WDG Public Health's Parent Insights Survey

To:	Chair and Members of the Board of Health
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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- WDGPH completed the Parent Insights Survey to provide local evidence on parenting information and support needs for families with children aged zero to six.
- Based on 1,117 valid responses, families identified key needs related to mental health, behaviour, parenting stress, sleep, nutrition, postpartum health, speech and language development, and breastfeeding.
- Needs changed by child age: parents of younger children prioritized breastfeeding, postpartum health and sleep, while parents of older children prioritized behaviour, discipline, stress, self-care and mental health.
- Parents want supports that are accessible, familiar and trusted, including health care providers, family and friends, online information, social media, peer groups, workshops and individual support.
- There is a strong opportunity to expand the reach of Public Health parenting supports, with 40 percent of respondents identifying Public Health as a preferred source.

Background

Wellington-Dufferin-Guelph Public Health (WDGPH) recognizes early childhood as a critical period for lifelong health, development and well-being. To support this work, WDGPH completed a three-pronged needs assessment on child growth and development across Wellington County, Dufferin County and the City of Guelph (WDG). Led by the Client and Community Support (CCS) team, this work supports Healthy Growth and Development and Vision Health under the Ontario Public Health Standards (OPHS).[1]

In 2023, WDGPH surveyed local service providers to understand child growth and development supports for children aged zero to six in WDG, including facilitators and barriers to parenting programs and services. Later in 2023, WDGPH completed an environmental scan of healthy growth and development programs and services offered by other Ontario public health units.

In 2024, WDGPH launched the Parent Insights Survey to understand local parents' needs, access patterns and preferences for early childhood development information and support. The survey supports equity-informed planning by identifying priority topics, access barriers and preferences that affect engagement with parenting supports. This report focuses on the survey results.

Survey Methods

An anonymous, voluntary online survey was open to WDG residents aged 15 and older who were parents of a child aged zero to six. "Parent" included a biological or adoptive parent, legal guardian, stepparent or grandparent who lived with the child at least 50 percent of the time.

Recruitment included a media release, targeted social media and website promotion, promotion by local early years partners, QR-coded posters and postcards, and a separate draw for one of five $100 gift cards. Because the survey did not use random sampling, results may not represent the full WDG population and likely reflect residents already connected to WDGPH or partner organizations. Despite these limitations, the survey provides useful insight into local parent and caregiver needs.

Survey Results

The survey was open from September 2024 to July 2025. Of 1,277 responses received, 1,117 valid and complete responses were included in the final analysis. Valid respondents consented to participate, lived in WDG and were parents of at least one child aged zero to six. Results were analyzed by overall trends, region and child age.

Most respondents identified as women (89%) and were aged 30 to 39 (70%). Respondents were from the City of Guelph (52%), Wellington County (33%) and Dufferin County (16%). Most had post-secondary education, including a bachelor's degree (46%) or graduate degree (29%). Most were born in Canada (85%), spoke English at home (97%), identified as biological parents (96%) and reported two or more parents involved in raising their child(ren) (88%).

Discussion

This survey explored parents' needs, preferences and experiences with parenting information, supports and programs, including information-seeking behaviours, use of WDGPH resources, preferred support methods, participation factors and access barriers.

Parenting Information and Support Needs

Survey responses showed parents need information and support in 10 key areas related to physical and mental health, developmental milestones, and social-emotional development:

- mental health and well-being
- behaviour and positive discipline
- parenting stress and self-care
- illnesses and infections
- sleep
- social and emotional development
- food and nutrition
- postpartum health
- speech and language development
- breastfeeding

Figure 1: Top Three Parenting Information and Support Topics, by Child Age Group

Infants/Toddlers aged 0 to 2

- Breastfeeding – 29%
- Postpartum health – 28%
- Sleep – 27%

Preschool/School-Aged Children aged 3 to 6

- Child behaviour – 26%
- Parenting stress – 25%
- Mental health – 24%

Figure 1 demonstrates differences in the needs of parents of infants and toddlers compared to parents of preschool and school-aged children.

