



My Life My Voice

The Experience of Young
Parents in Durham Region



September 2016

Acknowledgements

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Executive Summary



A young person's life path changes profoundly when they enter parenthood. While the parenting role can be a stabilizing force, it often comes with unique social and economic challenges. By learning more about their lives, service providers can best support young parents in giving their children the best start possible. It is for this reason that the Young Parents Community Coalition (YPCC) of Durham embarked on a project that would shine light on their lived experience.

Through one-on-one interviews, researchers asked about barriers and facilitators young parents experience, along with their hopes and dreams for the future. In return, participants generously shared personal stories of struggle, success and love for their children. They spoke of yearning for stability and the means to provide beyond their children's basic needs. They expressed hope to see their children educated, gainfully employed and in a loving relationship. Many indicated they did not want their children to follow their path by having children at a young age.

Themes & Key Findings

Pregnancy and Birth Experience

- some young parents experienced pressure to terminate their pregnancy
- pregnancy and birth experience were anxiety-provoking
- young parents felt they were treated unkindly by some health care professionals

Breastfeeding

- hospital experiences had an impact on breastfeeding success
- young parents may benefit from enhanced prenatal preparation for breastfeeding
- most young parents knew about breastfeeding resources in the community, but few accessed them

Parenting

- young parents reported positive emotions related to their parenting experiences
- reported day-to-day parenting challenges – such as tantrums – are quite similar to the challenges any parent would face
- many young parents struggle with serious life issues that can impact their ability to parent (e.g. mental health issues, insecure housing, social stigma)
- many young parents reported conflict and stressors with partners and ex-partners in the context of co-parenting
- Some participants identified struggles related to father involvement

Parent Child Interactions

- young parents understand the importance of attachment and play in the early years as it relates to growth and development
- young parents are engaging in play with their children
- some young parents are unaware of the risks related to screen time such as televisions and tablets

Relationships

- relationships with family and friends can yield support and acceptance but can also be a source of conflict and stress
- some participants reported having friends abandon them when they became parents
- young parents find support in engaging with other young parents
- young parents are affected by social stigma and often feel they are being judged

Mental Health Issues and Isolation

- many reported feelings of anxiety and depression
- young parents are vulnerable to isolation for many reasons

Services for Young Parents

- young parents access a variety of services within the community
- they appreciate comfortable, friendly, easy-to-access environments, skilled & compassionate service providers, online information about services and incentives such as bus tickets
- anxiety and fear of being judged was the most frequently mentioned barrier to accessing services
- other barriers included lack of transportation, unkind service providers, program restrictions, competing priorities, lack of awareness, privacy concerns, and difficulty locating a service

- gaps included child care & respite support, peer based parenting groups, access to recreational opportunities, adequate practical supports, better access to health care and counselling and services close to home

Hopes and Dreams for the Future

- young parents ultimately want the same things for their children as any parent including: success, stability, education and happiness
- dreams included adequate housing, employment, financial stability & family harmony

Recommendations

Recommendations include initiatives that support:

- building capacity of front line workers to engage and work effectively with young parents
- improved initiation and duration of breastfeeding in young mothers
- healthy growth and development and mental wellness for children of young parents
- enhanced co-parenting skills and father involvement
- improved mental wellness, reduced isolation and promotion of socialization of young parents
- increased awareness among the general public of the day-to-day challenges faced by young parents
- ongoing improvements of living conditions of young parents and their children

If implemented, these recommendations have the potential to improve the lives of young parents and enable a bright and productive future for their children.





"SHE WASN'T PLANNED
BUT I CAN'T PICTURE LIFE
WITHOUT HER"

Introduction: Are You Listening?



The Young Parents Community Coalition (YPCC) was established in 2005 with the purpose of ensuring young parents in Durham Region receive information and services that support and encourage them to be the best parents possible. For more information about the YPCC participating agencies, refer to Appendix A.

While there is quantitative data regarding young parents in both Ontario and Durham Region, the YPCC found very little qualitative information about their lived experience. Existing qualitative research often does not include the voices of young parents themselves¹. With this in mind, the YPCC embarked on this research project to give young parents in Durham Region an opportunity to share their experiences.

Background

Adolescence can be a challenging period of growth and development, involving numerous physical, psychological, and social changes. Transitioning to parenthood during this sensitive developmental stage can present additional health challenges to both mother and child. The teens themselves are at greater risk of health concerns such as anemia, hypertension, renal disease, eclampsia and depressive disorders with their children more likely to have low birth weights and associated health problems.²

Pregnancy and parenting during this period of adolescent development can also create

unique social and economic challenges. Young parents are a vulnerable population and are often significantly impacted by the social determinants of health. Research has shown that young parents and their children are more likely to live in poverty. Children living in low-income families and/or neighbourhoods have poorer health outcomes on average than other children on a number of key indicators. This includes infant mortality, low birth weight, asthma, overweight and obesity, injuries, mental health problems and lack of readiness to learn³.

Despite these challenges, when young parents and their children receive the right support at the right time there are many short and long term benefits. A baby can provide a tangible reason to complete school and be better prepared for the future.

The journey through pregnancy and parenthood often inspires young parents to consider their future, including educational and employment goals. For many young mothers and fathers, it seems to provide the incentive to change direction or build on existing resources. Many have a renewed interest in education, training or employment. In some circumstances, teenage parenting may become more of an opportunity than a catastrophe⁴.

“Once I found out she was pregnant, it’s kind of a motivation factor to keep trying to do more...”

During the last two decades, teen pregnancy rates, both in Ontario and in Durham Region, have remained fairly stable (Figure 1). Teen pregnancy rates of mothers aged 15-19 within Durham Region vary greatly from one neighborhood to another, from as low as 6.7 per 1000 to as high as 111.1 per 1000. Rates are highest in neighborhoods within South Oshawa and Ajax⁵ as shown in Table 1.

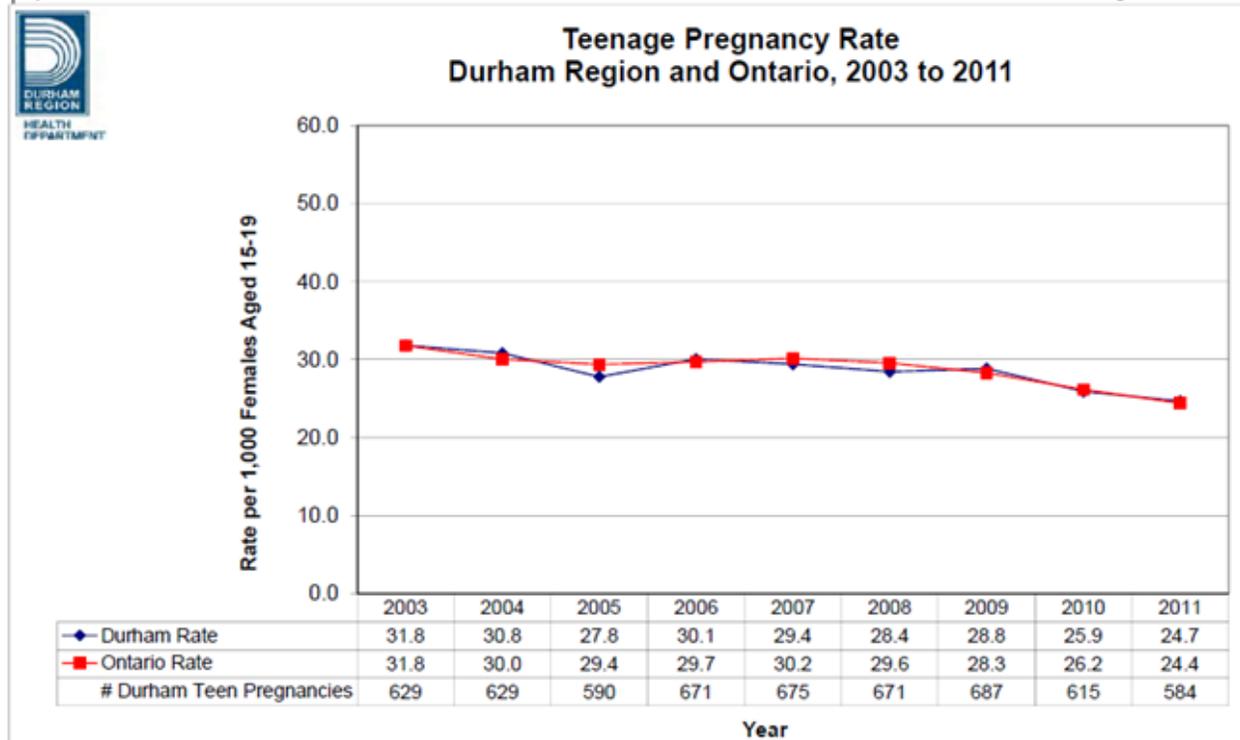
As discussed in the research section, the YPCC chose the age of 23 or younger in defining Young Parent. Different from the teen pregnancy rate, Figure 2 shows the percentage of mothers aged 14 – 23 years old in Durham based on health neighborhood. Detailed information on Durham’s health neighborhoods can be accessed at durham.ca/healthstats.

While the rates of teen pregnancies and births have been slowly decreasing over time, the proportion of young parents choosing to keep their babies in lieu of adoption has increased, resulting in the need for supports specific to this unique population.

This report allows the voice of participants to be heard, through the sharing of their pregnancy, birth and parenting experiences. It touches upon mental health, parenting, community supports and services and, most importantly, their collective hopes and dreams. The findings in this document will support the planning of current and future programs, resources and services by providing insight into the specific needs of this population.



Figure 1: Teenage Pregnancy Rate, Durham Region & Ontario, 2003 - 2011



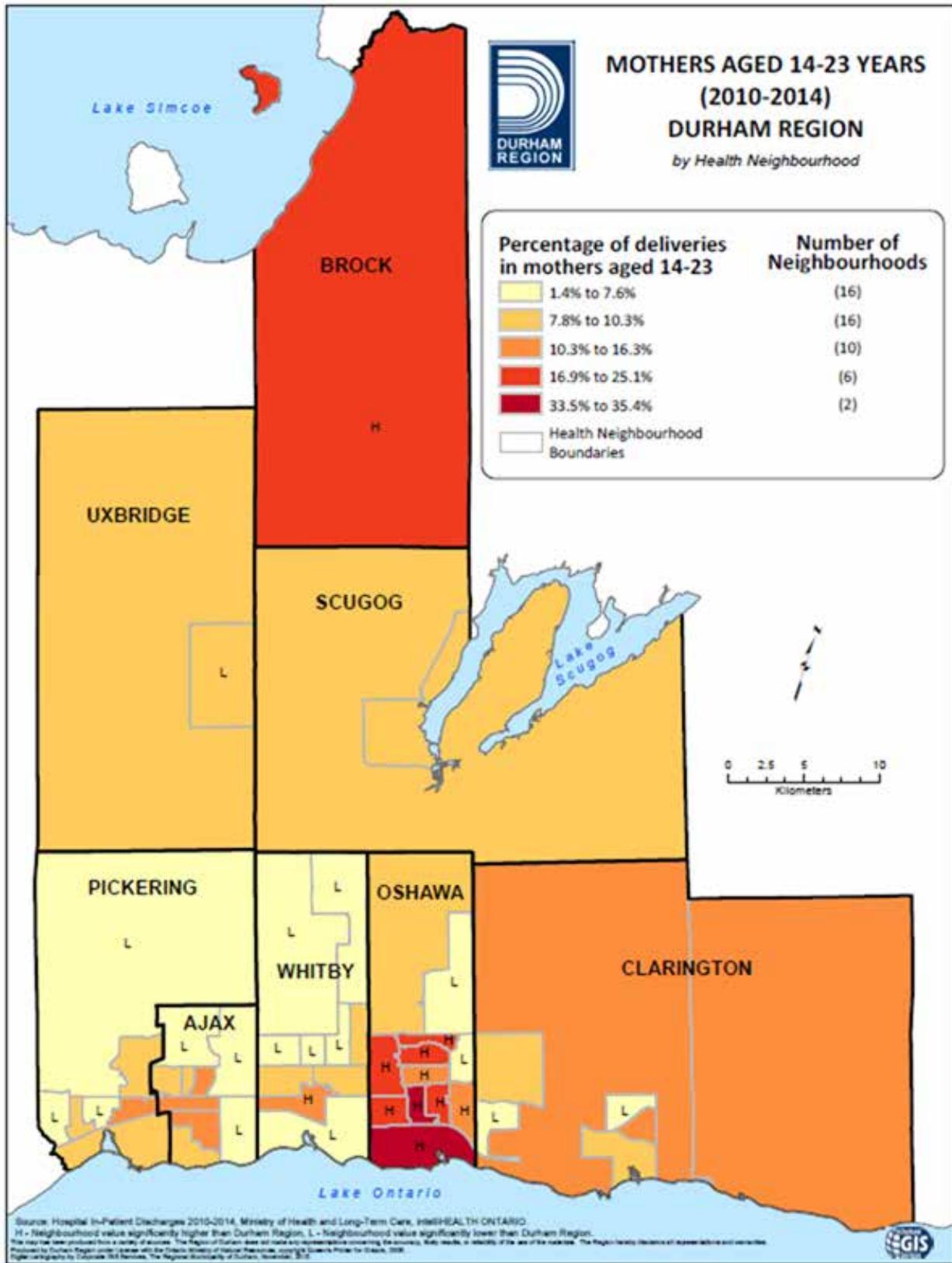
Source: Hospital Data & Medical Services Data 2003-2011, Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO.

Table 1: Teen Pregnancy Rate (2010 – 2012) by Municipality*

Municipality	Rate per 1,000	Total Number of Teen Pregnancies	Compared to Durham Region (Lower is Better)
Pickering	19.1	200	LOWER
Ajax	23.8	316	similar
Whitby	17.8	251	LOWER
Oshawa	46.3	689	HIGHER
Clarington	19.6	197	LOWER
Scugog	18.9	41	similar
Uxbridge	10.4	26	LOWER
Brock	25.0	27	similar
Durham Region	25.5	1,747	Similar to Ontario
Ontario	24.7	31,135	

* Source – Durham Region Health Department. Health Neighborhoods Indicator Summary – Teen Pregnancy Rate (2015).

