

**PARENTS' PERCEPTIONS OF THE EFFECTS OF THE PARENT-CHILD
MOTHER GOOSE PROGRAM ON THEIR PARENTING PRACTICES**

by

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**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF**

MASTERS OF SCIENCE IN NURSING

in

THE FACULTY OF GRADUATE STUDIES

(NURSING)

UNIVERSITY OF BRITISH COLUMBIA

December 2005

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ABSTRACT

The intent of this study was to explore parents' perceptions of the effects of the Parent-Child Mother Goose Program (PCMGP) on their parenting practices. A qualitative interpretive description approach was used. Data was collected during audio-taped interviews using open-ended questions with 11 parents who had participated in the PCMGP over the last calendar year. Inductive content analysis was used to analyze the findings. Three main findings emerged from the interviews with parents: acquiring knowledge and developing skills, support from other parents and increase in confidence and competence in parenting.

These findings have implications for, program planners and agencies, as well as for nursing practice and research. These include, having a larger number of participants interviewed to enhance future evaluation and research. In addition, a more diverse group of parents: in relation to age, cultural ethnicity, education and socioeconomic background. Issues for program planners and agencies were also highlighted, in regards to length, location and program availability in the community. As well as Public Health Nurses (PHNs) being informed and aware of the program so they can speak to parents about the benefits of participation in this group.

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ACKNOWLEDGEMENTS

I would like to acknowledge and thank the special people who assisted me and contributed to this work. First to my family: my mother and father, Anne and Derek Carroll. Thank you for teaching me what it is to be loved unconditionally and to believe in myself. To my brothers and sister, Shane, Aidan and Erica, I am blessed to have three of the finest siblings to grow up with and love. Thank you for your continuous support and encouragement through the last few years. I could not imagine what my life would be like without the five of you. To my extended family, friends, and colleagues (there are too many of you to name individually), thank you for your unending love, support and guidance through this process. I am a very lucky woman to have so much love and support from all of you.

To Connie Canam, my supervisor. Connie you inspired me to write, you believed in me and encouraged me. You have a wonderful way of giving feedback that was gentle yet motivated me to move forward in my writing. Also to Elsie Tan and Ann Hilton who provided additional support and guidance with my writing and thoughts, thank you.

I could not have completed this work without the assistance of the Parent-Child Mother Goose Facilitators who aided in recruitment of participants. And to the wonderful parents who came forward to share their perceptions and feelings of the program - thank you for your words, stories and experiences.

Finally, a special thanks to Mr Wolf and Ms Gertie ☺.

DEDICATION

My thesis is dedicated in loving memory of my mother

Anne Christine (McDonnell) Carroll

1951 – 2004

My best friend and mom – I promised you I would complete the ‘book’

I am where I am because of you, and I miss you mom

Tons and tons,

Anita

CHAPTER ONE

INTRODUCTION

Many children enter the school system and are unable to cope with day-to-day activities (Brazelton & Greenspan, 2000; Hertzman, 2000; Schorr & Schorr, 1989; Shore, 1997). A notable proportion of children enter primary schools with low levels of literacy and are at risk for poorer school outcomes, behavioral problems, and physical and mental health issues that will continue into adulthood (McCroskey & Meezan, 1998; Mustard & Picherack, 2002; Shonkoff & Meisels, 2000). The frequency of behavioral problems has been increasing and there are more incidents and reports of mental health issues and abuse in children (Schorr & Schorr; Shore). A number of factors have been identified as being important to healthy child development such as having a secure and nurturing home life. Factors which are considered harmful in child development and speak to the quality of parenting include poor socialization opportunities for the child(ren), violence in the home environment, poor nutrition and restricted play-based learning opportunities (Mustard & Picherack; Shonkoff & Meisels). These stressful situations affect both parent and child(ren). As the primary caregivers, parents bear the burden of responsibility and care for the developing infant/child. Evidence indicates that parents' parenting styles influence their child's growth and development (Benzies, Harrison & Magill-Evans, 1998; Landry, Smith, Swank & Miller-Loncar, 2000; Ramey, Farran & Campbell, 1979). Attachment and bonding are critical in the first three years of a child's life and will affect the child's social adaptation and ability to form relationships in all facets of life (Hertzman, 2002; Kelly & Barnard, 2000; Mustard & Picherack). Children who are brought up in an environment that is secure, nurturing and stimulating have better outcomes in terms of health, learning and future

behaviour (Brazelton & Greenspan; Hertzman; Mustard & Picherack; Shore). Effective parenting strategies include providing positive emotional, physical and intellectual experiences for children in a positive and interactive environment (Fenichel & Mann, 2002; Guo & Harris, 2000; Hertzman, Landry, Smith, Swank, Assel & Vellet, 2000; Shore, 1997). Some parents instinctively are able to interact and parent their child(ren) while other parents find it difficult to interrelate with their children and may need to be taught strategies to help them with their parenting practices.

Parents can enhance the quality of early childhood development by learning alternatives to strong physical control and learning realistic expectations of their children (Mother Goose Program, 2003; Schorr & Schorr, 1989). Well-designed programs can be helpful for parents to gain confidence in their parenting capacity and to help them see that they can positively affect how their children behave and learn.

The Parent-Child Mother Goose Program (PCMGP) is a program designed to assist parents in their parenting skills. It was first developed in 1984 in Toronto to prevent harsh parenting styles being used by offering strategies for parents to respond to children's difficult behaviour. It targeted parents who were living on a low income, feeling socially isolated, dealing with emotional deprivation in childhood, lacking positive role models for parenting, acting as single parents, finding parenthood draining, feeling educationally disadvantaged, lacking English as their first language, lacking confidence in their practices to have a good relationship with their children, and having a desire to learn and to improve their life situation (PCMGP, 1999). The program used active learning. It aimed to involve the parents actively with their children through repetitive actions, images, and feelings from songs, rhymes and stories. It was a group experience for parents and their child(ren) that focused on

the pleasure and power of using songs, rhymes and stories together. Parents gained skills and confidence, which enabled the creation of positive family attachments and interactions with their child(ren), in the critical early years of child development.

In British Columbia (BC), the Parent-Child Mother Goose Program was offered in Nanaimo in 2000. Unlike the Toronto-based program, the Nanaimo program is open to all interested parents based on the premise that any parent could be viewed as potentially compromised in terms of their interactions with their child. The belief is that no one group of parents should be targeted as more needy or at greater risk than any other group.

In Nanaimo, the PCMGP is held at the main public health unit in a large multipurpose room with simple mats on the floor and nothing else. No toys, objects, videos, overheads or printed materials are used. Teaching of the program is directed to parentS and children who participate according to their stage of development and inclination. The pace is relaxed with plenty of repetition of material so parents and their children can better grasp the songs and rhymes. The environment is safe, welcoming, supportive and non-judgmental with the intent to build confidence and a sense of community for participants.

Although active learning has been studied in a variety of types and locations of parenting programs, the information to date suggests that no formal evaluation of the PCMGP program has been completed. In particular no studies were found that examined parents' perceptions of the impact of the program on their parenting practices.

Problem Statement

Raising a child is a challenging and sometimes overwhelming responsibility (McCroskey & Meezan, 1998). Parenting sensitively has been linked empirically to nurturing and stimulating environments, which promote language and literacy skills (Benzies

et al., 1998; Fagen & Cowan, 1996; Landry et al., 2001). Effective parenting requires positive emotional, physical and intellectual experiences for children (McCroskey & Meezan; Sommer, et al., 1993). Active learning techniques have the potential to promote more positive parent-child interactions (Fagen & Cowen). Anecdotal feedback from some parents who have completed the PCMGP have credited the program with contributing to more positive parent-child interactions. No studies were found on the effectiveness of the PCMGP or any literature that described parents' perceptions of the effect of PCMGP on their parenting practices.

Purpose

The purpose of this study is twofold: to determine the effects of participation in the Parent-Child Mother Goose Program (PCMGP) on parents' perceptions of their parenting practices and to determine which aspects of the program parents found useful in facilitating positive parenting practices.

Research Questions

This study will address the following research questions:

For parents who participated in the PCMGP:

1. What are parents' perceptions of the effects of participating in the PCMGP on their parenting practices?
2. What aspects of the program do they perceive as helpful in facilitating positive parenting practices?

