An Evaluation of the *Nobody's Perfect* Parenting Program

Berna J. Skrypnek and Julianna Charchun
Department of Human Ecology
University of Alberta

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PRINCIPAL INVESTIGATOR

Berna J. Skrypnek
Department of Human Ecology
University of Alberta
Edmonton, AB T6G 2N1

Tel: (780) 492-9277 or (780) 248-2527
http://www.ales.ualberta.ca/hecol/Skrypnek.cfm
http://parentchildrelationslab.googlepages.com
berna.skrypnek@ualberta.ca

PROJECT COORDINATOR

Janice MacAulay
FRP Canada
macaulay@frp.ca

TRANSLATOR

Natalie Derome

This report can be downloaded at www.frp.ca and www.parentsmatter.ca. It is also available in French. For information about print copies, contact:

Canadian Association of Family Resource Programs (FRP Canada)
707 - 331 Cooper Street Ottawa, ON   K2P 0G5

info@frp.ca | Tel: (613) 237-7667 | Toll free: 1-866-6-FRPCan | Fax: (613) 237-8515

Acknowledgements

Executive Summary

Background

Nobody's Perfect is a community-based parenting education and support program that was developed in the early 1980's by the Public Health Agency of Canada (then Health and Welfare Canada) and the four Atlantic provincial departments of health. It was developed specifically for parents of children from birth through age five who are young, single, socially, culturally or geographically isolated, and who have limited formal education and low income. In 1987 it was introduced nationally and was eagerly adopted across the country. The program has been offered in every Canadian province and territory and has been one of the most popular parenting programs in the country.

The overall goal of the program is to improve parents' capabilities to maintain and promote the health of their young children. "Within this general goal, the specific objectives of the program are:

1. To increase participants' knowledge and understanding of their children's health, safety and behaviour;

2. To effect positive change in the behaviour of participants in relation to their children's health, safety and behaviour;

3. To improve participants' confidence and self-image as parents;

4. To improve participants' coping skills as parents; and ,

5. To increase self-help and mutual support among parents" (Health Promotion Directorate, Atlantic Region, 1987, pp. 12-13).

Nobody's Perfect is offered by a trained facilitator, or co-facilitators, to small groups of parents in weekly sessions over a six to eight week period. When developed in the early 1980's, *Nobody's Perfect* was before its time in terms of philosophy and approach. It is based on an adult learning model and uses a learner-centered and strengths-based empowerment model. Parents' own experiences are recognized and valued and the program builds on parents' existing knowledge and capacities through group discussion and problem-solving learning activities. Facilitators create opportunities for change through building trusting relationships with parents and creating groups characterized by mutual support. These program features are now well accepted as best practices in parenting education and family support (Campbell & Palm, 2004; Mann, 2008).

Although there have been a number of evaluations of *Nobody's Perfect* that have found evidence of the program's effectiveness, none have employed a control/comparison group (Vollman, 2001). Thus, purpose of this project was to build on and extend previous evaluation studies. It is the first

national evaluation (with participation from Atlantic Canada, the prairies, and BC) and it is also the first evaluation of *Nobody's Perfect* to include a comparison group.

Methodology

A pretest, posttest design with a non-equivalent wait-list comparison group and a 6-month follow-up was employed. Two-hundred and eighteen attendees from 24 *Nobody's Perfect* groups were recruited to participate in the study and an additional 27 individuals were recruited to serve as the wait-list comparison group for a total of 245 participants. Of the 218 *Nobody's Perfect* attendees, 205 individuals completed a pretest, 155 completed a posttest, and 41 completed a 6-month follow-up. Of the wait-list participants, 27 completed the measures at Time 1 but only 19 of these completed the measures again 6 to 9 weeks later. At each testing session, participants completed a package of measures to assess: parenting behaviour, specifically parental nurturing and discipline strategies (Objective 2); parenting confidence (Objective 3); stress, coping, and problem-solving (Objective 4); and knowledge about community resources and how to access them, and social suppor*t (*Objective 5). Also, focus groups were conducted with *Nobody's Perfect* participants to obtain additional feedback about the program and its materials. Finally, through questionnaires, 36 *Nobody's Perfect* facilitators provided feedback about the program and offered suggestions for strengthening it.

Results

Impact Study

This study demonstrated that the *Nobody's Perfect* program was successful in reaching most of its program objectives. Importantly, the study documented five key changes in parenting behaviours as a result of participating in *Nobody's Perfect (*Objective 2). With respect to discipline practices, parents who participated in *Nobody's Perfect* reported an increased use of positive discipline strategies (such as using a problem situation as a teaching opportunity with a child; calmly explaining to a child why what he/she is doing is wrong; giving a child a choice between acceptable behaviours) and a decrease in negative or punitive practices (such as the use of spanking, getting angry, and yelling when a child has misbehaved or done something the parent did not like). Moreover, these changes were maintained or continued to improve over time. These are particularly important changes as it is well documented in the research literature that more authoritative approaches to parenting that use teaching and reasoning in disciplining children rather than punitive approaches lead to superior child outcomes (Dooley & Stewart, 2007; Fletcher, Walls, Cook, Madison, & Bridges, 2008; Gershoff, 2002; Lansford et al., 2005).