Figure 2: Mothers Aged 14 – 23 Years (2010 – 2014) Durham Region



Research



The purpose of this qualitative research project is to:

- portray a realistic picture of the day-to-day experience of a young parent
- identify the facilitators and challenges associated with being a young parent in Durham Region
- gain an understanding of young parents' level of awareness of programs and services and determine the underlying reasons they do or do not access them

A literature review was completed prior to the development of the research questions and areas of focus were identified. Interview questions were placed into the following categories:

- Awareness and use of community supports and services
- Day-to-day experiences
- Barriers and facilitators affecting their ability to parent
- Self-reported hopes and dreams

Method

A methodological and ethics review approval was received on November 14, 2015 from Durham Region Health Department's Ethics Review Committee.

The chosen method for data collection was one-on-one interviews with women and men, aged 23 and younger, who were actively involved in parenting a child.

The decision to extend beyond the teen years - using 23 years as the upper age limit - was based on it being the age at which typical young adults take critical steps towards independence and adulthood, such as graduating from post-secondary education. Also factored in was that interviewing parents up to the age of 23 allowed researchers to collect information from people who had entered parenthood at a younger age and as a result would be able to provide reflections that spanned a longer time period.

The interview questions and prompts can be found in the Interview Guide, Appendix B. The interview guide was pilot tested with three young parents who met the eligibility criteria and one public health nurse who was uninvolved with the project. The participants of the pilot interview were asked to provide feedback on the interview process and completion of the related documents. These included the research consent form and demographics collection sheet, Appendices C and D. Their feedback was used to improve the interview guide, including wording changes, changes to the order of the questions and the inclusion of additional prompts.

The research design was cross sectional without intervention with purposive sampling.

Participants were recruited through agencies in Durham Region that provide services to young parents. Translation services were available for participants who did not speak English.

All researchers attended a training session on how to conduct interviews to ensure they were implementing the interview guide in the same manner as their counterparts. Researchers were assigned to interview participants with whom there was not an established professional relationship. This was done in order to prevent any influence on the participants' responses, based on the relationship they had with the researcher.

Interviews were conducted at various locations throughout the region, including service agencies, community groups and personal homes. All interviews were conducted in a private location and were audio recorded with participants' consent. Prior to beginning, the researcher explained the purpose of the research and participants completed a consent and demographic form. All interviews were anonymous and participants' names were not recorded. After the interview, each client was



"I don't want
to live on
welfare for
the rest of
my life"

offered a \$10 grocery gift card to thank them for their participation in the study. Members of the research team transcribed the interviews and employed NVivo* software in the analysis of the qualitative data. Table 2 summarizes the demographic information collected from participants. Table 3 summarizes information on this project’s strengths and limitations.

**NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 10, 2012.*

Table 2: Summary of Participant Demographics

n=44	
Gender	39 females, 5 males
Age of participant	17 – 23 years
Geographical reach	8 municipalities (19 from Oshawa)
Relationship status	33 in a relationship, 11 single
Number of children Ages of participants’ children	1 child (38 participants), 2 or more children (6 participants) Ages ranged from 1 month to 7 years
Co-parenting	21 co-parenting with a partner, 14 single parents, 6 co-parenting with an ex-partner, 3 declined to answer
Education level	26 < Grade 12, 10 completed secondary school, 6 partial or completed post-secondary education
Income Source	5 employment, 3 partner or family support, 34 social assistance, 2 declined question

Table 3: Strengths & Limitations

My Life My Voice: Strengths & Limitations	
Strengths	Good sample size (n=44).
	Participants recruited from all 8 municipalities in Durham Region.
	Research designed and implemented by a group of community partners (Young Parents Community Coalition).
	Data collection method - 1:1 interviews – allowed for privacy to discuss sensitive information and eliminated the influence of peers that could occur in a focus group.
Limitations	Recruitment of males who fit the criteria was challenging as many fathers were over the age of 23.
	As participants were recruited through community agencies and programs, hard-to-reach individuals were not represented in the sample.
	Participants did not have prior knowledge of the interview questions. It may have been beneficial to share the questions with participants prior to the interview to ease any concerns about what they would be asked and to allow them some time to reflect on their answers to the questions.
	Participants were interviewed by people they did not know and, therefore, did not have an established, trusting relationship with them. While the intention was to allow for clients to feel free to be honest with sharing their experiences, this may have impacted their comfort level.

Pregnancy and Birth



The interviews generated abundant information related to the participants' health status. They readily shared information on their experiences regarding pregnancy, birth, breastfeeding, and mental health.

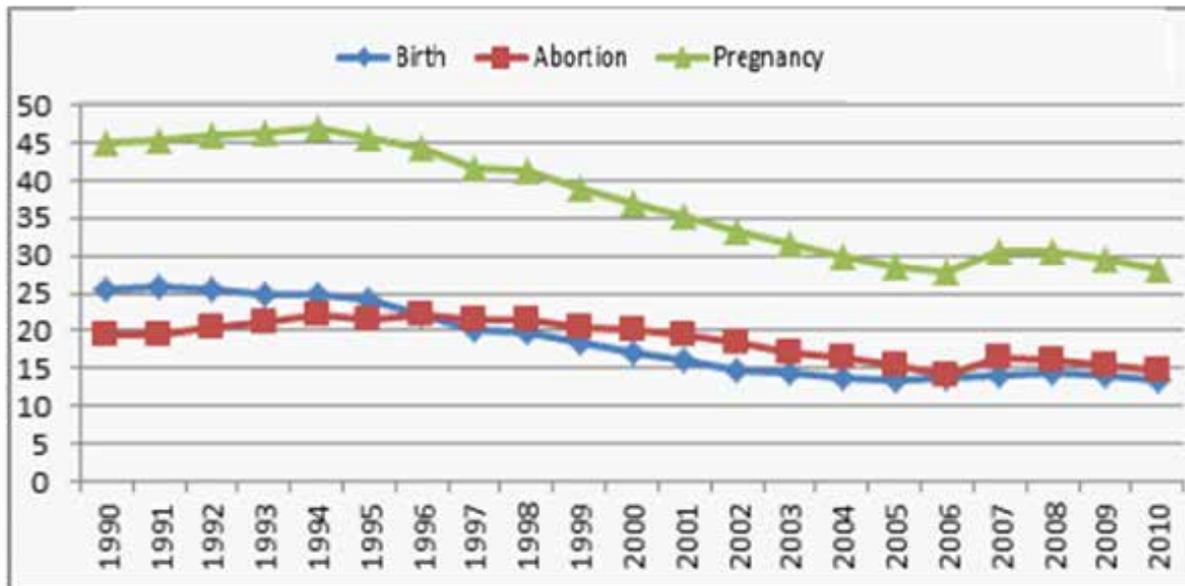
Pregnancy

Typically the announcement of a pregnancy is a joyous occasion and the response of family and friends is normally congratulatory. However, many of the participants reported they felt nervous and uncomfortable about sharing the news of their pregnancy and that it was not well received by family and friends. For some participants, it took their partner, family or friends time to accept this new reality.

"The baby's father was surprised. It took him a while to come around."

Although the topic of abortion was not a part of the interview, some participants reported feeling pressured to terminate their pregnancy on the basis of their age. Some did consider termination, but chose to proceed with the pregnancy and felt it was the best decision they could have made. While there is limited data on the rates of planned versus unplanned pregnancies across all ages, the majority of pregnancies in teens are described as unplanned⁷.

Figure 3: Birth/abortion/pregnancy rates per 1,000, Canada, ages 15 – 19, 1990 - 2010



Source: The Sex Information and Education Council of Canada. MacKay, A. *The Canadian Journal of Human Sexuality*, Vol. 21 (3-4) 2012. Trends in Canadian national and provincial/territorial teen pregnancy rates: 2001-2010

“When I first found out ... my sister was trying to convince me to get an abortion because she thought I was too young.”

“If you’re having [an abortion], you have to go get an ultrasound ... I got one at 6 weeks and the heartbeat was so strong, so I’m like ‘She’s a person. She’s a living person. I can’t do that.’ So I decided not to.”

Some participants felt that becoming pregnant was a positive experience and that it motivated them to do more or to become a better person. For some young women, pregnancy motivated them to stop self-destructive behaviour such as using drugs and alcohol, and to plan for their futures. These lifestyle changes also presented new challenges especially with social dynamics.

They felt that they no longer fit in with their social group and felt judged by both their peers and the general public.

“I got teased so much. I had a group of 5 friends but I lost them all getting pregnant - except for my one best friend. When I got pregnant, they were all ‘You can’t drink. You can’t do nothing’ “.

Some found it difficult to access prenatal care. Others reported that they did not discover they were pregnant until later in the pregnancy and, as a result, felt they had little time to adjust and prepare for the birth.

"I did not find out I was pregnant until I was 31 weeks along so it was a big surprise. I did not know."*

"...we went to the doctor's the next day and when I had my ultrasound I was 27 weeks and 6 days ... It was really hard to find a doctor at my age and with how far along I was."

*A full-term pregnancy lasts 40 weeks.

Hospital & Birth Experience

Young women present at hospital for their birth with unique needs and concerns⁸; these can differ from that of the average maternity patient. Many do not receive prenatal education prior to their labour and birth. They may be unprepared for the hospital experience and may not have a reliable support person for labour and birth.

Findings from the Canadian Women's Maternity Experience Survey, conducted in 2009 by the Public Health Agency of Canada (PHAC) indicate that younger mothers (15 – 19 years) were less likely to be "very satisfied" with the information they received from their health care providers when compared with older mothers⁹. The findings of My Life My Voice echo the findings of the PHAC survey. Participants described varying degrees of dissatisfaction with aspects of their hospital experience. Most admitted there were times when they felt they were treated disrespectfully. Participants stated they felt that many of the health professionals - including physicians, nurses and ultrasound technicians - did not communicate in a pleasant manner with them. As a result, their perception of their hospital experience was not positive.

"I felt like I was being babysat."

"In the hospital I found the nurses and doctors rude and negative."

"My doctor was not so great to me. She was grumpy ... I had a lot of questions and she did not answer them. She rushed me a lot."

Some reported that they would delay asking questions or expressing concerns until change of shift so they could speak with a different staff member.

"Everyone was rude except for the one nurse I had ... who helped me a lot, so I just waited until she came so I could ask her ... I didn't want to have to deal with the other nurses."

Qualitative studies suggest that teen mothers are aware that others perceive them in a negative light. This stigma is often experienced within families, from the general public and during their interactions with health care providers¹⁰.

"I felt like they thought that I didn't know what I was talking about."

"I'm not dumb when it comes to babies but because I was young they thought I was stupid."

Three participants received care from a midwife for their pregnancy and birth and reported it was a positive experience. They felt supported throughout the process and did not identify concerns. Participants who had the benefit of a family doctor felt good about their relationship with him/her, felt their needs were being met and that they were treated with respect. Some participants did not have a family doctor and had to access walk-in clinics for medical care.

Health professionals have opportunities to support young parents through a compassionate approach. In August 2015, the Society of Obstetricians and Gynecologists of Canada (SOGC) released a clinical practice guideline entitled Adolescent Pregnancy Guidelines¹¹.

This document outlines recommendations specific to the care of young expectant mothers. The following are recommendations taken from these guidelines that also align with the participant feedback.

- Health care providers should be sensitive to the unique developmental needs of adolescents through all stages of pregnancy and during intra-partum and postpartum care.
- Health care providers should adapt their prenatal care for adolescents and offer multidisciplinary care that is easily accessible to the adolescent early in the pregnancy, recognizing that adolescents often present to care later than their adult counterparts.
- As with antenatal care, peri-partum care in hospital should be multidisciplinary, involving social care, support for breastfeeding and lactation, and the involvement of children's aid services when warranted.¹¹

Consider this

- Does she live in poverty?
- Does she have a safe place bring baby to?
- Does she fear her partner?
- Is there enough food at her home?
- Was she raised by young parents herself?
- Has she endured sexual trauma in the past?
- Does she understand your instructions?
- Is she alone and/or isolated?

Recommendations:

- Build capacity of front line staff to meet the unique needs of young parents. This could include a patient care specialist and multi-disciplinary teams familiar with the unique needs of young parents
- Support young expectant parents in accessing early prenatal health care and education
- Health professionals and organizations integrate the Society of Obstetricians and Gynecologists of Canada Adolescent Pregnancy Guidelines (2015) into care plans and practice
- Encourage and explore opportunities to actively involve young parents in providing input into their care through membership on coalitions and boards





Breastfeeding



Breastfeeding is recognized internationally to be the optimal feeding method to meet an infant's nutritional requirements. Breastfeeding - exclusively for the first six months, and sustained for up to two years or longer with appropriate complementary feeding - is important for the nutrition, immunologic protection, growth, and development of infants and toddlers¹².

In 2014, the breastfeeding initiation rate for Durham Region mothers aged 23 and under was 87%. This is significantly lower than the initiation rate of older mothers¹³. While adolescent mothers are significantly less likely to continue to breastfeed compared to older mothers, the gap increases with infant age¹⁴. By the time the infant reaches six months of age, 62% of mothers aged 15-19 have stopped and 42% of mothers aged 20 – 24 have stopped breastfeeding¹⁴. The primary reason reported for stopping breastfeeding was concerns about milk supply. While interviewers did not ask specifically about breastfeeding, young parents provided detailed accounts of their experiences.

The hospital experience plays a crucial role in breastfeeding initiation and success. Lower breastfeeding rates demonstrate the importance of providing a positive learning experience with young parents from the very start. Some young parents indicated that the breastfeeding initiation went well and they felt they received the support they needed in hospital. Many, however, reported they received conflicting breastfeeding education from hospital staff. This, in turn, contributed to feelings of incompetence, confusion and lowered confidence in their ability to feed their baby.

“I got so much different advice. I got confused.”

“The nurses were all right but they need to get some training together so that they all say the same thing. I got so much conflicting advice around the breastfeeding. It was so confusing.”

