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Get in the Loop:
Recommendations to Address Information and Opportunity Needs for Parents of Young Children in Hamden, Connecticut

December 2017

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Executive Summary

Introduction
Hamden's Partnership for Young Children (HPYC) has contracted with the Community Alliance for Research and Engagement (CARE) at Southern Connecticut State University and Yale University to design a study exploring how to expand learning opportunities for parents of young children (birth to seven) in Hamden.

The primary aims of this study are:
- Determine the type of parenting skills information and education needs regarding child development that parents are most interested in pursuing.
- Identify best modes for delivering parenting skills information and education.
- Explore best methods for advertising and promoting HPYC opportunities and programming for parents.

Research Methods and Field Procedures
CARE employed a qualitative approach and conducted a series of focus groups with Hamden parents of young children (birth to seven). Focus groups were moderated by one trained facilitator and one trained note-taker. The sessions were approximately 90 minutes each, including time for informed consent, review of the ground rules, and other logistics. Participants received a $25 gift card to a local grocery store, a meal, and child care for the length of the focus group.

Focus groups explored topics related to current parenting resources utilized, parenting information and resources parents would like to see in their community, ways parents would like to receive parenting information and resources, and best methods for promoting opportunities for parents. A semi-structured focus group guide was used with key questions and probes for follow-up questions related to the primary aims of the study. Please see Appendix A for the focus group guide and Appendix B for the focus group participant information form.

Interviews were transcribed verbatim from audio recordings, de-identified for confidentiality, and reviewed by three lead team members. Grounded theory was used to analyze the data. Three researchers read all focus group transcripts to identify salient themes and agree upon a coding tree. The transcribed text was categorized into themes and subthemes, outlined in the "Findings" section below.

Findings
From September – October 2017, CARE conducted four focus groups with 32 participants. The average age of participants was 39 years and 84% (27) were female and 16% (5) were male. Of all participants, 34% identified as White, 34% as Black or African American, 22% as Asian, and 9% as multiracial or some other race. No participants identified as Hispanic/Latinx.

Four primary themes emerged from the focus group discussions and subthemes are outlined within each category:

1. **Parenting struggles and information needs related to parenting**
   - child's difficult behavior and parental response;
   - activities of daily living, such as nutrition and eating, toilet training, sleeping, and oral care;
   - developmental milestones and social and emotional development;

- finding information and activities for children birth to seven;
- needs of special populations of parents (e.g., fathers, parents of children with disabilities); and
- parental self-care.

2. **Current resources for parents of young children and opportunities to expand resources**
   - in-person resources and opportunities;
   - organizations, services, and programs;
   - paper and hard copy resources; and
   - technology resources.

3. **Preferred source and mode of information delivery**
   The preferred source and mode of delivery for parenting information depended on the type of information parents were seeking. When parents sought information related to parenting advice, they wanted to hear from a trusted figure like another parent or an authority figure (e.g., pediatrician, teacher). When parents wanted information related to events, activities, and resources in the community for families, they preferred online or hard copy modes of delivery and also wanted to hear from other parents via word of mouth regarding their personal evaluation of these resources. Parents specifically wanted to receive information about who to contact, activities, programs, resources, and reminders about events via technologies such as websites, apps, email, text messages, and phone calls.

4. **Joys of parenting and parenting philosophy**
   Parents valued raising happy, loving, and well-adjusted children. Children's display of intelligence, helpfulness, and potential to succeed in the world were also valued by parents.

Recommendations
Based on the findings outlined above, CARE provides the following recommendations to enhance opportunities to meet the information needs of Hamden parents of young children.

1. **Further augment in-person opportunities intended for parents and caregivers to build a sense of community.**

   - The desire for social support and opportunities to build relationships with other parents and caregivers outweighed the need to discuss any particular topic related to parenting or child development. Therefore, less emphasis should be placed on content-specific information and more emphasis on creating spaces for parents to connect with each other.
   - These opportunities should have a consistent and persistent presence in the community, as developing trust, rapport, and a good reputation in the community takes time and sustained effort, which will translate into greater parent engagement.

2. **Offer in-person family activities for caregivers and children birth to seven that keep parent and child engaged, separately and together.**

   - For instance, organize a play group for children and in a separate room, simultaneously offer a support group or topic-specific information session for adults. Parents also valued activities they could learn together with their child, like a cooking class, or where the parent and child could

learn separately and then come together. As described by parents, the Family Resource Center has already served as an excellent model for this type of activity.

- Modeling and observational learning were highly valued by parents. When parents witnessed professionals, like teachers and nurses caring for their children, they wanted to learn more. Modeling may be a more convincing approach to gain the trust of parents than mere words.
    - o Consider engaging local universities that have student and faculty resources that can be leveraged to provide parenting education in the form of poster presentations or hands-on demonstrations at different stations. Community-university partnership could help overcome funding limitations of under-resourced service providers with supplemental human resources, such as student interns.

3. **Ensure opportunities are inclusive of special populations (e.g., fathers, grandparents, parents of children with disabilities) and offer special opportunities for these specific groups of caregivers.**

4. **Provide educational opportunities for specific parenting and child development topics, as dictated by parents and caregivers.**

- Based on parents' expressed needs and struggles, educational opportunities could focus on 1) effective discipline for children and parental response to the child's difficult behavior, 2) activities of daily living (e.g., nutrition, toilet training, sleep habits, oral care), 3) developmental milestones and social and emotional development, 4) information and advocacy skill-building sessions (e.g., preschool application process) for parents of children birth to seven, and 5) parental self-care.
- Consider programs and groups that serve the explicit needs and unique circumstances of specific populations (e.g., fathers, parents of children with disabilities).

5. **Tailor the source of delivering parenting information based on the type of information.**

When communicating information related to parenting advice or content-specific topics (e.g., nutrition, toilet training), use a trusted figure like another parent or a person of authority (e.g., pediatrician, teacher). Overall, utilize more in-person opportunities as they were preferred to online resources because parents felt the in-person format was more appropriate for getting answers to their parenting-related questions.

6. **Promote increased awareness among Hamden parents about available resources utilizing a comprehensive, multi-pronged outreach approach.**

- Strengthen **outreach efforts** through **multiple modes**, including:
    - o word of mouth via family, friends, and other parents;
    - o established institutions and service providers, such as pediatricians, teachers, and nurses;
    - o technology, such as a consolidated website, an app, email, phone calls, and text messages; and
    - o paper sources, such as flyers sent home from school, in pediatrician's office waiting rooms, and at parks, playgrounds, and grocery stores.
- Consider an outreach model that utilizes "parent influencers" to leverage their existing social networks, either through social media channels or face-to-face interaction in neighborhood contexts.

7. **Streamline and refine communications and dissemination of information related to HPYC partner activities offered to parents and more generally, the community resources available for families.**

   - Expand on current pamphlets and resource guides as a comprehensive tool to identify agencies' activities and contact information in the Hamden area. Keep this information up to date and complete. Make this information easier to find and more accessible to parents through multiple modes of delivery, including online and paper copy.
   - Consider a consolidated website or an app as the hub of information related to parenting. Include information related to events and activities for families (e.g., calendar of events) and organizations with contact information of specific individuals (i.e., contact person, phone number, and email for specific program). Parents were specifically interested in a single web-based location to access comprehensive information about activities for children birth to seven (e.g., dance classes, sports teams) and about the application process to preschool.
   - To build on existing structures, HPYC could leverage its existing website. The calendar could serve as a comprehensive source of family activities in Hamden. The existing directory of services for Hamden children and families and the program guide provided by the Hamden Youth Services Bureau could be featured on the HPYC website. Finally, the key words for the HPYC website could be refined to ensure it populates as a search result when parents do web searches using terms like "Hamden" and "children."

8. **Unify and leverage points of entry to "the loop" of information for Hamden families.**

   Points of entry include pediatricians, day cares, preschools, Birth to Three, community organizations, local community venues that parents frequent (i.e., parks, playgrounds, and grocery stores), hospitals at childbirth, easy-to-navigate and up-to-date websites that populate in web searches, and social media platforms.

9. **Encourage sensitivity to messaging and framing parenting struggles and needs when advertising to or connecting with parents.**

   The term 'behavioral problems' did not yield results when discussing child difficult behaviors. Without the labeling of a possible behavioral problem, parents were more willing to share their experiences and frustrations.

