 30 parents who gave permission to be contacted for follow-up planning, and who reported some barriers to accessing services, were contacted to request participation in a phone interview.
 - From the list of 30 parents contacted, a total of 15 parents were interviewed.
 - More information about the parents who participated in the interviews is provided below.

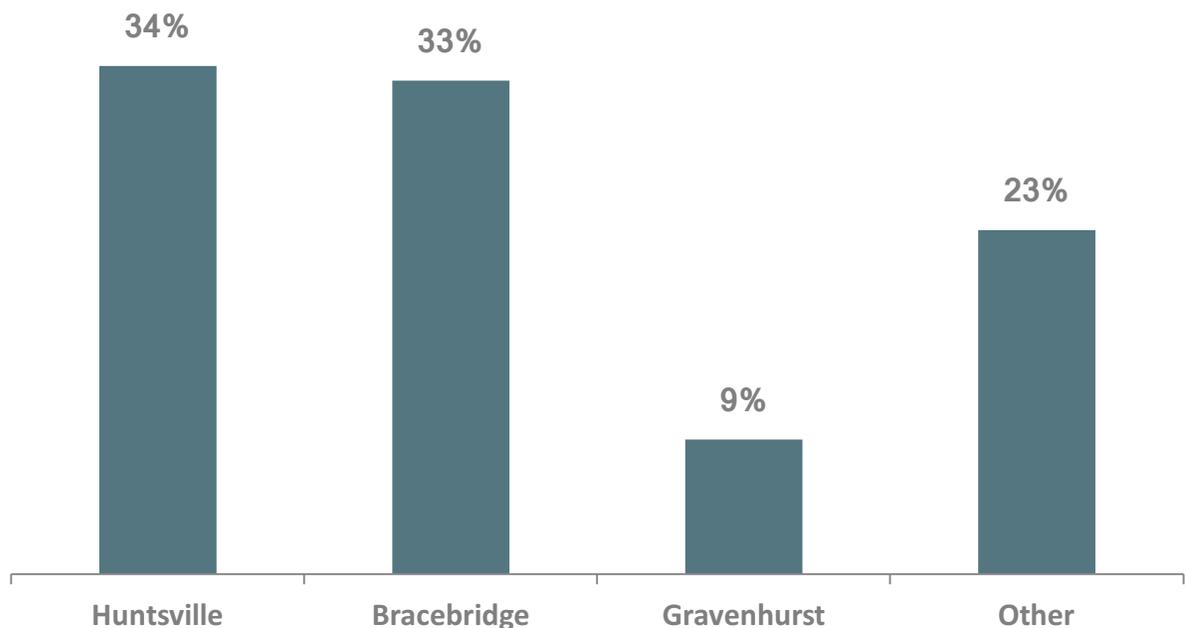
- Questions asked in the interviews were similar to those included in the parent survey: awareness and usage of services, barriers to accessing services, gaps in service, and their thoughts on a peer parental support program.
 - The interview guide was developed in collaboration with MFFCP. Please see Appendix D.
5. Consultation with community service providers (N=26) to discuss study results
- To solicit service providers’ feedback on study results, a consultation was conducted in early February 2017.
 - Results for each of the main sections of the results were shared with service providers: awareness and usage of services, gaps in services, barriers to access, and key informant and parent feedback on the idea of a peer parental support program.
 - Service providers discussed results in small groups and provided feedback.
 - Next steps were discussed.

Who Participated in the Parent Survey and Interviews

Survey respondents were asked to indicate where in Muskoka they resided: Gravenhurst, Bracebridge, Huntsville or “other”; if they answered “other” they were asked to specify.

Figure 1: Where Parents Lived in Muskoka

Survey respondents were most likely to live in either Huntsville or Bracebridge. Respondents were least likely to live in Gravenhurst.



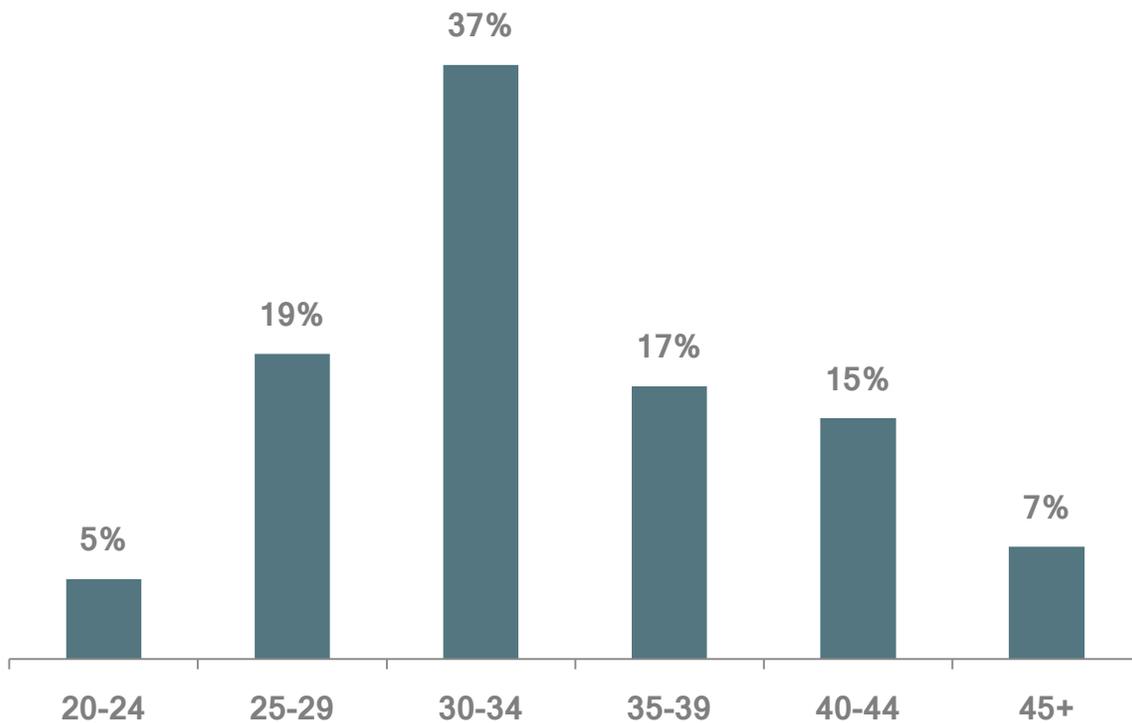
For those who answered “other”, most reported living in the area between Bracebridge and Huntsville (e.g., Port Sydney, Muskoka Lakes Township, Utterson). There were some respondents (approximately 10) who lived north of Muskoka region. There were very few respondents south of Gravenhurst (approximately 4) or northwest of Gravenhurst (approximately 5).

When asked where they usually access services, most answered “Huntsville” (45%), followed by Bracebridge (39%). Approximately 10% of respondents accessed services in Gravenhurst. Approximately 16% of respondents answered “other”; of which the most common location was Port Sydney. Fewer than five respondents each answered any other location for accessing services.

Respondents were asked to indicate which age group they fell into:

Figure 2: Age of Respondents

Most respondents were between 30-34. Very few respondents were less than 25 years of age.



The majority of respondents had two children (44%), followed by those who had one child (34%); fewer respondents (17%) had more than two children. The remaining participants (5%) did not have any children (e.g., currently expecting, caregivers). Overwhelmingly, most respondents were mothers (94%); 4% were fathers and the remaining were grandparents or caregivers.

As indicated above, a list of 30 parents was generated from the parent survey of those parents who gave consent to be contacted for follow-up and who had experienced some barriers in accessing services. As reported above, 15 interviews were conducted. Of those 15, 13 were mothers and two were fathers. Five of the respondents (33%) were between 20-24 years old and an equal number were between 30-34 years old. The other respondents were 25-29 (n=2), 35-39 (n=1), and 40-44 (n=2). Most lived in Huntsville (47%) and two were from Utterson (13%); the others were from Bracebridge, Gravenhurst, Sundridge, Port Severn, Novar, and Rosseau. The majority of parent interview participants had two children (53%); 40% had one child and one respondent three children. Most of the respondents were parenting with a partner (87%); only two were single parents (13%).

Programs and Services for Parents in Muskoka

In this section we discuss the results from all of the data collected with respect to programs and services for parents in Muskoka, including awareness, access, and strengths, gaps and limitations.

Awareness of Services

Parents' awareness of the services in the community and region were explored in the parent survey and the parent interviews.

Parent Survey Results

Parents were asked two questions with respect to their awareness of services. First, was an open-ended question, asking respondents to list all of the services, programs and resources they were aware of in Muskoka. For the open-ended question, the majority of respondents (88%) could name at least one program they were aware of. More than one-half of respondents could name three programs and one-third could name four programs. By far, the program/service that they were most familiar with was the Ontario Early Years Centres (OEYC):

- **71% of those who named at least one program of which they were aware in Muskoka, named OEYCs**

Other programs/services commonly reported included:

- Library programs: 17%
- Sports and recreation programs: 15%
- Great Beginnings: 15%
- Dinner programs: 13%
- Baby Talk: 11%
- Hands: 8%

It is important to note that dinner programs and Baby Talk are both offered by Muskoka Family Focus and Children's Place. Although where parents received the request to participate in the survey was not tracked, many of the parents solicited for participation in the study were clients of MFFCP; therefore, it is not surprising that respondents were very familiar with their programs.