Significance of this Research

The information obtained in this study can provide program planners and funders of PCMGP with information on the effective and ineffective aspects of the program. It can also

provide public health nurses with information on the factors that can promote positive parenting practices to enhance their effectiveness in providing support for families with young children.

Summary

In this chapter, the research study was introduced including the problem statement, purpose, the research questions and the potential significance of the findings. Chapter two will contain a review of the available literature relevant to child development, factors which influence effective parenting, active learning and parenting programs and their evaluation. Chapter three will provide pertinent information on the research design including the method, sampling, ethical considerations as well as assumptions and limitations of the research. Chapter four will focus on the findings: parents' perceptions of the effects of the PCMGP on their parenting and aspects of the program that parents found helpful. Finally, chapter five will contain the summary, conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

To provide a context for the study, I will begin the literature review by focusing on literature related to child development and factors that influence effective parenting. I will then focus on parenting programs and their effectiveness in increasing parenting skills.

The literature demonstrates that parenting programs can help parents gain skills and more confidence in their parenting practices as well as the way they interact with their child(ren) to create positive family patterns during the early years of child development. These positive interactions between parents and their child(ren) are essential to the child(ren)'s cognitive, language and social development (Hertzman, 2000; Lee & Kahn, 2000; Mustard & Picherack, 2000). By utilizing techniques such as active learning and anticipatory guidance, parents can strengthen their child(ren)'s developmental potential (Dworkin, 2000). Therefore it is important to examine factors that influence effective parenting and active learning, and the evaluation of parenting programs.

Child Development

The focus of brain research has shed light on the importance of early life experiences in addition to the organization and development of the infant/child brain (Farren, 2000; Mustard & Picherack, 2002). The period from conception to age six is viewed as a critical period for healthy brain development (Karr-Morse & Wiley, 1997). Healthy brain development and positive parent-child interaction requires stimulation of the visual, verbal, emotional and physical systems, including touch, smell and taste (Hertzman, 2002; Koniak-Griffin, Verzemnieks, Anderson, Brecht, et al., 2003). We also know that the developing brain has 'window periods' during which development of neuronal pathways are maximized.

Failure to develop the pathways during those critical periods can result in permanent loss of the brain function or require intensive therapy to overcome the developmental deficits (Hertzman & Weins, 1996; Mustard & Picherack). In some cases, these developmental deficits can have life long consequences in areas such as language development and cognitive practices (Hertzman, 2000). For example, the critical period for developing hearing/sight is birth to age three (McCain & Mustard, 1999). By 'investing' in early childhood development, which includes effective, nurturing parenting and healthy home environments, it is hoped that the groundwork will be laid for a life time of skills which will affect learning, behaviour and health (CICH, 1999).

Factors which Influence Effective Parenting

Many factors influence effective parenting such as positive interactions between child and parent, responsive parenting and sensitive playtime (Hertzman, 2002; Koniak-Griffin, et al., 2003; Mustard & Picherack, 2002). Unfortunately there are also negative factors that hinder effective parenting. Some of these include, dysfunctional home environments, stress indicators and the manner in which the parent was parented as a child (Schorr & Schorr, 1989; Shonkoff & Meisels, 2000).

The literature shows that more positive interactions between child and parent, more language stimulation at an early age, more sensitive playtime between child and parent and more affection, produce beneficial future outcomes for the child (Hertzman, 2000; Mustard & Picherack). This responsive parenting makes the infant feel more secure. Responsive parenting is accomplished by attending to the infant/child in a timely fashion when they are crying, hungry or in need of changing. If a child is left too long, a sense of insecurity starts to develop (Waters, Hamilton & Weinfield, 2000). Wakschlag & Hans (1999) found that

early maternal responsiveness in infancy showed a reduction in risk for problem behavior in middle childhood. Therefore, a parent's availability and responsiveness to their child(ren)'s needs is the foundation of developing a secure 'base' relationship.

The literature suggests positive interactions between parent and child will increase attachment and trust, and contribute to an environment that is both nurturing and stimulating (Benzies, Harrison & Magill-Evans, 1998; Fagen & Cowen, 1996). Parents who establish a balance between setting reasonable limits for their children and giving positive feedback to their children when they do something correct set the fundamental basis, which will influence their children's future life decisions and behaviours (Benzies, et al., 1998; Hertzman, 2002; Koniak-Griffin, Lundington-Hoe & Verzemnieks, 1995). The PCMGP teaches parents these positive behaviours.

Successful parent-child interactions include the following characteristics; positive affect, active participation, verbal exchanges, sensitivity, responsitivity and turn taking (Lee & Kahn, 2000). Parents are clearly influenced in how they were parented from their family of origin. Consequently, reality in many families included negative factors and behaviours in regards to parent-child interactions, which relate back to a parent's own upbringing and understanding they experienced as a child growing up.

Major factors that weaken positive parent-child interaction include: a dysfunctional family life, abuse of child(ren), stress indicators, socioeconomic status and the changing nature of families. Dysfunctional family life would include violence in the home environment between parents or other family members, and or use of alcohol and drugs. Other forms of dysfunctional family life that are illustrated more these days are cases of physical, emotional and sexual child abuse as well as cases of child neglect. Adding to these

dysfunctional traits are the increasing stress indicators for families. These include poverty issues, lack of quality child care services, parental exhaustion, illness, accidents, family break-up and death (Guo & Harris, 2000; Landry, et al, 2001; Mustard & Picherack, 2002).

Unfortunately, some parents use harsh words, spank, or engage in negative discipline when dealing with their children's negative behaviours (Guo & Harris, 2000; Sommer, et al., 1993). Additionally, many parents have experienced impoverished childhoods of their own, which they pass on to their children simply because they lack positive experiences and knowledge to guide their own parenting. We know that parents do what they know, i.e. they will parent as they were parented (Duggan, et al., 1999). It has been shown with families living in impoverished environments, children often do not receive the stimulation required for developing reading and writing skills (Hertzman, 2000; Mustard & Picherack, 2002; Schorr & Schorr, 1989). The kindergarten years provide the basis for children's reading skills for later years. Research has shown students who enter kindergarten with low reading practices are at higher risk of remaining poor readers, and when evaluated by grade 4, the reading deficits are clearly evident (Hertzman, 2002). This low reading aptitude is unmistakable in the school system as there has been a marked increased need for learning assistance for literacy delays in elementary schools (Lonigan, Burgess & Anthony, 2000) and this assistance is often not readily available. Without remedial intervention, children who experience early difficulties in literacy are more likely to continue having literacy problems throughout their school years, which continue into adulthood (CICH, 1999; Guo & Harris, 2000; Province of BC, 2002). By contrast, supporting positive and effective parenting experiences, in the years from birth to age six, can prevent lifelong difficulties in

developmental areas, from literacy to attachment and social skills (Hertzman & Weins, 1996; McCroskey & Meezan, 1998; Mustard & Picherack).

For years Nanaimo has had the reputation of leading the province in per capita numbers of welfare and employment insurance recipients in the province (Mason, 2000). About 25% of Nanaimo households have family incomes of less than \$20,000 per year (City of Nanaimo, 2002; Mason, 2000). Nanaimo has the highest percentage of young, single mothers in the province of BC (15.10 % compared to the BC average of 11.41 %). Adolescent parents have been associated with challenges in parenting skill (City of Nanaimo, 2002; Landry, et al., 2001; Mason, 2000). Shonkoff and Meisels (2000) suggest that adolescent mothers initiate verbal interactions infrequently and are less responsive to their infants and children (Landry, et al, 2001; Letourneau, 2001; Sommer, Whitman, Thomas, Borkowski, et al, 1993). Not surprisingly, in view of the high rate of teen pregnancies, lone female parents represent 15.1 % of families, which is higher than any other community in BC (City of Nanaimo, 2002; Mason, 2000). Due to significant poverty levels, many families are struggling to maintain the basic needs of food and shelter (City of Nanaimo, 2002; Mason, 2000). These factors contribute to the Nanaimo school district's status, which has been known as the "poorest in the province" (Mason, 2000). The steering committee for the Nanaimo social development strategy has indicated that children in the Nanaimo school district are the most impoverished in BC, with 14.4 % of the children living in poverty (Mason, 2000).