Introduction

Hamden's Partnership for Young Children (HPYC) has contracted with the Community Alliance for Research and Engagement (CARE) at Southern Connecticut State University and Yale University to design a study exploring how to expand parenting and child development learning opportunities for parents of young children (birth to seven) in Hamden. Per their [website](#), HPYC is "a coalition of public and private agencies and community members who advocate for Hamden's young children." HPYC examines what young children and their families need and how to improve the effectiveness of the service delivery system. Related to this study, a primary goal of HPYC is to support the Hamden community's development of responsive programming and other opportunities related to parenting and child development for parents. HPYC also seeks to improve participation by parents in educational programs that HPYC members organize.

The study explores what types of opportunities parents are most in need of and the best modes for delivering these opportunities. Additionally, the study explores the most appropriate outreach methods to properly promote the opportunities in the community.

The primary aims of this study are:
- Determine the type of parenting skills information and education needs regarding child development that parents are most interested in pursuing.
- Identify best modes for delivering parenting skills information and education.
- Explore best methods for advertising and promoting HPYC opportunities and programming for parents.

Throughout the study process, CARE staff worked closely with Tricia Godfrey, HPYC Coordinator, who provided input on all aspects of study design: instrument development, recruitment methods, field protocols, data interpretation, and report writing.

The research team at CARE included the following staff:
- Valen Grandelski, MPH, MCHES, CARE Project Manager, assisted with tool development and facilitated the focus groups. She co-led data analysis and report writing.
- Carrie Michalski, JD, RNC, MSN, CARE Research Collaborator, assisted with tool development and facilitated the focus groups. She co-led data analysis and report writing.
- Kathleen O'Connor Duffany, PhD, MEd, CARE Research and Evaluation Director, provided expert guidance on methodology design, tool development, and data analysis.
- Alycia Santilli, MSW, CARE Director, provided guidance and oversight for study design, tool development, IRB approval, data collection, and field protocols.

Research Methods and Field Procedures

To achieve the aims of this study, CARE employed a qualitative approach and conducted a series of focus groups with Hamden parents of young children (birth to seven). Focus groups were selected as the ideal methodology to achieve the aims of this study because they encourage interaction among the participants which 1) validates the results as participants confirm or contradict suggestions and experiences and 2) allows for exploration of new ideas not easily captured through quantitative measures. After a brief literature review, a semi-structured focus group guide was developed with key

questions and probes for follow-up questions related to the primary aims of the study. The focus group guide was reviewed by Tricia Godfrey of HPYC and suggested revisions were incorporated into the final version. For the complete focus group guide, see Appendix A. All appropriate approvals were obtained from the Institutional Review Board (IRB) at SCSU before research activities began. All study participants provided informed consent prior to participation in a focus group.

Recruitment efforts were led by Tricia Godfrey of HPYC and included flyer distribution at local schools and via email lists and outreach during HPYC partner programming (e.g., play groups). Caregivers of children aged birth to seven, over the age of 18 years, and living in Hamden were included in the study. Ms. Godfrey also took the lead on coordinating the logistics of the focus groups (e.g., meeting space, child care). Focus groups were offered at varied days and times to suit the wide range of parents' schedules and encourage participation.

Focus groups were moderated by one trained facilitator and one trained note-taker. The sessions were approximately 90 minutes each, including time for informed consent, completion of participant information form, review of the ground rules, and other logistics. For the focus group participant information form, please see Appendix B. Participants received a $25 gift card to a local grocery store, a meal, and child care for the length of the focus group. Focus groups explored topics related to current parenting resources utilized, parenting information and resources parents would like to see in their community, ways parents would like to receive parenting information and resources, and best methods for promoting opportunities for parents.

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Findings

From September – October 2017, CARE conducted four focus groups with 32 participants. The average age of participants was 39 years and 84% (27) were female and 16% (5) were male. Of all participants, 34% identified as White, 34% as Black or African American, 22% as Asian, and 9% as multiracial or some other race. No participants identified as Hispanic/Latinx.

Participants had one to six children and the average number of children was two. Participants had children ranging in ages from birth to 38 years and the average age of their children was nine years. When looking at each participant's youngest child, the average age was three years. All participants were responsible for the care of a child under the age of seven years. The participants represented a variety of stay-at-home parents and working parents, who indicated both full-time and variable shift schedules.

The focus groups provided insights into parenting experiences, struggles, and information needs of Hamden parents as well as resources and opportunities they would like to see in their community. Four primary themes emerged from the focus group discussions and subthemes are outlined within each category:

1. **Parenting struggles and information needs related to parenting**
2. **Current resources for parents of young children and opportunities to expand resources**
3. **Preferred source and mode of information delivery**
4. **Joys of parenting and parenting philosophy**

1) Parenting struggles and information needs related to parenting

Participants identified parenting struggles and needs that included:
- child's difficult behavior and parental response;
- activities of daily living, such as nutrition and eating, toilet training, sleeping, and oral care;
- developmental milestones and social and emotional development;
- finding information and activities for children birth to seven; and
- parent-focused needs.

Child's difficult behavior and parental response

Discussions about the child's behavior and the parental response to difficult behaviors yielded the most comments during the focus groups. This was the greatest struggle and identifiable parental need.

Parents described undesirable behaviors as temper tantrums, little outbursts, pouting, rudeness, crying, yelling, hitting the parent or others, regressing to more childlike behaviors, mood swings, not doing their chores, not wanting to go to school, being demanding when the parent is on the phone, and acting-out in public places. Some parents had safety concerns about misbehavior and didn't know how to discipline appropriately in these situations, including when their child pulled away while walking in a parking lot, ran into the street while walking on the sidewalk, putting things in their mouth, or getting into the cabinets at home. One mother describes how her four-month old will "stretch his body out when he can't get things that he wants," making it difficult for her to put him in a car seat or hold him. She wondered how this defiance could be happening already at his age. Parents also voiced concerns over technology leading to inappropriate behavior like gaming and iPhone use among children contributing to misbehavior.

Parents wanted to know more about a) self-regulation of their own feelings, b) how to respond to family dynamic issues, c) effective strategies for discipline, and d) addressing gender differences.

Self-Regulation. There was a sense among parents that a child would feed off the parent's emotions, hence the need to regulate their own emotions successfully.

> Participant: His terrible twos and when he throws a tantrum, I'm an adult, I think rationally. Like there's another toy, it's just the same, but he wants this toy and I can't understand it. I can't help but be frustrated sometimes, why do you have to take this toy, but I have to think like him. I have to be in his position and this is important for him; this is like a whole tragedy for him. To understand this and to be patient, especially when they both are screaming at the same time. Like one starts, another one follows, and it's a whole mess. Especially in public places. So I need to keep my face, I need to resolve the situation, and I need to not go crazy myself at the same time. So juggling all this stuff, it's challenging.

For parents, sometimes self-regulation meant simply doing what their child wanted when they would rather not. One mother called this being "fully present" and playing Legos instead of relaxing. A father

commented on watching the child's show on television instead of his own. Parents acknowledged it was a struggle sometimes to put the child before their own needs.

Family Dynamics. Parents discussed family dynamics in the context of the child's difficult behavior, including jealousy among children in the family or a sibling rivalry issue. One mother explained that her children fight frequently, to the point of distraction, particularly in the car. Other family dynamic struggles related to differences in parenting styles and the unique relationship the child has with each parent. A mother explained how her child's behavior differed with her compared to with his father. A father described how his daughters were better behaved for him and gave the mother a hard time. Participants also reported how co-parenting with effective discipline strategies was challenging when partners have different approaches to discipline.

> Participant: I was going to say discipline is probably one of the hardest. Part of it too is that my husband is old school in the sense that you better do what I say and if you don't, he's real old school whereas I'm kind of like -- sometimes we can give them choices.

> Participant: It's actually funny because they figure out which one is the easier parent and they split you and you have to try to find the balance of, are they splitting me at this moment, trying to support your partner, even if you think he or she is incorrect. And trying to show a united front for them so they know, you can't do this. That's really, really difficult.

Effective Discipline. Since so much discussion centered on behaviors, not surprisingly, effective discipline strategies was a consistent topic in all focus groups. Parents expressed frustration with finding "discipline that works." Both yelling and timeouts were considered ineffective methods. Parents sought to find a balance with discipline strategies:

> Participant: …to be harder with her or softer with her. What's appropriate for discipline and when. It's finding all of these little balances in this constant, evolving, and dynamic situation…It's difficult to understand if we need to be strict or polite.