The respondents who did not provide any response when asked to name programs they were aware of in Muskoka were examined separately (n=34):

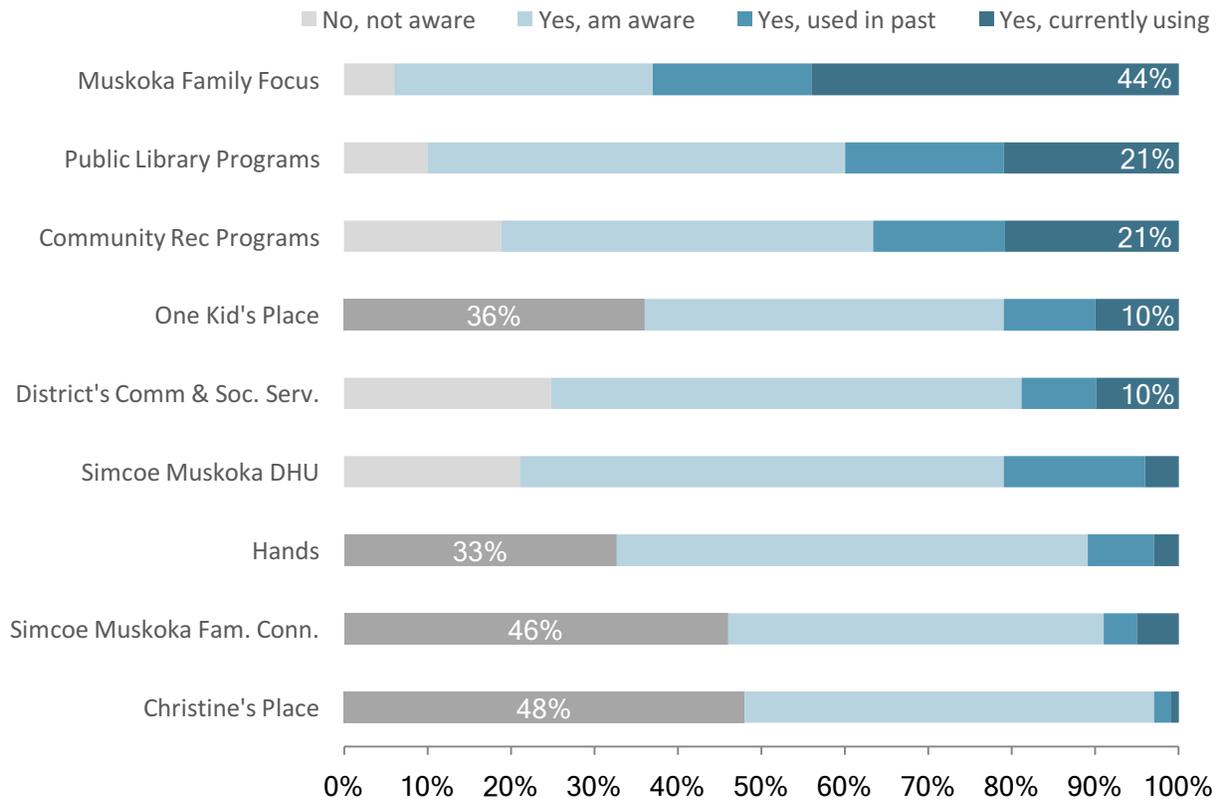
- These respondents were more likely to live in Bracebridge: 50% of this sub-sample of respondents lived in Bracebridge compared to 33% for the sample as a whole
- They were more likely to be younger: 32% were under the age of 30 versus 24% for the sample as a whole
- There was some evidence that they were more likely to report barriers accessing services that were not work or time-related. [More information on this will be discussed in the next section.]

Respondents who did not list any services of which they were aware were more likely to be younger, live in Bracebridge, and report barriers to accessing services that were not work or time-related.

The second question asked regarding awareness of services included a list of organizations, along with a brief description of services offered, and respondents were asked if they were aware of the organization and if they were currently using or had used the service in the past.

Figure 3: Awareness and Use of Services

Respondents most likely to be using MFFCP, public library and community recreation programs. Respondents were least aware of Christine's Place, Simcoe Muskoka Family Connexions, One Kid's Place and Hands.



As shown above, respondents were most likely to be current or past users of MFFCP, public library programs and community recreation programs. Respondents were least aware of Christine’s Place, Simcoe Muskoka Family Connexions, One Kid’s Place and Hands. Some of the unfamiliarity with these programs may simply be a result of other factors. For example, Christine’s Place is located in Huntsville and focuses on those facing unplanned pregnancies; therefore, it would not be surprising for those in south Muskoka, or those whose pregnancies were planned, not to be aware of this service. As well, unfamiliarity with Simcoe Muskoka Family Connexions may be the result of having changed names twice in the past two years due to an amalgamation and that families with older children may be more likely to access Children’s Mental Health Services than families with children aged 0-6.

Results were also examined by age (younger respondents versus older respondents), location, and number of children (having one child versus two or more children). The sample size for the younger parents (under age 25) was quite small (n=14); nonetheless, there were some statistically significant differences found between the younger and older parents with respect to awareness and usage of services:

- **Younger parents were less aware of Muskoka Family Focus and Children’s Place:** 21% reported that they were not aware of services of MFFCP compared to 5% for the rest of the sample.
- **Younger parents were less aware of the District Health Unit:** 36% were not aware of services compared to 20% for the rest of the sample.
- **Younger parents were less aware of public library programs:** 23% were not aware compared to 9% for the rest of the sample. As well, **fewer younger parents had used library programs in the past or currently:** 15% compared to 41% for the rest of the sample.
- **Younger parents were less aware of community recreational programs:** 38% were not aware compared to 17% for the rest of the sample. As well, **fewer younger parents had used these programs in the past or currently:** 15% compared to 38% for the rest of the sample.³

There were also significant differences found in awareness of services based upon where respondents lived. Respondents living in Gravenhurst were less aware of Christine’s Place: 83% compared to 26-58% for the rest of the sample. Respondents living in Gravenhurst and in locations outside of the three main centres (i.e., “other”), differed from those living in the other two locations in the following ways:

- Simcoe Muskoka Family Connexions: 68% of respondents from “other” locations and 56% of those living in Gravenhurst were not aware of this service compared to 40% of those living Huntsville and 33% of those living in Bracebridge.
- Community recreation programs: 29% of those living in Gravenhurst and 28% of those living in “other” locations were not aware of these programs compared to 17% of Bracebridge respondents and 11% of Huntsville respondents.
- Respondents living in Gravenhurst were more likely to be users of the District’s community and social services: 30% compared to 10-24% for the rest of the sample (Bracebridge: 24%; Huntsville: 15%; Other: 10%).
- Respondents with one child were less aware of Muskoka Family Focus (10% compared to 2% for those with 2+ children), One Kid’s Place (49% compared to 26% for those with 2+ children), Hands (44% compared to 27% for those with 2+ children), District Health Unit (25% compared to 19% for those with 2+ children), and community recreation programs (24% compared to 15% for those with 2+ children).

Some sub-groups were less aware of services:

- Younger respondents (under 25) less aware of the following services: Muskoka Family Focus, District Health Unit, (MFF, DHU, library and community recreation programs)
- Respondents living in Gravenhurst less aware of: Christine’s Place, Simcoe Muskoka Family Connexions, District Health Unit, community recreation programs
- Respondents living other than 3 main centres less aware of: Simcoe Muskoka Family Connexions, District Health Unit, community recreation programs
- Respondents with only 1 child less aware of: Muskoka Family Focus, One Kid’s Place, Hands, District Health Unit, community recreation programs

³ Younger parents were also more likely to be past or current users of services of Christine’s Place (21% compared to 1% for the rest of the sample; however, given the focus of this organization (support for those facing unplanned pregnancies) it is not surprising.

Parent Interview Results

Most of the parents that were interviewed were connected to at least some programs and services for families in Muskoka. Only several parents had not accessed any services at all. Most of the parents (at least 75%) had accessed the OEYC Programs. A few parents were actually accessing more than one Early Years group, travelling to more than one town to participate in the program. Many had also participated in other programs and services. They mentioned specifically Great Beginnings; Make the Connection, Interval House, Community Living, One Kid's Place, Christine's Place, Healthy Babies Healthy Children, and Hands The Family Help Network.

Many of the parents reported that they became aware of other programs through the first program they attended. In most cases, this was an Early Years Program, but some parents had also learned about specific programs and services through other agencies or programs. The most common way parents' appeared to have found out about any programs, including the Early Years Program, was through word of mouth from friends and family. A couple of parents reported that they had discovered programs through the internet.

"Well my sister-in-law, she went to them before because her child is older than my kids are so she knew about them before I did and then she told me about them."

More than one-half of the interview participants reported that in their experience programs and services for families in Muskoka are not well promoted. Participants reported the following experiences related to promotion of services:

- Finding information online is difficult.
- Had not seen much promotion in Bracebridge.
- Believed that if they had not participated in an OEYC program, they would not have learned about other programs.
- Some programs are well promoted but others are not.
- A few parents talked about how they knew of parents who were not aware of any services.
- A parent who had literacy barriers reported that there are not many other ways to get information on services other than through written material.
- Promoted well through word of mouth but not through official program materials.

"Not very much here in Bracebridge. You kind of have to search out for programs yourself. You're not really told about them. You're not provided with information that I really feel like they should provide....I just went to the hospital for my prenatal check-up and they give you a lot of booklets but not one of them mentioned even Early Years for moms who are pregnant."

Accessing Services

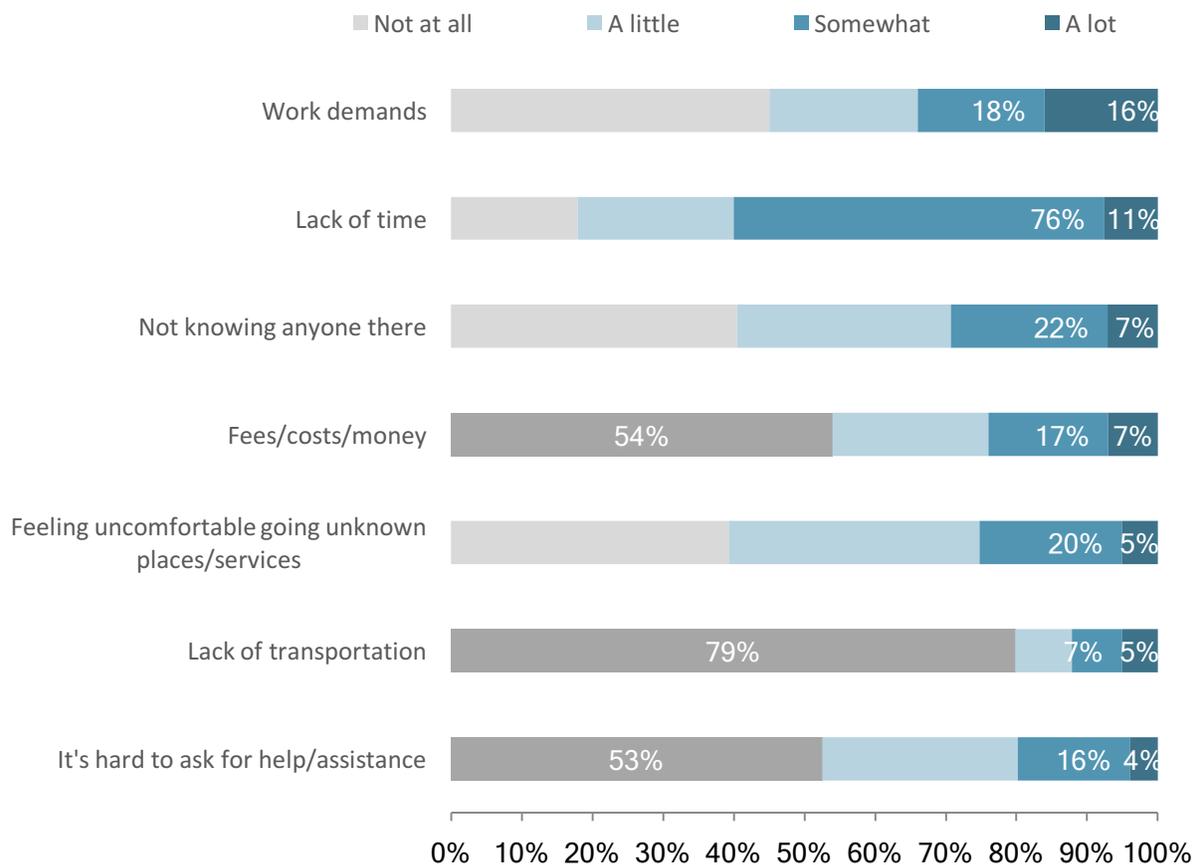
Accessing services was explored in the parent survey, parent interviews, and with key informants.