To this end, many authors have presented evidence that indicate limited socialization, violence, poor nutrition, and restricted play-based learning opportunities have effects on a child's language development, cognitive practices, behaviour, and physical and mental

outcomes, which will continue into and throughout adulthood (Guo & Harris, 2000; Mason, 2000, Mustard & Picherack, 2002; Sommer, et al., 1993). Research has shown that some of these factors can be addressed through early intervention strategies such as parenting programs that use active learning strategies Bonwell & Eison, 1991; Cross, 2003).

There are many different parenting programs in existence today. Some parenting programs include, "Healthy Beginnings", "You Make the Difference", "Nobody's Perfect", "Parent-Child Mother Goose Program and "Triple-P Parenting". These programs might be offered in a variety of settings such as, schools, health centres, community centres or churches, while others may take place in the form of home visits.

Parents of young children become involved in early childhood development by becoming parents. Positive parent-child interactions will be evident when parents actively engage in positive activities with their child(ren) (Mustard & Picherack, 2002; Wakschlag & Hans, 1999). If this enhanced interaction with their child(ren) continues it can encourage positive parenting behaviours such as cuddling, reading to children, responding to questions and concerns and so on (Mustard, 2000). A Canadian report from Invest in Kids, speaks to a longitudinal study of children and youth, which indicated that 28.6% of children from birth to age eleven have either cognitive and or behavioural problems. These problems are so severe that they will continue into adolescence and for some into adulthood. This study showed very clearly that a lack of positive parenting with these children was related back to these problems (Source, Invest-in-Kids, 2002).

Parenting Programs and their Evaluation

Program evaluation is the structured application of social research procedures for assessing the conceptualization, design, implementation and effectiveness of social

intervention and human services programs (Thompson, 1992). Program evaluation is done for a variety of reasons. It can assist program staff to decide to: a) offer a program again if it was successful, b) make changes if necessary to make a program more functional to participants, and c) end the program if it fails to meet the needs of the participants (Gomby, 1999; Posavac & Carey, 2003). No single evaluation can answer all the questions and concerns there might be about a program. While examining parenting programs, it became apparent that there are many different programs as there are many different evaluations.

Program evaluation exists to understand the quality of the service being offered to program participants. Receiving feedback from parents in the PCMGP allows the researcher to gain a better understanding of what participants thought about the overall program and its effectiveness (Posavac & Carey, 2003). It is important to understand whether programs that are designed to enrich parent-child interaction are viewed positively and seen as effective by parents. It is also essential to examine whether the program is effective in changing parental behaviour, improving parental strategies to deal with negative behaviour in their children, and/or creates a more positive familial environment which favours optimum language, cognitive and emotional development. What socioeconomic group is accessing the PCMGP? Would these parents have provided nurturing environments without the program, (ie: is the PCMGP making a difference)?

Evidence for the programs that provide home visits had varied results. Olds (1992) is known for his work on 'home-nurse' visitation programs for families with prenatal and infancy issues. In these types of programs, nurses make regular home visits as a method of preventing health and developmental problems. Participants in these studies were at risk for care-giving dysfunction and were either teenage mothers or unmarried women of low

socioeconomic status (Olds; Olds, Henderson, Chamberlin, Tatelbaum, 1986; Powell & Grantham-McGregor, 1989). These studies found nurse-visited women, especially those with babies of poor and unmarried teens had a decreased number of visits to emergency rooms with their children. These women also disclosed having a greater sense of control over their lives. The overall evaluation suggested that the potential positive outcomes, ie. avoidance of foster care placements, hospitalizations, emergency room visits, decreased use of alcohol or illicit drugs, etc, far outweigh the costs for the nurse visitors. These results are similar to those in another home visiting program which took place with deprived urban children in Jamaica. This study concluded that the greater the amount and breadth of contact with children and families in need, the better the overall outcomes such as improving the quality of maternal-child interaction and the self-esteem of both (Powell & Grantham-McGregor). In conclusion, these home visitation programs have encouraged the women participants to set small achievable goals and use problem-solving techniques when dealing with issues with their children (Olds; Olds, et al; Powell & Grantham-McGregor).

Other parenting programs focus on family centred services. The philosophy and guiding principles for these programs concentrate on the emphasis of responding to a family's needs and strengths. Examples of these programs include, "Healthy Beginnings", "You Make the Difference", "Nobody's Perfect" and "Parent-Child Mother Goose Program". All of these programs focus on parents' strengths and continue to enhance the development of healthy parent-child interactions. They help parents to recognize that they have the power and ability to foster healthy growth and development with their children and how they learn. Both the "You Make a Difference" and the "Parent-Child Mother Goose Program", are broad-based parent prevention programs that have been developed to foster parent-child

communication and early literacy development for children. Nobody's Perfect is designed to meet the needs of parents who are young, single, socially or geographically isolated or who have low income or limited formal education. In Australia there is a tiered system of intervention called "Triple P" parenting. This program recognizes that parents have differing needs and desires regarding the type, intensity and mode of assistance they may require. The different tiers include: a) media and information-based strategies, b) brief consultation primary care interventions, c) more intensive parent training, and d) enhanced behavioural family intervention (Ralph & Sanders, 2004). This program was developed through more than 20 years of clinical research trials. It is based on contemporary knowledge, has been well tested in international research and has been found useful by many parents in many different cultures (Ralph & Sanders).

In 1984 the PCMGP began in Toronto, Ontario. It was originally designed to prevent harsh parenting styles by offering strategies for parents to respond to children's difficult behaviour. It targeted parents who were: living on a low income; feeling socially isolated; dealing with emotional deprivation in childhood; lacking positive role models for parenting; acting as single parents; finding parenthood draining; feeling educationally disadvantaged; lacking English as their first language; lacking confidence in their practices to have a good relationship with their children; and having a desire to learn and to improve their life situation (PCMGP, 1999). The intent of the PCMGP was to enhance the relationship between parents and their children by incorporating words, actions, images and feelings from rhymes and stories. Parents with their babies and young children came together in a group with facilitators who teach them songs, rhymes, and stories (Landry, Smith, Swank, Assel & Vellet, 2001; PCMGP, 1999).

During the spring of 2000, the PCMGP commenced in Nanaimo, under the supervision of the Director of Child, Youth and Family for the central island areas of Vancouver Island Health Authority (VIHA). Although when viewed sociodemographically, Nanaimo parents had the same concerns or demonstrated similar characteristics to parents in Toronto, the intake of the Nanaimo PCMGP was universal, meaning the program was open to all interested parents. This was based on the premise that any parent could be viewed as potentially compromised in terms of their interactions with their child, it was felt that no one group of parents should be targeted as more needy or at greater risk than any other group. To maintain this universality, facilitators were trained from a variety of agencies within the Nanaimo region. Currently, there are three parent groups that follow the outline of PCMGP and another three groups that have adapted components of the training to meet the needs of their participants. All facilitators were taught to use active learning as an effective teaching strategy to help promote positive parent child interactions while participating in the program.

Active Learning

There are many different learning strategies that can be employed in parenting programs such as the PCMGP. Active learning is one strategy that can be used very effectively when instructing adults/parents with varied backgrounds, such as education levels and culture (Cross, 2003; Parker, 1999). This method allows both the parent and teacher to become 'partners' in the learning process (Cross; Parker; Salemi, 2002). The concept of active learning is based on the understanding that parents do not always remember what they hear and they tend to only remember bits of what they see. However, research has shown that parents take more ownership of their learning if they participate in small group work or workshop-like classes, which promotes discussion. This discussion aids in participants long-

term retention of information and stimulates further learning (Bonwell & Eison, 1991; Johnson, Johnson & Smith, 1991; Parker, 1999). If we think back on it, as children we learned by trial and error, from watching our parents and asking questions - this is active learning.

Active learning promotes the long-term retention of learning by incorporating the skills of “observing” and “doing”. By engaging participants in a variety of learning activities, such as interactive dialogue, role-playing and stimulation, observing and/or small group work, the overall educational impact is more significant and generally retention is greater than learning by incorporating the traditional lecture format of teaching. Participation in active learning has been shown to improve participant attitudes toward learning. Using active learning, participants take a greater responsibility for learning as they are a valuable part of a ‘joint effort’ in the learning process (Bonwell & Eison, 1991; Fink, 1999; Morgan, 2003; Selemi, 2002).