Gender Differences. Parents reported that having a child of a different gender was a struggle, because they felt they could not identify with their child's experience. They needed support in parenting and understanding their child's behavior.

This issue was compounded for single mothers who had sons. A single mom noticed her son was missing "male attention" and sought out a male school principal to provide the needed influence. This idea that boys needed men was a worry for some mothers, and there was a perception that positive male role models led to improved child behavior.

Activities of daily living
This category encompasses those daily routines or activities such as eating and nutrition, toilet training, sleep habits, and oral care as children developed and learned independence. Parent struggles often centered on a child's noncompliance or parental lack of knowledge with best practices. Other barriers were the parent's level of patience or inability to motivate the child. Some activities of daily living were further complicated when the child had a disability, making it difficult for the parent to teach or for the child to perform the task at hand.

Nutrition and Eating. Much discussion centered on eating and nutrition issues. Nutrition problems ran the gamut of worry about whether children were eating too much or not enough. Another stress was the level of effort, patience, and time that parents take to make accommodations for picky eaters.

> Participant: I struggle about the food thing every day. They don't want to try anything new, they cry if it's something new. It's just the same old two meals every day.

> Participant: He cannot stay at daycare all day because he [sic] don't eat, he just drinks like liquids. I don't know what's wrong with him; I took him to the doctor and they said nothing was wrong with him because he's growing and... he's three years old but he still doesn't know how to bite and chew so I have to leave work at like 11 o'clock every day to go and get him from daycare.

Breastfeeding and bottle feeding concerns were also mentioned. Because nutrition has growth implications, often times parents sought answers or input from pediatricians and other organizational resources. When it came to how and what to feed his/her child, there was confusion about advice from family, doctors, and online sources, which led parents to experience further frustration. Other parents expressed frustration about not knowing what to do.

> Participant: I was talking with another mom about serving sizes and I was like, my child does not eat. I feel like I'm constantly trying to force food down her throat and she goes, well, the doctor had told me two chicken nuggets is considered one serving for a two year-old. I'm like, my kid will eat six to eight, no problem. …I'm over here thinking my kids not eating enough when literally she's eating three times what a two year-old should be eating.

> Participant: I can't even believe this. I'm really sorry that each of you are going through these food things but I'm so relieved to know, because I think that my food struggle is like the hardest thing that brings me to the breakdowns all the time because my kids won't eat. …. But to see that people, everyone, is having this problem--I felt like I was just overindulging my kids by letting them have these choices.

Sleep Habits, Toilet Training, and Oral Care. Parents expressed a need for advice in dealing with challenges related to activities of daily living. In particular, mothers commented that the children would take naps or sleep for others (e.g., other relatives, daycare), but the child would not comply at home. Similarly, the child would brush their teeth or would not have accidents when in the care of other adults, but when in the care of their mothers, the child would not engage in these activities successfully.

> Participant: …when I'm home, even if they've been up since six in the morning, it could be almost midnight and nobody will even take a nap.

> Participant: I have issues from pull-ups at naptime and nighttime because now we are potty trained. We have no problems during the day but we do still slightly have accidents at night so I feel like I'm taking the easy way out because I want to put the pull-up on him because I don't feel like having to clean the sheets in the morning…. Just getting up in the middle of the night with him, that's a big thing.

Developmental milestones and social and emotional development

Items in this category differed from those listed under "child's difficult behaviors," because they had more to do with growth and emotional or behavioral expectations. Parents expressed concern and

confusion about developmental behaviors like speech, walking, social skills, and manners. Parents sought clarity about milestones and wanted to know when children should be doing certain things and "when is the time to worry?"

> Participant: what's normal developmental behavior? Is it okay that he's still doing some of these things, are these periodic regressions okay or should we seek professional help?

Mistrust of Developmental Guidelines. As much as parents said they wanted accurate information about milestones, they were also reluctant to accept recommendations. Parents revealed a level of mistrust of professionals in relation to developmental milestones. It was unclear if they did not want to believe that their child was not meeting milestones or if they thought the guidelines did not apply to their child for a particular reason. The quotes below demonstrated a conversation among two participants consoling each other about their children not meeting milestones and a belief that perhaps their child was an exception to the rule:

> Participant A: I'm crying now because I had it all bottled up. That's important, emotional development and every child is different. When you go by those guidelines that your pediatrician has, they make you think that your child is out of whack.

> Participant B: And that's the thing that you've got to remember, those are only guidelines. Those aren't about your child, my child, or your child. It's a guideline, and they all have to go by the guidelines.

Socialization and Manners. Parents recognized their children needed socialization to learn how to share, have proper manners, behave in public, and be accepted in the community.

> Participant: Socializing. When I saw teachers at day care resolving the problems that these toddlers have, I thought it's amazing how they do it, and I'm lost every time. I face the situations, and I'm lost. I don't know what to do. So I would like to have more information on how to behave when my child has a problem with another guy or a girl, like how do I teach him to be a part of the group? Like all of the information the teachers have, I would like to have it too.

Development and Disabilities. The level of worry about reaching developmental or social milestones rose considerably when the child had special needs.

> Participant: Is she hitting the milestones, what can we do to help her hit those milestones? Is it something that she's just not going to get and just not like worrying about what's to come and just live in the moment with her.

Finding information and activities for children birth to seven

A chief complaint among parents in all focus groups was the struggle to find information and resources. This was particularly difficult from birth up until engagement in a formal school or child care setting. Compounding this struggle were situations in which parents were new to the Hamden area, had limited family or friends, or were disconnected from the community. Other examples of disconnection were stay-at-home moms or parents with language barriers.

"Get in the Loop" of Information. Parents were united in their conceptualization of a "loop" for parenting information and resources, and it was their goal to "get in the loop."

Participant: …like we were saying before, you get into that loop, you're good to go. Once you have that certain circle of people that either have a little bit of experience or knowledge of what's available out there, then the world you've got in the palm of your hand.

In general, parents thought it was hard to get "in the loop" of parenting information and resources. Predominantly, a barrier was finding information in the age range of birth until school age. Parents had positive experiences once they were in this loop, but finding the appropriate point of entry was commonly discussed as a struggle for parents.

Participant: I kind of wish I didn't have to do so much work to find things that I could do with my two year-old.

Participant: I think for me, it's finding the resources and knowing where you can go to get that information that you're seeking.

Participant: I think that there's a lot of stuff out there. I think there's a lot of stuff that is available, but it's just hard to access it until you get into the loop. Once you're in the loop, you can find out everything that's going on but trying to find how to get in is a problem. It's definitely a problem.

One parent shared the convoluted nature of her experience to find a resource for her child:

Participant: So to find this play group, I see flyers here but I couldn't find it anywhere. I was just browsing through online and I found an email contact which was like posted sometime in 2009 or something. I just got an email, a random email of three or four members and luckily, I got a response from one of them saying that there was going to be a summer play group at the [local school] and that's how I got to know. And I just let a few of my friends, passed it on to them; that's how people get to know about it, there's nothing there online. That's why I would expect such a kind of flyer at the local library or something where people go often, that would be helpful.

In particular, conversations about options for preschools indicated misinformation and a lack of understanding about the process. There were many questions regarding the application process, cost, eligibility requirements, locations, and who to ask for information.

Part of being "in the loop" also related to advocacy skills for parents. They recognized this skill set as being necessary to successfully navigate different systems, like health insurance and child care. Parents wanted to know not only who to ask for information, but also how to ask for information and resources.

Participant: …again, you've got to just ask; if you don't ask the right questions, you won't get the right help. So maybe knowing what to ask for is something that needs to be taught.

Desired Activities and Resources for Children. Generally, parents were looking for play groups for children under five. Parents also sought dance or music classes and a variety of sports teams. It was reported that some specialized classes often do not take children younger than five years old. A select few participants were interested in language classes native to the parents and schooling for parents to learn English.

Needs of special populations of parents

Some parents had particular circumstances that created more complex challenges to overcome. These groups of parents expressed their unique challenges and struggles, suggesting an area for intervention among service providers. These special populations included: fathers, single parents, grandparents raising grandchildren, parents of children with disabilities, parents of children with wide age ranges, parents in the midst of divorce, and parents who have Limited English Proficiency (LEP) when English is a Second Language (ESL).