Parent Survey Results

Respondents were asked to indicate the extent to which each of six different items prevented them from going to programs/services or getting the resources they needed.

Figure 4: Barriers Accessing Services

Respondents were most likely to report work demands, lack of time, and not knowing anyone as reasons for preventing them from using services. Respondents were most likely to answer "not at all" for lack of transportation, hard to ask for help, and fees/costs/money.



Respondents were most apt to report work demands and lack of time as the main barriers that prevented them most from accessing services. Nonetheless, not knowing anyone there, fees/costs/money, and feeling uncomfortable going to unknown places were reported as at least “somewhat” of a challenge or barrier by at least 25% of the respondents. Although we heard from key informants that lack of transportation was a real barrier for parents in accessing services (as will be

discussed later), only 12% of the survey respondents reported that transportation prevented them either “somewhat” or “a lot” from accessing services. It does not appear that the survey reached those respondents who may be most isolated – that is, those without any transportation.

Respondents were also given an opportunity to provide any other barriers that may be preventing them from accessing services: 65 respondents answered. The main reasons given included:

- **Not aware** of programs, or information is confusing or difficult to find (i.e., what programs, where offered, times): approximately 26% (n=17)
- **Timing of programs:** conflicts with nap time, unable to get there because of job, or timing in general just doesn’t work for them: approximately 23% (n=15)
- **Distance/travel time:** approximately 14% (n=9)
- **Challenging to get kids there:** respondents noted that if they had more than one child, or had a difficult child, it was difficult sometimes to get the kids there: approximately 11% (n=7).⁴

When respondents were examined by age group, location, and number of children, some differences emerged. Younger parents (under age 25) were more likely to report that the following created a least “a little” bit of a barrier to them accessing services:

- Transportation: 73% reported this as a barrier compared to 19% for the rest of the sample.
- Fees/costs/money: 77% reported this as a barrier compared to 44% for the rest of the sample.

As well, younger parents were more likely to answer that “feeling uncomfortable going to unknown places” prevented them from accessing services either “somewhat” or “a lot” (54% compared to 24% for the rest of the sample).

Respondents living in Gravenhurst were more likely to report “feeling uncomfortable going to unknown places” and “not knowing anyone” as barriers compared to the rest of the sample.⁵ No other statistically significant differences were found, by residence or location, for barriers to accessing services.

Respondents with 2+ children were more likely than those with 1 child to report “work demands” (26% compared to 40%, respectively) and “lack of time” (32% compared to 49%, respectively) as preventing them from accessing services either “somewhat” or “a lot”.

Younger parents (under age 25), those living in Gravenhurst, and those with 2+ children were more likely to report barriers to accessing services.

⁴ As well, two respondents reported a lack of support for their special needs children, also making it difficult to get to programs/services.

⁵ Respondents from Gravenhurst were far less likely to answer “not at all” for “feeling uncomfortable” as a barrier: 14% compared to 40-44% for the other locations. Similarly, for “not knowing anyone”, respondents from Gravenhurst were far less likely to answer “not at all” (24% compared to 38-47% for the other locations).

Parent Interview Results

Program access and challenges and barriers to access were explored in the parent interviews. Parents again reiterated that programs were not well promoted and thus **lack of awareness was one of the primary barriers reported by the participants.**

Lack of consistent transportation was another main barrier reported by parents. Some of the parents did not drive, some did drive but did not have a car, and others did not have a car during weekdays since their partner used it for work. For some, even when they could drive, distance was a barrier because they live outside of the main centres. Many of the parents knew about the free transportation available through some of the programs and a couple actually used it regularly or on occasion. Some, however did not know about this service and at least one commented on how they were not comfortable riding with people they did not know. In addition, this service is not universal and therefore not available in all programs.

Some of the parents also talked about how social anxiety, depression or even shyness posed a barrier or challenge to accessing programs. Not knowing anybody in the programs was a real deterrent to some and others discussed how they know of some parents, especially women who were experiencing postpartum depression and getting out to a program where they did not know anybody made them anxious.

A few participants also talked about how stigma and feeling judged affected their ability to fully access programs. A couple of mothers talked about how it was difficult for younger moms in their early 20s. One mother described how as a young mom in her early 20s, it was difficult to provide an opinion at drop-in groups because she often felt she was being judged. Another parent talked about how there is a stigma associated with asking for help and that parents do not want to be seen as a bad parent. She explained how this had created a barrier for her accessing the postpartum online support group.

“There’s so many people that I’ll just see in a restaurant and be like ‘hey, you live in Huntsville. Do you ever go to the Early Years program?’ And people just don’t know about it. So I would say no, it’s very under promoted.”

“And other times you get kind of anxious if you are kind of nervous – like the first time I went to the Early Years in Huntsville I was a bit nervous that there wouldn’t be many people there. That I’d feel awkward. I’m young for a mom and it’s true other moms are older but like once you get there that gap kind of closes. So I think that can be a real problem for getting there for a lot of moms is getting the courage to get out of the house.”

“A lot of my friends, they felt like they should know exactly what to do with their child at all points. They should not need any help. It makes them a bad mom and stuff like that...”

“I don’t like going to things alone with people I don’t really know.”

Key Informant Interview Results

Several themes emerged in the key informant interviews with respect to the main challenges and barriers faced by parents in Muskoka. **The themes were similar to those described by the parents, including transportation barriers, social anxiety and issues such as low confidence, lack of awareness about services, as well as the stigma of asking for help.**

Transportation was the barrier to services most discussed by key informants. Key informants discussed how this was especially critical for those in the more isolated and rural areas, but it is also an issue for parents living in the three main centres.

Another very prominent theme in the key informant interviews was that since many of the programs take place in a group setting, parents with social anxiety, depression, who are not comfortable in a group setting, or who have low confidence, have difficulty accessing these groups. As some key informants expressed, if a parent is “struggling”, they can’t get out.

Lack of awareness of services was the third most prevalent barrier discussed by key informants. A few key informants reported that even service providers are not always aware of all the services, an issue that is exacerbated by ongoing changes in programs and staffing.

A few key informants also reported that stigma of asking for help or not being comfortable asking for help created program access barriers for some people. One key informant explained how there is a lack of a culture where asking for help is normal and where people understand that everybody struggles sometimes.

Other less frequently discussed barriers, but that were mentioned by two or more people, included the following:

- Poverty or financial barriers
- Fear of Children’s Aid Society involvement
- Programs are not universal (do not qualify for a program, strict criteria)

Strengths, Gaps and Limitations in Service

Parents were asked, in both the surveys and interviews, what they thought was missing for parents in Muskoka. Gaps in services were also explored with key informants. Strengths and limitations of service were also explored in the parent and key informant interviews.

Parent Survey Results

Respondents were given the opportunity to report on what services, programs or resources for parents they thought were missing in Muskoka. One-half of the respondents (n=134) gave at least one response and about one-quarter gave at least two responses. Fewer than 10% of the sample gave more than two responses. For those who provided responses, answers were quite varied. Some of the main themes included:

- **Parenting programs, services and resources** (approximately 49%; n=66). The responses were quite varied and included suggestions such as:
 - Pre-and post-natal support (greater breastfeeding support, postpartum depression support, info on cloth diapering in prenatal programs) (approximately 11)
 - Clothing bank or toy bank/exchange (approximately 6)
 - Better medical supports - dental health assistance, more developmental screenings, more doctors, asthma/allergist clinic (approximately 6)
 - Support groups – ideas included group for Moms with multiple babies, group like Moms of Muskoka, support for blended families, support for parents whose children are in care of CAS, first time Moms group (approximately 6)
 - Supports for autism and other special needs (approximately 5)
 - Improving skills for parents and/or children – e.g., fine and gross motor skill development, parenting skills, learning CPR/how to deal with choking (approximately 5)
 - More Big Brothers/Big Sisters (approximately 5)
 - Practical supports like list of possible babysitters, respite, housing assistance, help with getting high school/college diploma (approximately 4)
 - Social opportunities to get together and have fun (approximately 4)
 - Dad-focused resources and programs (approximately 3)
 - More dinner programs/better advertised (approximately 3)
 - Peer support for parents (approximately 3)

- **More activities (recreational, arts/music, playground equipment/parks) in general for different age-grouped children and/or ensuring activities are affordable** (approximately 43%; n=58). Responses were quite varied and included activities such as gymnastics, better swim programs, more outdoor activities for families, parent/child fitness programs, more or better playground equipment and parks (e.g., swings, splash pad, more parks, indoor playground).

- **More day care or preschool locations, more affordable daycare, and/or more choices when it comes to daycare/preschool** (approximately 14%; n=19).

- **Offering programs after hours (evenings and weekends) for working parents** (approximately 8%; n=11).

- **Expansion of mental health services:** Respondents did not always specify beyond “more mental health services”, but where respondents did provide more information this included – greater mental health awareness, mental health supports in schools and for kids, faster access to counselling for youth, more counselling, and more couples’ counselling (approximately 7%; n=9).

- **Expansion of OEYC hours/programs (times – including summer hours/locations)** (approximately 6%; n= 8).

Parent Interview Results

The parent interviews explored what it was like to be a parent in Muskoka, what else participants believed needed to be done to support parents and further initiatives parents believed were needed to support parents and families in Muskoka.