When learning to breastfeed, mothers are supported when there is not a “one-size-fits-all” approach and when they are encouraged to experiment with different positions and techniques. With this in mind, it is possible that staff members who provided support to the young mothers we interviewed, were merely providing a variety of options for them to try, which may have led to confusion on the part of the moms. Communicating the rationale for such recommendations and interventions is, therefore, critical for this population. In addition, the timing of information may also be an important factor, as young mothers may benefit from prenatal breastfeeding education. Providing information in the prenatal period may help young parents anticipate possible challenges and recognize the need to try different approaches.

When breastfeeding is not established, or not perceived to be established early on, artificial baby milk - formula - may be introduced. When artificial nipples are used to deliver formula or expressed breast milk, it has a detrimental effect on baby’s natural instinct to latch onto the mother’s breast. Feeding from a bottle through an artificial nipple takes less effort for the baby and the flow of liquid from a bottle is faster. Frequent bottle feeds in the early days of life can cause the baby to develop a preference for bottle feeds and can inhibit the mother’s milk production¹⁵. If baby refuses the breast, the mother can be left feeling defeated and the choice to stop breastfeeding can feel like the only option.

Some of the participants reported that their babies were given formula in hospital and, in some instances, this occurred without parental consent.

“I was breastfeeding and they didn’t even ask me ... and they gave him formula. Why didn’t they ask me? I wasn’t far away.”

Another barrier identified by participants was the approach used by some staff in providing breastfeeding education. Some felt that they were treated disrespectfully and had the perception that they were being judged when receiving instructions. These negative interactions left them feeling less capable of caring for their infant.

“While I was at the hospital having her, I found that the nurses all told me something different and some were kind of rude.”

Conversely, there is evidence that nurses can have a positive impact on adolescents’ confidence in breastfeeding their babies. In a 2012 qualitative study in Durham Region, adolescent breastfeeding mothers reported they valued the support they received from nurses through encouragement, information and practical hands-on instrumental support. They verbalized that such support increased their confidence to breastfeed their baby¹⁶. Some My Life My Voice participants reported they breastfed their baby successfully after discharge from hospital. They stated that they had no problems and the breastfeeding went very well. Others faced challenges and found it more difficult.

“The breastfeeding was my first major challenge. You are recovering from pregnancy and delivery and then you have to deal with these sore breasts.”

Although most participants appeared to have some knowledge about breastfeeding resources in the community, some chose not to access them and felt their baby preferred to be fed by bottle. For those who did access resources, an adolescent breastfeeding support group and the Healthy Babies Healthy Children program were two local supports mentioned. They indicated that the support was very helpful.

One way service agencies can improve their capacity to support breastfeeding mothers is by adopting the principles of The Baby Friendly Initiative (BFI). The objective of BFI is to improve outcomes for mothers and babies by enhancing the quality of their care and enabling them to make informed choices around infant feeding. BFI was established to protect, support and promote the initiation and duration of breastfeeding globally¹⁷. For more information about BFI, refer to Appendix E.

Recommendations

- Use formula and artificial nipples only when medically indicated and with informed consent from the parent(s)
- Health care facilities providing labour and birth services work towards attaining Baby Friendly Initiative (BFI) status
- Support hospital staff to deliver consistent, compassionate breastfeeding education messages
- Enhance infant feeding components of prenatal and postpartum education and services to support young parents to make informed infant feeding decisions
- Identify opportunities to assess breastfeeding to allow for early identification and prompt referral to professional breastfeeding support, as required





Parenting: Expectations of Becoming Mother and Father



"I feel like I found myself....It's just a beautiful thing that you don't really understand until you are a mom."

Positive Aspects of Parenting

When participants were asked what they enjoyed about parenthood, the responses were enthusiastic. They described a sense of joy, awe and wonder that are central to any new learning experience. Many felt it was a wake-up call to become more responsible. There was a new urgency to finish school, despite it being more challenging to do so.

"I love everything- even the tantrums- because I recognize that it is all part of being a child. He loves to dance and I love to watch him ... He is a happy kid and that pleases me. I love his smile and I am never bored. I think being a parent has made me a better person."

"I created you, and now you're in my world and you are my world, and I love it".

The respondents' comments mirrored findings of other research using self-report inventories. Early parenting created a more goal-oriented focus, accompanied by a change in risk-taking behaviours such as "partying" and "just hanging out to do stupid things"¹⁸.

Challenges Related to Parenting

When asked about the challenges related to parenting, the initial response defined challenges common to all parents. There were concerns about developmentally appropriate behaviour, time management and prioritizing of relationships. Sleepless nights, teething, tantrums and toilet training were also mentioned.

As the discussion progressed, respondents elaborated on more serious issues that they felt had an impact on their ability to parent. The stressors young parents identified in their lives were not sourced in the child, but rather in the surrounding life circumstances. These included mental health issues, feelings of being judged by others, and feelings of isolation. This was also impacted by whether or not they were in a stable relationship. Many respondents noted it was frustrating to have to rely on others for help and advice.

“Really, it’s a very hard job, and sometimes I think should have gone for the other option and had an abortion. Then I think back and go back in time - even with her dad and the problems I have had with him. If I would have known this all back then I would still make the same decision. She is so worth it. So worth the stares [from the public] and not being able to go out... and the crying, sometimes she can’t stop crying. She is worth it.”

“I feel I need to do extra just to show people I’m at the same level as them. Just because I’m younger doesn’t mean I’m incapable.”

Father Involvement

Respondents identified co-parenting in strained adult relationships as a significant barrier in their parenting journey. This topic is discussed in more detail in the Relationships section of this report (p.31).

Fathers discussed confusion about the court and custody process, and fear of losing access to their children. There was also a perceived lack of services for fathers.

“I’m just trying to make a better connection with my son and it doesn’t just affect me. It affects him too because he’s thinking ‘Where’s daddy?’ ”

“The family court papers say ‘Services for Women’ and its 10 pages. Then there’s ‘Services for Men,’ and it’s tiny. There’s a huge imbalance there.”

Mothers found it challenging when baby’s father did not meet expectations.

“What I am asking for is not out of the ordinary. I have asked him to stop smoking, to be here on the weekends ... to be looking for a job and get a job so that we can support our family. It’s just not happening... I feel so bad for my daughter because she is going to grow up and realize what a horrible dad she has.”

Research into the adjustment to parenthood indicates that an ability to delay gratification and to put the marital relationship into a stable but background position was necessary across all ages of parenting¹⁹. Parenting is more complicated for young people who are novice in adult partner relationships, in particular having a lower level of interpersonal and communication skills. This is due to their developmental stage and less life experience²⁰. As teens experience partner changes, co-parenting becomes even more complicated with reported negative effects on children²¹. While participants shared glowing comments about their relationship with their child, there came disappointed and frustrated comments about dealing with the other biological parent.

"The relationship between the parents makes an impact on how you can parent because if you're annoyed with the other person you're going to take it out on your kid, whether you like it or not."

Participants were very direct in their frustration with partner relationships. However, they did not indicate an awareness, nor willingness to seek relationship counselling services, nor describe services they would find helpful.



Research shows that children who have an involved father have better self-confidence, are more emotionally secure and have better educational outcomes²².

Fathers engage their children in ways that differ from the ways that mothers engage. Through their more playful and stimulating activities, children learn how to regulate their feelings and behaviours²². One factor affecting father involvement is maternal gatekeeping, which can occur when the mother controls the access a father has to the children. Some mothers deeply encourage and support father involvement. Some mothers, or their supportive network, actively discourage fathers from being more present in their child's life. This control is driven by the mother's need to ensure their child is cared for in a manner that she deems safe and appropriate. This can impact the father's confidence to care for their children in a safe and effective manner²³.

"As a man, I was so scared to lose my child because that's pretty much all you hear about. Crazy things were going through my head and all you can think about was [baby]."

"She also has a new boyfriend ... and she wasn't letting me see [the child] and I keep trying to see him ... when I do see him, his attitude is different towards me... He doesn't know how much I've been trying to be there since day one..."

Recommendations

- Continue to offer programs that address everyday parental concerns (e.g. healthy eating, growth and development)
- Explore programming options that address underlying concerns that can deeply impact parental capacity (e.g. mental health, isolation)
- Encourage and assist clients to take steps to address the problems impacting their ability to parent (e.g. make referrals)
- Advocate for supports for young fathers
- Promote and enhance effective co-parenting and couple-based programs



Parents Engaging with Children



Without exception, the young parents interviewed described life with their children with great positivity and affection. Without prompting, they provided numerous examples of the loving exchanges that occur daily between themselves and their children.

“My favourite moment is when I am staring at her and she stares back at me and she smiles. My heart just swells with love and that is my favourite moment.”

The Early Years

The experiences in the early years of a child’s life can heavily predict their developmental and cognitive health into adulthood²⁴. Early childhood is an extremely sensitive period in human development where genetics and early experiences interact to shape brain development that affects emotional regulation, stress response and attention²⁵. Research also indicates that children born to young parents aged 14-19 begin kindergarten with lower levels of school readiness including lower math, reading, language and social skill scores²⁶.

Parenting style is commonly transmitted from one generation to the next. People who have experienced adverse childhood events or are raised under adverse parental conditions are likely to parent in a similarly adverse manner²⁵. Many of our participants shared that they grew up in volatile or broken families and did not experience a positive example of parenting. Many also reported they suffer from mental

health issues, isolation and challenges in meeting basic needs such as food and shelter.

Despite the challenges they have faced, these young parents indicated that they understand that early childhood experiences can affect a child's growth and development. Many of them spoke of the special bond and love they had for their children and how important it was to them to cultivate this love through time spent together.

"We read stories, I do infant massage which I really love to do with both my kids. They just lay there and they look at you and they smile and blow kisses and I love it."

"I try to keep things active and playing and fun, so she doesn't want to just sit in front of the TV for however long"

Attachment

Attachment is the deep and lasting connection that children form with their main caregivers, usually their parents. Healthy attachment occurs gradually over time through day to day interactions between parent and child. Attachment relationships influence development, learning, feelings and close relationships throughout life²⁷. Healthy attachment is also an important factor in positive mental health outcomes.

Participants recognized that healthy attachment with their children contributes to healthy development and were able to identify ways to foster attachment.

"I love reading to him. Reading is huge, for bonding and everything. It's part of our bedtime routine."



Play

There is an abundance of research around play and its positive effects on early childhood learning and development. The ability to imagine and explore through play expands knowledge, sparks curiosity and creates an environment where children gain the confidence needed as they grow. Most participants indicated that play was a regular component of their daily interactions with their child. They provided numerous examples of low cost activities and connected these interactions with growth and development

"I like being able to go a park and not look weird [laughs]. Play on the swings. I like being able to teach them. That's one thing I do enjoy."

"We go back to playing ... I try to switch up her toys. ... I'll try to do some kind of actual activity."

"When I'm home we play in the snow, we use puzzles, play blocks ... throw balls around my house. We have a beach ball that he likes to throw around."

Screen Based Activities

When participants discussed interacting with their children, the use of electronics was frequently mentioned. Children are attracted to electronic entertainment and it is often promoted as an effective way to promote learning. The Canadian Paediatric Society discourages any screen-based activities - television, video games, and handheld devices for children aged 2 years or younger and recommends limiting daily screen time to less than 1 to 2 hours per day for older children²⁸. It is not uncommon for parents of all ages to use electronics as a means to occupy, distract and entertain their children.

"Some days we just kick it inside. You know, watch a lot of TV together."

"We have a tablet because it was recommended to us to get one because of all the learning games that are on it."

Overuse of electronics can have detrimental effects on language and cognitive development as well as attention span.²⁹ The use of electronic entertainment has also been associated with sleep disruption, behavioural problems and childhood obesity.

"She watches TV and then goes to bed."

Young parents are often parenting alone, have little support and suffer from a chronic lack of sleep. Participants in My Life My Voice discussed use of screen time either as an activity done with their child or as a way of entertaining their child.

"He loves it. He is obsessed with [his tablet]."

"It's just very hectic. I change them. Feed them breakfast. Let them watch TV. Then they play."

Recommendations

- Continue to promote programs that reinforce healthy growth and development in the early years of life
- Increase awareness and access to low/no cost activities that promote parent/child interactions
- Increase awareness of appropriate use of electronics/screen time as per The Canadian Paediatric Society Guidelines.



Relationship Realities for Young Parents

Family

While all parents benefit from strong family support, many My Life My Voice participants shared that they had strained familial relationships. Some participants indicated that the new baby helped to repair relationships. For others, baby's arrival had the opposite effect.

"When I got pregnant, I told my mom and we became much closer. We talk daily now, we are like best friends and she cannot go more than a day without seeing my son."

"My mom is really supportive, helps with childcare."

Many young parents end up residing with family members during the pregnancy and early part of their child's life. However, many of those interviewed identified they lacked support in caring for their child.

"Just doing it on my own is hard, it is hard to do school work and look after him, especially since he has been sick lately and it is hard to get everything done on my own there is not enough time."



Friends

Some young mothers reported feeling that while they were pregnant they had a strong circle of friends supporting them. They anticipated that this support would continue following the arrival of baby. Unfortunately, many found that childless friends had difficulty understanding the constraints parenthood places on the ability to engage in normal young adult activities. Friends could not always appreciate the amount of preparation required by the young parent when trying to get out of the house. Additionally, old friends may continue to engage in risky behaviours that can be impractical and destructive for parents with young children. Many of the parents interviewed felt abandoned by their friends once their baby arrived and were compelled to build new circles of support.

“Once you have a baby, you know who your real friends are, who is actually going to stick around and who is not. Most people don’t want to because they think I have a baby and they don’t.”

“A lot of my friends now are the people I met through programs.”

Partner and Ex-partner Relationships

The previous discussion on co-parenting described the turmoil that can exist between the biological parents of a child. Whether partnered with the child’s other parent or not, conflict within partner relationships was a recurring theme. When participants were asked to describe their “perfect” life, they placed great importance on stability, even marriage, with a loving partner.