- Parents of children aged zero to two most often reported needing *"a lot"* of support with breastfeeding (29%), postpartum health (28%) and sleep (27%), followed by interest in maternal, infant and child health, and parent and family mental well-being.
- Parents of children aged three to six most often reported needing *"a lot"* of support with child behaviour and positive discipline (26%), parenting stress and self-care (25%) and mental health and well-being (24%), followed by interest in social, emotional and physical development, and school readiness.

These differences reflect the unique developmental needs of infants, toddlers, preschoolers and school-aged children, and represent opportunities to tailor programs and services to meet the specific development needs of children aged zero to six.

Information Sources and Information-Seeking Behaviours

The survey examined where respondents sought parenting information and support and how they preferred to receive it. Family and friends were used most often, with 86 percent accessing them always or often. Other frequent sources included:

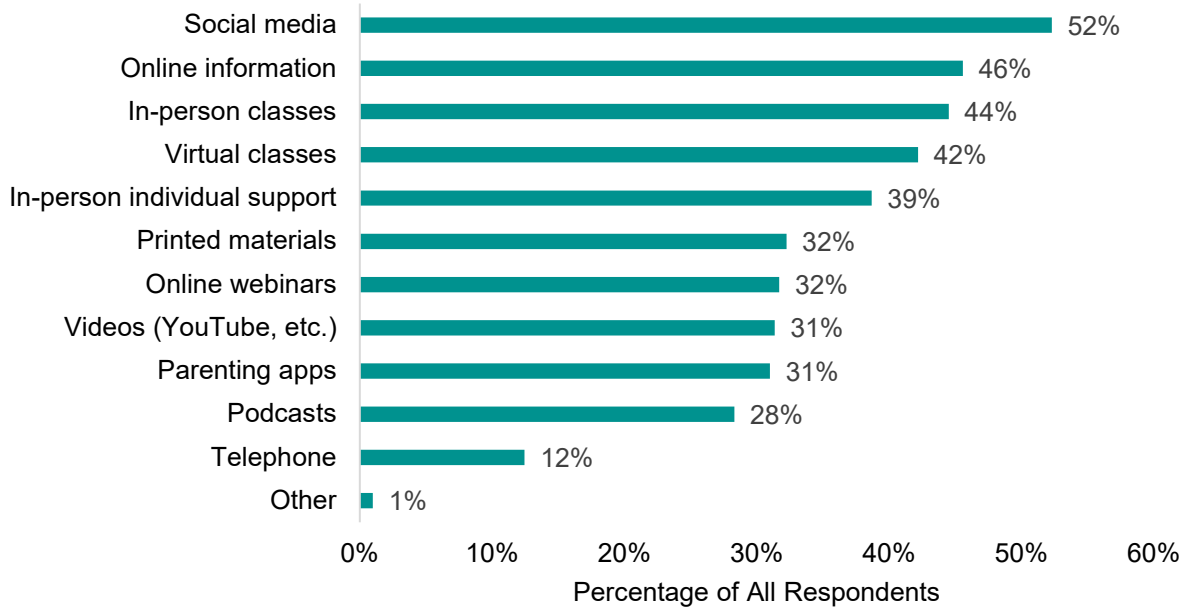
- online information, social media and apps (77%)
- primary care providers (63%)
- peer groups (54%)

When asked about their preferred sources of parenting information and support, respondents identified family and friends (72%) and primary care providers (72%), followed by peer groups (42%) and Public Health (40%).

Because the survey was developed before AI tools such as ChatGPT were widely used for health information, AI-based platforms were not included as response options.

Preferred methods for receiving information and support were social media (52%), online information and blogs (46%), in-person workshops and classes (44%), virtual workshops and classes (42%) and in-person individual support (39%). Figure 2 lists all preferred methods. Preferences were similar across WDG respondents.

Figure 2. Preferred Methods for Receiving Parenting Information and Support Among Respondents



Parents used different sources based on their child's age and community connections. Parents of children aged zero to two more often used EarlyON Child and Family Centres (30%) than parents of children aged three to six (23%). In contrast, 35% of parents of children aged three to six used schools for parenting information and support. Preferred sources showed similar age-related patterns.