Being a Parent in Muskoka

During the parent interviews, participants were asked to discuss what they thought it was like to be a parent in Muskoka. That is, if they felt connected, supported and/or if they thought their community was a good one to be raising children. It seems like many of the parents we interviewed were positive about what Muskoka had to offer families. They said there are many programs and services in Muskoka and something happening every day that they can attend with their young child. In terms of connections and accessibility, while some said that they were very connected and could easily access programs, close to one-half of the parents we spoke to reported that they did not feel connected and/or were having trouble getting to programs because of transportation and distance from their home to the program. The transportation and distance seemed to be mostly for those in very rural areas. They reported that while they knew there were programs available where they could connect with other parents, these were difficult to get to because they lived in the more rural areas of Muskoka and it was either very far to drive or they did not have access to a vehicle. The lack of connection, however, went beyond geographical isolation. It had to do with the nature of a small community or issues such as postpartum depression, cliques, feeling judged because she was a younger parent (in her early 20s), and isolation due to geography.

“I didn’t realize how much was available for those with children until I actually had my first child who is four now. So there’s pretty much programs running every day of the week if you wanted to get out every day of the week within Muskoka to something which was great for her because I had a bit of postpartum. So it was nice to be out with other moms and relate as well so in that aspect, very supportive.”

“Again because you don’t really know a lot of the people – like I don’t know my neighbours very well. I don’t know what their feelings are on how they raise their kids or how they feel about the school system or...it’s almost like we’re all in our own little bubbles.”

“For me, I had my daughter young and while there was a lot of support, I felt judged all the time so I don’t really know.”

Feedback on Programs

Throughout the interviews, parents reported on how many programs were free posing few financial barriers. They also reported how in general the programs; especially the drop-in programs were very comfortable and welcoming. Numerous parents talked very positively about the OEYC programs and how these were a very critical part of their support. One parent even described how the Early Years program has been critical for her in dealing with the postpartum depression she had experienced.

Parents were asked specifically about parenting workshops. Most had not attended any of the workshops and provided the following feedback on why they had never attended:

- They are not offered at a great time (mentioned by several participants)
- Topics are not related to the age of her children – babies or older kids (mentioned by several parents)
- Could not attend with an older child/older child won't stay in childcare (mentioned by 2 parents)
- Difficult to get into town to get to them
- Not aware of any in Port Sydney
- Topics were not of interest

At least one-third of the parents that were interviewed had participated in the Healthy Babies, Healthy Children's program through the District Health Unit. At least four of these were mothers who had experienced postpartum depression following the birth of at least one of their children. There did not appear to be consistency in how they had accessed the program, with a couple saying they were screened in the first pregnancy but did not hear anything about it the second time around. At least one parent who had experienced postpartum depression mentioned that the Healthy Babies, Healthy Children program had really been a good support, by providing parenting tips, helping her access other resources, and advocating for her to keep childcare for older child. Only one parent did not find it helpful. She had postpartum depression and was visited regularly by a nurse, but not a peer visitor. She did not find it helpful and therefore, with her second child, did not access it again.

What Else is Needed for Parents in Muskoka?

When asked what else they thought needed to be done to support parents in Muskoka, the most prominent response in the parent interviews, was that there were already a lot of services, but that they needed to be better promoted. They made numerous suggestions for enhancing the promotion of programs, including the following:

- Consider literacy issues and not use only written materials in promotion
- Increase information online
- Create a more comprehensive network to get information out
- Family doctors should talk to patients about programs and services for families

Parents did make a variety of suggestions for other programs. Several parents suggested support for parents to help them connect to other parents. This support was described in different ways by different parents, for example as an informal support, a way for moms to talk to other moms about issues without being judged, an outreach component to help a mom connect and open up, or a program where older parents provide tips and support to younger parents.

Parents also made a variety of suggestions for topics for parenting workshops, including the following:

- Step-parenting
- Topics related to 1-4 year olds
- Raising challenging children
- How to focus on your relationship with your spouse
- Content geared to fathers

There were numerous other suggestions for additional support for parents mentioned by one or two people, including the following:

- More programs in the summers
- More days for OEYC drop-in programs including weekends for working parents
- Programs for younger mothers
- Programs for parents with older kids, not just 0-6
- More pre-natal programs
- More licensed child care

Participants were also asked if they thought there were any further supports needed for parents who experienced additional barriers. Many of the responses were focused on additional supports for mothers experiencing postpartum depression. Several of the mothers who participated in the interviews reported that they had experienced postpartum depression and thus they were able to speak to their experience and the support they reported was needed in Muskoka. They reported that other than an online support group that a couple of women were aware of for mothers experiencing postpartum depression, the only support they were aware of was care through family physicians (usually medication). The participants suggested that there might be some programs that could be helpful (e.g., the drop-in programs) but reaching out could be difficult for some parents, especially those experiencing postpartum mood disorders. Their comments indicated that mothers experiencing postpartum depression, or who were struggling in any way, would benefit from talking to others experiencing the same issues. One participant recommended a support group during the day and another suggested an

"...Maybe kind of like an outreach program for moms. Even if it's like an online group or something like that where moms can talk to other moms about problems they're having or just talk to someone who has been there kind of thing without feeling judged or kind of pushed one way or another.... Sometimes you just need to feel you're doing okay and you're managing all right."

"I am unaware of anything in this community for (postpartum depression) ... Having suffered alone and not having anyone who truly knew what I was going through, other than getting professional help which I was opposed to, I'd rather talk to another mom who was suffering as well."

"There's no like anonymous way of saying like you are having a problem. It's a hard thing for a parent to admit. It would be really nice if there was an anonymous type way of saying this is what I'm going through and finding out about different help you could seek."

anonymous way of parents discussing problems they are struggling with. Some of the issues experienced by women with postpartum depression were extended to all parents who are struggling in any way and have trouble reaching out for support. The participants' responses suggested, as discussed earlier in another section, that when one is struggling services are difficult to access, especially drop-in programs.

Key Informant Interview Results

During the interviews, the key informants were asked about what supports parents in Muskoka need, specific needs of parents with additional barriers and about any general gaps in programs and services for families in Muskoka.

Supports Needed and Gaps Identified

Close to one-half of the key informants stated that parents need comprehensive parenting support. One key informant described it as a *“tool box for successful parenting”*. This would include information and supports on parenting and information on what their children need at different points in their child's development. A couple of key informants reported that parents need better education on what it is like to transition into parenthood. They described that education and parenting programs have not kept up with changes in parenting and family life. People do not have all the supports and networks that they used to have in their neighbourhood and from their families, and more mothers are working outside of the home. Parents need better support on what a realistic baby is and what needs to be put in place in a home for a baby. If parents get more realistic information, when they are struggling they will not feel like they are alone. One key informant also mentioned that parents need solid, reliable information because often the information they get online is overwhelming and conflicting.

“In ideal utopia - as soon as child is conceived - wraparound services.”

“They need a lot of information. They get a lot of information online but it is a lot of mixed messages and it is conflicting and overwhelming and not all information is positive and supportive of moms in terms of their parenting styles.”

Many key informants discussed how parents need not only information on programs and services that are out there, but they also need to be linked to these program supports as well as other informal supports. They felt that a gap in service was a general lack of coordination and collaboration and that it was difficult currently to navigate the system. Key informants described the details of how parents could be linked to program supports in a number of ways, including:

- Connectivity as a whole – connecting to parents and peers but also to formal services, resources and community supports.
- Additional support in linking families that are struggling in any way (mental health, not feeling connected, feeling overwhelmed, financial struggles, isolation, parenting challenges) and providing a safe place to talk about the struggles of parenting.
- Additional supports, mentoring and encouragement for younger parents.
- Support in developing a social network and connections to other parents.
- Additional supports for when children are very young.

“What I hear from moms is that they need to get out of the house.”

“Peer support is needed. There are groups out there and drop-in centres, but those are not the places someone goes to when they are personally struggling.”

“Linking people to services that are available... Often people do not know what is available. They need connectivity as a whole - accessing peers, other parents about also where to find services and other community supports available in the area. Especially first time parents they may not be aware of what is out there and how to access and navigate those services.”

“A safe place to come and talk...There are a lot of places for moms to go, but those that are feeling bad about themselves, who are having trouble connecting, who might feel guilty, sometimes they go to those places and they feel they can’t relate, do not share the same experiences, whether people are being honest or not. So they either put up a good front or they stop going. There are not many places for parents to talk about the struggles with parenting.”

When key informants were asked about the gaps in services for parents in Muskoka, one of the most frequent responses was that there was a lack of services for women experiencing postpartum mood disorders. There is, however, a task force that is currently looking at service needs and gaps for postpartum mood disorders in the area. In addition to postpartum mood disorders, one key informant also stated that there was a shortage of services for parents with mental health issues.

Other gaps or further supports needed that were reported by key informants, included the following:

- Day care and child care services.
- Not enough one-to-one support (most programs are in groups).
- Support for parents who can’t get out to groups or who are more isolated (e.g., transportation to appointments).
- Few universal programs.
- Early Years programs are not currently in all communities.
- Not much in terms of peer support (e.g., functional support like an extra pair of hands or a postpartum doula; more mature peer support and not others they meet in groups).
- Services for low-income parents; poverty is a significant issue in Muskoka and many do not have their basic needs met.
- Breastfeeding support.
- Healthy Babies, Healthy Children is not universal.
- Most programs are focused on the child’s health and not the parents.
- Sensitivity training for workers to help increased non-judgmental services.
- An expansion of parenting workshops.

Specific Needs

In the interviews, key informants were also asked if there were any specific groups of parents that they knew of that had additional or specific needs. **There were four groups that were quite prominent in the results: parents in very rural and isolated areas, single parents, young parents, and parents living in poverty.** Key informants also reported that often there was an intersection of these groups – for example lower income housing is often in the isolated areas and often single and/or young parents experience more financial difficulties and thus live in these rural or more isolated areas.

Key informants suggested that for parents living in rural and isolated areas, it is not only that transportation and distance to programs are barriers, but some had experienced that this group was more difficult to engage in programming (even home-based programming). Key informants suggested that dealing with poverty was critical since it is intersected with other issues. Several key informants also reported that poverty was a critical issue in Muskoka, with one specifying that the area had a higher rate of social assistance than the provincial average.

Other groups of parents that might need additional or specific supports that were each mentioned by at least two to three key informants included:

- Mothers experiencing postpartum mood disorders.
- Parents new to the community.
- Parents who might not be able to attend a group (for whatever reason).
- Indigenous parents.

“Young parents who sometimes are single parents. They often don’t live in one of the towns, live in an apartment in the rural community. They are much more secluded then; can’t get into town. And small rural areas have very basic supports.”

“Rural population - hear lots of discussion about transportation limitations. Even home-based programs, seems like the families that are outside of the three major communities are more difficult to engage. Not sure why... There are [fewer] services in those areas as well.”