Fathers. Fathers pointed out the scarce opportunities for support or activities specific to men. One dad commented:

> Participant: I'm always wondering, where are the dads? I don't know where are the 'dad events'. I met one dad randomly when we went to [local organization] to drop off--it's supposed to be for swim therapy, aqua therapy, but other than that, that's it. I haven't see a dad ever. I don't know where--if they're all working or at home on the couch. Where--how do we get other men engaged in stuff like this because I don't see it. I wouldn't even know where to start.

Grandparents. While grandparents may have had prior experience of raising children, it was in a different time and place. The age difference was apparent when it came to socializing with other parents. The idea of "starting over" was reported as challenging for the adult and confusing for the child. This special population also included single parents who are also grandparents, a particularly challenging circumstance.

> Participant: I understand how you feel too because I'm older, I'm [over 50]. So for me to start all over and I don't work because I got injured. So for me, it was hard like when he's sick and he wants you to hold him. My back is shot; I can't do it. So I got like two floors so I'm trying to get into another floor but it gets overwhelming sometimes and you don't have a backup plan where you can call somebody up or call the parent up. I need some help, reinforcements; there's no reinforcements. So you've pretty much got to figure this out on your own. There's a lot of times when I went to bed crying like, please go to sleep, go to sleep. The hardest thing is trying to get him to use the bathroom because I don't remember this stuff. I thought my kids just got on the toilet, I don't remember when I potty-trained them. And it's like, okay, at night, I still put the pull-ups on him but it's like he comes home from school, he does great at school but as soon as he gets home he just lets it loose and I'm just like… some days I'm just like, oh my gosh, I can't do this no more, I really can't do this but then I'm like, who else is going to do this? I'm Nana, I have to do this because he has no one else, he just has me.

> Participant: My biggest thing is the struggle with him because he doesn't know whether to call me Mom or Nana. So I think I'm going to come up with something like Gramom for him or something.

Single Parents. Parents cited the fact that a single parent does not have a partner to share in the child care responsibilities and single parents can feel the need to overcompensate to meet their child's needs.

> Participant: For me, it's being a single parent. You probably get this too because when you're home all day, you have nobody else. There's no break, there's no shift, there's no, here, daddy, it's just you. So at nighttime, you must love, here! Go. Exactly, you're on. I think that's the worst.

I still cherish my nap time; thank god he's still napping but I know it's only a matter of time before I'm going to lose that. So the hour in the middle of the day is like heaven.

Parents of Children with Disabilities. Parents of children with disabilities had complex needs dependent on the disability. Regardless of these added challenges, the blessings were equally realized. However, parents described practical, financial, emotional and/or physical implications to caring for a child with a disability.

Participant: She's not walking. She's six years old and like I said, she's special needs so I have to carry her. At first, I knew certain things about her because I got her from DCF, I adopted her since I was her foster mom. So some things I knew and I was like, okay, I can handle that but now she's six and I'm like, oh wow, you're very heavy and I have to transport her back and forth. So her not walking is a concern of mine and reaching out for help is like doors shut left and right but I'm still hopeful and I'm still thankful because God has brought her this far. So that's my main concern.

Parents of Children with Wide Age Ranges. Parents with children in different age groups had conflicting and sometimes competing demands, making it difficult to balance all the children's needs.

Participant: With me, it's financial and struggle with the time. Because one wants to do, the middle child wants to act, so he wants to go to Hartford, New York, and try to act or do auditions and I'm like, 'how do we get there? who is going to bring you there for that time?' And then the oldest one is doing his last year of high school and he was doing college courses over the summer so he's trying to get his associates. That's a little struggle there because now it's like, I've got to look into scholarships to try to help him.

Participant: Yeah, my 11-year-old. Obviously, I waited a long time…and she's been having a hard time coping with having another kid in the house so I'm just online Googling, like is it normal for my 11-year-old to not want to be around him.

Divorce. Parents discussed how divorce negatively impacted their child and led to a display of negative behaviors.

Participant: …mentally, he's going through a lot. He's seen a lot, me and his father are going through a divorce and like I said, he's seen a lot. He's been through a lot and he's just, right now, no, I mean everything is no. Everything is with the hitting and the kicking. It's me and my mom who live together so he's not just acting out with me, he's acting out with her, also.

LEP or ESL. Parents with LEP or ESL brought different challenges to the family dynamics when different languages and cultures were embraced within the same household. Lack of effective communication affected the parent-child relationship. One father stated the ability to speak the same language would improve the understanding between him and his child.

Participant: Another thing, we're not talking the language. I have a problem with the children; the children were born here and speak just English. The first language that I have, me and my wife have, is Arabic. It's sometimes having misunderstandings, it's making problems all the time. I'm looking for something that children can learn how to speak Arabic or learn Arabic.

Participant: I'm the same. I talk Chinese to my daughter, my daughter doesn't understand...I want to teach Chinese to her so she can know more languages but she says, it's so hard.

Parental self-care

Parents also focused on their own needs, or self-care, which included getting adult time to do something for themselves or socialize with peers.

Participant: …it's a lot harder for me to have adult conversations, I watch…Sesame Street. So someone calls me on the phone and I'm really excited to hear from them and I'm like no, don't go.

Parents discussed the guilt that comes along with self-care. Parents expressed the need for respite, either alone time or to socialize with adult conversation. These excerpts further highlight this phenomenon.

Participant: I think that's really important. We focus so much on them and their needs but self-care, you have to take care of yourself too. It's important to get those little breaks if you can, when you can.

Participant: …I think parents are sometimes so busy with their lives that sometimes we don't have the ability or our own resources, internal resources I mean, to handle the expectations of being parents and having more groups like this allows parents to connect with each other, maybe relax a little bit. Get rid of the mom guilt or dad guilt about what you are or are not doing. Get off the computer and just relax, even if you don't talk about children's things, just have coffee, sit and talk about -- and just be with adults and I think that will really help rejuvenate a lot of us as parents to get back out there and not lose our temper with our children because we're overwhelmed and we're overstressed. I don't remember who said it but somebody said with your child, if you're upset or angry, our child feeds off of our emotions and it heightens them.

2) Current resources for parents of young children and opportunities to expand resources

Parents used many different existing resources that included:
- in-person resources and opportunities;
- organizations, services, and programs;
- paper and hard copy resources; and
- technology resources.

In-person resources and opportunities

Overwhelmingly, parents cited in-person resources and opportunities as the primary method to support their parenting needs. Family, friends, neighbors, and other parents were certainly the most trusted group of resources. Described as "word-of-mouth," these interactions with trusted individuals allowed for further dialogue about the experience itself and for gathering opinions, which helped inform parents in choosing which resources to utilize.

Given the strong support for in-person opportunities, parents cited a series of benefits of these opportunities. Parents wanted to meet other parents to share their experiences and reduce a feeling of isolation. They felt coming together with other parents to talk about their challenges would help them to both learn about child development and parenting and feel that they are not alone in their struggles.

Participant: It makes you feel better knowing that you're not alone. You're not the only parent going through what you're going through.

Participant: …I've heard several interesting things here that will be helpful for me and it's also nice to see people who have the same problems. Now I feel better about myself, like I'm not alone, there are people who have the same challenges as I do and that's comforting.

Participants also recommended a series of in-person activities they would like to see offered, which included:
- Support groups for parents with a play group component for the child
- Information sessions with themes and speakers on topics such as:
    o Effective discipline
    o Nutrition and child eating habits
    o Disabilities
    o Manners for children and how to be polite
- Information fairs where representatives from a variety of organizations set up booths to pass out materials about opportunities and services for families and answer questions about these topics
- Activities at local parks or playgrounds, such as Joshua's Jungle
- Hands-on workshops and demonstrations

Participant: I think also hands-on is very helpful too in a lot of respects, because you can see how professionals are working with your children. So I think for me, hands on, more experiences would be better because I'm a visual learner so watching someone else take care of my child has really been beneficial for me because you see how they respond, your child is responding to them, and how do they handle the changing scenarios. Say you want to give your child a bath, your child is squirming, how do they handle your child squirming, and then they can teach you what they just did and how they did it. They can place your hands where they need to go and just have more hands on experiences.

Parents thought some of these activities could be integrated into existing events, such as the Hamden Famers' Market. There was also strong support for a focus on family activities that parents and children can do together, even if there are separate activities for parent and child (e.g., children have a play group while parents have an information session or support group).