All families in Ontario, following the birth of their baby, receive postpartum screening in hospital through the Healthy Babies Healthy Children screen. Data from screens received by Durham Region Health provides insight into the prevalence of strained partner relationships. In 2015, when Durham Region mothers were asked if the relationship with their parenting partner was strained, of those who responded, 9.6% of women 23 and younger responded “yes” (n=405). This was more than 4 times higher than the 2.2% reported by older mothers (n=3710). 8.6% of young mothers answered “yes” when asked if they had concerns about having enough money for basic necessities, as compared to 1.9% in their older counterparts³⁰. Considering that money is a common source of conflict for couples, the dispute can be compounded when there isn’t enough to meet basic needs. Regardless of the reasons for arguments in the home, the harmful effects on the children can last a lifetime.



“The relationship between parents makes an impact on how you can parent ... because if you’re annoyed with the other person, it affects the child - if you like it or not.”

Some young parents have considered the possibility that parenting alone would be better than trying to raise children while in a volatile relationship.

“I think I would prefer to be taking care of her alone. It would be less stress, trouble. I feel like I am parenting alone already.”

While many young parents interviewed identified they experienced strained relationships, none could offer examples of potential solutions.

The Community

Young parents are often stigmatized by stereotypes in the media and public opinion that they are irresponsible and incompetent parents³¹. Social stigma and the feeling of being judged was a common theme in these interviews. Participants felt they were constantly being evaluated on their ability to parent. They felt these judgements were often based on their appearance and age as opposed to their actions. They expressed amazement that people would approach them in public and boldly share their opinions with them. Some parents reported they actually avoided going out to elude the stares and judgement.

“I’m a mother. I’m having a baby. Treat me the exact same way as any other mother. A 40 year old comes in, a 17 year old comes in. We are both having babies, there is no difference, except age”

“I feel like an exhibit in a museum”

Recommendations

- Encourage and assist young parents to access professional supports available in their community
- Create, enhance and promote peer support networks for young parents
- Increase awareness of the strengths and vulnerabilities of young parents and encourage communities to embrace and assist them in their parenting journey



Mental Health



While our participants were not specifically asked about mental health concerns, 30% identified themselves as having symptoms of anxiety and/or depression. The implications of living with these symptoms included isolation and difficulty accomplishing goals and daily activities.

"I'm nervous now. My anxiety is just bad, very very bad. It kind of makes it harder being a parent."

"I don't take my son to group things unless I really know the people, or I'm with someone I know. So I guess it kind of stops him from doing more things that other kids can."

Research has shown that teens with mental illness are more likely to become parents compared to their healthy counterparts. A large Ontario-based study found that, for reasons not clearly understood, girls aged 15 to 19 years with a diagnosis of a major mental illness, such as bipolar disorder, depression and schizophrenia, are almost three times as likely to give birth in comparison to adolescents without mental health issues³².

Many young mothers live with economic or social disadvantage and/or have experienced trauma in their past. Hodgkinson et al. found, on average, teenage mothers had experienced 5 or more traumatic events in their lifetime. They found 50% of the adolescent parents in the study met full criteria for post-traumatic stress disorder. Compared with older mothers,

adolescent mothers are 2 - 3 times more likely to be victimized by their partner, the father of their child, or a family member³³.

Impacts on the Child

Although the associations between parental mental health and child outcomes are complex, research shows that children of depressed mothers are at an increased risk for developmental and behavioural difficulties as well as being at risk for developing mental health problems themselves³². Any interventions targeted at parental mental health should be considered primary prevention for the children. Contextual risk factors including poverty, relationship conflicts and adverse childhood events are known to exacerbate parental depression/anxiety and negative child outcomes.

Many of our participants spoke of interpersonal conflict and the effect of this on their mental health:

“There is so much conflict between [family members] and I often feel in the middle. I have distanced myself from them for my own mental health, but they are often angry with me and the situation is very stressful.”

“[family members] drive me nuts and I want to step away. I’ll snap otherwise. I’d much rather that doesn’t happen around my daughter.”

When adverse conditions such as conflict exist in the home, they undoubtedly impact the stress response of children. Many children tolerate the ups and downs of life with resilience. However, when a child experiences strong, frequent, and/or prolonged adversity without adequate adult support, the result can be toxic stress. Research on the biology of stress has shown that healthy development can be derailed by excessive stress. This includes damaging effects on learning, behaviour and health across the lifespan. Research also indicates that supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response³⁴.



Isolation

Connecting socially with others is especially beneficial in maintaining good mental health. It is well established that feelings of isolation are known to have negative consequences for psychological well-being³⁵. Isolation can be particularly harmful to young parents as, developmentally, they are at a stage of life where social interactions contribute to their sense of connectedness and well-being.

When recounting their day to day life, 36% of our participants spoke of feeling isolated or lonely. Underlying causes for this sense of isolation include lack of transportation, difficulties in getting out with a baby, social anxiety, inclement weather and lack of child care.

“I am home alone a lot and I have nobody helping me. Even when my boyfriend comes over I end up doing it all myself. You do not have anyone to talk to except [baby]. You can go crazy.”

Many young parents also expressed feeling estranged from their non-parenting peers who can't relate to the lifestyle changes that come with being a parent. They describe missing social activities because of their parenting responsibilities. This all comes at a time when, developmentally, peer relationships are very important.

“I still have my old friends who are not parents but it is hard to keep up with them because a lot of them are smoking weed and drinking. So that's hard because I'm 19, a lot of my friends are turning 19 and they all want to go party because that's what 19 year olds do, but it is so different for me.”

Other Factors

Substance use was discussed by 4 participants with 3 of the 4 participants stating they gave up substances such as marijuana and alcohol since becoming parents. One participant stated:

“My baby saved my life. I was going down a very, very, very bad path. I used to be a drug addict, and then I found out I was pregnant and I stopped. I just stopped it. I went through some withdrawal and there is always times where you just want to do it, but then I look at my son and would never chance losing him, I would die without my son.”

Some mentioned that they felt bullied by their peers for being pregnant or parenting, further compounding their sense of isolation.

“I had people laugh at me and tell me I'm fat, but I loved my fat because it was my little girl in there. To be honest I wouldn't recommend other teenage girls going to [regular] school. I want them to finish school, just find a different route to be able to do your schooling while you are pregnant.”

While we know that taking care of oneself is essential for good mental health, it is also an important part of being a parent. Many participants were able to identify positive self-care strategies including reading and going out with friends.

"The loneliness gets to me. That's part of the reason I started reading again."

"You need something to look forward to so you can cope."

"I actually went to a movie last week and am taking the baby to go and visit my friend tonight. You really need to get out a bit to re-charge your batteries."

Recommendations

- Continue to provide and enhance access to mental health services in Durham Region for young adults
- Implement universal screening measures at the primary health care level (e.g. Edinburgh Postnatal Depression Scale) in each trimester and link to appropriate community supports
- Explore opportunities/effective interventions to support the mental health of young parents and decrease isolation
- Provide health education to young parents regarding strategies to foster attachment while experiencing mental health challenges



Community Services and Supports

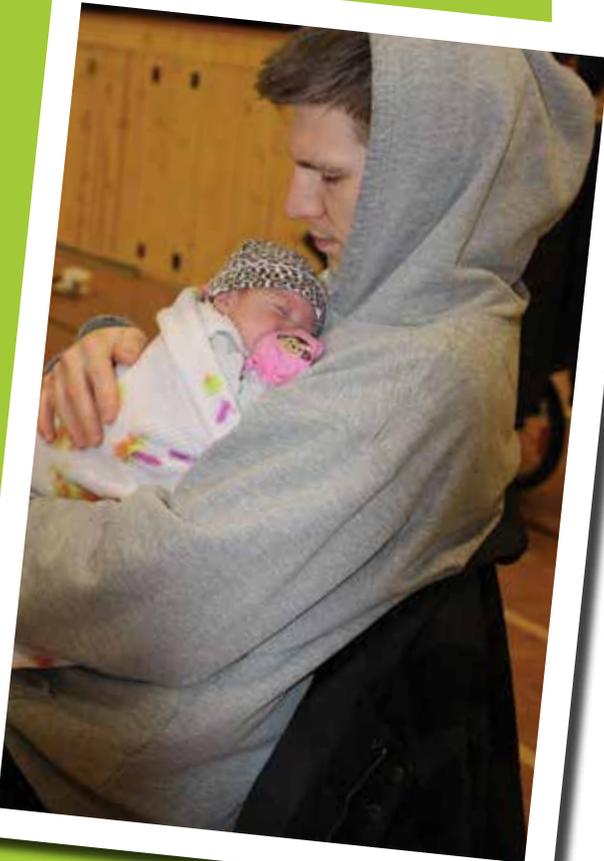
What Services are Young Parents Using?

Each parent interviewed identified examples of services in the community that they had either used or were aware of. Discussion revealed two categories of agencies most utilized; government services and non-profit or charitable services. Participants did not identify any examples of for-profit services. For a more in-depth description of services offered by YPCC member agencies, refer to Appendix A.

Social Services

The majority of the participants (80 %) reported they receive some form of income support. This included Ontario Works (social assistance), Learning Earning and Parenting (LEAP) and maternity benefits through Employment Insurance. Also mentioned were the Child Tax Credit and Universal Child Care Benefit, Rent Geared to Income (RGI) Assistance, and the Child Care Fee Subsidy. Additionally, some participants reported accessing counselling services through social services.

“My current worker gets that I have ambition and a plan and that I do not abuse the system, so she is very forthcoming with information and services”



Public Health

Participants reported accessing services related to reproductive and child health through the local public health unit. The programming employs public health nurses, family visitors and public health nutritionists in supporting parents of all ages in their transition to parenthood. Programming includes, but is not limited to, prenatal classes, breastfeeding support and the Healthy Babies Healthy Children (HBHC) program.

"[Healthy Babies Healthy Children] were really supportive and it was a healthy pregnancy thanks to that."

"I find Healthy Babies Healthy Children program extremely informative and helpful. It helped me a lot with my breastfeeding. In the beginning, my nurse came and watched me feed and helped me with the latch and I was really struggling, they give you a lot of information. I was having her sleep in her car seat and my nurse informed me that that was not good for her breathing. I got involved prenatally and had one visit just to prepare. My nurse is great and I love that the nurse comes to you."

Prenatal Classes

Some young parents accessed prenatal classes hosted by community agencies and delivered by public health nurses. In Durham, Supporting Mothers and Infants Learning Experience (SMILE) helps young expectant parents and their supporters prepare for birth, breastfeeding and care for their new baby. Other participants reported using online prenatal classes developed by the local public health unit.

"I did my prenatal classes ... and, although they scared me a bit, they really were helpful."



Health Care Institutions

Many young parents have limited health care options. Many stated they do not have a primary health care professional such as a family doctor. Consequently, they are obliged to access health services through avenues not designed to address ongoing health needs. This often results in use of walk-in clinics, urgent care or emergency departments for interventions such as vaccinations, contraception, well-baby visits and common ailments like ear infections. As a result, they do not receive care from a dedicated practitioner with whom there is an ongoing relationship.



“We don’t have a family doctor but we are on the list. We have been on the list for over 6 months.”

Some parents described the benefits of local community health centres. These are non-profit organizations which, in addition to health care, offer a spectrum of complementary programming not found in traditional medical settings. This could include counselling services, health promotion, nutritional support, and community development activities. These free activities may take the form of drop in programs, cooking classes, community fairs and support groups.

“The Youth Centre helped get me connected to the SMILE program and with schooling they connected me with an outreach worker that helped me figure out all my options.”

“[The Youth Centre staff] accept people for who they are and there is a lot of range of people there. People with disabilities or are needy or not. Everyone goes there.”

Education

Young people living with unique challenges such as pregnancy and parenthood often struggle to achieve success in the traditional high school setting. Teen mothers, balancing the demands of parenthood and school, are less likely to complete high school and/or post-secondary education³⁶.

Participants reported accessing alternative educational programs through their local school board and indicated that these programs offer flexibility and individual encouragement in a friendly, non-judgemental, community setting. Some sites provide childcare and some programs provide support staff to play and engage with baby while the parent studies. Participants voiced that this was very helpful in allowing them to fully engage in their school work. Some parents lamented that they could not always continue in alternative programs as their baby “aged out”. This age varies from program to program.

"I love it here. I get excited to come to school. I have never been excited to go to school."

"They're really helpful. They were willing to go out of their way to help me ... making arrangements and special considerations show you that they really want you to get your grade 12."



Participants reported accessing Learning Earning and Parenting (LEAP) while working towards their educational goals. Young or expectant parents who are receiving Ontario Works can enroll in this program. LEAP supports participants in completing their Grade Twelve Diploma and can assist in arranging subsidized daycare.

"LEAP was great ... very smooth ... to help me strive to achieve my best results."

"I was scared when I found out I was pregnant and had no idea how I would finish school and this program has made it happen for me."

"My LEAP worker is so amazing – she is so amazing! I feel like I can talk to her ... and she will help me with anything that I need help with."

Community Based Programming for Parents & Caregivers of Young Children

Participants reported accessing a variety of community-based programs targeting parents and caregivers of babies and young children. These non-for-profit programs, often drop-in in nature, are available throughout the region and are delivered by a variety of community agencies such as public libraries and family resource programs*. Programming can assist parents-to-be to prepare for parenthood, learn new parenting skills and help their child learn to talk, play and read. Topics such as growth and development, nutrition, parenting, child care and physical activity are often addressed in these settings.

** for more information on services indicated by participants, see Appendix F.*

Child Protection Services

Some participants identified Durham Children's Aids Society (CAS) as an agency that they were involved with. While some described CAS experiences with negativity, it was also noted that workers were respectful to the client and their home.

"When CAS came into my house they were respectful to me and my house."

"At first I thought that CAS is bad, that they are going to take my child ... I hear so much bad things at school. A lot of people have CAS involved and I didn't know what it was until I came here. When she came I told her 'I was so scared, I love my baby and I would do anything for him. Please just tell me what you guys are about.' Then she told me there was nothing bad that she had heard some stuff going on at the hospital and I explained it to her... She was really nice."