Developing a Peer Parental Support Program: Thoughts and Input from Parents, Key Informants and Others

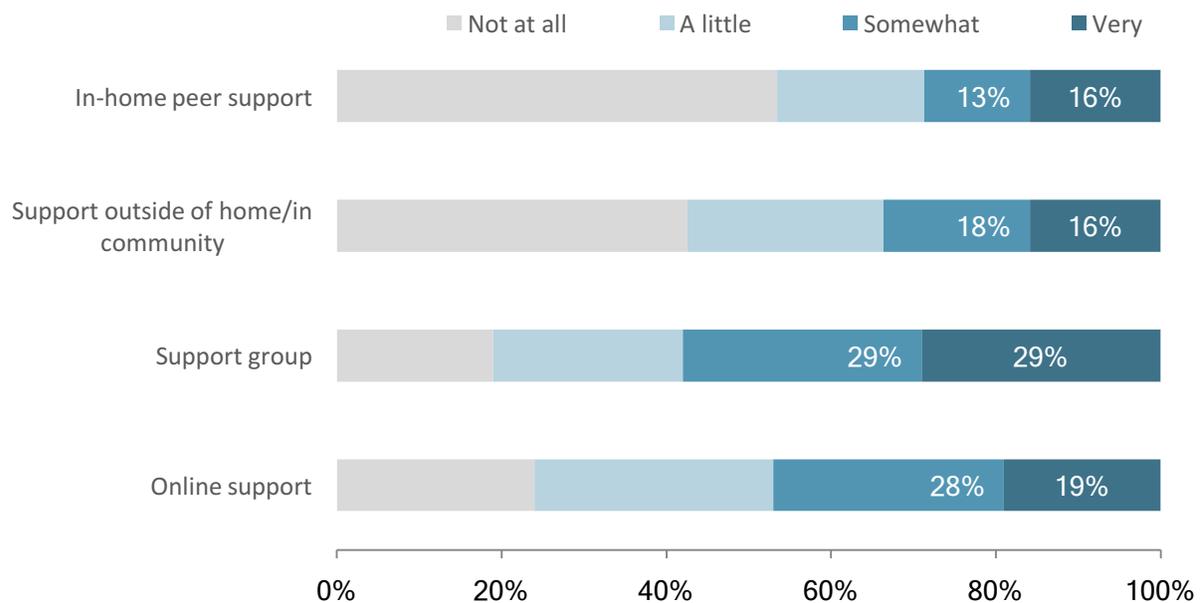
One focus of the current study was to determine the need and feasibility of a peer parental support program. This idea was explored in all aspects of the study: the parent survey, the parent interviews, and key informant interviews, both within the region and with other jurisdictions. In this section of the report we discuss the results from those different study components.

Results from the Parent Survey

Parents were asked about the likelihood of using different components of a possible peer parental support program, including: in-home peer support (being matched to a peer/mentor), support outside of the home or in the community (e.g., meeting with a peer/mentor outside of the home, accompanying parents to programs, being part of a ‘meal train’), support group (parents meet together to discuss issues, challenges, etc.), and online support (e.g., online chat, resources). Respondents were asked to indicate how likely they would be to use each component of a program such as this; please see results below.

Figure 5: Likelihood of using Peer Parental Support Program

Respondents showed greatest likelihood of using the support group component, followed by the online support. Nonetheless, 29-34% of respondents (69-81 people) indicated they would be at least 'somewhat likely' to use the in-home or community support components.



When younger parents were compared to older parents with respect to their likelihood of using different components of a peer parental support program, younger parents showed a general pattern of responding more favourably than the rest of the sample. That is, more younger parents reported that they were either somewhat likely or very likely to:

- Use the in-home peer support component: 46% compared to 28% for the rest of the sample.
- Use support outside of the home/in the community: 55% compared to 32% for the rest of the sample.
- Use the support group component: 73% compared to 58% for the rest of the sample.

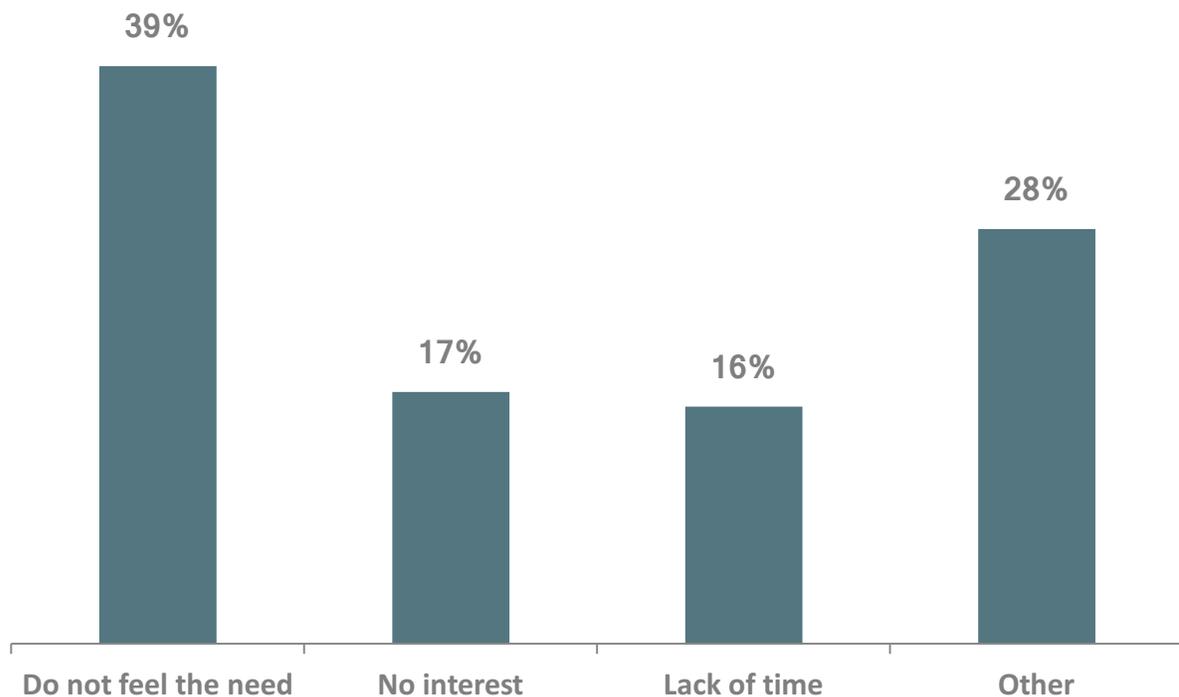
Although the pattern was of greater likelihood to use the program, none of the differences noted above were statistically significant. Had the sample size for the younger parents been larger (i.e., larger than 14), and this same pattern was noted, statistical significance would likely have been achieved.

There were no differences found in support/interest in a peer parent support program by where respondents lived. Respondents with only one child were more likely to indicate greater likelihood of using the support group component compared to those with two or more children (45% vs. 22%, respectively).

After respondents were asked about their likelihood of using a peer parental support program, they were then asked what would prevent them from using such a program. There were three responses provided (they could check all that apply), as well as “other” where they could specify:

Figure 6: Barriers to using Peer Parental Support Program

When asked what would prevent them from using a peer parental support program, respondents were most likely to answer "do not feel the need".



When asked to specify the “other” reasons that would prevent them from using a peer parental support program, of the 75 people that checked “other”, the most common response was a perceived lack of need (approximately 31%; n=23). Another common response was feeling uncomfortable or worried about having someone come into their home (approximately 20%; n=15). Similarly, some of the respondents (approximately 11%; n=8) reported hesitancy based upon who the person would be coming into their home – that is, the program would need to ensure that the person was a good fit, trustworthy,

and shared the same values and parenting style as the respondent. A handful of respondents (approximately 8%; n=6) did not report on any barriers; rather, they took the opportunity to indicate that they would be very interested in the program. All other responses were quite varied.

When the younger parents were examined separately, there was a difference between this group and the rest of the sample for

“no interest” as a barrier:

none of the younger parents indicated this as a barrier, compared to 18% for the rest of the sample.

Similarly, respondents

with only one child were less likely to see this as a barrier: 12% compared to 20% for those with two or more children. Respondents from Gravenhurst were less likely to check off “do not feel the need” compared to the rest of the sample: 12% vs. 40-44%, respectively. No other differences by age, location, or number of children were found with respect to barriers to using a peer parental support program.

Younger parents, and those with only one child, were less likely to indicate “no interest” as a barrier to using a peer parental support program. Gravenhurst residents were less likely to indicate “do not feel the need” as a barrier.

Parent Interview Results

Support for the Program

All 15 parents who participated in an interview supported the idea of a peer parental support program. A couple of parents were very eager for a program of this type to be initiated in Muskoka and asked that they be contacted as soon as it started. The parent participants made numerous initial comments on what they believe are the strengths of having a peer parental support program in the district of Muskoka. These comments included the following:

- It would be like gaining a friend (similar to the Big Brother Big Sister model).
- It would provide parents with somebody to talk to without being judged.
- A peer would be more comfortable to talk to than a professional.
- Does not need to be a formal connection – goal can be to connect parents to other parents in the community (for example matching up parents so they can get together for play dates for children while parents chat).
- It would be helpful for mothers experiencing postpartum depression.
- It could provide parents with an extra pair of hands.

“I think it’s a great idea because I think having the focus be on that it’s a peer support, that will help alleviate some of the fear in some moms that don’t reach out for supports but need them because the fear of CAS. And it’s nice just to be able to have someone know now that I’m a bit more of a seasoned mom, I try and give my phone number out to the other moms that I see that are struggling a bit ...and can lend an ear and let them know that it’s okay and that things suck sometimes.”

“Connecting moms in the community to other moms in the community, I thought that was a great thing. Like someone with a kid around the same age as your kid – that would be I think, really cool. I think you could form some friendships and I think those are – personally I think those are hard to make sometimes. Especially like, a lot of moms go back to work and some of them don’t and it’s hard to connect.”

During the interview, the interviewer reviewed the four possible models or components of a peer parental support program, namely home visiting, a support group, meeting a peer in the community and online support. Overall there was support for each model/component with many parents preferring one model or component over the others, but some parents suggested that they could see the benefits of each variation of parental support. The differing responses seemed to depend on each parent and the unique needs, issues, and barriers they experienced. For example, some of the parents who had more difficulty getting out preferred the home visiting model while some reported that they did not like having somebody come into their home and thus would prefer either a group or to meet a peer support person in the community. Some parents liked the idea of online support, but some expressed that they would much rather meet people in person. Numerous parents supported all four components, again suggesting that it depended on each parent’s needs, issues they faced, and even where they lived.