The research evidence related to the use of active learning reveals that students’ achievement in comparison to lecture learning is comparable with regards to mastery of content. However, active learning strategies are superior when it comes to a student’s development of thinking and writing (Bonwell & Eison, 1991).

Facilitators running classes or programs with adult learners are incorporating active learning strategies versus the more traditional lecture format of teaching. Research has shown consistently that these traditional methods of teaching in which teachers talk and participants listen, are not as effective as active learning (Bonwell & Eison, 1991; Johnson, Johnson & Smith, 1991). Active learning involves some kind of experience or dialogue with ‘self’. That is to say, the learner observes or listens to someone else “doing” something that

is related to what they are learning. Learners must become more active in their learning, specifically 'they must read, write, discuss or be engaged in problem solving'. Learning is therefore enhanced by the learner doing the activity (Fink, 1999).

Participants in the PCMGP are taught songs through repetition and each week new songs are introduced and added to the repertoire over the 10-week program. Parents are not given the words to the songs during this time as parents are expected to actively participate and learn by doing the songs themselves in the group setting. At the conclusion of the program parents are presented with the written version of the songs, rhymes and stories. Research findings indicate that in evaluating students' achievement, many strategies used in promoting active learning are comparable to lecture learning in promoting mastery of content. Where this differs, is in the mastery of students' skills in thinking and writing (Bonwell & Eison, 1991).

The PCMGP has incorporated strategies that are intended to make difficult situations between parents and their child more manageable and positive. A recent example of this occurred when a toddler was struggling during a dental check. When the mother sang a song, the toddler relaxed during the dental examination, which prevented his distressed behaviour from escalating. Similar situations have also occurred at immunization clinics. Mothers will start to sing a song, cuddle, and make eye contact with their baby before the public health nurse administers the injection. These mothers appear to be more sensitive and responsive to their child's needs and behaviours, which result in better outcomes in the described situations. These two anecdotes are a preliminary indication of the positive effect the PCMGP had for these families.

Summary

This chapter discussed literature related to child development, factors which influence effective parenting, parenting programs and their evaluations and active learning as an effective strategy for facilitating positive parenting practices. The literature documents the importance of effective parenting strategies in relation to positive parent child interactions.

CHAPTER 3

RESEARCH METHODS

A qualitative interpretive description approach was used to examine parents' perceptions of the effects of the PCMGP on their parenting practices and the aspects of the program they found helpful in facilitating positive parenting practices (Sandelowski, 2000; Thorne, Reimer Kirkham & O'Flynn-Magee, 2004). Interpretive description is both an interactive and transformational process where the researcher seeks to learn about participants' life experiences (Sandelowski; Thorne, Reimer Kirkham & MacDonald-Emes, 1997; Thorne, et al). Interpretive descriptive studies stay close to the data and use the participant's own words and events, to provide a rich and full description of the phenomenon being studied (Polit & Hungler, 1991; Sandelowski; Thorne, et al). Interpretive description is based on a smaller scale qualitative investigation of a clinical phenomenon for the purpose of describing themes and patterns arising from participants' perceptions (Thorne, et al.).

As interpretive research responds to the inherent challenges of inquiry focused on human experience it would make sense to use a form of evaluation that has similar qualities. Process evaluation as described by Patton (1997) is a method, which focuses on the internal dynamics and actual operation of a program in order to understand both strengths and weaknesses. This form of program evaluation lends well to the PCMGP as participants' experiences and how they perceive the program are fundamental for future programs. This method of evaluation seeks to understand the successes, failures and challenges in a program (Patton; Polit & Hungler, 1991) and is "developmental, descriptive, continuous, flexible and inductive" (Patton, p. 206).

Sample and Sampling Procedures

Purposive sampling was used in this study. Purposive sampling is a type of non-random sampling in which respondents are intentionally sought out by the researcher on the basis of their personal experience and judgement. Specifically, judgmental sampling occurs as the researcher consciously selects subjects or certain elements to incorporate in a study (Burns & Grove, 1997). Purposive sampling is used when a researcher wants to elicit rich information from a sample of experts. The parents involved in the PCMGP were considered the experts (Burns & Grove; Patton, 1997; Polit & Hungler, 1991). While the providers of the program can also be viewed as experts, the purpose of this research is to bring forth an understanding of parents' perspectives of their participation in the PCMGP. Thus, parents who had attended the PCMGP in the Nanaimo area, in the last calendar year were recruited for the study.

Parents who met the inclusion criteria were: at least 16 years of age and living independently; either mothers or fathers to child(ren) who were currently attending or have attended the PCMGP within the last calendar year; a parent to at least one child at or between the ages of six weeks to four years; able to speak and read English; lived in the Nanaimo area and, accessible via telephone contact.

Because observations by PCMGP facilitators have indicated barriers to the incorporation of the elements of the program in individuals who are developmentally delayed, parents and/or children with mental and developmental delays were excluded. In addition, Aboriginal parents who participated in programs that incorporated Aboriginal elders and songs will be excluded as the PCMGP that were offered on Reserve were modified from the original PCMGP format and therefore course content was not the same.

Potential participants were approached in the following manner. First the facilitators of the PCMGP were given a letter of explanation (Appendix A) which gave them a description of the study and requested their assistance in distributing the information letter (Appendix B). The PCMGP facilitator distributed the information letter to parents who met the criteria and who participated in the program over the last calendar year. If a parent was interested in participating in the study, they were asked to contact the researcher. The researcher met with interested parents who wanted to participate in the study. Once parents asked questions and understood what was expected of them in the study they signed the consent forms and proceeded with the interview.

Data Collection

The researcher collected data through semi-structured interviews using open-ended questions to capture parents' perceptions of the effect of the PCMGP on their parenting practices (Appendix D). The interviews were between 45 – 60 minutes in length and were tape-recorded. Interviews took place at the informant's home or at a health unit, whichever was the most acceptable to the parent. Parents were encouraged to explore and discuss their experiences with the program. Trigger questions were used to stimulate discussion for the parents about their perceptions of the effects on their parenting practices. Observations and field notes were used to describe the settings, participants interviewed and interactions between participants and interviewer. The researcher collected the demographic information as outlined in appendix E.

Data Analysis

Bringing meaning to interviewed transcripts, observation notes and other materials, collected in the interview process is data analysis. Reading and organizing these data aided in interpretation and helped to build a coherent story (Rossman & Rallis, 1998). In qualitative approaches, it is common for inductive data analysis to take place concurrently with the data collection. Interviews were transcribed verbatim. Analyzing and interpreting the data was a systematic process that involved four cognitive processes: 1) comprehending, 2) synthesizing, 3) theorizing and 4) recontextualizing (Morse & Field, 1995).

Comprehension of the data occurred as each interview transcript was read before analysis began to get a sense of the whole of the parents' experiences. In addition field notes were analyzed as part of the data. Analysis was conducted by making sense of the data and by identifying patterns. It was expected that common themes and/or concerns would arise from parents' phrases and sentences in the interviews. Theorizing occurred during the 'sorting' phase, wherein major themes and categories started to present themselves from the participants' beliefs and ideas. Once coding was completed the emerging themes were compared and contrasted in order to uncover similarities and differences in meanings. Finally, recontextualizing occurred with the development of categories by comparison with the existing literature; refinement of the categories and attachment of labels (Babbie, 1992; Marshall & Rossman, 1999; Maxwell & Maxwell, 1980; Morse & Field, 1995).

Rigor

Striving for excellence in research is essential. Meticulous commitment to detail and accuracy are needed to help prevent error in research and promote trustworthiness in qualitative research (Burns & Grove, 1997; Morse & Field, 1995). Guba and Lincoln (1981)

described four general criteria for evaluation of the trustworthiness of qualitative research. These were; 1) credibility, 2) transferability, 3) dependability and 4) confirmability. These were used to address issues of rigor in this research study.

Credibility/Truth Value

The validity of a qualitative study depended on the credibility of the results. Credibility was subject-oriented and not defined by the researcher in advance (Morse & Field, 1995; Sandelowski, 1986). For this study, the researcher reported findings according to participants' words and stories to demonstrate credibility. The parents in the study were credible informants as they had participated in the PCMGP and met the criteria for inclusion in the study. The reported findings discussed participants' words and stories from involvement in the PCMGP.