Common areas of concern assessed by CAS include substance use, domestic violence and parenting capacity³⁷. Durham CAS receives approximately 135 prenatal referrals annually. Though their "Pre-Natal Support Program", CAS offers an upstream approach that supports the health and well-being of both the mother and baby³⁷. A designated worker ensures consistent contact throughout the pregnancy to birth. The program also employs the expertise of "High Risk Infant Nurses" to ensure the mother connects with services and receives adequate prenatal care. This program works toward an improvement in the overall health of the babies born, fewer children in care or decreased time in care, and better service with more comprehensive plans for the baby and family.



Young Parents Supports Services

Participants expressed the value they placed on attending programs that served the unique needs of their age group. A local agency providing supports for young parents – The Rose of Durham - emphasizes the importance of improved children’s mental health as the desired outcome. This agency was frequently mentioned by the participants as a comfortable, “family” place that they can come to and connect with others. This agency offers a variety of supports to assist young people navigate the world of parenthood³⁸.

“Rose of Durham made me feel included and that I was not alone. If I needed someone to talk to or I needed baby supplies they were there for me.”

Parents reported using counselling services, the “Teen Mom School Program”, prenatal classes and a wide range of programs offering parent support and education and the opportunity to meet others and build skills. Also noted as helpful was access to practical supports such as baby supplies and equipment, food and clothing to help fill their needs when money is tight.

Many of the participants of My Life My Voice were recruited through organizations offering programs that reinforce healthy parent-child dyadic relationships. These programs provide opportunities for clients to observe facilitators role modelling positive interactions with infants and young children. They also provide opportunities for children to interact with other children and to begin to develop social skills at an early age.

“At the Rose, the experience was really good, really supportive. The people were really supportive and understanding and willing to offer you the resources that you need.”



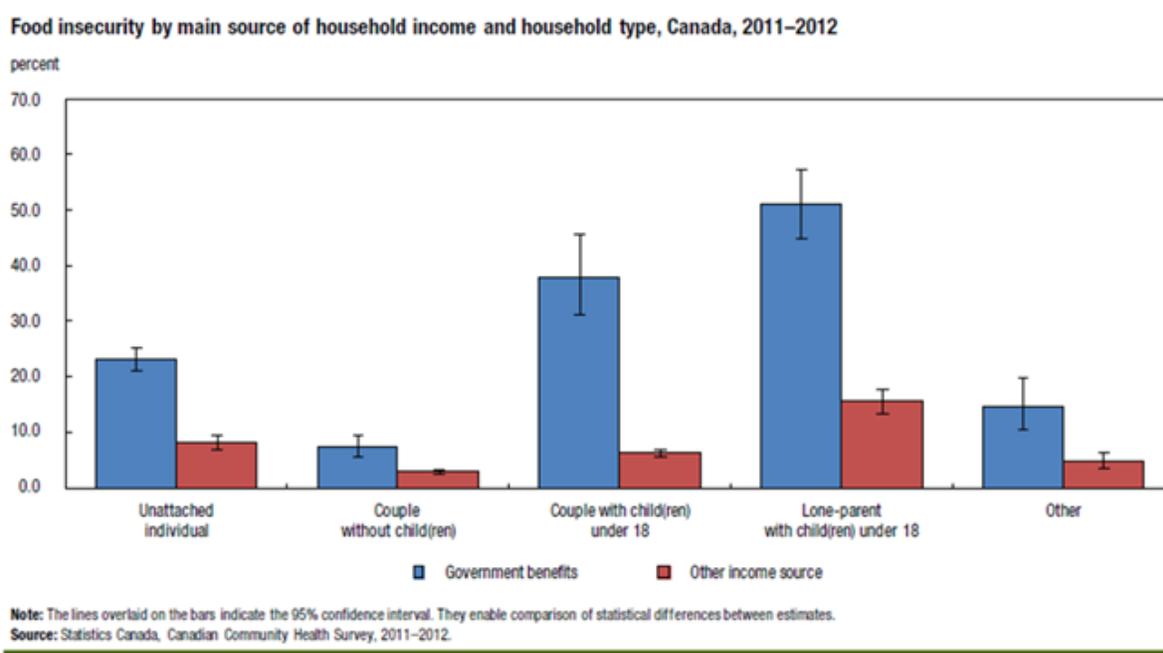
Practical Supports: Food and Other Necessities

While participants did not lament their financial status, they did note that there have been times when they have had to turn to the community for practical supports. This includes emergency food, baby equipment and supplies and, in some cases, shelter.

Many participants shared that they occasionally access emergency food through local food banks and community service agencies. Food banks, however, can only offer an average of 3 days' worth of food and are not intended to be a long-term solution to food insecurity³⁹.

Approximately 9% of Durham Region households experience food insecurity, which is similar to the Ontario average. According to Statistics Canada, lone parents on government income supports are the most vulnerable to food insecurity⁴⁰ (Figure 4). Over half of My Life My Voice participants identified they were parenting without a partner in the home.

Figure 4



When food is in short supply, parents often choose to skip meals to ensure their children are fed first⁴¹. They may satisfy hunger with cheaper food that is not always nutritious and are unable to eat in accordance with Canada's Food Guide. As a result, their health may suffer³⁹. Dietary deficiencies – more common among food insecure households – are associated with increased likelihood of chronic disease and difficulties in managing these diseases⁴². Food insecurity can also impact the physical, cognitive and social development of children⁴³.

Many young parents reported they attend community programming with a healthy eating component. Most of these programs provide healthy snacks. Some programs go beyond provision of snacks to deliver a “community kitchen” model where young families are given an opportunity to prepare and eat healthy food together with their peers, giving them both life skills and opportunities to socialize.

Other added expenses for struggling parents include baby equipment, clothing and diapers. Participants found it helpful that they were able to access diapers, a crib, a stroller and other baby necessities through various charity and not-for-profit agencies that provide donated baby items.

“...it is very helpful. The donation room ... if you are on low income and you don't have that much money, it's hard.”

Ontario Works clients who are pregnant and/or breastfeeding can access additional funding to help meet their nutritional needs and to help purchase baby equipment such as car seats and strollers. These benefits are offered by caseworkers however some of the respondents reported that they had learned about the additional assistance from peers and other professionals.



Facilitators in Accessing Services

Participants described the following features that made a program/agency appealing to themselves and their peers.

Comfortable Environment

Participants consistently described their favourite places as comfortable. While defining comfort differs from one individual to the next, the same descriptors were mentioned with frequency. Young parents want to feel included, and not like “outcasts”. They prefer casual environments where they can come as they are, and don’t feel the need to dress up. They like to feel welcomed. They prefer friendly atmospheres where they can speak freely without the fear of feeling judged.

“It was a relief to go somewhere where I could talk freely and there is no judgment.”

Skilled & Friendly Service Providers

The approach used by agency staff directly impacts the client’s comfort level in accessing service. The young parents reported they prefer service providers who are easy to connect with. They appreciate when a staff member appears to go above and beyond the norm in order to assist them. They value professionals who understand how to engage with young people and “know how to ask the right questions”. Service providers who are caring, down-to-earth and demonstrate a genuine interest in the client’s success are well-received.

The participants also indicated they liked to feel they could confide in the staff member and can trust them to protect their confidentiality. They feel comfortable with service providers who make them feel safe.

“My counselor is amazing. What I like about it is it’s confidential. So you can tell them if you’re depressed or sad or having a hard time.”



Content of Programming

Young parents reported they are most satisfied with supports that are relevant to their needs (e.g. parenting classes, diapers, food). They indicated that they enjoy the variety of programming currently available to them in the community. Having variety in content to choose from is appealing. Young parents reported they enjoy self-care and life skills programming such as cooking classes and yoga.

Peers

Many participants noted they felt more comfortable attending groups with their peers, meaning parents within the same age range as themselves. They find it difficult to feel a sense of belonging when they attend a group of predominantly older parents whose concerns and living conditions can differ dramatically from their own. They report feeling like an outcast, or feeling judged in a way that they wouldn't if they were with parents closer to their own age.

"I've been to a couple of other play groups that were not very welcoming. They were very unhappy with having a young parent in the room and they made me feel very uncomfortable."

"I feel very supported at this group because most of the moms here are single moms, some of them are young moms so it's very much a more supportive group than just a play group."

Young parents value the opportunity to network with one another. Many of the people they meet at groups become part of their circle of support. They also value the opportunities their children have to socialize with other children.

"Social things ... directed more to my age group so that I would have a bit more in common with them."

Timing or Availability of Programming

Participants indicated they appreciated organizations that demonstrate flexibility to meet their needs. Service providers who can respond promptly, offer same-day-service and offer the option to make an appointment at any time are preferred. Having someone who is available to talk when the need is urgent is particularly helpful when young parents are seeking access to a caseworker or counselor.

"I had the biggest breakdown I have ever had in my life. I called my counselor and I cried for an hour on the phone. She set aside everything she had to do and she stayed on the phone with me until I was calm."

For some services, having the option to receive a home visit was preferred as it can be a large task to pack up their baby and take the bus to an office. Some prefer programs that take place more than once a week. When taking classes, some young parents like the content spread over several weeks, while others prefer to have all the content delivered in one long workshop.

They like to be kept informed of changing information such as hospital updates or a classroom change. They also appreciate the ability to access multiple services under one roof (e.g. school, counseling, parent groups, donation room).

Web Presence

Young parents voiced how they like being able to access information about agencies and their services online. They use the internet to check agency calendars, class schedules and description of services. Some like to learn through online mediums such as Facebook or online prenatal classes.

“The online classes were pretty helpful.”

Accessing the internet, however, can be challenging for young parents living on a limited income. They may have a mobile phone, but minimal or no data. Many find the costs of home internet prohibitive, even if owning a tablet or computer was affordable.

Incentives

Most people respond positively to incentives, promotions or rewards. Programs that offer an incentive upon completion are well received. Young parents, especially those living on a limited budget, indicated they were grateful to receive any tangible incentives a program was able offer. This could include bus tickets, snacks, take-home crafts, grocery coupons, diapers and promotional items (e.g. pens, bookmarks). For some, even something as simple as receiving a signed certificate at the end of program was motivating and served to boost their self-esteem.

“Loved the snacks, they were healthy and when I was pregnant it was great.”



Barriers in Accessing Services

Young parents face barriers that can impact their ability or willingness to access a program. Some have difficulty in physically getting to the group, while others choose not to attend because of how the group experience made them feel.

Anxiety and Fear of Being Judged

Starting a new program can be daunting for anyone. For young parents, this can be magnified by feelings of anxiety, fear of being judged or concern that their confidentiality will be breached. Participants indicated that symptoms of anxiety or “social anxiety” kept them from leaving their homes or gathering with others. These feelings of unease may be provoked by something they experienced at the program, or may be a personal struggle they cannot overcome, regardless of the setting.

“I didn’t use [the program] because I have a lot of anxiety and I don’t like a lot of people, being in crowds, meeting new people.”

Many young parent programs include some form of sharing. Young parents stated that they do not want to feel they are being observed as it makes them feel judged. Sharing can be perceived as risky if they fear their confidentiality will not be protected. Additionally, they may be concerned that something they say could trigger a CAS investigation. The thought of losing their children is enough, for some, to avoid use of these services. Some indicated they were worried their actions were being monitored by Ontario Works. Others described themselves as “private” people, and activities that occur in a group setting are simply unappealing.

“I don’t like to share a lot of things.”

Some participants, while feeling safe to confide with service providers, fear that other group members are judgemental and unkind. Some perceive group settings as “gossipy”. They might feel uncomfortable or bullied, even if the threat does not appear obvious to the service providers. Some participants shared that attending a program alone is not an option and choose to stay home if their friends cannot attend.

In helping young parents to feel comfortable, consider this:

- Did you get their name, and give them yours?
- Do you remember the name of their child(ren)?
- Did you introduce them to at least one other group member?
- Do they know the day and time you meet again?
- Were they thanked for coming, and invited to come back?
- Can they bring their partner next time?

Negative Interactions with Service Providers

Young parents rely on their service providers to supply accurate and appropriate advice. Participants indicated that their confidence is impacted when workers from the same agency give conflicting advice or do not seem “on the same page”. They do not value advice from service providers that is unsolicited, or falls outside of the worker’s scope of practice.

Participants discussed how service providers made them feel, and described behaviours that left them feeling demeaned. They disliked workers who acted in a “bossy” or condescending manner. They are not confident in providers who present themselves in a way that makes them appear “simple” or “silly”.

Some did not favour staff members who seemed young, or did not have children of their own. They were perceived to be lacking in experience and empathy. It was also indicated that some providers make them feel like they are just a number “so that they can get money”. Something as simple as a facial expression can have a significant impact on the way the client perceives they have been treated.

“The experience made me feel belittled. Like they controlled me or owned me and I didn’t like that because I didn’t want them knowing my business.”

Program Restrictions

It was noted that there were times when they wanted to partake in a service, but could not due to restrictions and “red tape”. Some programs have limited spaces and waiting lists. Some have age restrictions where the service terminates when their baby or parent reaches a certain age.

“... as soon as they turn a year, we get kicked out...”

It was noted that many programs either restrict men, or are delivered in a way that discourages men from attending. If there is perception that a prospective client needs to “jump through hoops” to get what they need, they may feel defeated before they begin. There were times when parents wished to participate in an activity, but could not as they were not permitted to bring their babies with them. They also found it difficult to obtain and/or afford child care in these instances. Some stated that the simple task of finding someone they could trust with their child was a challenge.

“All the nurses there are so nice. You can talk to them about anything and it is confidential. I am going to miss it when he turns 6 months.”



Competing Priorities

Some participants stated they just “hadn’t got around to” accessing various services available to them. Many cited lack of time as a barrier to participating in programs. Many of them work, attend school and have frequent appointments for themselves and/or their children. This is particularly difficult for those whose children have special needs. Reliance on public transit compounds this problem, as it can take a lot of time to travel to and from their destinations. Some found it difficult to keep track of when and where programs and services were offered. There were also instances where the timing of an activity conflicted with something else (e.g. at the same time they are picking their child up from school). Lone parents noted that parenting alone makes it “difficult to juggle everything and still have time to go to programs”.