Numerous parents suggested that combining a home visiting and a community component (which might include a support group) would be a preferred model for the program. This would allow the peer support person to gear the support provided to the specific needs of the parent with the ultimate goal of facilitating connections to the community. For example, the parent would gain a support person who might at first need to visit because of the parent’s isolation, but as trust was gained and some basic needs met, they might go out together and attend groups or meet other parents.

Program Considerations

During the parent interviews, respondents provided suggestions on what to keep in mind to reduce barriers for parents so that they could all access the program. They suggested that the program be widely promoted in the following ways:

- Promoting through the midwives.
- Promote through doctors – both flyers/pamphlets and doctors telling patients about it.
- Advertise in the Leisure Guide.
- Start a Facebook Group.
- Through hospitals.

- Presentations at other programs like Early Years.
- Grocery stores, baby stores.
- Flyer in group mail boxes or posters in post office.

The parents made the following suggestions to ensure that the program is truly accessible to all parents:

- Build trust beforehand so that parents are comfortable.
- Consider the stigma of asking for help when promoting or reaching out to parents.
- Do not promote as program for parents that are struggling or need support, but focus on positive – e.g., building a village.
- Reach out to young parents (especially those in their early 20s).
- Keep it informal.
- Provide different models for support since some people will not go out & some will be uncomfortable with a stranger in their home.
- Emphasize non-judgmental nature of program and that struggles are common.
- Provide free transportation.
- Focus on empowerment – helping parents connect, gain control, focus on strengths
- Gear to the specific needs of each parent

Key Informant Interview Results

Support for the Program

Most of the key informants provided full support for the development of a peer parental support program. The key informants made numerous comments on what they saw as the strengths of having a peer parental support program in Muskoka. These comments included the following:

- Would support parents to access other programs and navigate the system.
- Would help reduce barriers and gaps.
- Could help isolated parents become more connected not only to programs but also to other parents.
- Volunteers who have been through it would be a great support for parents and transmit important information.
- It would strengthen the community as a whole by helping to build a village.
- Would be a great help for those that are very isolated.
- Know families that would benefit from the program.
- Some parents would be more comfortable talking one-to- one with another parent than in a group setting (which is what is mostly available now).

Program Considerations

During the interviews, key informants provided the following suggestions to ensure that the program is truly accessible to all parents and to make the program a success:

- Should be well coordinated, with strong policies and procedures in place.
- Will need extensive supervision and support for peer parent volunteers.
- Will need extensive training, which would include understanding issues people face (including poverty), being non-judgmental and sensitive, understanding postpartum mood disorders, and establishing boundaries.
- Should be well promoted and truly accessible, which would include that it be non-intimidating for people to access, have a clear referral process and that the program be well promoted in many ways (e.g., midwives, public health nurses, doctors, Circles Muskoka).
- Should have a clear and strong process for matching parents to peers – a good match is essential.
- Should involve a community planning process and incorporate a strong community approach.

For the most part, key informants were very positive about the idea of developing a peer parental support program in Muskoka. Some did, however, also discuss a few limitations or issues to consider in planning the program, which included the following:

- It might be difficult to find people to be peer supports.
- It will only be successful if goals are understood by potential participants and well promoted - accessibility is central to the success of the program.
- Might be difficult to get isolated parents or parents who are really struggling to take the first step
- Some parents will not want a home visitor.
- There is some overlap with the home visitor component of Healthy Babies, Healthy Children Program.

The key informants were also asked whether the peer parent position should be a volunteer or a paid position. Most key informants believe that the peers should be volunteers who receive a stipend or honoraria. They believe there is a large pool of volunteers who want to give back and that it would be difficult to get sufficient funding for paid positions. Several key informants suggested that it would depend on the scope of the peer parent support position and what funding was available. Several key informants also suggested that since there is a shortage of work in Muskoka, positions should be paid. Finally, a few key informants proposed that the program should have two levels of support, both through professionals and through lay people.

What We Learned From Other Jurisdictions

A small component of this study included a brief environmental scan of peer parental support programs – either through written documents or by reaching out to Coordinators and Managers of programs in other jurisdictions. An extensive scan was not carried out due to the scope and available resources of the project. The purpose of the scan was to learn about some of the strengths and limitations of a peer parental support program.

In the first step of the scan, we asked all key informants if they were aware of other documents or other people we should talk to that would provide some information on peer parental support programs. We received a few suggestions, but not many. The few suggestions were perused and an online search was also completed to see if we could find programs across Canada with peer parental support components.

The search turned up numerous documents and programs with peer components that were focused on specific topics such as breastfeeding, bereavement, or dealing with developmental delays in children. There were just a few more programs that focused on general parental support. We contacted all programs that we found with a peer component that seemed relevant to the scope of this project and we were able to schedule interviews with four key informants: a Healthy Babies Healthy Children program manager in Toronto, two with coordinators of peer parent home visitor components of Better Beginnings Better Futures Programs (Ottawa and Kingston), and one with the coordinator of a peer mentoring program for young mothers in Calgary. The following section outlines the key learnings from these interviews that are relevant in considering the development of a peer parental support program.

- The three programs that focused on peer family visitors emphasized that the visitor position was a high responsibility position and should be paid, and if possible be full time. High supervision and training as well as very clear policies and procedures were also recommended for the program.
- A unique feature of both the Better Beginnings, Better Futures (BBBF) Programs is that they are both universal – if a parent wants a home visitor and lives within the program’s geographical boundaries and have pre-school children, they are eligible and do not have to meet other criteria or be screened.
- All home visiting programs included one weekly home visit from a peer parent. The visits included listening to parents concerns, providing support and information, doing activities with the children and providing resources and referrals as needed.
- Staff from the three programs focused on home visiting believed there was great benefit to home visiting. One of the coordinators of a BBBF Program explained that when you go into a home you have a chance to get to know the family and the issues they face. It is one-on-one support, so when you develop a relationship with them, they become more comfortable and open up more. As a result, you might find out if they are being abused, if they are really stressed or if they are experiencing postpartum depression. When they are visited on a consistent basis, you can support them regularly and they know they can depend on you.

- A critical component of the home visiting model is to connect parents and families to other resources in the community. The home visitor might go out with the parent or family at first (for example to a play group) and support them until they are comfortable to go on their own. One of the key informants from a BBBF program explained, however, that while they connected parents to other community programs and supports so that they would become self-sufficient, some of the families have very complex needs and thus, ending the home visiting relationship is sometimes difficult.
- Despite the support for home visiting models, key informants from all three programs reported that the models for their programs were currently being reviewed. Staff from the BBBF programs reported that their home visiting models were going to be changed because the Ministry funders would no longer support a home visiting component and were moving more towards community models including group supports. While they thought that the model would be a good one to reach isolated parents in Muskoka they cautioned us, stating that it would be difficult to have a home visitor model funded.
- The home visitor programs focused primarily on parenting and child outcomes. Staff explained, however, that it was a two-fold approach since in order to be a good parent you have to support that parent and deal with their basic needs.
- The fourth program staff we talked to was the coordinator of a peer mentorship program for young moms where the program focus **was on the mothers and not the children**. The coordinator reported that there are not a lot of peer support programs for moms, especially young moms. This program focuses on one-to-one support through community-based mentorship. The program's goals include increasing a sense of belonging, strengthening informal supports and building capacity as a parent. These goals are achieved first in a group setting. Volunteer mentors (women who are parents) and the program participants (young mothers) meet in a group setting for nine weeks. Following the group support component, program participants are given an option of being matched up with one of the mentors, referred to other supports or repeating the group. In the mentorship phase of the program, mentors and participants meet in the community once a week 20 times (approximately 6 to 8 months). The focus on the mentorship phase is on building the relationship. While there is no home visiting component in this program, mothers gain confidence and are provided another support person to increase parenting capacity in general. They are also referred to other supports as needed. The Program Coordinator emphasized the need for mentor support and supervision as well as rigorous training and sound policies as for the home visitor programs. This program, however would require less resources than the home visiting programs.

Highlights of the Community Consultation Meeting

In February 2017, service providers from different sectors and organizations were invited to come together to hear the results from the study and to discuss the results. A total of 26 people attended the meeting and included those from the District's Community and Social Services, the District Health Unit, One Kid's Place, Simcoe Muskoka Family Connexions, Muskoka Family Focus (Huntsville, Bracebridge, Gravenhurst), YWCA of Muskoka, Midwives of Muskoka, Hands, and Big Brothers, Big Sisters.

Service Awareness, Usage and Barriers to Access

Results from the parent survey, parent interviews, and key informant interviews were presented with respect awareness and usage of services in Muskoka and barriers to accessing services in the region. Once results were presented, service providers met in small groups to discuss the results. That is, what stood out for them? What was being done well in supporting families? And, what are the gaps and what can be improved?

Some service providers were somewhat surprised by results that showed that parents lacked awareness of services – or were confused about what was available. Participants discussed the importance of raising awareness of services in the region and doing a better job of promoting programs so that everyone, including service providers, knows what is available. South Muskoka (Gravenhurst, Severn Bridge, Kilworthy) is of particular concern – key informants indicated this was an area where more people are struggling and the EDI (Early Development Instrument) results also show more Senior Kindergarten children struggling or who are at risk.⁶ Another particular concern that emerged was the need for support for postpartum mood disorders. Parents and key informants raised this as a concern in the survey and interviews and consultation participants agreed more was needed in the region.

Service providers discussed the importance of ensuring that parents and families receive something tangible that provides information on the what, when and where of service availability in the region. That is, providing everyone with a calendar or a booklet of information. This booklet needs to be available everywhere (e.g., doctor's offices, midwives' offices, libraries, community centres, etc.) and should be made available to parents when they attend prenatal classes. Programming options need to be made available after hours and throughout the summer as well.

Service providers also need to be aware of what is available so that they can make appropriate referrals. There was some agreement that when parents do access one service, and service providers at that location are aware of what else is available, that they do a good job of referring parents on and helping them access additional services. Unfortunately, though, not all parents access that first service and even when they do, if service providers are not aware of what is out there, parents may still not get the services they need if referrals are not made on their behalf. Service providers agreed that breaking down "silos" and working together cooperatively was necessary.

⁶ Information provided by Cheryl O'Connor, consultant working with the District of Muskoka on the transition of Ontario Early Years Centres as they transition to Ontario Early Years Child and Family Centres.

Participants in the meeting agreed that reaching the most isolated and challenging families and parents is difficult. Ensuring that parents have access to information via the information booklet as well as through social media were ways that service providers discussed could reach those parents. Nonetheless, parents still need to make the first move to reach out – and no one had any easy answers as to how to make that happen.