Transferability/Applicability

Transferability or applicability was used to show whether a study's findings could be replicated in another context or setting. The degree in which a study invites readers to make links between the elements of the study and their own experiences is essential (Morse & Field, 1995). In essence, the researcher hoped the findings would be similar if another researcher in a different context or setting replicated the study.

Dependability/Consistency

Dependability of this study would occur if another researcher could utilize the same method in a similar context or with the same participants and have similar findings (Morse & Field, 1995). In other words, the researcher needed to be able to account for the changes in the design of the study and the changing conditions surrounding what was studied. To be

consistent in this, the researcher kept precise field notes and kept a journal which would enable another researcher to replicate this study (Morse & Field).

Confirmability/Neutrality

Establishing freedom from bias in both the research procedures and results is confirmability (Morse & Field, 1995). The researcher attempted to prevent bias in this study in a number of ways. These included writing field notes in a reflective journal to record the researcher's thoughts, feelings, questions and observations about the interviews and the research findings. In addition, the researcher had discussions with her thesis committee to seek further understanding and clarification for elaboration of the meaning and intention of the study findings (Sandelowski, 1986; 1993).

Ethical Considerations

Ethical approval was obtained from the Behavioural Research Ethics Board at the University of British Columbia and the Central Region of the Vancouver Island Health Authority. A letter of explanation about the study was provided to the facilitators of the PCMGP when establishing contact with former participants of a group (See Appendix A). All potential study participants were offered a study information letter (See Appendix B). Each participant had the opportunity to read the information letter and inform the researcher if they were interested in learning more about the study. Once potential participants met with the researcher and confirmed they wanted to participate, they signed the consent form prior to the commencement of the interview (Appendix C). Confidentiality of all participants and their contributions in this study were ensured, as data were identified with a code number and all interview tapes and typed summaries of the interviews were stored in a locked filing cabinet.

Assumptions

1. The first six years of a child's life form the groundwork for language and reading skills which, in turn, affect learning, behaviour and health (CICH, 1999).
2. Parents are important to a child's development. If parents provide positive emotional, physical and intellectual experiences for their children, interaction between child and parent is enhanced.
3. Parents will provide honest information to the researcher and will be able to accurately describe their experiences in relation to participating in the PCMGP. PCMGP and their perception of changes in their parenting skills.

Summary

This chapter discussed the research methods used in this study, which included selection of participants, as well as the processes involved in data collection, analysis, rigor, ethical considerations and finally the assumptions of the study.

CHAPTER 4

FINDINGS

The purpose of this study was to describe parents' perceptions of the effects of their participation in the PCMGP on their parenting practices and to determine the aspects of the program that parents found helpful in facilitating positive parenting practices. A central finding from this study is that parents perceived themselves as being more effective in their interactions with their child(ren) and therefore more competent in their parenting role after participating in the PCMGP. They attributed their increased effectiveness in their parenting to the knowledge and skills they gained from participation in the PCMGP and the support from interacting with other parents who were participants in the program.

The study findings are presented, by first describing the participants, and then discussing parents' perceptions of the effects of the program on their parenting practices and the particular aspects of the program that facilitated positive parenting practices. It was hoped that this study would be able to provide maximum variation and a range of participants. However, only 11 parents consented to be interviewed. Ten of the parents interviewed were mothers and there was one father; nine parents were first-time parents and two had more than one child. As a result, the participants in this small study were relatively homogeneous. The majority were middle-class parents and only a few participants were of working class. Participants ranged in age from 18 to 40 years old; the majority of parents were over the age of 31 years while three parents were 25 and younger. All but two parents were married or had common-law status versus being single. Nine parents had completed post-secondary education, while two parents had high school graduation status. In terms of

income, nine parents had an income level of \$40,000, or above while two parents had an income of under \$20,000.

*Parents' Perceptions of the Effects of PCMGP on their Parenting
and Aspects of the Program that Parents Found Helpful*

Parents perceived themselves to be more effective in their parenting practices as a result of participating in the PCMGP and have more confidence in their parenting abilities. There were two central aspects of the PCMGP that parents identified as facilitating their parenting effectiveness: acquiring knowledge and skills and the support of other parents.

Acquiring Knowledge and Developing Skills

All parents described how they acquired knowledge and developed skills that enhanced the way they interacted with their child(ren). Increased knowledge and skills aided parents in responding more effectively to their child(ren)'s behaviors and cues. An example to illustrate this point was shared by several parents – instead of ignoring a child who was becoming agitated in a store the parents distracted the child by singing a song or telling a story or by leaving the store before the child got too upset. Previous to this most parents reported that they were not as “in tune” with their child(ren)'s behaviors. They did not interact as much with their child or they would get angry with child became fussy or agitated:

[parent speaking about her comfort level when dealing with her son] I wasn't as comfortable with my son – by spending that time with him and I think the opportunity of spending quality time with him, has made me more comfortable (P#4).

[parent speaking about how she treated her child before participating Mother Goose Program] I kept getting annoyed with him and—but it wasn't his fault. It was my fault 'cause there's like other things on my mind. And then he would whine and cry...I'm would just go outside and just let him cry and cry himself to sleep (P#8).

Through participation in PCMGP many parents divulged they learned to become familiar with their child's cues much earlier and began to use songs or rhymes to prevent the fussy or agitated behaviour from escalating. Some examples to illustrate this are:

The singing is-is often more of a distraction for him – like if – he's a bit fussy – like in the car I mean you can't do anything (P#1).

[parent speaking about a fussy time with child and being proactive instead of reactive]... I know that it makes a huge difference...days you're in a rush...makes diaper changes easier...distraction during a car ride when he's acting up (P#3).

[parent had been unaware of the power of her singing to her child and the impact it made] I think hearing my voice. I mean, I've gotten to the point where I've sat there and sang and stopped and he gets fussy. Soon as I start singing again he stops, you know (P#5).

[parent realized that diaper changing time could be difficult from child's previous cues/behaviours, she used a song to make this time easier] I'm doing – doing songs when I'm trying to do something with him...changing his diapers...it's a lot easier (P#8).

Parents learned strategies which allowed them to be more aware of and respond to their child(ren)'s behaviours. As parents began to better understand their children's needs, they automatically began applying these skills and using these strategies without even thinking about it. These strategies were enhanced and solidified by the results parents observed in their children's behaviours and reactions to these positive interactions.

You know and it – it would help calm him down – like in – right now I do it all the time to try to get him to stay still on the change table (P#1).

[New awareness that her child enjoys music] He certainly likes music...I'll start singing...he starts to - to dance and bop to it and stuff (P#1).

[Parent incorporates different songs automatically for different situations] I've used songs at different times. You know in the bathtub...he didn't like the bathtub all of a sudden...we've used songs especially ones that really suit playing in the pool – in the water (P#4).

We would sing songs especially on long trips to prevent her from getting cranky (P#11).

Parents used words such as “calming down”, “soothing” or “distracting” their child(ren) while out shopping, in the car, at meal times, diaper changing times or bath time. Parents stated they were now seeing the importance of anticipating and responding appropriately to their children’s behaviour in a variety of settings. Having a better understanding of their children’s cues and behaviours built parents’ confidence. While some participants stated they used songs at times with their child prior to the program, all of them said that, by the conclusion of the program they had expanded their repertoire of skills or “tool kit”.

It gave me more – a larger repertoire of songs (P#4).

Well, you know there are certain songs he’d always calm down for...I think I’ve become more aware of him...so we’ve used a couple of songs and incorporate them into what we do...I find myself more calmer too (P#4).

I mean, I sing with him a little bit before hand, but could only remember like one or two songs...and I sing to make him happy...and that calms him down (P#5).

As I said, that singing and interacting is so, you know crucial for brain development and healthy bonding and attachment to your child. I think it just sort of deepened that importance – or understanding of importance. And gave me more strategies to do it (P#10).

I guess it gave me sort of an idea on fundamentals of how to establish a connection for...communication and what sort of songs and buttons sort of get the child going (P#11).