Focus on Support Groups. Parents talked about parent support groups with a play group component for their child, specifically mom groups offered through Birth to Three, as another resource they valued. Participants felt support groups were the ideal opportunity to meet their parenting needs.[1] Parents enjoyed the opportunity to talk with other parents who were "on that same playing field" and having the same struggles. One participant described how she preferred to use her mom group to obtain information to address a parenting challenge:

Participant: …I know we keep bringing it back to play groups, but I feel like a lot of the play groups that I've been in, all of my mom questions, like trouble with X, Y, and Z, I've always brought to my mom group. I haven't specifically gone out looking for any sort of assistance with potty training,

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[1] These focus group participants may present a bias toward in-person activities since these parents agreed to an in-person focus group meeting.

but right now, I'm struggling to get my daughter to learn to pull her pants down because she struggles with one side. …. I go to them for that kind of information. I kind of stray away from doing research online for that type of information.

Participant: That would be something good where you had more of these and you could maybe get parents together. Parents, men or women, together and have them--I mean that's probably that's going to be the best that can be done in regards to a resource for these types of issues.

Participant: I would say some type of support group. Even just as women or even men, some type of support group. Just like [Name] was saying, she has no help, I have no help. Just some type of support group to help you along your day or week or something.

Parents found out about play groups and other resources from their friends or organizations, such as their pediatrician, schools, Birth to Three, or the Family Resource Center. Other programs and services used by parents were Husky insurance, SNAP, Nurturing Families Network, and WIC. One mother started taking her daughter to a play group when she was 3 years-old and noted that after leaving the play group her child was "very lonely." She has since joined another play group, demonstrating the importance of these resources.

Special Populations. Furthermore, the need for an emphasis on special populations, such as grandparents and fathers, within a support group model became apparent through the discussions.

Participant: I would love to have something for older, not trying to be funny, people my age that don't have a--well, look, we're starting all over with this new thing. I know DCF recommended getting with other foster parents but it's different when you're around somebody. I don't have friends so it's just me and my age group, like a lot of people are doing things that I don't do so it's just me and the baby at home.

Participant: Because you're older and people don't want to be involved because I have the same problem. I'm even older than you.

Participant: So they can't come around me and I don't deal with all of that so I'm just like a loner at home. So I want to get hooked up with some grandparents.

In particular, the fathers in the focus groups shared a feeling of exclusion when it came to any parenting resources or information. Fathers reported they had no opportunity for a dad group, even though the desire for this outlet existed. Fathers saw only a focus on mothers and didn't know where to begin when looking for or getting involved with parenting resources. One participant described how this lack of inclusion of fathers affected his perception of his family role:

Participant: Yeah, anytime you do something parenting, all you see is mom, mom, mom. I just work, like I don't know what to do other than work.

Adult Socialization for Social Support and Self-Care. Developing a sense of community and seeking social support were important to parents and perceived as strategies to meet their parenting needs. One participant discussed both emotional support (i.e., not feeling alone) and tangible support (i.e., child care) as positive results of forming relationships with other parents in her community. She also made the point that parents' needs should be recognized and met to allow them to be better parents.

Participant: To remember also that parents are also people; I'm a mom but I'm a person so it'd be good to have more -- you're alone here you said, you have no family and stuff. My family is far away and it's hard, it's extremely lonely sometimes so it's a good to have a place where you can find friends. Like kids who are more or less the same age and undergoing the same situations. So talk to them, and not only talk but maybe sometimes get some practical help like, hey, I'm overwhelmed and tired, can you take my baby for a couple of hours? I'll take yours tomorrow, I just need a couple hours to breathe fresh air. So moral support and practical help…and to remember that she's a human being. She's a woman.

Coming together with other parents to strengthen social support was also seen as a way to promote self-care among parents. Participants discussed how better self-care and reducing stress translates to better emotion regulation when handling their child's difficult behavior or engaging in other parenting tasks. Parents saw support from other parents through formal mechanisms like support groups as a way to both better manage their own stress and emotions and to effectively solve problems when facing parenting challenges.

In addition to social support and developing a sense of community, participants also viewed in-person opportunities as a way to socialize with other parents for the purpose of obtaining information about community resources and activities for families.

Participant: …Everything is important but for me, what I've seen so far is socializing. The more you get the more information from resources, as she said, resources obviously are the best thing you can get but how you get all of this information. You cannot just sit here and get some information by app, because you have to know what app -- because of networking or socializing, you will get that information. So it's always good -- for me right now, at this time, I would say socializing because with more and more information, you get more information about fairs or schooling or anything, whatever you want right now. So yeah, socializing, I'll stick with that.

Child Socialization. Child socialization was cited as another benefit of in-person opportunities. The fact that their children were able to meet and play with other children attracted parents to in-person activities. At times, the opportunity for their child to socialize with other children was the primary motivating factor in parents' participation in events.

Participant: …But that's another thing that will benefit having the opportunity---I'm not going to lie, when they said they could take care of the child I was like, oh, there's going to be other kids, I'm going to do this because I wanted my kid to go play. I didn't know what type of age group was going to be there. I knew that it was up to six but I did this because I wanted my kid to go play. I was like, I'll sit there and answer questions, my kid can go play. I think the kids would really benefit from being in an environment like that with other kids, even before Pre-K even starts.

Timing of In-Person Opportunities. Although scheduling can often be challenging, participants were unified in a few timing preferences for when to offer in-person opportunities. Parents requested avoiding nap time between 11am – 1pm. Both mornings (before 11am) and evenings (after 5pm) were acceptable times for parents. They also conveyed a desire for more in-person opportunities during both the winter and summer seasons because of the lack of options for activities and child care during those times of the year.

Participant: It'd be great if there would be more programs in the winter especially, because you cannot take them to the park or anywhere else. So it'd be great, in the morning or in the evening. I stay at home all the time with her, it's hard to engage with her.

Participant: …when you're looking for some kind of care for your child, it's not 100% of the time. During the summer, that's when daycare is closed because they're taking a break.

Organizations, services, and programs

As an extension of in-person resources and opportunities, participants described a number of existing resources and opportunities offered by organizations, services, and programs that they valued and thought worked well for their families. They included:

- Birth to Three
- Babysitting drop-off services provided by local organizations
- Library activities (e.g., story time, play group)
- Early child care and education establishments
    - Home daycare
    - Hamden special education system
    - Hamden Early Learning Program
- Trusted, reliable, and responsive contact person at schools and early learning programs
- Health care providers (e.g., pediatrician, nurses, lactation consultants)
- Nurturing Families Network
- WIC
- SNAP
- Organizations and services that offer programming, such as healthy eating programs provided by local universities and insurance companies

Participant: ...I got an invitation and there was something in downtown New Haven and it was like teaching you how to eat healthy thing. So I went to it, and it was so helpful…but he [my son] was a young boy at that time, maybe 11, and he went with me to this thing and they just showed you things. Like if you eat--it was so helpful and he left there saying he didn't want McDonalds anymore. He was so inspired and it was so helpful. I don't have Husky anymore so I don't know if these things are still going on but they should be and they should be available to everyone…we left with a grocery bag full of healthy food and him wanting to like eat better. It was amazing, I wish it could happen monthly.

Trusted Service Providers. Another resource cited by participants was communication from trusted providers at established organizations and institutions (e.g., pediatricians, teachers, Family Resource Center staff, Birth to Three therapists). A consistent information source for parents was the school system. For parents with children in school or preschool, schools brought parents "in the loop."

The Family Resource Center (FRC) was often cited as an excellent resource for parents. Participants enjoyed the family activities and play groups provided by the FRC. Parents also deeply appreciated and trusted the staff of the FRC to provide them with information related to parenting topics and community resources for families.

Participant: …the Family Resource Center a couple of times last year had offered certain--kind of this, you come in for an hour, they do stuff with the kids. One was about sleep habits, one was

about the dentist and teeth and oral care. So it was nice because the parents had their little tutorial and the kids had their own so it was nice. And then we all met at the end and everyone got together, so I think it was nice seeing both sides and then merging.

Participant: I actually found the Family Resource Center here to be wonderful when we first moved because they do have a program where they'll come out with you and they'll discuss developmentally what is appropriate with him and how you can help them. They have the play groups so there's socialization with the children, there's learning about healthy snacks and foods and things like that, and art projects that the children can do. So I found for the first four years this play group met twice a week. It was one of the best things that I actually did and it was given to -- the information was given to me through my pediatrician who actually lives here in Hamden and it was wonderful, because I didn't know these existed and I think more advertisement for a lot of these programs too. Because you just don't know that a lot of this stuff is out there and you have to figure out who to ask for the right information.