Lack of Awareness

Participants indicated they don’t always know what is available to them. They may find out about a service too late, which is often the case with prenatal classes. Participants indicated they find out about programming most often by word of mouth, usually from a trusted source such as friends and family. Some mentioned that pamphlets or bulletin boards can bring a service to their attention.

Home Visits

As described above, many young parents like to receive services via home visits. For others, having service providers coming into the home can be anxiety-provoking. They worry about cleanliness, or they may have a living arrangement that is not conducive to service delivery. For example, when there are multiple family members sharing a small space, there is often a lack of privacy required to fully engage with the worker.

Lack of Transportation

Most young parents face barriers related to transportation. They travel for medical and social service appointments, school, work, legal obligations, CAS requirements, child care and parenting programs. Reliance on friends and family for rides can limit their ability to attend programs. Most participants use public transportation, and provided a wide range of feedback about their experiences in taking the bus.

Some found that buses did not run frequently enough, or were only frequent during rush hours. Buses during rush hour were described as crowded. Some described bus drivers as “kind”, “helpful” and “awesome”, while others used words like “rude” and “grumpy”.

“Some drivers really do not care, others take the time to lower the bus and allow you to get on OK.”

“I’ve had ... bus drivers that have been actually amazing and really helpful.”

"I got on the bus and I put in the incorrect change because I had counted wrong. He just snapped at me. I was visibly pregnant and cold and I thought it was very out of order."

Co-passengers on the bus also had an impact on participants. While some were reportedly quick to offer their seat to a pregnant woman or those travelling with a baby, others were not. Words like "rowdy" and "rude" were used in reference to co-passengers. Some expressed concern that the buses were not clean. It was also suggested that increased room for strollers would be helpful.

Many noted the cost of transportation via bus was prohibitive*. Others live in neighborhoods that, due to rapid development, are not adequately serviced. Some found it hard to understand the routes and how to get to their destinations via the bus.

"I would like to take a bus but the bus routes are very hard to understand and the website is really confusing to use."

**In Durham, adults and students pay \$3.75 (CAD) per ride, children 6 – 12 pay \$2.50 per ride, and children aged 0 – 5 ride for free. A monthly adult bus pass costs \$115, student \$93.50 and children \$65 – as of May 1, 2016.*

Not Interested

For some, the reason for not utilizing services is simple: they are just not interested. The program may not appeal to the intended audience, or the content is not relevant to them. Some referenced their pride being a factor in choosing not to access services. Some felt they didn't need help or they had a perception that these supports were for people less fortunate than themselves. Additionally, some stated that there are programs that take a long time to see any tangible benefits.

"I didn't use them because it was me being stubborn thinking I don't need it."



Environment

The interviews for this project were conducted in winter when there were several extreme cold alerts and snow storms. It is not surprising that participants frequently mentioned weather as a factor in their ability to attend groups. When travelling by bus or on foot with infants and young children, weather can present a number of challenges. Snow and ice can block sidewalks and bus stops. Exposure to the cold can present the risk of frostbite and hypothermia⁴⁴. It was also noted that taking babies and young children out during cold and flu season was undesirable due to the risk of exposure to germs and infection.

Hot weather can be equally challenging. For young parents travelling on foot in extremely hot conditions, they can put themselves, their infants and children at risk for heat stroke and dehydration⁴⁵.

Locating a Service

Participants also mentioned that they simply do not know the area well enough to venture out and find the services they need. Without access to a car, and costs related to public transportation, their ability to explore the area is limited. Some stated that they wished to use a service but it is not easily accessible by the bus.



Gaps in Service

Participants were asked to identify what services they could have used, but were not available to them or could not be accessed by them. Some were unable to provide an answer or stated that their needs were being adequately met. The following section – Hopes and Dreams - shines additional light on what gaps may exist in the lives of these parents.

Child Care

Participants indicated that improved access to child care would be helpful. Young parents are often working to complete secondary school or have a job. Some wished that alternative school arrangements could be longer so that they could continue their studies with the added support.

Also mentioned was respite child care – a few hours at a time that could allow parents time to go to appointments and run errands.

“Not a daycare but some help where they can go and leave the child there for a few hours... we don’t really have anyone to call and you don’t want to entrust your baby with just anyone.”

Parenting Groups

Participants indicated they would like more opportunities for networking with other young parents. While they were not specific about the desired content, it could include building on the existing parenting skills (e.g. problem solving, positive discipline).

“There’s not really any groups. There’s no place where you can go to meet.”

Some noted a lack of programming specific to fathers, including father-child interactive programs. It was also noted it would be beneficial to have programming addressing co-parenting, whether the parents were together or separated.

“If there was something like that for Dads, I know that would be great.”



Recreation Programs

Some participants stated that they were unable to find affordable recreational opportunities. Some are aware supports exist, and would like to learn more about how to access them. They would also like to see programming where parent and child can participate together (e.g. swimming).

“Affordable swimming lessons, sports, rec stuff would be helpful.”

Building Awareness

Many parents indicated they just didn’t know what was available, what they qualified for, or what they could access. While they know information on programming is available, finding it can be difficult, especially if their access to the internet is limited. They stated they would find it helpful to access it “all in one place”, and “not just on a bulletin board”. They suggested better promotion of existing programs.

“I don’t know what else is out there. I only know what’s out there from my mom and some friends but they don’t even really know what’s out there either. So it’s kind of hard to say.”

Practical Supports

Most young parents are caring for their family with a very limited budget. They admit there are times when they cannot afford basic necessities and must turn to charities for assistance. Baby items such as diapers and clothing are always in demand. Some would find it helpful to access perishable foods, like produce or milk, not always available through traditional food banks. It was suggested that a “baby equipment library” would be helpful as it could allow them to access baby equipment at low or no cost as their baby grows and their needs change.

Health Care & Counseling

As discussed, many young parents lack access to a family doctor. Receiving primary care from a walk-in or urgent care facility does not meet their needs. Some have experienced pregnancy loss and were unable to find appropriate bereavement support. Some said they find “navigating the system” challenging.

Location of Services

When providing services to people with limited capacity to travel, location is an important consideration. Some participants suggested that the South end of Oshawa could benefit from more services. While 7 of Durham Region’s municipalities have similar, or lower teen pregnancy rates to the provincial average, the City of Oshawa has considerably higher numbers. Figure 2, in

the introduction, shows mothers aged 14 – 23 years, with the South area of Oshawa as the most affected. The neighborhood of downtown Ajax was also identified as having higher rates of teen pregnancy.

“There should be more of that stuff in the south end ... so they don’t have to walk so far for stuff.”

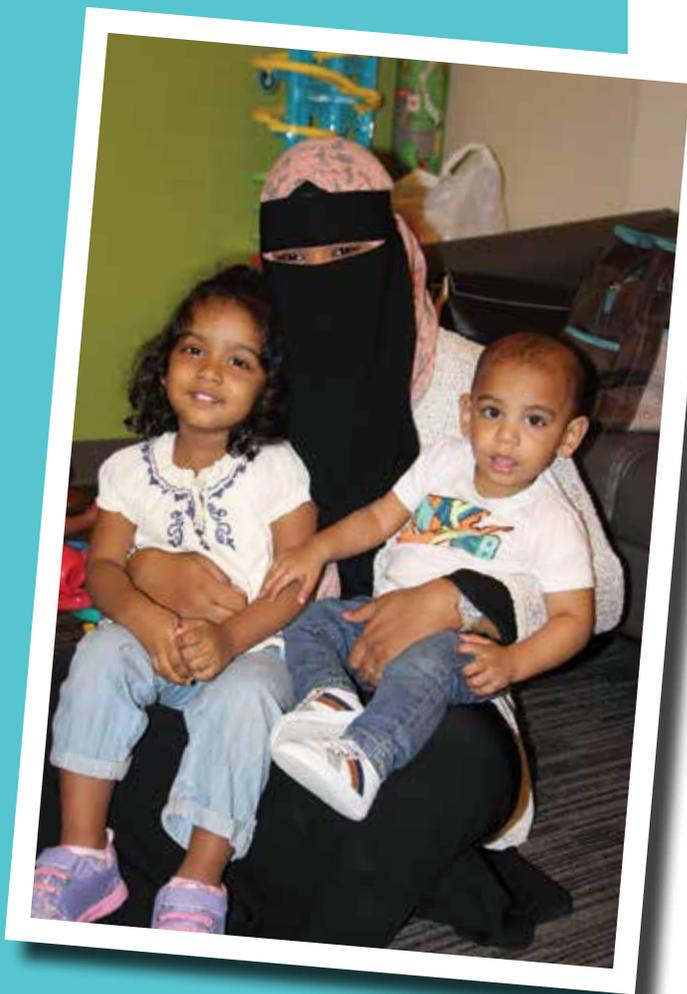
Recommendations

- Continue and/or enhance existing programming, services and practical supports for young parents as a distinct population
- Consider the facilitators and barriers described in this section when planning and implementing programming for young parents
- Promote existing services available to young parents using vehicles and channels best suited to that demographic
- Explore opportunities for reduced or no cost bus tickets/passes for people on social assistance
- Strive to make service environments friendly, comfortable and regularly remind participants that it is “judgement free” space
- Include young parents in the development, implementation and evaluation of programs and services
- Identify opportunities to support access to affordable child care and recreation





Hopes and Dreams



In the final section of the interview, participants were asked the “miracle” question.

“If you woke up tomorrow and your life was exactly the way you would like it to be, what would it look like?”

The answers to this question were remarkably consistent. These parents showed great passion and desire to live a simple life where basic needs like food and shelter were met. They wanted to feel happy, and have stable relationships.

“Happy. Like the white-picket-fence old cliché kind of family. That would be one of the best things possible to happen with any family.”

“I want to be comfortable enough that when I wake up I am not wondering how much do I have in my account. Like, can I go grocery shopping today or do I have to wait until I get paid tomorrow?”

“I’d be married because I want to get married. And I want to have another baby – but in the future, when I am ready to.”

“Finally be in love with somebody and have them be in love with me”

"I'd be living in my own house, driving my own car, financially independent, and just enjoying life and raising my babies."

"I would have so much food in my house and my fridge would be over flowing."

"To be able to have a backyard where he could play. Somewhere that was safe for everyone, I wouldn't worry about the neighbourhoods we were in."

"I would like a happy family ... I would be living in the country in a nice house with no money problems."

Hopes and Dreams for Their Children

When asked "What are your dreams and hopes for your child's future?" no one had difficulty answering. They identified education, happiness, loving relationships, housing, self-confidence, health, and to be a kind person. Many also expressed that they hoped their children did not follow in their footsteps by becoming a parent at a young age.

"I want [for him] everything that I didn't have."

"I want him to the best he can do. I want him to graduate high school and have a family life that is good."

"I would support his choices and just want him healthy and happy."

"I'd want her to find somebody who will love and take care of her and be supportive of whatever decisions she makes."

"The first picture that comes to my head is him walking with his friends at a college campus."

"I want him to feel safe and comfortable ... to have the life he wants, not the life I want for him."

"I hope she ... wants to shoot for the moon, wants to get what she can grab, and will work for it."

"I want her to be healthy and active."

"I want to raise them to be respectful to girls."

"Do their best, get through school, have good health and not get pregnant at 16."

"I hope she does not end up like me"

"I want her to finish school and stay away from boys (laughs)."

"I hope she grows up knowing that she's very much loved."

The Social Determinants of Health

The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience⁴². The information participants identified in the “miracle” question would be considered basic needs by most parents, young and old. The Canadian Facts (2010) defines 14 factors that can directly impact health. These factors, also referred to as the social determinants of health (SDOH), are:

- Income and Income Distribution
- Education
- Unemployment and Job Security
- Employment and Working Conditions
- Early Childhood Development
- Food Insecurity
- Housing
- Social Exclusion
- Social Safety Net
- Health Services
- Aboriginal Status
- Gender
- Race
- Disability



Participants of My Life My Voice hit upon almost all of these factors in describing what their day-to-day life is like. The social determinants of health represent stability and well-being. People lacking in these areas are at risk for poorer quality of health.

“I have to do what needs to be done to be a good parent, whether I am 20 and doing it or 43 and doing it.”

Recommendations

- Continue to support, encourage, guide and motivate young parents to reach for their dreams
- Explore ways to address food security, housing and employment issues

In Conclusion: Did You Hear Us?



Without exception, the young parents interviewed described life with their children with positivity and affection. While they described day-to-day struggles faced by all parents, young parents are often juggling many additional issues. This may include poverty, inadequate housing, mental health concerns and relationship problems. Complicating the issue further is the overall sense many of these young parents have that they are being judged and treated unfairly by service providers and the general public.

Many participants experienced conflict with partners and ex-partners in the context of co-parenting. Some may not have yet attained the relationship skills required to successfully navigate through these situations.

Young parents interviewed recognized the importance of reaching out to their peers in building supportive relationships. However, one third of the participants expressed having mental health issues that often impeded that connection. While many could identify programs and services available, they also identified barriers to attending these programs. Such barriers include lack of transportation and an absence of meaningful peer based programming with the end result being isolation and loneliness.

Despite these challenges, young parents have the same hopes and dreams that all parents have for their children – security and happiness. With the right support, they have the capacity to reach these goals.

“There are no quick fixes, easy answers, or recipes for parenting, but I believe most of us have the tools we need to be good parents if only we could find them.”

-Barbara Coloroso

Taking action: Opportunities for Involvement

1. Front Line Services: Enhance and Engage

Work to build capacity of front line staff to better support young parents by:

- Training in use of developmentally-sensitive strategies to engage with young parents.
- Working with hospitals to discuss issues and identify solutions. This may include a young parent participating in local hospital family advisory boards and/or the involvement of patient care specialists for young parents on maternal child units.

2. Commitment to Breastfeed

Implement strategies that support initiation and duration of breastfeeding with young mothers by:

- Exploring facilitators and barriers to breastfeeding in this population.
- Referring young parents to breastfeeding services in the community including Healthy Babies Healthy Children, breastfeeding support groups and breastfeeding clinic services, as appropriate.
- Educating young mothers about breastfeeding during the prenatal period.
- Supporting agencies to pursue Baby Friendly Initiative (BFI) designation.