To summarize, through participation in the PCMGP parents’ became more aware of their child(ren)’s behavioral cues and learned strategies to respond more effectively with parents were taught strategies in the program that helped them gain confidence to be more aware of their child (ren)’s behaviors. With the increased skills came confidence which lead to parents feeling more competent in their over all parenting practices.

Support from other Parents

Connecting with other parents came up time and time again in the interviews. Some parents were new to the community and did not know many people. Other parents were isolated, as they had no family around. And others, although they had family and friends, wanted to be around “other parents”, who were in a similar situation. A few parents also participated in other parenting programs, but felt a different sense of community within the PCMGP. A comfort level was developed that allowed some groups to continue to meet outside the realms of PCMGP. Some parents also developed friendships, which continue today.

Built a bit of a community with some of the parents (P#5).

I met up with other parents. Which I think was another benefit to attending the program...also connecting with other parents and the support that comes from that (P#10).

I got to meet a lot of friends...neat perspective as I was the only male in the group...it was unique, I think it – I think it provided a benefit to me to get the – a female – a female perspective from a lot of women...and I think it might have benefited them to some degree too (P#11).

...because I've made some friends through it...we've been going for walks and someone will have a song in their head...we'll all sing as we are walking along (P#4).

Being connected to the parenting group and having the opportunity to observe other parents and their interactions with their children allowed some parents to witness other techniques and ways of parenting that they may not have previously seen. Overall, a few parents stated they learned some new parenting techniques, while others learned to be more careful of their own behaviours, as their children were picking up on some of these. Finally, a few parents commented on their exposure to positive role modeling throughout the program.

Role modeling...for those who are struggling to see okay...this is where I can go wrong – what it can do (P#2).

Becoming a lot more conscious of what it is we're doing because he catches things...our behaviours [my husband and mine] are definitely becoming different (P#4).

I picked up on some techniques or tips...you see some different ways different parents interact with their children (P#11).

Having the same cohort of parents each week in the program established a comfort level for parents, which allowed them to discuss parenting strategies amongst themselves. This comfort level made it possible for parents to give one another feedback without feeling pressured as well as being a “sound board” for issues that may have arisen. Parents stated they felt an easiness that they were not “alone” in some thoughts they were having about their parenting practices. They did not feel as inadequate as perhaps they first did:

The opportunity to talk to other parents, you know, challenges...lack of sleep and sort of stuff...going through the same type of experience (P#11).

What it allowed for was it gave me – a sounding board with other parents that – it gave me also the feeling that other parents were having the same questions and concerns so it wasn't just me (P#11).

And I saw other parents a little more laid back and they let their child sort of wander and do their thing, and it's – that's fine, you know...I think I was a little more restrictive before hand maybe (P#11).

Then talking about concerns that you're having and through the whole thing you learn new techniques or new ideas whatever you want to call them (P#1).

You also had feedback from other parents... And there were always people to bounce it off (P#2).

Many parents spoke about feeling insecure and/or unsure of themselves when they started the PCMGP. They were embarrassed about singing in public or about doing some of the actions with their child(ren) to the songs or rhymes. The majority of parents felt considerably more comfortable with singing or interacting more with their child(ren) after

completing the PCMGP session. Parents felt they were now interacting better with their child and had let their “guard down”. With this increased sense of community and support from others in the program, participants began to feel more effective in their role as a parent. Parents felt accepted and understood, which led to increased confidence in being a successful caregiver:

I felt silly doing some songs – and stuff...I mean now a lot of the time I start singing and I just make up verses (P#4).

I felt silly doing some songs with actions and stuff...in the big group...but after that you know you get over it...we are all in the same boat (P#1).

[parent did not feel very comfortable singing on her own at the beginning of the program]...if you’re at home and you’re singing, we do it all the time – but when you’re with a group, sometimes it’s nice...when we sing the songs we do in the group...more comfortable now (P#4).

It’s not quite as embarrassing anymore...I’m thinking when we go to Dr’s appointments and stuff...I’m singing all the time regardless (P#3).

Parents explained that, having learned more in relation to understanding their child’s early cues and change in behaviours, they were now more equipped to be effective as parents. They learned practical skills such as singing a song to distract their child during a diaper change or to tell a story on a long car drive. Some of their comments included:

I have more confidence...I have more self-esteem...and knowing that I can do it even though I’m young as a mom (P#8).

I interact with him a lot more. When I joined the program it actually brought back a lot of songs that I had known from before. And the same with my self-confidence...I’m not uncomfortable doing it [singing] anymore...it sounds awful but we’re having fun doing it (P#5).

Being able to make up a story without a book...getting that confidence (P#3).

I think there was more of an insecurity about singing in public...then letting the guard down...felt more comfortable and don’t worry about singing as much...when we were around in our circle...check in – more confident (P#4).

I think just – gave me a different way to do it...more confidence...gave affirmation just the need to sing to him and play with him...(P#4).

In summary, a connection and comfort level was established among parents who participated in the PCMGP. Developing a connection with other parents made it possible for parents to give one another feedback without feeling pressured and it also lead to friendships outside the program.

In addition to increased knowledge, skills and support, parents also discussed other aspects of the program that they found helpful. The majority of parents liked having the program available at the health unit, although a few parents would have preferred to have the program closer to home at a school or hall in their neighborhood. The main reason parents liked having the PCMGP at the health unit was the availability of other health care professionals for any health questions or concerns they may have. Many parents would seek out and speak with their primary nurse, the intake nurse, child passenger safety nurse, dental hygienist or nutritionist as concerns arose with their child(ren). Another reason cited for having the PCMGP at the health unit was the availability of other parenting groups such as Healthy Beginnings and the Teen group Connections.

In addition to the location of the program, parents gave feedback in relation to the program itself. All parents requested that the Nanaimo PCMGP be similar in operation to the original program of three ten-week sessions over a calendar year. They felt that both they and their child(ren) would benefit from a year-long program, as this interaction with their child would promote successful parent-child relationships as the child developed. Although parents were happy to have been involved in one session of the PCMGP, the majority of them would have continued for another two sessions.

Parents also suggested that the program be arranged according to age as many groups had children ranging in age from a few months up to 24 months. They felt a more defined age group would encourage age-appropriate songs, rhymes and stories; for example older children of 12-18 months would have songs and rhymes with more actions involved, which would hold their attention for a longer periods. In summary, location, length, availability and age-appropriate composition of the groups were issues that parents would like to see addressed for future Parent-Child Mother Goose Programs.

Discussion of the Findings

In today's society there are many parents who do not have extended family around, who are working more than one job to make ends meet, and who are often fatigued and have little patience when dealing with their child(ren) (Guo & Harris, 2000; Mason, 2000; Province of BC, 2002). Some of these parents may also be struggling in their role as a parent and may not have had the upbringing or knowledge conducive to providing a nurturing environment for their child(ren) (Hertzman, 2000; Mustard & Picherack, 2000). As a result of this study, parents revealed two findings from their participation in the PCMGP. First, they learned knowledge and skills that improved the interactions between their child(ren) and themselves. Second, they found the interactions with other parents in the group helped them to feel supported in their parenting. As a result, both of these increased their confidence in their overall parenting abilities.

Increased knowledge and active learning strategies aided parents in responding more effectively and efficiently to their child(ren)'s behaviors and cues. This program encouraged the development of confidence in the parent as they gained a better understanding of their child(ren). Parents learned they could entertain their child(ren) without the use of aides, i.e.,

television, games or books (Sykes, 2004). Instead parents became skilled in singing songs, telling rhymes and stories that their children enjoyed and they were able to integrate these new tools on a daily basis. An example to illustrate this point was shared by several parents – instead of ignoring a child who was becoming agitated while on an outing the parent started singing a song. The child recognizing the song was distracted and started participating with the parent and the behavior ceased. This study demonstrated that as parents acquired new knowledge and skills their interactions with their children became more positive. And as they became more positive and confident, they felt more supported by the others in the group.