Parents spoke highly of the Keefe Community Center and the responsiveness of the staff. Parents knew they could get their questions answered at Keefe and saw the center as a valuable resource with a wide range of services.

Participant: I grew up playing in that parking lot and that playground so for us, we automatically know that we're better going to the Keefe and asking a question than calling 211 and waiting on the phone for an hour.

Participant: Absolutely, they cover from soup to nuts, from food banks, diaper banks, to WIC, security deposits if you were moving into an apartment and you couldn't cover it. It's just phenomenal the stuff that they cover there.

Although parents valued the Keefe Center, they also pointed out that it is under-funded and not enough people in the community know about it. They cited the structural barrier of limited funding for promotional strategies as the primary reason for this lack of awareness about the Keefe Center in the community. Beyond the Keefe Center, participants discussed a general lack of funding for programming and activities as a pervasive problem and "the reality of the situation."

Parents also valued pediatricians' offices as a location to obtain information. With young children, parents often had some contact with a pediatricians' office, spent time in the waiting room, and valued them as a trusted service provider.

Participant: And I think pediatrician's offices are really a great place to put a lot of advertisements up because you're there more often with your child when they're sick and you ask them, I mean no matter what, you can call them up and there's always somebody online that can always answer a question for you about a child's needs. But when we first were moving, we were living in [another state] and we didn't have a lot of these services, and it was really difficult when we did move down here to find them because there wasn't a lot of people that you can ask like when you're between pediatricians, like where do you go for these resources…I just feel like if we had more information about it, that there are programs and this is where you can get them and have more resources available, like the Family Resource Center, out there more, having more events like we're doing now, discussion groups. I think it would really help a lot of new parents or parents who may have already had multiple children but are still looking for more information.

Although many parents reported positive experiences with healthcare providers, some parents described bad experiences with their providers, particularly pediatricians. This was related to child development, growth and weight gain, and activities of daily living, such as eating. One participant talked about a negative experience with her pediatrician related to her child's growth and eating habits:

> Participant: Don't ask the pediatrician that. I remember for the first three years, I left the pediatrician's office crying because my kid was a chubby baby and she always made me feel like the same thing, like I was giving him too much and I was like, I'm not going to let my baby starve. If he's hungry, I'm going to feed him. And now he's slimmed out so. They made me a little nuts with that, with the weight chart and the height, oh god. Every kid is different and they made me, I think, crazy for the first three years.

Paper and hard copy resources

Parents wanted to see hard copies of parenting information and resources posted or available via organizations and establishments that they frequent or have existing relationships with, including:

- schools (posted and sent home in children's backpacks)
- doctors' offices
- hospitals (at birth)
- Birth to Three
- Family Resource Center
- library
- grocery store
- bulletin boards at parks or playgrounds

For some parents, flyers coming home from school in the book bag were a constant and dependable source of information; however, this was not the case for all parents. Some parents were interested in receiving a hard copy of a comprehensive book of Hamden resources and activities for families mailed to their home. Parents were not interested in receiving information related to parenting resources in the newspaper.

Technology resources

Parents cited websites, blogs, email, text messages, phone calls, Connecticut Public Television, Instagram, Facebook and other social media platforms as technology resources.

Consolidated Website. Parents used web searches with key words like "Hamden" and "children" to find online resources and websites. Parents also went to blogs or organization websites seeking information (e.g., Cloud Mom, Hamden Public Schools website).

Parents recommended the creation of a "consolidated website" to house information related to parenting resources and activities in Hamden. They wanted up–to- date information, easier online navigation, and, ideally, information organized by age group and town.

> Participant: Like a consolidated website would be nice. If you look at anything on the town website, all of those links are out-of-date and if there's new stuff, it'll get rid of the old stuff or update the old things and then you're kind of navigating through all of these different sites.

There's different [websites] for each school but how do you as a whole say, what's available in Hamden, period.

Participant: Or maybe have like one web page that's nothing but resources because when you're trying to find the resources, you have to do multiple, hour long searches. Type in certain key words, hope that the information goes through, read all of the pages to see if it really helps you. If you had a page that had links to all of them, you could just say kidscare.com or whatever, it would have all of the information that you would need, and you can even do it by town too because every town has a very different set of what they do for the children and different preschools. So being able to look it up by town and then go to their page that has a page of all of their resources and go from there.

App. Parents used apps, such as Baby Center, to find parenting and child development information.

Participant: It's called Baby Center; I've had it since I was pregnant. It let me know what ticks I was supposed to be filling in, from pregnancy up until now it's telling me your baby--like tomorrow it will come and say, your baby is four-months tomorrow, it will tell me because I already put in the information and it just tells me what he's supposed to be doing. It's awesome, I love it. If your baby is having issues with eczema or different things, skin conditions, it tells you what to look for.

A strongly supported suggestion included an app to house parenting information and/or a Hamden calendar of events for families. Using an app was perceived as easier than navigating a website.

Participant: It's an easy way to connect everyone, it's an easy way. So an app I think, having an app, it might just be on the app is the best thing to spread awareness and get more information.

Additional Technologies. Parents cited email, text messages, phone calls, Connecticut Public Television, Instagram, Facebook and other social media platforms as acceptable modes to disseminate information. Some suggested a dedicated email listserv to receive information about parenting-related events and resources in Hamden.

Out-of-date Information. When parents came across information in their community, they found much of the information was out-of-date or inaccurate. In particular, parents found online resources difficult to find and time-consuming to navigate.

Participant: I had to do the research online to try to find any information about the Pre-K programs in Hamden. The website got a little--I don't know if I wasn't looking in the right spot.

Participant: I know, I was looking for it too and it's hard.

Participant: Some of the downloads, like the information on the download links were different than what was posted.

Participant: Not user friendly at all.

Participant: Yeah, on the website. So it was kind of hard to figure out…

Participant: Lots of links were outdated.

3) Preferred source and mode of information delivery

The preferred source and mode of receiving parenting information depended on the type of information parents were seeking and timing related to their child's development. When parents sought information related to parenting advice or information, they wanted to hear from a trusted figure like another parent or an authority figure (e.g., pediatrician, teacher). This was referred to as a "circle of trust" and this contact with trusted individuals could take place via multiple modes, including in-person, over the phone, or an online format like Facebook.

When parents wanted information related to events, activities, and resources in the community for families, they preferred online or hard copy modes of delivery, but still wanted to hear from other parents via word of mouth regarding their personal evaluation of these resources. Parents specifically wanted to receive information about who to contact, activities, programs, resources, and reminders about events via technologies such as websites, apps, email, text messages, and phone calls. Technology wasn't viewed as appropriate for communicating detailed information on parenting topics, but sending an email attachment was described as an acceptable strategy for sharing content-specific parenting information (e.g., toilet training, oral care, healthy eating).

Overall, in-person opportunities were mostly preferred to online resources because parents felt the in-person format was more appropriate for getting answers to their parenting-related questions.

> Participant: It's a little bit more personal. When you're having problems toileting your kid or saying no, you kind of want to--anybody can go on YouTube and search on a blog but when you're talking to another mom, it's a different--or dad. When you're talking to another mom, it's a lot easier to kind of ask questions like, what did you do and what worked for you, what worked for you. I like the in-person.

> Participant: …I think it's more intimate, it makes me want to be curious more. Being more curious about what other parents are experiencing and to divulge what I'm experiencing as well.

Parents discussed multiple issues with online resources that drove them to consider in-person opportunities as a superior resource. The amount of information online was seen as overwhelming, sometimes not accurate, and not trustworthy. Parents also talked about the shaming and judgment that takes place online as a barrier to using that resource.

> Participant: There's so much out there when it comes to the mom-hating and the mom-shaming that when it comes to questions about how I mother, I stick to people I trust. Or even just a fellow mom. I really don't look online for anything.

> Participant: Because again, you drive yourself crazy. There's too much.

> Participant: It's very overwhelming. And you're always going to find someone who says X and someone who says Y and someone who doesn't agree with either and it's just too much.