Peer Parental Support Program

After presenting the results from the parent survey, parent interviews, key informant and key informants in other jurisdictions on a peer parental support program to the group, service providers discussed the idea for a peer parental support program in small groups. Participants were asked to discuss what they thought of a peer parental support program – was it necessary? And, if so, what should it look like based upon the information presented? Finally, what should the next steps be – where do we go from here?

There was agreement in the room that a program such as this was necessary. Nonetheless, the in-home component of the program model *could* be very challenging. That is, it may be difficult to fund, given the current political climate and move away from such models – and, there could be liability issues that may be difficult to overcome.

If planning for such a program was to move forward, participants believed that certain features were important:

- **Universal access:** Participants believed that it was important that the program not be ‘targeted’ to parents or families that were considered ‘at risk’. Like school breakfast programs that are universal but reach those who most need it – so too should a program like this.
- **Flexibility/Options:** It will be important to have different ways for parents to be involved and to be flexible about the level of involvement parents wish to have.
- **Informal:** Participants also believed it was important to have the program be more informal, with not a lot of rules about what their involvement would involve or look like.
- **Build the village/make connections:** Important that one of the goals of the program should be to make connections for parents (i.e., to other parents, to services/programs/resources) – to build that village.
- **Promotion/marketing:** How the program is advertised to families will also be important – that is, it is important that families or parents do not feel labelled or stigmatized.

The peer parents themselves will need to be carefully chosen as well. They will need to have credibility, have a variety of life experiences, be non-intimidating, and be open and supportive of all types of parents. Finally, given the reported need for support for postpartum mood disorders, this may also be part of the overall model.

With respect to next steps, service providers agreed on the following:

- There should be a lead agency that is independent of funding sources and CAS (probably Muskoka Family Focus and Children’s Place) and committed partners.
- It will be important to liaise with existing programs/models to see if there is a place for this model within other contexts. For example, with Nobody’s Perfect or with the planning of the new OEYCFCs. Liaising with Big Brothers, Big Sisters should also be explored to see what can be learned about that model and applying it to a Peer Parental Support Program.
- It may be necessary to apply for another grant to continue the planning of this program.
- Finally, the planning group (i.e., those who attended the consultation and who were interested in continuing) should meet again once the OEYCFC plan is submitted to the Ministry this spring, and that the expectations for that group will need to be clear.

Conclusions and Next Steps

The current study has provided some clear insights on the supports available for parents in Muskoka, where the gaps lie, and some ideas on how to create individual and practical support that can help isolated parents create a network and build a village that will help them as they parent their children.

One of the study’s strengths was that it did point to some clear themes across both the parent and key informant components of the research. While some of the parent survey results were somewhat inconsistent with what we heard from key informants, it is clear from the demographic profile of participants that the survey was limited in its reach – it did not seem to have reached those parents that were more isolated. When more specific analyses were run looking at the differences across groups of survey respondents, however, some of the findings from the key informant interviews were echoed. The parents who participated in the interviews (who were purposely selected based on indicated barriers) also clearly confirmed many of the comments made by key informants.

The results indicate that for the most part Muskoka is a very family-friendly community and that many programs and services are available for children and their families. The results also indicate, however, that there is a general lack of awareness of services and some groups of parents are very isolated and are not being reached by existing supports. Parents who are aware of services, who are comfortable attending group drop-in programs, and who do not have significant access barriers, do have a village that supports them. The available programs are friendly and provide parents a way to meet other peers that they can connect with and help build a supportive village that is there for them as they parent. This theme was clear throughout all components of the research.

One of the elements of the isolation experienced by some parents is the lack of awareness of programs. This lack of awareness was a key theme in the key informant and parent interviews. The survey results also showed that awareness was not universal – younger parents, those living in the more rural areas, and those with one child seemed to be less aware of some services. Many parents in the parent interviews reported that the main way of finding out about programs was through word of mouth and that programs were not well promoted.

Even when parents are aware of services, there are other barriers that create access issues for many. The general consensus across study components was that many parents could not access groups or other existing supports for numerous reasons including transportation barriers, living in isolated areas, social anxiety, postpartum mood disorders, feeling uncomfortable because of their young age, lack of confidence, or social stigma in asking for help. For these parents, creating a supportive village is difficult within the current programs and services and thus additional support needs to be created.

Creating a peer parenting support program is a viable option for creating a supportive village for families that are struggling and who are not accessing current programs and services. Key informants and parents expressed quite a bit of support for the creation of a peer parental support program. The support for the program, as shown in the parent survey results, was not universal -- but it is important to keep in mind that this survey did not likely reach those that are most isolated and /or vulnerable. Regardless, there was still some support for all different variations of the program (home visiting, community support, support group or online support) – particularly the support group where close to 60% of the sample indicated they were at least “somewhat” likely to use such a program.

Results from both the key informant and parent interviews suggested that a universal peer parental support program would be more likely to reach isolated and vulnerable parents than the programs that are currently in place in Muskoka. A home visiting component of the program would help reach those that are isolated. The peer aspect of the program would help parents feel more comfortable seeking support and would help those that initially might need more one-to-one support to help them build a support network. The program would help build a village and would help women experiencing postpartum mood disorders. Results from both parents and key informants also suggested that a key goal of the program would be to help parents connect and that connecting with one peer initially would help overcome access barriers for some families and would help them connect to other supports, both formal and informal.

The parents were varied in their support for each proposed variation of the program and overall indicated support for each proposed model/component with many parents preferring one model or component over the others. Some parents suggested that they could see the benefits of each variation or component of the peer parental support program. The strengths and limitations of each model or component, it seems, would depend on each parent’s needs, issues they face, and even where they live.

Learnings from interviews with key informants in other jurisdictions indicate that it might be challenging to secure funds for the home visitor component. Results of the parent survey, and some indications from the parent interviews and key informants, also indicate that some parents will not be open to a home visitor model. While this model has many strengths, due to some of the limitations indicated in the research, other models of peer parenting support or a combination of home visiting and another model (e.g., support group or community support) might be more efficient and effective in bridging some of the gaps for more isolated parents in Muskoka.

The results also indicate that a thoughtful and engaging community approach will be essential to the success of a peer parental support program in Muskoka. The current project did culminate with a community meeting attended by 26 service providers and other community members. The key results as outlined in this report were presented and participants had an opportunity to discuss the findings in groups.

Participants in the community meeting reinforced the results of the study. They reiterated the gap in awareness of services and also discussed the importance of having something tangible like a calendar or a booklet of information. This booklet would be distributed widely, be available in different places, and could also be given to women/couples during prenatal counselling. The participants also reiterated that south Muskoka is of particular concern because there are more issues there. They agreed that there are lots of services and good collaboration among service providers - once families are connected, service providers are good at referring on and/or collaborating to support individual families. However, not all services are known so awareness of what exactly is available in the region needs to be increased among service providers as well.

Community Meeting participants reinforced the need for a parental support program and their support for such a program. They suggested that an in-home model would be challenging. They also highlighted again a few critical features of a support program, including: universal access; flexibility/options (do not impose choices on participants - have options for level of involvement); a less formal approach; building the village/making connections; using the right language in promoting it (e.g., not targeting those 'at risk'); and, given the apparent need for support with postpartum mood disorders, that reaching women with those issues be part of the overall model.

Participants supported that the group continue to meet to discuss the gaps and develop a model, suggesting that an independent agency with a good reputation in the community and no ties to funding sources or CAS, such as Muskoka Family Focus and Children's Place, take the lead with the support of committed partners and seek a grant to carry out a pilot project. Participants also suggested that the working committee liaise with a few key players as the peer parental support program is planned. That is, participants suggested further exploration of the Big Brothers, Big Sisters model to see what can be learned there that could be applied to a peer parental support program. As well, further exploration and liaison with Nobody's Perfect and the consultation process underway for the Ontario Early Years Child and Family Centres to determine if there is a good fit between those programs and this new model.

Appendix A: Key Informant Interview Guide (Muskoka) and List of Participating Organizations

1. Tell me a little bit about the organization you work for. How does it work to support parents of young children?
2. What is your role within the organization? How long have you been with the organization or in this role? Does your role involve programs to support parents? If yes, how?
3. Based on your experience what type of supports do you think parents of young children in the District of Muskoka need?
4. Are there specific needs based on geography or demographics? That is are there any groups of parents that will have unique needs or groups of parents that are not currently being reached by any services? If yes, please explain? (e.g. younger parents, newcomers, SES, families close to an urban centre but not in that catchment)
5. Currently, what is in place to provide support to parents of young children in the District of Muskoka?
6. Are these services adequate?
 - o What are the gaps in these support services?
 - o What barriers do parents face in accessing these services or programs?
7. Are you aware of parental support programs in other jurisdictions that would be interesting to follow-up on?
8. What are your initial thoughts on a peer parental support program?
 - o Would it contribute to reducing the gaps in services?
 - o What would need to be in place for this program to be successful?
 - o Do you think peer support workers should be volunteers or paid workers (or should they be volunteers and receive honoraria)
9. Is there anybody else you think we should interview regarding parental support in the District of Muskoka?
10. Do you know of any documents on parental support either focused on Muskoka or other areas that would be helpful for us to review?
11. We are also going to be surveying parents. The survey will be available on paper and online and will be launched in late October. I would like to discuss the survey with you and get your input on a few things.

- What do you think is the best way to reach parents in the District of Muskoka to participate in a survey?
- Would you be able to distribute a survey - either on paper or through an e-mail link to parents in your agency? If yes, what would be the best way? How many parents do you think you could recruit to complete a survey?.
- Is there anything you think we should keep in mind when surveying parents?
- We have some ideas of questions, but if you were to survey parents in the District of Muskoka regarding parental support, what would you like to ask them?

12. Is there anything else that you would like to say about parental support?

List of Participating Agencies/Organizations:

Simcoe-Muskoka Family Connexions (1 participant)

District of Muskoka Community and Social Services (2 participants)

Hands The Family Help Network (2 participants)

Big Brothers, Big Sisters (1 participant)

Muskoka Family Focus and Children's Place (2 participants)

One Kid's Place (1 participant)

Simcoe Muskoka District Health Unit (2 participants)

Muskoka Postpartum Support Group (1 participant)

Friends of Muskoka Midwives (1 participant)

YWCA Muskoka (1 participant)

Orillia Soldier's Memorial Hospital (1 participant)

Midwives of Muskoka (1 participant)

Children's Outreach Program of Muskoka (1 participant)

Muskoka Women's Advocacy Group (1 participant)

Self-employed parenting program facilitator in the region (1 participant)

Appendix B: Key Informant Interview Guide (Other Jurisdictions)

1. Can you tell me a little bit about your program?
 - When did it start
 - What was the rationale or need? How was it identified?
 - What are the program goals?
 - What is the specific target group?
 - What is the program model? (group or home visiting or both?)
 - How many moms/parents?
 - Volunteers or paid staff? How many?
 - How are people referred?