3. Launching Children on the Right Path

Support optimal growth and development and mental wellness for children of young parents by:

- Expanding and promoting Young Parent Resource Centres and other community supports to build positive parenting skills of young parents.
- Investing in training for health and social service providers* on the topics of growth and development and infant mental health.
- Exploring increased access to subsidized child care – affordable recreation.

**“Health and Social Service provider” refers to any individual providing services or care to an individual or family. This may include medical, educational, and/or social support.*

4. Success in Co-parenting

Promote father involvement and enhance co-parenting skills by:

- Incorporating fathering/co-parenting skills in existing prenatal and parenting programs offered to young parents.
- Increasing opportunities for fathers to access support via fathering groups, counselling, and/or mentoring programs.
- Exploring child-access barriers for fathers within the family court system.

5. Supporting Mental Wellness

Promote improved mental health in young parents by:

- Educating health and social service providers in the importance of early and repeated screening for mood disorders during pregnancy and ongoing after baby's arrival.
- Promoting awareness of mental health services across Durham Region to young parents.

Facilitate networking opportunities and reduce isolation in young parents by:

- Improving public transportation options for young parents by reducing barriers such as prohibitive costs, and under-served neighborhoods within the region.
- Promoting existing services available to young parents using methods that are best suited to this demographic, including social media.
- Exploring opportunities to add or enhance peer group programming geared to young parents.

6. Challenging Stigma

Challenge negative societal attitudes about young parents by:

- Implementing communication strategies that enlighten and educate the public on the realities of young parents by highlighting their strengths and attributes.

7. Stability and Hope

Work towards ongoing improvement of the living conditions and lifestyle of young parents and their children by:

- Increasing access to high quality affordable child care, housing, opportunities to complete education, adequate income, access to health care providers, employment opportunities and all factors that impact health.
- Encouraging service providers to continue supporting and motivating young parents to reach for their dreams through education and meaningful employment.



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Appendix A

The Young Parents Community Coalition

The Young Parents Community Coalition (YPPC) was established in 2005. Current membership at the time of publication includes:

- Children's Aid Society of Durham
- Durham District School Board (Durham Alternative Secondary School, Teen Parent Program)
- Family and Community Action Program / YMCA
- Girls Inc. Durham
- Lakeridge Health Corporation
- Pinewood Centre, Umbrellas Program
- Region of Durham, Health Department – Reproductive and Child Health
- Region of Durham, Social Services – Learning Earning and Parenting (LEAP)
- Rose of Durham
- Teen Education and Mothering Clarington (TEAM)
- The Youth Centre

Purpose:

“To work in partnership to ensure expectant and young parents in Durham Region receive information and services that support and encourage them to be the best parent possible. This will be accomplished through problem solving and educating the client, ourselves and the community at large”.

Children’s Aid Society of Durham

Durham Children’s Aid Society has been protecting children in our community since 1905. They are responsible for providing child protection services to children under the age of 16 and their families who live in Durham. Their vision is building hope and opportunities with children, youth and families. Their mission is working with families and the community to keep children and youth safe from harm and create stability and permanence in their lives.

Durham CAS is mandated by, and receives funding from the Ontario Ministry of Children and Youth Services for the following services:

- Investigating allegations of child abuse and neglect
- Protecting children and youth when they are at risk of harm
- Covering basic living costs for children and youth in care
- Placing children for adoption

www.durhamcas.ca

Durham District School Board – Durham Alternative Secondary School, Teen Parent Program

The Teen Parent Program offers secondary school credits in community classroom settings in Oshawa and Pickering for youth who are pregnant or parenting young children. Students may join the class late in their pregnancy or after the baby is born. The program is offered part-time. Students work on credits they need, at a pace they can manage.

- Program for pregnant or parenting young infants
- Part-time program / small classes
- Multiple community sites
- Independent studies on courses needed
- Babies welcome

www.ddsb.ca/school/dass/SchoolInfo/teen_parent/Pages/default.aspx

Family and Community Action Program / YMCA

Family and Community Action Program's mandate is to provide support to families with children 6 years of age and under who are at risk of not developing to their optimum potential. Risk factors include mental health (child/parent), substance abuse, economic concerns, social and environmental reasons, recent immigrants and young parents. Programs are funded under the three pillars of Health Promotion; Mental Health, Injury Prevention and Childhood Obesity Prevention.

"Funding for these programs are provided (in part) by the Government of Canada." "Cette publication (ce programme, ce document) a été rendu(e) possible avec le financement (la contribution financière) du Gouvernement du Canada."

Girls Inc. of Durham

Girls Inc. believes that all girls are capable of achieving their full potential if their rights are upheld and the social, cultural, and legal barriers to their success are recognized and addressed.

Girls Inc. provides the programs, opportunities, and experiences each girl needs to navigate the many gender, economic and social barriers she faces, so she can grow up healthy, educated, and independent. These girls then grow up to become accomplished women, role models, and leaders, creating positive change and breaking the cycle of limitations for their families, communities, institutions, and for all of us.

The purpose of Girls Inc. programming is to inspire all girls to be strong, smart, and bold and to reach their full potential. Further, Girls Inc. programming is grounded in our Girls Inc. Girls' Bill of Rights SM, giving our efforts both focus and direction.

www.girlsinc-durham.org

Ontario Early Years Centres (OEYCs)

OEYCs provide opportunities for children to participate in play and inquiry-based programs, and support parents and caregivers in their roles. Parents and caregivers also have access to information about child development and specialized services as needed. Ontario Early Years Centres are places where parents and caregivers can:

- take part with their children in a range of programs and activities
- get information about programs and services that are available for young children and their families
- talk to early years professionals, as well as other parents and caregivers in the community.

<http://www.edu.gov.on.ca/childcare/FamilyPrograms.html>

Pinewood Centre - Umbrellas Program for Pregnant Women

Pinewood's Community Treatment for Addictions of Lakeridge Health provides a number of services in our community aimed at assessment, support, and individual & group treatment on an outpatient basis for youth and adults who are concerned about their substance use. A specialized team develops a personal treatment plan which may include acupuncture, educational and motivational workshops. Group sessions explore themes such as stress management, controlled-use and relapse prevention. Services are typically one to two hours per week but case managers will work with participants on an individualized plan.

<https://www.lakeridgehealth.on.ca/en/ourservices/community-treatment-for-addictions--outpatient.asp>

Regional Municipality of Durham, Health Department – Reproductive and Child Health Program

The Region of Durham Health Department's (DRHD) Reproductive and Child Health Program (RCH) provides a wide range of services to individuals planning a pregnancy, expecting a baby and/or parenting. Programming is geared toward enabling individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, be prepared for parenthood as well as supporting all children to attain and sustain optimal growth and development. In addition to the RCH Program, DRHD also delivers the provincially funded Healthy Babies Healthy Children (HBHC) program which supports families and helps children get a healthy start in life by offering free home visits by a public health nurse and family visitor for eligible families.

www.durham.ca/health

Regional Municipality of Durham, Social Services – Learning, Earning and Parenting (LEAP)

Young parents - or those expecting - who are receiving Ontario Works (OW) can enrol in the Learning, Earning and Parenting Program (LEAP). This OW program helps parents work toward achieving their Grade Twelve Diploma, examine the world of work and obtain parenting skills. Participants range between the ages of 16 and 25. Participants work to complete their Grade 12 diploma/equivalency, 35 hours of parenting activities, and an earning component. When all three components of LEAP have been completed a \$500.00 LEAP incentive is provided to the participant to use toward their own post-secondary education or toward their child's future education.

https://www.durham.ca/social.asp?nr=/departments/social/employment_support/leap.htm&setFooter=/includes/employmentFooter.inc

Rose of Durham

The Rose of Durham Rose of Durham is a charitable, non-profit organization that provides individual skills based supportive counselling, evidence informed parenting programs and social programs to young parents. Services are available to females, 26 and under and to males 30 and under. A donation room and layette program are also available to clients.

Staff consists of multi-disciplinary counsellors trained in infant mental health as well as a male counsellor, program worker and an outreach worker. Services encourage and support the parent–child dyad to achieve optimal infant mental health. All programs are based on attachment theory, focusing on the relationship between parent and child.

www.roseofdurham.com

TEAM Clarington (Teen Education and Mothering)

The TEAM program supports and empowers pregnant women and mothers who have children 6 weeks to 18 months to continue earning high school credits through guided, independent learning with a teacher in a supportive environment. Participants are given opportunities to develop their parenting and life skills.

Students work at their own pace, attending Monday to Friday throughout the school year. Each student has an individualized timetable and can access a variety of school board resources and supports. Snacks and a healthy lunch are provided. Students also participate in parenting and life skills programs and special workshops. Infants up to 18 months old receive child minding by a qualified Early Childhood Educator, who provides the babies with a nurturing, safe, educational environment.

<http://cis.kprdsb.ca/Clarington/TEAM%20Program>

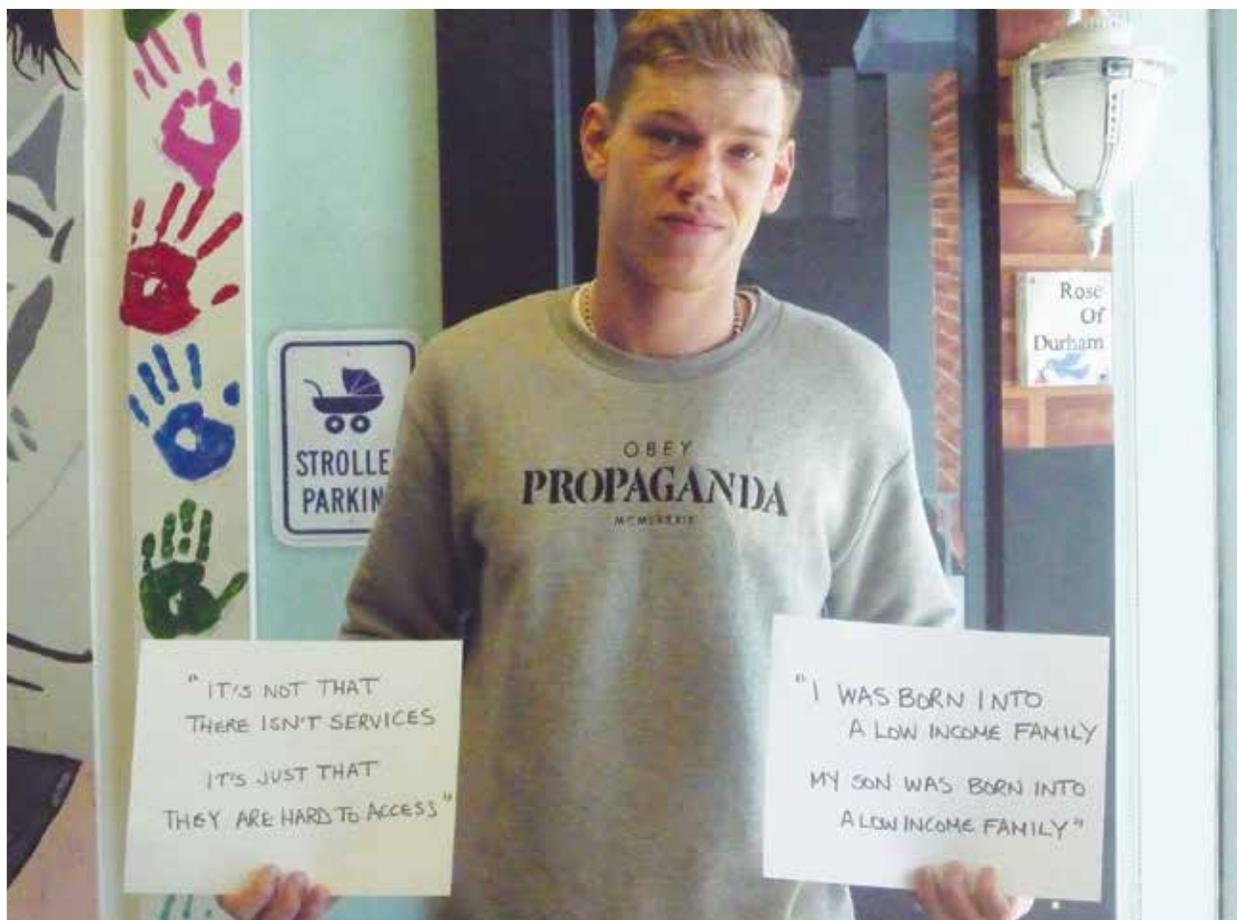
The Youth Centre

The Youth Centre, as a non-profit charitable community health centre, provides service to the youth and young adults living in Ajax and Pickering ages 13-29 years. Funded by the Central East Local Health Integration Network, The Youth Centre provides a range of free and confidential primary care including medical, counselling, dietitian, young parent support and outreach services, as well as health and wellness programs.

The Youth Centre has amalgamated with Oshawa Community Health Centre from November 1, 2015 and is now known as Carea Community Health Centre. The research herein was conducted prior to the amalgamation.