> Participant: I think the best way is from the teachers of your children because they're around not just your children, they're around other children so they usually know how to handle your children but they also have other -- so many different strategies about how to incentivize and how to

punish, but in like a correct way that your child responds to. I'm a little hesitant about online interactions because the online disinhibition effect that can make people become very unpleasant or at least seem unpleasant because tone can't be conveyed and sometimes people aren't really good at contextualizing their ideas well enough. So they could say something and it could be received as very judgmental, even if it's not or you might just be reading it, like everyone else is getting along so well, what's wrong with mine. And when you ask that question, people are like, why is this person acting like they're whining. So I'd be very hesitant about text-only online interactions.

Finally, parents felt child age and developmental stage should be taken into consideration when communicating information, as this participant described:

Participant: I think also like a staged kind of process because depending on where I am with my children depends on the type of information I want to receive. Like when I first come home with a baby, I would rather see that in the mail, especially if it's like the books. I've gotten -- with [Name], I got a couple of books in the mail for a literacy program or something. I like receiving that in the mail but then when it's like time to actually -- I asked you, do you like your school -- like when it's time to actually pick where I'm going to care for my child, then I want to hear more like word of mouth like experiences.

Multiple Modes of Delivery. Parents stressed the importance of multiple modes of delivery when using either paper sources or technology, given limitations with both modes. Computer literacy was an issue that divided participants as some loved the idea of technology, while others didn't know how to use it. Regarding paper sources, some parents found flyers sent home from school in their child's backpack were useful and others felt they were not a reliable source of information.

Even though in-person opportunities had strong support, parents also wanted an online option for parenting classes or similar activities since they wouldn't be able to attend an in-person session every time. Parents felt supplementing in-person classes with online options would be useful. Parents discussed having an alternative to an app because not everyone may have access to the app or want to download it.

Participant: I also think if you do the app, have multiple outlets too because there's some people who -- I know my phone is overloaded with apps right now so I can't always download things. So I'm on Facebook or Instagram and the information I get is both on Facebook and on Instagram, it's on apps that I have. It's been beneficial but you still lose track. I got an email today to remind me that we had this session today because I completely forgot that it was happening tonight. So a calendar app that can help us particularly with your town would be really beneficial because it's not just about your children, it's about other things that you can do with the children. Whether it's pumpkin picking because they do have that event coming up, because flyers coming home from school get shoved in the bottom of the backpack and you find them two weeks after the event comes. The flyers are not really helpful anymore.

4) Joys of parenting and parenting philosophy

Parents in focus groups were asked to share their thoughts on the joys of parenting. This information delves into what is of value to parents and can be used to design programs and services that speak to what is most important to parents and what is most joyful about parenting. Parents valued raising

happy, loving, and well-adjusted children. Children's display of intelligence, helpfulness, and potential to succeed in the world were also valued by parents.

Parenting Philosophy. Through discussions about the joys and struggles of being a parent, different parenting philosophies emerged. It became apparent that parents had different beliefs about parenting. Some recognized a transformation in themselves and in how they see themselves and others. They also described adjusting to their role as a parent and how it changed their life as they knew it.

> Participant: …when he came into my life, it's totally changed. Even when you have this sense of responsibility, not even with your child but with everybody because you love your son and it's the same way with other parents. But if you don't have your child, you will not have that sense. You'll be like, "okay, whatever, they are suffering, they are suffering"; but now, I have seen that and it's awesome.

Parents were cognizant that their children were watching and their actions were being observed. Role modeling was both a pleasure and a struggle.

> Participant: We want to give him good morals and the best thing is reading and getting experience, it is better to behave like what you want your child -- instead of telling them, okay, you have to do this. … who he's learning from, instead of giving words, give him examples.

Another theme that arose was the importance of acknowledging a child's individuality. Parents felt they needed to have a connection with their child to understand and respect their personality.

> Participant: I've tried to understand the personality of my son and I got to know that he is hot headed and I find solutions according to him. I don't want to suppress his opinion, suppress his choices.

While parents were open to listen to others, they believed other people's experiences and health guidelines were generalizations and may not be applicable to their child. In some cases, parents felt they needed to learn from their child instead.

> Participant: I feel that motherhood you learn from your child. You won't learn from any other experienced person -- you could learn from various sources like doctors, grannies, moms, but according to me…I learn everything from my son, everything. Sometimes I'll feel helpless that there is nobody I can ask but every time with each passing day, I feel that he is the one who has to and without speaking, was giving me an answer of exactly what he's looking for.

Ultimately, there was a consensus that the most important thing is that the child feels loved at the end of the day. Particularly when there was more than one child in the family, parents were adamant that all the children should feel that equally, regardless of age.

> Participant: I just feel like no matter how hard your life is, if the kid goes to bed every night knowing that they're loved is just the most important thing.

Summary of Findings

Overall, parents primarily reported struggles with difficult behavior from their child, finding effective discipline strategies, and regulating their response to their child's behavior. Other parenting struggles and needs included activities of daily living, such as nutrition and eating, toilet training, sleep habits, and oral care; understanding developmental milestones and their child's progress; finding information and activities for children birth to seven; addressing needs of special populations of parents (e.g., fathers, grandparents); and parental self-care.

Parents overwhelmingly supported in-person resources and opportunities as a way to build community and social support, which outweighed learning about any one topic area. The preferred mode of delivering parenting information depended on the type of information. Parents wanted to hear from trusted individuals in their social network (i.e., friends, family) or from an authority figure (i.e., pediatrician, teacher) for parenting advice or content-specific topics (e.g., nutrition, toilet training). Parents didn't trust online sources for this type of information. Technologies such as websites, apps, email, text messages, and phone calls were preferred to communicate information about advertising for activities, events, and resources for Hamden families.

Finally, parents expressed the joys of raising their children and several parenting philosophies emerged that can be leveraged to design responsive programming that speaks to what parents value most.

Recommendations

Based on the findings outlined above, CARE provides the following recommendations to enhance opportunities and meet the information needs of Hamden parents of young children.

1. **Further augment in-person opportunities intended for parents and caregivers to build a sense of community.**

   - The desire for social support and opportunities to build relationships with other parents and caregivers outweighed the need to discuss any particular topic related to parenting or child development. For parents, their priority was having a network of trusted individuals who understood their experiences and developing a sense of community. Therefore, less emphasis should be placed on content-specific information and more emphasis on creating spaces for parents to connect with each other.
   - Parents desired a formal structure, such as a support group, to facilitate building a sense of community. These opportunities should have a consistent and persistent presence in the community, as developing trust, rapport, and a good reputation in the community takes time and sustained effort, which will translate into greater parent engagement.

2. **Offer in-person family activities for caregivers and children birth to seven that keep parent and child engaged, separately and together.**

   - For instance, organize a play group for children in a separate room and simultaneously offer a support group or topic-specific information session for adults. Parents also valued activities they could learn together with their child, like a cooking class, or where the parent and child could learn separately and then come together. As described by parents, the Family Resource Center has already served as an excellent model for this type of activity.
   - Modeling and observational learning were highly valued by parents. When parents witnessed professionals, like teachers and nurses caring for their children, they wanted to learn more. Modeling may be a more convincing approach to gain the trust of parents than mere words.
     - Consider engaging local universities that have student and faculty resources that can be leveraged to provide parenting education in the form of poster presentations or hands-on demonstrations at different stations. Community-university partnership could help overcome funding limitations of under-resourced service providers with supplemental human resources, such as student interns.

3. **Ensure opportunities are inclusive of special populations (e.g., fathers, grandparents, parents of children with disabilities) and offer special opportunities for these specific groups of caregivers.**

   - Fathers and grandparents often felt excluded from parenting-related opportunities, and expressed a desire for these types of opportunities. Support groups or activities specifically for these populations could help them feel more included.