2. Can you tell me a little bit about the challenges you have experienced and how you overcame them.

3. What are some of the outcomes? Have you seen any unintended outcomes?

4. What do you think MFF should keep in mind when planning the training for the mentors/home visitors? What have been your learnings related to training?

5. Do you have policies in place to deal with liability or difficult situations? Do you have any suggestions related to this?

6. What lessons have you learned regarding matching parents and peers? What should MFF keep in mind?

7. What lessons have you learned regarding supporting the volunteers/home visitors? What should MFF keep in mind?

8. Is there anybody else you think we should talk to regarding parental support programs?

9. Do you know of any documents on parental support programs that would be helpful for us to review?

10. Is there anything else you would like to say that could be useful to MFF?

Appendix C: Parent Survey (Paper Version)

Welcome and thank you for taking the time to answer a few questions about parenting support in Muskoka. This survey will be brief (approximately 5-10 minutes). To thank you for your time and feedback, your name, with your permission, will be entered into a draw to win 1 of 3 \$50 gift cards.

If you have any questions at all about the survey, please contact Carol Corriveau-Truchon at Muskoka Family Focus: 705-645-3027, ext. 212 or by email at ctruchon@muskokafamilyfocus.com.

Thanks again!

1. Where do you live in Muskoka?

Gravenhurst Huntsville
 Bracebridge Other – where do you live? _____

2. How old are you?

15-19 25-29 35-39 45+
 20-24 30-34 40-44

3. How many children do you currently have?

None 1 More than 2?
 None – currently pregnant 2  How many? _____

Are you ...?
 Mother or Father

4. What services and programs for young children and their families are you aware of in Muskoka?

Program/Service 1 _____ Program/Service 2 _____
 Program/Service 3 _____ Program/Service 4 _____
 Program/Service 5 _____

5. Where do you usually access services and programs for your family?

Gravenhurst Huntsville
 Bracebridge Other, where do you usually access services? _____

6. Below is a list of organizations or agencies that provide supports and/or services to parents. Which of these were you aware of and/or have used?

Organization/ Agency	No I'm not aware of this organization / agency	Yes I am aware	Yes I used in the past (more than 3 months ago)	Yes I currently use (in the past 3 months)
Muskoka Family Focus (e.g., Ontario Early Years Centre programs, Strengthening Families, Make the Connection, Triple P, Make the Connection, Baby Talk, dinner programs)				
One Kid's Place (e.g., speech and language, physiotherapy, occupational therapy, infant hearing program, autism services)				

Organization/ Agency	No I'm not aware of this organization / agency	Yes I am aware	Yes I used in the past (more than 3 months ago)	Yes I currently use (in the past 3 months)
Christine's Place (e.g., pregnancy support, Circle of Security, Christine's Cupboard)				
Simcoe Muskoka Family Connexions (e.g., child and youth mental health, counselling walk-in clinic, caregiver resources, child protection services)				
Hands - The Family Help Network (e.g., autism services, child and youth mental health, developmental support services, infant and child development services)				
District of Muskoka Community and Social Services (e.g., financial assistance, child care subsidies, summer camp, The Nest)				
Simcoe Muskoka District Health Unit (e.g., Healthy Babies, Healthy Children, Triple P, Breastfeeding Place, Health Connection)				
Public Library Programs (e.g., Tales for Twos, Storyhour)				
Community Recreation Programs (e.g., Parent and Tot Swim, DrumFit, strollercise)				

7. How much do each of the following prevent you from going to programs/services or getting the resources you need?

	Not at all	A little	Somewhat	A lot
Lack of transportation				
Fees/costs/money				
Work demands				
Lack of time				
Feeling uncomfortable going to unknown places/services				
Not knowing anyone there or not having anyone to go with				
It's hard to ask for help/assistance				
Is there anything else that has stopped you from using any programs, services or resources?				

8. What do you think is missing in Muskoka as far as services, programs and resources for parents? What services, programs or resources would you like to see in your area?

Service/Resource 1 _____ Service/Resource 2 _____
 Service/Resource 3 _____ Service/Resource 4 _____
 Service/Resource 5 _____

We would like to know how interested parents of young children are in a "peer parental support program". That is, this program could involve someone coming into your home to provide support or providing support outside of the home or in the community, a support group, and/or online support.

The person coming into your home would also be a parent but not necessarily a "professional"; this person could go through a "matching" process so that it is someone you are comfortable with. This person could help you out in different ways. For example, this could mean having an extra pair of hands -- helping with errands or chores or other children so that you can have 1-on-1 time with one child.

Or, it could mean providing you with information about programs and services in the community, or going with you to a program so you don't have to go alone. The peer parent helper could also help in setting routines with your children. This helper could also simply be someone to talk to and share time with.

We're wondering what parents think of such a program.

9. How likely would you be to use different parts of such a program?

	Not at all likely	A little likely	Somewhat likely	Very likely
In-home peer parent (having someone come into your home to help out)				
Support outside of the home or in the community (e.g., bringing meals to you - "meal train", accompanying you to a program, help with errands)				
Support group (meeting with other parents to exchange ideas, information, or simply to chat)				
Online support (on-line chat, website resources)				

10. What would prevent you from using a peer parental support program? (Please check all that apply.)

- Do not feel the need Lack of time
 No interest Other, please specify: _____

In the near future, we will be doing some planning with the community around programming needs for families with children aged 0-6. We may be doing some community meetings, focus groups, or telephone interviews. Would you have any interest in being involved in the community planning? You can decide how much, or how little, you want to participate.

- Yes
 Not sure
 No

If you're willing, can you please leave us your contact information? Your name will be entered into a prize draw (for 1 of 3 \$50 gift cards). **Your name/contact info will ONLY be used should your name be drawn OR you have answered "yes" or "not sure" about future involvement.**

Name: _____

Home phone: _____ Cell phone: _____

THANK YOU FOR YOUR TIME AND YOUR FEEDBACK!

Appendix D: Parent Interview Guide

Preamble:

Thank you for agreeing to participate in an interview – we appreciate your time and feedback. As I mentioned previously, our team has been hired by Muskoka Family Focus to collect information about services for parents in the region of Muskoka. This interview should take about 20-30 minutes. The questions I'll be asking are similar to those you answered in the survey – we are just hoping to get some more in-depth. So, I'll be asking you some questions about programs and services in the region and in your community. What programs and services you're aware of, and use, and what you think is missing. As well, the barriers or challenges you face in accessing services you or your family might need. Finally, we'd like to ask you about your thoughts on a possible peer parental support program.

With your permission, we would like to record our conversation. I will be taking notes, but I can't keep up completely – the recording will help me ensure that everything you say is captured accurately.

Just a few things to tell you about the interview and the recording. You do not have to answer any questions you do not wish to; **your participation is completely voluntary**. As well, everything you say will be kept **completely confidential**. No one, other than the research team, will have access to your recording or the transcript that will be completed (a typed record of what we say). After the transcript is completed, the recording will be deleted. When we compile our results, we will summarize our findings - no one's individual feedback will be provided to anyone and your name will not appear in any reports – **you will remain anonymous**.

Do you have any questions before we get started? [Answer any questions.]

Do I have your permission to record this interview? [Record response.]

Begin recording.

"This is an interview for the Muskoka Family Focus environmental scan and community consultation. Today is [insert today's date]. I am interviewing [insert name] and s/he has given me verbal permission to record this interview. Is that correct? [record the response]. Thank you. Okay, then let's begin."

-
1. Maybe we can begin by you telling me a little bit about what it's like to be a parent in your community?
 - For example, do you feel connected to the community and to other parents?
 - Is your community a good one to be raising children? Why or why not?

Results from Feasibility Study

Appendices

2. When we report our findings back to Muskoka Family Focus, we would like to be able to tell them a little bit about who it was that we interviewed. This information will be reported to them in summary format. This type of information helps us in understanding the findings from the interviews. That is, are there patterns based upon age, age of children, or number of children, or where a person lives? So, I'd like to start by asking you a few questions about you and your family. Some of this information you reported in the survey – so I just want to verify that.

From your survey responses, it looks like you live in _____. Is that right? And you are [insert age]. And you have [insert # of children]. Is that all correct?

- Can you tell me the ages of your children?
 - Are you parenting your children on your own or do you have a partner?
 - Do any of your children have special needs? Do you have any special needs or assistance required to attend programs or services?
 - Do you drive? Do you have access to a vehicle?
 - How long have you lived in Muskoka?
3. Can you tell me about the services, programs, and resources that you have accessed as a parent?
 - Drop-in or Early Years programs?
 - Parenting workshops?
 - Services for special needs children?
 - Mental health services, programs or resources?
 - Financial supports?
 4. How did you find out about these programs/services?
 - Do you think programs, services and resources are well promoted? Why or why not?
 - Was it difficult to access these services and programs?
 - Do you think programs, services and resources are well promoted? Why or why not?
 5. What, if anything, prevents you from accessing services, programs, and resources in the region?
[Ask specifically about the parenting workshops offered by OEYC.] Can you tell me *how* it prevents you from accessing services, programs or resources?
 - Transportation/location of services? **[Ask if they're aware of volunteer drivers for OEYCs, Great Beginnings/Growing up and other parenting workshops.]**
 - Fees/costs?
 - Not knowing anyone?
 - Feeling uncomfortable?
 - Difficulty asking for help?
 6. Do you think more needs to be done in terms of helping parents access services, programs or resources? What do you think would help?
 7. Is there a particular need or interest you have, with regard to parenting, which is not being met by the services, programs and resources available in your community?

8. Based upon your experiences of accessing services, programs, and resources, what do you think is missing for parents in Muskoka? Have you ever thought of a service, program or resource that you would like to see available but was not?
 - For all parents?
 - For parents of children aged 0-6
 - For mothers experiencing additional barriers or issues, such as postpartum mood disorders, a disability or other?

9. As mentioned in the survey you completed, we are interested in knowing what parents think of a **"peer parental support program"**. That is, this program could involve someone coming into your home to provide support or providing support outside of the home or in the community, a support group, and/or online support.
 - What do you think of a program like that? What do you like? What don't you like?
 - What parts of the program most interest you (in-home support, community support, support group, online support)? Why does this interest you more?
 - How do you think a program like this could reach the parents that could most benefit from it?
 - What do you think would be the main barriers or challenges for parents in becoming involved in such a program?
 - What else do you think we should consider in planning a program such as this to make it a success?

10. Those were all the questions I had, were there any other comments you wished to make about services in the area or about the idea of a peer parental support program?