The former Oshawa Community Health Centre had interdisciplinary teams similar to The Youth Centre that provide primary care to all age groups. Carea Community Health Centre now aims to provide access to high quality holistic and inclusive care that is responsive to the needs of the community and empowers individuals to enhance their own well-being.

www.ochc.ca



Appendix B

Interview Guide – Needs Assessment of Young Parents

Required materials:

- Pen & notepad
- Audio recording device (batteries?)
- Gift voucher with receipt form
- Consent form
- Demographics form
- Interview guide
- DHCL magnet resource
- Optional: bus tickets, tissues, hand sanitizer, bottled water

Question categories	Study objectives	Questions	Additional Information /Question Prompts	Time Min/each
Introduction and Screen	Welcome and introductions	<p>Welcome and thank you for taking the time to talk to me. My name is _____ from _____ (name of organization) and I will be the one talking with you today. The purpose of this project is to learn more about the day to day experience of being a young parent in Durham Region. The results will be used to guide the development of future programs and services. Before we start I will be going over a few things. If you have any questions please feel free to ask at any time.</p> <p>It's my job, as the interviewer, to collect information and remain neutral at all times. This means I will only be asking you questions and not responding to your answers. If possible, I ask that you please turn off or silence the ringer on your cell phone at this time.</p> <p>Ask: Have you participated in this conversation anywhere before? (if yes, discontinue interview)</p>	We want to offer this opportunity to as many people as possible. We can only complete the conversation once with each individual.	2 min

Question categories	Study objectives	Questions	Additional Information /Question Prompts	Time Min/each
Consent	Obtaining Consent	<p>Provide hard copy and verbally review consent with client to ensure understanding.</p> <p>Ask: Do you have any questions about this consent?</p> <p>Answer any questions that may arise.</p> <p>Ask: If you agree to continue with the conversation, please sign and date the consent.</p> <p>**If client does not wish to sign consent, discontinue the interview and give client a Durham Health Connection Line (DHCL) magnet.</p> <p>(No gift voucher given)</p> <p>**If client does not consent to voice recording, discontinue interview and give client a DHCL magnet.</p> <p>(No gift voucher given)</p> <p>Inform client –We are trying to gather information about your lived experience as a parent, there are no right or wrong answers. We appreciate your honesty and if there is a question you choose not to answer, just let me know and we will skip it.</p> <p>When you are answering these questions, think back from to the time when you first learned of the pregnancy to today.</p>	There is very little risk to taking part in this project; however you may share some experiences that are sensitive in nature.	5 min
Demographic Information	Collecting demographic information	Complete demographic sheet with client		2 min.

Question categories	Study objectives	Questions	Additional Information /Question Prompts	Time Min/ each
Interview Questions	1.) Groups / Awareness/ Use	<p>**TURN ON RECORDING DEVICE**</p> <p>Introduction:</p> <p>In this first section I will be asking you questions about programs and services available to young parents in Durham Region</p> <p>ASK:</p> <p>1. What groups or programs in Durham Region do you know of where young parents can receive support?</p> <p>These may include services you have used or have not used.*</p> <p>** Record the list on a notepad to be used in the next question**</p> <p>*if answer is none skip to section 2</p> <p>ASK:</p> <p>2. Can you tell me which of these services you have used? Can you describe your experience with using these services?</p> <p>ASK:</p> <p>If there are services on their list they have not used, ask:</p> <p>3. There are a few services you mentioned that you have not used Can you share why you have not used them?</p> <p>ASK:</p> <p>4. Are there any services and/or resources not available in Durham Region that you think a young parent could benefit from?</p> <p>5. Why do you think these services are needed?</p>	<p>Are there any places that you know of that offer services to young parents... even if you haven't used them?</p> <p>Think back to when you were pregnant / expecting or had a newborn; did you go to any programs?</p> <p>How do/did you feel when you are/were using these services?</p> <p>What has been your experience using these services?</p> <p>What made you choose to not use that service?</p> <p>Are there services that you needed, but couldn't find?</p>	10 min.

Question categories	Study objectives	Questions	Additional Information /Question Prompts	Time Min/each
	<p>2.) Day to Day Experience</p>	<p>Introduction:</p> <p>In this next section I will be asking you about your experience as a young parent.</p> <p>ASK:</p> <p>1. Can you tell me what a typical day looks like for you? From the time you wake up to the time you go to bed?</p> <p>We just talked a bit about things you typically do in a day. Next, we want to hear a little bit about the people you interact with and how they make you feel as a parent.</p> <p>ASK:</p> <p>2. Think about the people you might see on a regular day, running errands, appointments, etc.</p> <p>Who do you have contact with on a typical day/week and how do they make you feel?</p> <p>This may include people that you know well or people that you may see in public</p>	<p>What is the first thing you do when get up?</p> <p>What are some activities you do daily?</p> <p>What are some things you do with your child?</p> <p>Do you have to be anywhere at a certain time?</p> <p>Do you work? Go to school? Groups?</p> <p>What are some of the things you do on a regular basis?</p> <p>When you go out how do you get around?</p> <p>Family? Friends? People in your home?</p> <p>People you meet outside your home/ general public?</p> <p>People you may deal with that you don't necessarily know. (e.g. doctor's office)</p> <p>Think back to the time that you found out you were pregnant. Think from your birth experience, up until now. (Your journey as a parent)</p> <p>When we go back to your description of your typical day, who do you see at (locations mentioned).</p> <p>If you go to groups, who do you see at the group and how do you feel around them? How do you feel when you leave them?</p> <p>Think of the last time you were with them – how did it make you feel?</p> <p>Can you explain further?</p> <p>Is there anything else you want to add?</p>	<p>10 min</p>

Question categories	Study objectives	Questions	Additional Information /Question Prompts	Time Min/each
	3.) Barriers & Facilitators	<p>Introduction:</p> <p>In this section I will be asking you questions about what you enjoy about being a parent and what you find challenging.</p> <p>ASK:</p> <p>1. What do you enjoy about being a parent?</p> <p>ASK:</p> <p>2. What, if any, are some of the challenges or frustrations you have experienced as a parent?</p>	<p>What are the good things about being a parent?</p> <p>Can you explain further?</p> <p>Is there anything else you'd like to add?</p> <p>Have you faced any challenges/stressors that you feel are related to being a young parent? If so, can you describe them to me?</p> <p>Tell me more about that.</p>	10 min.
Closing Questions	4. Mirade question	<p>Introduction:</p> <p>In this last section I will be asking you questions about your hopes and dreams for you and your family.</p> <p>ASK:</p> <p>1. If you woke up tomorrow and your life was exactly the way you would like it to be what would it look like?</p> <p>ASK:</p> <p>2. What are your dreams and hopes for your child's future?</p> <p>Thank client for participating in the interview. The final report will be made available at the same place you had your interview as well as on the Durham Region Health Department website at www.durham.ca</p> <p>** TURN OFF RECORDING DEVICE**</p> <p>Provide them with their gift card and have them sign the receipt for the card.</p> <p>Give client a Durham Health Connection Line (DHCL) magnet – address any questions or concerns that came up during the interview and let them know that they can contact DHCL for additional support.</p>	<p>Where would you be?</p> <p>What would you be doing?</p> <p>Who would be with you?</p> <p>If you had a crystal ball and could see into the future, what would you see your child doing?</p>	7 min. 1 min.



My Life, My Voice: The Experience of Young Parents in Durham Region

You are being asked to participate in a research project that is being conducted by the Young Parents Community Coalition (YPCC). The YPCC is a group of people who work with various agencies providing programs and services to young parents in Durham Region. This research project has been approved by the Durham Region Health Department Ethics Review Committee.

What will I be asked to do as part of this project?

If you agree to be part of this project, you will be asked to complete a 45 minute conversation with a member of the coalition. The conversation will focus on your experience as a young parent. To ensure your answers are captured properly, the conversation will be voice recorded.

I _____ consent to this conversation being recorded _____ (initial)

How will my privacy be protected?

Your privacy will be maintained. No names or identifying information will be collected. Your name will not be linked with your answers.

The information you share will be kept secure and confidential. Your personal information will not be shared without your consent unless permitted or required by law.

The results of this project will be summarized in a report and no names will appear in that report. If appropriate, quotes may be used in the final report. These quotes will not contain any information that could identify you.

What will I receive for my involvement?

Upon completion of the interview you will receive \$10 grocery voucher.

Can I stop the conversation at any time?

The conversation is completely voluntary. Refusing to participate will not affect services you are currently receiving or may receive in the future.

What if I have questions about the project?

If you have any questions concerning the research project, please contact Amy Budden, Public Health Nurse, Durham Region Health Department at 905-668-7711 extension 3182

Consent

I have read the consent form and understand the project being described. I agree to participate in this project.

(Name of Participant)

(Date)

Appendix D

Demographic Information Form

My Life, My Voice: The Experience of Young Parents in Durham Region

The information collected will be used in the final report to provide a description of the participants involved in the research project.

Age: _____

Gender: Female Male

Municipality where you live:

Ajax Clarington Oshawa Whitby
Pickering Brock Uxbridge Scugog

Relationship Status:

Single Married In a relationship

Other (please explain): _____

Parenting:

Single parent

Parenting with a partner

Parenting with someone you are no longer in a relationship with

Other (please explain): _____

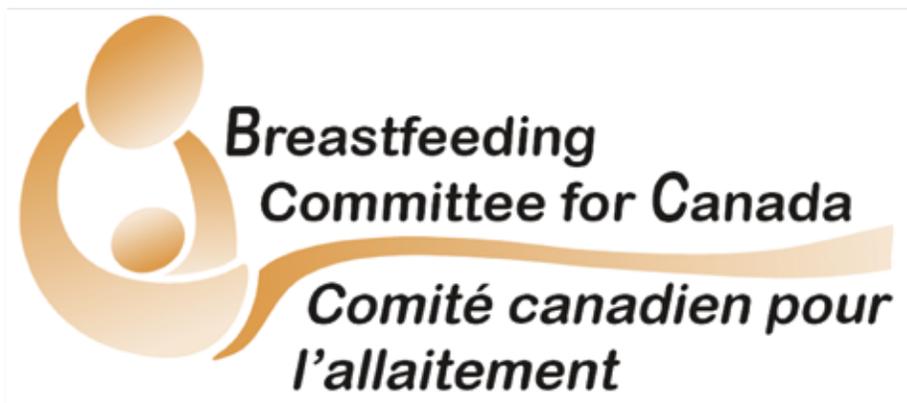
Number of children you are currently parenting _____

Ages of children:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Highest Level of Education Completed: _____

Source of Income: _____



The National Authority for the Baby-Friendly Initiative

Integrated 10 Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services: Summary

The WHO 10 Steps to Successful Breastfeeding (1989) and the Interpretation for Canadian Practice (2011)

Step 1	WHO	Have a written breastfeeding policy that is routinely communicated to all health care staff.
	Canada	Have a written breastfeeding policy that is routinely communicated to all health care providers and volunteers.
Step 2	WHO	Train all health care staff in the skills necessary to implement the policy.
	Canada	Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.
Step 3	WHO	Inform pregnant women and their families about the benefits and management of breastfeeding.
	Canada	Inform pregnant women and their families about the importance and process of breastfeeding.

Step 4	WHO	Help mothers initiate breastfeeding within a half-hour of birth. WHO 2009: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.
	Canada	Place babies in uninterrupted skin-to-skin ¹ contact with their mothers immediately following birth for at least an hour or until completion of the first feeding or as long as the mother wishes: encourage mothers to recognize when their babies are ready to feed, offering help as needed.

¹ The phrase « skin-to-skin care » is used for term infants while the phrase « kangaroo care » is preferred when addressing skin-to-skin care with premature babies.

Step 5	WHO	Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
	Canada	Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

Step 6	WHO	Give newborns no food or drink other than breastmilk, unless medically indicated.
	Canada	Support mothers to exclusively breastfeed for the first six months, unless supplements are <i>medically</i> indicated.

Step 7	WHO	Practice rooming-in - allow mothers and infants to remain together 24 hours a day.
	Canada	Facilitate 24 hour rooming-in for all mother-infant dyads: mothers and infants remain together.

Step 8	WHO	Encourage breastfeeding on demand.
	Canada	Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

Step 9	WHO	Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
	Canada	Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

Step 10	WHO	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
	Canada	Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

The Code	WHO	Compliance with the International Code of Marketing of Breastmilk Substitutes.
	Canada	Compliance with the International Code of Marketing of Breastmilk Substitutes.

Appendix F

Community Programming for Parents & Caregivers of Young Children

Canada Prenatal Nutrition Project (Food 4 Thought)

The Canada Prenatal Nutrition Program (CPNP) is a community-based program that provides support to improve the health and well-being of pregnant women, new mothers and babies facing challenging life circumstances. The goals of CPNP are to improve maternal-infant health, increase the rates of healthy birth weights, and to promote and support breastfeeding. The program also aims to promote the creation of partnerships within communities and strengthen community capacity to increase support for vulnerable pregnant women and new mothers

Girls Inc. of Durham is the administrator of CPNP for Durham Region, known locally as “Food 4 Thought”. It is a drop-in program for pregnant young women and new young mothers up to age 26. It is operated at seven sites throughout Durham Region.

Food 4 Thought provides a safe, friendly environment where participants can obtain advice from health care providers and other moms, get resources on health and wellness, and receive fresh fruit and vegetables, milk, and prenatal vitamins. The program goal is to enhance maternal and fetal health by reducing the risks for pregnant women who may have food security issues. Women may come to a site any time during their pregnancy and continue to receive support until their infants are 6 months of age. The program focuses on nutrition so as to reduce the incidence of low birth weight, increase the number of breastfeeding mothers, provide linkages to other community services and improve the health and well-being of moms.

Ontario Early Years Centres

Refer to description in Appendix A.

Pregnancy Help Centre

The Pregnancy Help Centre is a Christian organization that provides support for pregnant and parenting women and their families. Parents can also access donations such as diapers, clothing, food and equipment.

www.pregnancyhelp.ca

Public Libraries

Libraries provide free access to programs and resources that serve to enrich the lives of young parents and their children. This includes early childhood programming as well as access to computers, tablets, free wi-fi and recreational opportunities.

- Town of Ajax Library www.ajaxlibrary.ca
- Brock Township Public Library www.brocklibraries.ca
- Clarington Public Library www.clarington-library.on.ca
- Oshawa Public Libraries www.oshawalibrary.on.ca
- Pickering Library www.picnet.org
- Scugog Public Library - www.scugoglibrary.ca
- Uxbridge Public Library www.uxlib.com
- Whitby Public Library www.whitbylibrary.on.ca

Sunrise Pregnancy & Family Support Service

Sunrise Pregnancy and Family Support Services serves the Uxbridge and surrounding community by providing a variety of supports and resources for educational and practical parenting and family support, crisis pregnancy and post abortion support.

www.sunriseuxbridge.com

TEAM Clarington

Refer to description in Appendix A.





durham.ca/mylifemyvoice