For many parents, attending the PCMGP has enabled them to build a community of support through connecting with other parents, observing different parenting styles and interactions with child(ren), discussing parent strategies with one another, and both giving and receiving support (Bloomfield, et al, 2005; Sanders & Woolley, 2005). Support from other parents enrolled in the program developed as the program continued. All parents interviewed stated that they felt a new level of support as a parent. This developed through the connection with other parents, discussing parenting strategies and observing other parents' interactions with their child(ren). The literature recognizes that many parents need supports and programs to help them to be effective and successful (Bloomfield, et al.; Patterson, Mockford & Stewart-Brown, 2005; Sanders & Woolley, 2005). The combination of these factors allowed parents to feel more confident in their parenting role and to be effective caregivers (Bloomfield, et al.; Sanders & Woolley). Lastly, active participation in the program increased parents' acquisition of knowledge and skills (Bonwell & Eison, 1991; Fink, 1999).

Summary

In chapter 4 the research findings have been presented. Parents discussed aspects of the program they felt positive about in relation to their parenting practices, as well as elements that would strengthen future programs. In addition, two central themes emerged from the data. First, parents reported that they acquired knowledge and developed skills to assist them in their parenting practices. Second, parents felt supported by other parents who participated in the PCMGP with them. As a result of these two findings parents reported an increase in confidence in their parenting practices.

CHAPTER 5

SUMMARY, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to determine parents' perceptions of the effects of participation in the Parent-Child Mother Goose Program (PCMGP) on their parenting practices and to determine which aspects of the program parents found useful in facilitating positive parenting practices. This study addressed the following research questions: what are parents' perceptions of the effects of participating in the PCMGP on their parenting practices? And what aspects of the program do they perceive as helpful in facilitating positive parenting practices? Eleven parents participated in in-depth interviews about their perceptions of participating in the PCMGP, ten mothers and one father.

As part of their participation in the PCMGP parents were taught songs, stories and rhymes with their children as they interacted with other parents and children during the program. Although all parents felt they had improved their parenting and overall interaction with their child(ren), the level of change reported varied. Approximately six parents indicated they were already using songs and stories with their child(ren), hence they felt they added to or enriched their skills. The other parents stated they learned a considerable amount; gained more confidence as a parent, and therefore felt more comfortable using songs and stories with their child(ren) and learned how to pick up on their child(ren)'s cues and behaviours. Overall it was found that the PCMGP enriched parent-child interactions. Parents reported changes in their parenting practices as they learned strategies to help deal with negative behaviour in their child(ren).

Limitations

The researcher was unable to control what happened in the home environment in regards to who was involved with the child's parenting. To avoid limiting the nature of the sample, the researcher did not specify particular groups of participants. An example to illustrate this point was, in a family perhaps the 'major parental influence' was the step-mother or the grand-mother, rather than the maternal mother. On the other hand, there may be different influences on parenting depending on the cultural group (one which has more extended family involved in parenting) or group dynamics and experiences. Interviews with parents were limited in capturing nuances of cultural differences in terms of how participation in the groups is interpreted. As previously mentioned, Aboriginal parents who were participating in programs on reserve that incorporated aboriginal elders and songs, were excluded from the study, as these groups altered the manner the program was conducted. However, Aboriginal parents who attend regular sessions of PCMGP were not excluded from the study. Parents and/or children with mental and developmental delays were not included. Because the sample was to be obtained from a circumscribed geographical area and perceptions depended on a particular version of the PCMGP, findings were limited in terms of generalizability.

Conclusions

As a result of participating in the PCMGP, parents perceived that they acquired knowledge, skills and support. These skills were acquired by participation in the group and from observing other parents. The parents reported an increase in their confidence levels. These findings indicate an overall positive impact on parenting practices.

Implications of the Findings

The findings from this study have implications for public health nursing practice and research, for agencies involved in program planning and for those involved in policy-making around supporting early childhood development.

Implications for Public Health Nurse Practice

Many of the parents who take the PCMGP hear about it through their primary public health nurse in the first few months post delivery, when they receive a handout explaining the program. Therefore it is important that public health nurses (PHNs) be informed and are aware of the program so they can talk about the benefits of attending this group and make appropriate referrals as needed. This program is offered universally to all parents in Nanaimo on the premise that any parent could be viewed as potentially compromised in terms of interactions with their child. Parents are given contact information about the program and are encouraged to sign up. In addition to this, some public health nurses will also make direct referrals to the program if they find that a client has a particular need or challenge. This referral is made after consultation with the client. PHNs have significant contact with parents and babies over the first six months of life, and are able to inform parents of strategies and skills that may help in their parenting practices. Some parents may not be aware that singing a song may calm their child during an immunization visit, or make a car ride more tolerable if the child is prone to crying. PHNs are highly regarded by parents as knowledgeable experts in parenting issues, so it is important that nurses be aware of programs that are available.

Implications for Nursing Research

This study has raised several issues, which could be considered for additional research. This study was relatively small – 11 parents consented to participate. Having a larger number of participants interviewed would enhance future evaluation and research for the PCMGP. In this study the average age of parents interviewed was 33: parents came from both middle and upper class families. The results would have been potentially richer if a more diverse group of participants had been interviewed. To enhance future evaluation outcomes for the PCMGP, a repeat study including additional parents who are younger, more ethnically diverse and with more varied educational/socioeconomic backgrounds would expand the overall results. Finally, consideration must be given to the time of year the research is conducted. For circumstances out of the researcher's control, interviews took place during the summer months, so many parents were not available to participate in interviews. It would make more sense to conduct interviews during the school year period, as parents would be more available at this time. Another suggestion for evaluation would be to survey parents immediately at the completion of the program and follow up with post-program interview two months later. By doing this the researcher will have a better idea if parents are still utilizing the new parenting practices from the PCMGP.

To conclude, future evaluation of the Parent-Child Mother Goose Program would be enhanced if a larger number of parents were interviewed. Parents who present with more diversity in, for example, age, culture, educational and socioeconomic backgrounds, could provide richer data.

Implications for Agencies/Program Planners

As discussed in the findings, there are implications for Agencies/Program Planners. Having the program held in a health unit was seen as a supportive by parents. Parents commented on the availability of other health care professionals for any health questions or concerns they may have in regards to their child(ren). Many parents said they would seek out and speak with their primary nurse, the intake nurse, child passenger safety nurse, dental hygienist or nutritionist as concerns arose with their child(ren). This was seen as encouraging otherwise parents might not have the same contact with the health care professionals. One disadvantage that some parents pointed out would be lack of transportation to the program for some parents. Some parents found it difficult to attend the program as they did not have a vehicle or alternative transportation. Agencies/Program planners may want to keep this in mind and arrange for transportation for some of their PCMGP participants. Another reason cited for having the PCMGP at the health unit was the availability of other parenting groups such as Healthy Beginnings and the Teen group Connections. It would appear having support of other health care professionals as well as other parents is important to participants of the PCMGP. Parents stated that the program was structured and focused, yet offered support and a sense of community.

Another consideration for Agencies/Program planners is to consider offering the PCMGP as it was originally intended - three ten-week sessions over a calendar year as parents commented it would be beneficial to them and their child(ren). All parents felt that both they and their child(ren) would benefit from a year-long program, as this interaction with their child would promote successful parent-child relationships as the child developed. Parents suggest that the PCMGP groups be organised according to defined age groups so

appropriate songs, rhymes and stories were offered to children of like ages. It seems that parents are saying they appreciate the both the support from parents in the program as well as the structure and focus of the program.

Implications for Policy-makers

Early childhood prevention programs have shown success over the long term if both parents and children are involved together and actively participate. Having parent-child programs, that are universally available in the community are important for positive parent-child interactions and outcomes. The PCMGP is an inexpensive way to support early childhood development by promoting positive parenting practices. These kinds of programs are not only prevention focused but also health promoting and offer a more cost effective way of providing health care than providing one on one parenting support. Local and provincial policy-makers need to understand the benefits of supporting this community based parenting program.

This program is cost effective in many areas. Lay people are trained as program facilitators and therefore are not paid a professional facilitator wage. The PCMGP along with other parenting programs are facilitated in a health unit that has a room for different community groups/programs at no charge. In addition, this program is based on learning songs and rhymes through active participation, and as a result there are no books, toys or other materials are used. This study also revealed that parents felt a sense of community amongst the participants in this program. Clyde Hertzman (2000) in his work on early childhood development strategy points out that one of the strongest indicators for children to achieve their full potential relies heavily on their sense of community. These indicators give you an idea of the low costs involved and positive parenting outcomes of the PCMGP. With

this information, it behoves government agencies to establish on going funding for preventative parenting programs, such as the Parent-Child Mother Goose Program.