Parents' use of active rather than passive approaches to discipline also improved although these skills needed time to develop and were only evident at the time of the 6-month follow-up. Specifically, although parents' reported use of a passive or permissive approach to parenting (such as letting a child have his/her way or ignoring a child's behaviour) did not change significantly immediately after participating in *Nobody's Perfect*, use of these responses had diminished

significantly by the 6-month follow-up. This reduction in parents' passive responses to their children's unwanted behaviours appears to be replaced with more positive parenting behaviours, such as the positive teaching approaches to discipline described above, and with the use of more active behaviour modification approaches to discipline. For example, although parents' reported use of behaviour modification strategies (such as time out; promising a treat; taking away a privilege) did not change from pre to post program, these active strategies were significantly more likely to be used at the time of the 6-month follow-up than at the pretest.

Parents also reported significant increases in the frequency of positive parent-child interactions after participating in *Nobody's Perfect*, but improvements in this aspect of parenting had faded by the 6-month follow-up, suggesting that parents may need more support to make these changes permanent. The wait-list comparison group did not report any change in the frequency of positive parent-child interaction; thus, the temporary change in parenting can be attributed to *Nobody's Perfect*.

In addition, the program was effective in increasing parents' abilities to cope with typical parenting stressors (Objective 4), parental problem-solving ability (Objective 4), and parental perceptions of social support (Objective 5). Changes in coping with stress and social support were maintained over the 6-month follow-up period. Problem-solving ability continued to improve over the 6-month follow-up period, suggesting that parents may need time to develop some of the new skills fostered by the program. Importantly, the wait-list comparison group did not experience any of these changes over time, indicating that the changes in *Nobody's Perfect* participants can be attributed to the program. These changes are especially important because parental social support, problem-solving, and ability to cope with stress have all been found to impact quality of parenting (e.g., Cochran & Niego, 1995; Crnic & Low, 2002; Seng & Prinz, 2008).

Finally, participating in *Nobody's Perfect* also may contribute to enhancing parents' confidence in parenting (Objective 3) and to increasing parents' knowledge about community resources (Objective 5). However, since the wait-list comparison group also reported increases on each of these measures over time, it may not be *Nobody's Perfect* per se, but rather having contact with a family resource centre and its various programs and resources that contributes to these changes.

Focus Groups

During the focus group interviews, parents' comments about the *Nobody's Perfect* program were overwhelmingly positive. All of the groups reported that participating in the program had brought about positive changes for them. They reported feeling less alone and more accepting of their own personal parenting styles. They reported gaining knowledge about their children's needs, effective discipline, keeping their children safe, and community resources. Parents reported that facilitators created a safe and supportive environment where they felt validated and empowered

as parents. For the most part, parents liked the *Nobody's Perfect* books and found the books to be helpful. The most common recommendation was that the program be extended to include more sessions and that the books (especially the *Safety* book) needed to be updated.

Facilitator Feedback

On questionnaires asking for feedback on *Nobody's Perfect*, facilitators reported that they had witnessed numerous positive changes in parents' knowledge, beliefs, attitudes, confidence, skills, and behaviours that they attributed to the program. When asked for their recommendations for strengthening or improving the program, facilitators identified the need for more funding to allow them to better support the child care and transportation needs of participants, to enable them to offer more sessions for each parent group, to allow them to offer more groups, and to support the purchase of more program resources. Facilitators also desired more training in specific areas (e.g., conflict resolution), refresher courses, a method of contacting and networking with other facilitators, and increased facilitator stipends. Third, facilitators reported that they needed more time with program participants and that the number of sessions should be extended. There were even suggestions for a second level of the program ("*Nobody's Perfect* II") for parents who had completed the first course. Finally, although facilitators thought that program materials were a strength of the program, they reported a need to update materials and to have additional materials such as videos and handouts on special topics (e.g., health-related issues, SIDS, preventing sexual abuse, attachment).

Conclusions and Recommendations

This impact study found that *Nobody's Perfect* contributes to improvement in a number of parental outcomes that are consistently associated with superior child outcomes. The program was not designed for families in crisis, but rather was intended to be preventive—to focus on vulnerable parents before problems arise. Indeed, participation in *Nobody's Perfect*s seems to result in key changes in parents that should reduce the risk of their families experiencing crises. Thus, it appears to be a successful program for supporting vulnerable parents with young children.