The findings highlight an opportunity to make WDGPH parenting supports more visible and accessible. While 40% of respondents preferred Public Health as a source, only 31% had contacted WDGPH in the past 12 months. Among WDGPH service users, the most common WDGPH resources used were online information (33%), social media (31%) and immunization clinics (25%).

Overall, parents preferred information that is easy to find, familiar and trusted. While social media was a leading preference, respondents also valued in-person support and relied on formal and informal sources, including health care providers, community organizations, family and friends. These findings can help WDGPH and community partners promote supports where families already seek information.

Factors Influencing Participation in Parenting Programs and Services

Parents were most likely to participate when programs were affordable or free (76%), offered in convenient locations (67%) and at convenient times (64%), and matched their child's age and developmental stage (64%). Key motivators included learning parenting strategies (68%) and child development information (64%), spending time with their children (67%), and connecting with other parents (47%).

These findings suggest that parenting programs are more likely to meet family needs when they are affordable, accessible, developmentally relevant and offered in ways that fit parents' schedules and interests. This can help guide planning by WDGPH and community partners.

WDGPH Actions

WDGPH will use the survey findings to guide program and service design, communication strategies and systems planning to improve access to parenting information and support. WDGPH has begun sharing results with community partners to support collaborative action on healthy growth and development with preliminary findings presented this spring at the Growing Great Generations Early Years Interprofessional Forum. Service providers identified the need for coordinated, culturally responsive, accurate and accessible parenting information across developmental stages, as well as stronger navigation of services, referrals and community resources for families facing barriers.

Exploration of these findings will help strengthen coordination, cultural relevance, accessibility and responsiveness to diverse family needs. Results will also be shared with Dufferin County service providers at the Dufferin Early Years Event in October 2026 to support continued discussion and regional planning.

Health Equity Implications

The Parent Insights Survey supports equity-informed planning by identifying parenting information and support needs across WDG. Findings show that access is shaped by factors such as cost, timing, location, transportation, childcare, service awareness and trusted information, highlighting opportunities to improve access for newcomer families, lower-income households, families experiencing language or cultural barriers, and rural families. However, these groups were underrepresented among respondents, who were predominantly English-speaking, Canadian-born, highly educated women, meaning the findings may not fully reflect the needs of those facing the greatest barriers. WDGPH is working with community partners to strengthen engagement with underrepresented populations and use these findings to inform program planning, service delivery, communications and partnerships that improve the accessibility, cultural responsiveness and relevance of parenting supports. Applying a health equity lens will help ensure families can access the information and supports needed to promote healthy child development and family well-being.

Conclusion

The Parent Insights Survey provides a strong local evidence base to guide action by WDGPH and community partners. With 1,117 valid responses from parents and caregivers of children aged zero to six, the findings clearly identify what families need, how those needs change across developmental stages, and what factors shape access to trusted parenting information and support.

These findings reinforce the importance of early, accessible and culturally responsive supports that strengthen parent and caregiver capacity, promote healthy growth and development, and help reduce the impacts of stress and adversity on young children. They also create a clear opportunity to align programs, communications and partnerships with the supports families are most likely to use and value. Looking ahead, future surveys should examine AI-based parenting support and use more targeted strategies to hear from underrepresented populations. By applying a health equity lens and working with community partners, WDGPH can help build a more coordinated, trusted and responsive system of parenting support for children and families across WDG.

Ontario Public Health Standards

Foundational Standards

- ☐ Population Health Assessment
- ☒ Health Equity
- ☒ Effective Public Health Practice
- ☐ Emergency Management

Program Standards

- ☐ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☐ Healthy Environments
- ☒ Healthy Growth and Development
- ☐ Immunization
- ☐ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☒ School Health
- ☐ Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in WDGPH's 2024-2028 Strategic Plan.

☐ Improve health outcomes

☒ Focus on children's health

☐ Build strong partnerships

☐ Innovate our programs and services

☐ Lead the way toward a sustainable Public Health system

References

1. Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. [Internet]. 2021 June [2026 Jan 16]. Available from: https://files.ontario.ca/moh-ontario-public-health-standards-en-2021.pdf