4. **Provide educational opportunities for specific parenting and child development topics, as dictated by parents and caregivers.**

- The biggest demand that parents expressed was for information and education about effective discipline for children and how to respond as parents to their child's difficult behavior. A program that provides modeling by an expert as well as input and experiences from other parents may be received well. Specific strategies for dealing with family dynamics, sibling issues, parenting differences, and child's manners would be of interest.
- In-person sessions focused on struggles with activities of daily living could include tips and strategies related to nutrition and eating: portion size, strategies for picky eaters, breast/bottle feeding, as well as toilet training, sleep habits and oral care. Sessions, again, could include parents sharing tips and experiences as well as input from and modeling by an expert. Sessions that included a simultaneous activity for children received positive feedback (e.g., learning importance of oral care, good nutrition, etc.).
- Parents wanted information on developmental milestones and social and emotional development but expressed frustration with providers applying a standard metric to their individual child. Leaders running these sessions should be aware of parents concerns and approach these topics with extra sensitivity to ensure the advice is valued.
- Provide structured information sessions for parents of children birth to seven, and assistance in the application process to preschool. Parents would benefit from advocacy skill-building sessions and knowing what questions to ask.
- Additional programming could consider 1) parent-focused needs that include special populations with explicit needs due to the unique circumstances, 2) parental self-care, 3) accessing resources for children with disabilities, and 4) addressing competing demands of families with older siblings who need to know about college preparation and opportunities to enhance application to college. While this is a source of stress and struggle for parents in the here-and-now, if addressed, can be a benefit to the younger child's future in the long-term. Also, mitigating parental stressors will enable parents to be more effective and nurturing caregivers to their young children, which has been shown to improve child outcomes in multiple domains.
- The parenting philosophies and joys that emerged can be leveraged as ways to assist parents in self-care by reflecting on the joys of parenting and the gratification it brings. Folding these parenting joys and philosophies into programs and services may help parents feel less overwhelmed and abler to address their parenting struggles and needs.

5. **Tailor the source of delivering parenting information based on the type of information.**

When communicating information related to parenting advice or content-specific topics (e.g., nutrition, toilet training), use a trusted figure like another parent or a person of authority (e.g., pediatrician, teacher). This can be in the context of a parent support group, family activities, or interactions as part of established relationships (e.g., well-child visits, parent-teacher conferences). Overall, utilize more in-person opportunities as they were preferred to online resources because parents felt in-person format was more appropriate for getting answers to their parenting-related questions.

6. **Promote increased awareness among Hamden parents about available resources utilizing a comprehensive, multi-pronged outreach approach.**

- Strengthen **outreach efforts** through **multiple modes**, including:
  - word of mouth via family, friends, and other parents;
  - established institutions and service providers, such as pediatricians, teachers, and nurses;
  - technology, such as a consolidated website, an app, email, phone calls, and text messages; and
  - paper sources, such as flyers sent home from school, in pediatrician's office waiting rooms, and at parks, playgrounds, and grocery stores.
- Target specific groups who are in most need of this outreach, including families who are new to Hamden and families who have children not yet engaged in a formal school or child care setting.
- A clear strength of the HPYC is the depth of its existing partnerships in Hamden. Many key partners are already at the table. Consider engaging non-traditional partners and expanding relationships with other key sectors to assist in outreach efforts, such as:
  - Leasing offices or landlords, real estate offices, chamber of commerce, or other agencies that are privy to when families move into the Hamden community.
  - Pediatricians' offices or hospitals that serve families with children from birth, who may not be in a formal school or child care setting.
- Consider an outreach model that utilizes "parent influencers" to leverage their existing social networks, either through social media channels or face-to-face interaction in neighborhood contexts.
  - These "parent influencers" could serve as ambassadors to the parent community of Hamden and could connect parents for a more grassroots community-building approach. If feasible, consider providing a small incentive for parent ambassadors.
  - Another component could be a peer mentorship program for parents as a formal structure for outreach and community-building.

7. **Streamline and refine communications and dissemination of information related to HPYC partner activities offered to parents and more generally, the community resources available for families.**

- Expand on current pamphlets and resource guides as a comprehensive tool to identify agencies' activities and contact information in the Hamden area. Keep this information up to date and complete. Make this information easier to find and more accessible to parents through multiple modes of delivery, including online and paper copy.
- Consider a consolidated website or an app as the hub of information related to parenting. Include information related to events and activities for families (e.g., calendar of events) and organizations with contact information of specific individuals (i.e., contact person, phone number, and email for specific program). Parents were specifically interested in a single web-based location to access comprehensive information about activities for children birth to seven (e.g., dance classes, sports teams) and about the application process to preschool.
- To build on existing structures, HPYC could leverage its existing website. The calendar could serve as a comprehensive source of family activities in Hamden. The existing directory of services for Hamden children and families and the program guide provided by the Hamden Youth Services Bureau could be featured on the HPYC website. Finally, the key words for the HPYC website could be refined to ensure it populates as a search result when parents do web searches using terms like "Hamden" and "children."

8. **Unify and leverage points of entry to "the loop" of information for Hamden families.**

   - Points of entry include pediatricians, day cares, preschools, Birth to Three, community organizations, local community venues that parents frequent (e.g., parks, playgrounds, and grocery stores), hospitals at childbirth, easy-to-navigate and up-to-date websites that populate in web searches, and social media platforms.
   - Parents expressed a need to be more "in the loop" of parenting and resources available to them in their community, particularly for families new to Hamden and families whose children had not yet entered a formal school or child care setting.
   - Consider a model of communication that streamlines all information and resources among service providers with accurate, up-to-date information to improve access for parents.

9. **Encourage sensitivity to messaging and framing parenting struggles and needs when advertising to or connecting with parents.**

   The term 'behavioral problems' did not yield results when discussing child difficult behaviors. Use of that specific terminology made parents reluctant to offer examples. Changing the phrase to terms like the 'terrible two's' or asking "are there any things that right now your children are doing or maybe not doing…?" improved the flow of conversation. Without the labeling of a possible behavioral problem, parents were more willing to share their experiences and frustrations.

Appendix A – Focus Group Guide

FOCUS GROUP GUIDE

Introduction (after IRB cover letter is distributed and reviewed by all participants):

Thank you all for attending this focus group. My name is [facilitator/co-facilitator introduction].

As members of CARE (Community Alliance for Research and Engagement) and Southern Connecticut State University, we are working with the Hamden Partnership for Young Children to better understand how to expand opportunities for Hamden parents to learn more about child development and parenting. In order to do that, we want hear from you, Hamden parents. Your thoughts and opinions are very important to us. During the focus group, we will ask you questions about your parenting experiences, what information you are interested in related to parenting or child development and, importantly, how you want that information delivered to you. We will share the transcripts of these groups with the HPYC, but the transcripts will be de-identified – your names and any identifying information will be removed.

Review Ground Rules. There are not right or wrong answers and you do not have to answer any question you don't want to answer. We would love to hear any thoughts or feedback you may have. So, let's get started! [start recorder]

15 min

1) What are some joys you experience with being a parent?

2) In your day-to-day life, what are some struggles that you face as a parent?

3) Think back over the past three to six months – what specific questions did you try to get answered for parenting-related issues or problems?

4) Where do you get your information when trying to solve problems related to parenting and/or your child's development?
   a. *Probes*: books, online sources, classes, pediatrician
   b. *Probes*: online social networks like Facebook, play groups, friends, family, teachers, childcare providers

10 min

5) *As a parent, what information and/or resources would be useful to you? What topics would like to learn more about?
   a. *Probes*: nutrition, health, toileting, eating, behavior management, what skills to expect at various ages, how to help your child make friends or learn how to speak or get ready for kindergarten

10 min

6) *How would you like to receive this information? What ways would you be most interested in/least interested in?
   a. *Probes*: in-person workshops, classes, online workshops, websites, videos, books, home visits, meeting with teachers, parent-child fun/informational events
   b. How does the information you want to receive affect the way you would want to receive it?

7) Think about how you currently learn about opportunities or community resources or events going on in Hamden – what are some examples?
   a. What specific opportunities or events are these?
   b. Are there any opportunities specific to parenting or child development that you learn about through these channels?

8) What is the best way to advertise opportunities to you that assist in your role as a parent of a young child?

9) In summary, the following information seems like it would be helpful *[facilitator identifies]*. And in the following ways *[facilitator identifies]*.
   a. Does that reflect what we discussed? OR If you were summarizing our conversation, what would you change?
   b. Did we miss anything? OR Is there anything that we should have talked about but didn't?

10) Of all the points we discussed, which is the one most important to you?

Closing:

Thank you all for your time and participation in this focus group. It has been a pleasure to hear from you and we truly appreciate your contributions.

Appendix B – Focus Group Participant Information Form

Focus Group Information Form

Please answer the questions below. Your information is kept private and is not attached to your name.

Age: _____ years

Gender: _____

Race (check all that apply):
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Other: _____

Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Do you live in Hamden?
☐ Yes
☐ No   If not, in what town? _____

How many children do you have? _____

What are the ages of your children? _____