Implications of the findings have allowed a few more ideas to come forth about the Parent-Child Mother Goose Program for public health nursing practice, nursing research, agencies/program planners and policymakers. Raising a child can be a challenging and sometimes overwhelming responsibility, and having skills and strategies in place can make this experience more positive. Providing an isolated parent with a sense of community, nurturing and supporting them, and helping on their journey of parenting their child also assist in delivering effective outcomes.

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APPENDIX A

Letter of Explanation to Parent-Child Mother Goose Program Facilitators Parents' Perceptions of the Parent-Child Mother Goose Program

Dear Program Facilitator,

My name is Anita Carroll. I am a Registered Nurse and a student in the Master of Science Nursing Program (MSN) at the University of British Columbia (UBC). I work as an Instructor at Malaspina University-College in Nanaimo. I am interested in learning more by conducting a study about parents' perceptions of the effects of their participation in the Parent-Child Mother Goose Program (PCMGP) on their parenting abilities and their children's behavior.

In order to engage parents in this study, I am requesting your assistance by introducing the study to parents who meet the study criteria to see if I could contact them to tell them more about the study. In your role as facilitator of the PCMGP, you have contact with parents who attend this group. I would appreciate you taking time to contact parents who have previously been participants in the program to see if they would be interested in being contacted about this study. If they are interested in hearing more about the study, could you mail them a copy of the information letter and have the completed form and put it in my mail slot at the Nanaimo Health Unit. I will contact interested participants to answer their questions, obtain informed consent and arrange a mutually convenient time and location for an interview. Participation for the parent will consist of being in an interview for approximately 45-60 minutes.

Potential participants should meet the following criteria:

- 1) be at least 16 years of age and living independently
- 2) be either mother or father [to the child(ren) attending the group]
- 3) have at least one child between the ages of 6 weeks to 4 years
- 4) speak and read English
- 5) live in the Nanaimo area
- 6) have participated in the Parent-Child Mother Goose Program within the last calendar year
- 7) have access to a telephone

I agree to allow the Program Facilitator to give my name, address and phone number to Anita Carroll, University of British Columbia, Nursing Master's student.

Signature of Participant
(or Parent or Guardian Signature)

Date

Printed Name of the Parent or Guardian signing above.

Signature of Researcher

Date

Printed Name of Researcher signing above.

APPENDIX D

Sample Questions for Interview

Parents' Perceptions of the Parent-Child Mother Goose Program (PCMGP)

- 1) How did you come to participate in the PCMGP?
- 2) What was it like for you to participate in the PCMGP?
- 3) Did you want to know about what they did in the Program?
- 4) In what ways has participating in the program affected how you parent?
 - Please give me examples to help illustrate please?
 - If the program had no effects, please tell me about why the program was not helpful?
- 5) What are some additional ways that you learned to interact with your child, since participating in the program?
 - Has your understanding of what your child needs changed? In what way?
- 6) If you feel you learned how to think differently about the way your child behaves, can you describe how that came about?
 - Has your awareness of your child's needs changed? In what way?
 - Have you changed the way you respond to your child's behavior? Please give me some examples of these changes?
 - Tell me about different ways you are responding to your child's need?
 - Have you interacted with your child in different ways since taking the program? Please give me an example?
 - Tell me about how your own parent's nurturing and upbringing of you to the nurturing and upbringing you provide your child(ren) and how the PCMGP has changed your perceptions?
- 7) What did you find was most helpful about the program?
 - Please give me an example of this?
 - Would you alter this example for future programs? Or keep it the same?
- 8) What was not as helpful about the program or that needs to be changed?
 - How would you change this?
- 9) As a result of participating in the PCMGP can you tell me if you noticed a difference in your child's behavior?
- 10) Describe for me the changes in your awareness of what your child needs, since participating in the program?
- 11) Tell me more about specific accomplishments or changes that you achieved by participating in the program?
- 12) Do you have anything else you would like to add or ask me?

APPENDIX E

Demographic Information

Parents' Perceptions of the Parent-Child Mother Goose Program (PCMGP)

1. Gender
☐ Male
☐ Female
2. Who are you:
☐ Mother
☐ Step Mother
☐ Father
☐ Step Father
☐ Other
3. Marital Status:
☐ Single Parent
☐ Common-law
☐ Married
☐ Divorced
☐ Widowed
☐ Other
4. What is your age group:
☐ 0 & under
☐ 21-25
☐ 26-30
☐ 31-35
☐ 36-40
☐ 41-45
☐ 46-50
☐ 51-55
☐ 56 & over
5. Child's date of birth: _____
6. Number of infants & children living at home: _____
7. Occupation: _____

8. Highest level of education completed:

- ☐ Elementary school
- ☐ Secondary school
- ☐ College partial completion
- ☐ College completion
- ☐ Trade school partial completion
- ☐ Trade school completion
- ☐ University partial completion
- ☐ University completion
- ☐ Graduate school partial completion
- ☐ Graduate school completion

9. Current annual household income:

- ☐ up to 20,000
- ☐ 20,001 – 40,000
- ☐ 40,001 – 60,000
- ☐ 60,001 –and above

10. Geographic background:

- ☐ African
- ☐ American
- ☐ Arab
- ☐ Asian
- ☐ Canadian
- ☐ Carribean
- ☐ Chinese
- ☐ European
- ☐ Latin/Central/South American
- ☐ Other

APPENDIX F

Introduction to the PCMGP

The Parent-Child Mother Goose Program (PCMGP) commenced in Nanaimo in the spring of 2000 under the supervision of the Director of Child, Youth and Family for the central island areas of the Vancouver Island Health Authority (VIHA). Training for program facilitators consisted of a two day workshop and was taught by a trained Mother Goose work leader. This training covered the basic organizational plan, materials and methods used for the program. At the completion of this training a facilitator should have developed a good understanding of the background of the program, how it is organized and will have learned a variety of songs, and rhymes and how to use them. Mother Goose leaders will know how to make their program relevant to children of various ages and how to help parents engage in the active learning of songs, rhymes and stories.

The PCMGP is a group experience for parents and their child(ren) that focuses on the pleasure and power of using songs, rhymes and stories together. Parents gain skills and confidence which can enable the creation of positive family attachments and interactions with their child(ren), in the critical early years of child development. In Nanaimo the program is run at the main public health unit in a large multipurpose room, with simply mats on the floor and nothing else. No toys, objects, videos, overheads or printed materials are used. Teaching of the program is directed to parent and children who participate according to their stage of development and inclination. The pace is relaxed with plenty of repetition of material so parents can better grasp the songs and rhymes. The environment is safe, welcoming, supportive and non-judgmental with the intent to build confidence and a sense of community for participants.

The PCMGP, which began in Toronto, Ontario in 1984, was originally designed to prevent harsh parenting styles by offering strategies for parents to respond to children's difficult behavior. It targeted parents who were: living on a low income; feeling socially isolated; dealing with emotional deprivation in childhood; lacking positive role models for parenting; acting as single parents; finding parenthood draining; feeling educationally disadvantaged; lacking English as their first language; lacking confidence in their abilities to have a good relationship with their children; and having a desire to learn and to improve their life situation (PCMGP, 1999). The program aim is to involve parents with their children (PCMGP, 1999). The intent of the PCMGP was to enhance the relationship between parents and their children by incorporating words, actions, images and feelings from rhymes and stories. Parents with their babies and young children came together in a group with facilitators who teach them songs, rhymes, and stories (Landry, et al., 2000; PCMGP, 1999).

Although sociodemographically, Nanaimo parents had the same concerns or demonstrated similar characteristics to parents in Toronto, the intake of the Nanaimo PCMGP was universal, meaning the program was open to all interested parents. On the premise that any parent could be viewed as potentially compromised in terms of their interactions with their child, it was felt that no one group of parents should be targeted as more needy or high risk than any other group. To maintain this universality, facilitators were trained from a variety of agencies within the Nanaimo region. Since 2000, there have been three training sessions for facilitators in Nanaimo with demand for additional training. Currently, there are three parent groups that follow the outline of PCMGP and another three groups that have adapted components of the training to meet the needs of their participants.