The demonstrated effectiveness of *Nobody's Perfect*, its adherence to current best practice principles, its preventive nature and focus on parents of young children, and its ability to be adapted for different cultures (and the fact that program materials have been translated into numerous languages), makes it a highly desirable program to offer in Canada. Yet, this research suggests that *Nobody's Perfect* could be further strengthened by ensuring:

- THAT the program is adequately funded and supported;

- THAT program length is a minimum of eight sessions;

- THAT each session is not longer than two hours;

- THAT program materials, and specifically program books, be updated

to reflect current knowledge (e.g., about safety and health issues, and parenting practices, early life experiences, and early brain development);

- THAT additional materials to reflect current parental needs and interests are developed (e.g., videos and handouts on topics like attachment, family violence) and/or additional existing resources be acquired and made available to facilitators;

- THAT facilitators are adequately trained and supported;

- THAT community agencies be encouraged to monitor their own program effectiveness of *Nobody's Perfect*, or other parenting programs with similar goals, through the regular administration of some or all of the measures used in this impact study; and,

- THAT monthly booster sessions and/or a second program be developed to follow and build upon *Nobody's Perfect* in ways that would reinforce the learning, skill development, and mutual support acquired through *Nobody's Perfect*. (It is recommended that a subsequent program have a component that involves parent and child together to provide the opportunity for facilitators to observe parents and children together and to allow for facilitator modeling of interactions with children.)

Finally, the findings of this study are consistent with previous evaluations and provide clear evidence of the effectiveness of *Nobody's Perfect* in meeting program objectives with its intended target audience. Still, further research with control or comparison groups is needed to replicate the findings. In addition, future research should include longer term follow-up, assess children's outcomes, and involve larger sample sizes that would allow investigation of the potential differential effectiveness of the program with specific sub-populations (e.g., dads or specific cultural groups).

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Introduction

The relationship between parenting practices and children's health and wellbeing is well-documented (Baumrind, 1967; Bornstein, 1989). We know much about the kind of parenting that optimizes children's outcomes, and yet, many parents find that they are unprepared for the parenting role and require or desire assistance with parenting. In a Canadian national survey, half of parents, with at least one child under six years of age, reported that they lacked confidence in their parenting skills, lacked basic knowledge about children's development and the role parents play in fostering healthy development, and did not receive the emotional and practical support they needed when they first became parents (Invest in Kids Foundation, 1999). These are the very needs that the parenting program, *Nobody's Perfect*, began to address over 20 years ago.

Nobody's Perfect is a community-based parenting program that was developed in the early 1980's by the Public Health Agency of Canada (then Health and Welfare Canada) and the four Atlantic provincial departments of health. *Nobody's Perfect* was developed to meet the needs of parents of children from birth through age five, who are young, single, have low income, little formal education, or who are isolated culturally, geographically, or socially. In 1987 it was introduced nationally and was eagerly adopted across the country. The program has been offered in every Canadian province and territory and has been one of the most popular parenting programs in the country.

The overall goal of the program is to improve parents' capabilities to maintain and promote the health of their young children. "Within this general goal, the specific objectives of the program are:

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Human ecological theory posits that child development can only be understood in context—both the immediate contexts or environments (e.g., parent-child dyad; the family) and broader, more remote contexts or environments (e.g., community; culture/society (Bronfenbrenner, 1986, 2005). Interestingly, *Nobody's Perfect* was developed from a human ecological framework before it

became the dominant framework in guiding work with children and families. At the same time that Bronfenbrenner chastised developmental psychology for ignoring the role of context in children's development in his seminal article in the American Psycholog*ist* (Bronfenbrenner, 1979), the *Nobody's Perfect* parenting program emerged on the Canadian scene based on the assumption that context mattered in the lives of children and that context impacted parents' ability to parent their children. The program was developed to support parents in the communities in which they lived by fostering social support and promoting parents' capacities to problem-solve and access the kinds of resources they needed in their communities.

When first developed, *Nobody's Perfect* was forward thinking and innovative because it was based on an adult learning model and was learner-centered and strengths-based before these approaches became recognized as best practices in the family support and parenting education literatures. In *Nobody's Perfect*, parents play an active role in the learning process and decide what they want to learn. Parents' own experiences are recognized and valued and the program builds on parents' existing knowledge and capacities through group discussion and problem-solving learning activities. The program is based on principles of democracy, respect, and mutual support. These program features are now well accepted as best practices in parenting education and family suppor*t* (Campbell & Palm, 2004; Mann, 2008).

Nobody's Perfect was intended to be offered by a trained facilitator (or two co-facilitators) to small groups of parents in weekly sessions over a six to eight week period. Although key topics are generally covered during a *Nobody's Perfect* series, there is no "set" curriculum, since the facilitator responds to the needs identified by the group itself. Facilitators reinforce learning in the group by creating experiential, rather than written, activities where fun and mutual support are encouraged. The program has been designed to be flexible so that it can be tailored to meet the needs of each group of parents. It can also be adapted for use one-on-one with individual parents (Health Canada, 2000).

In terms of program resource materials, five user-friendly booklets the size of children's Golden Books present information to parents using clear, simple text accompanied by colorful drawings. These five books—*Safety, Body, Behaviour, Mind,* and *Parents*—were specifically designed to be attractive and non-threatening to individuals with low levels of literacy. *Safety* focuses on accident prevention (especially child-proofing the home) and first aid; *Body* on growth, health, and illness (especially identifying and responding to common childhood illness/conditions); *Behaviour* focuses on teaching or guiding children how to behave and on solving common behaviour problems; *Mind* focuses on cognitive and emotional development, the importance of play and how to play with children of different ages; and *Parents* focuses on self-help, child care and child abuse. Additional materials such as a children's growth chart, an illustrated child development chart, and emergency phone number stickers are provided to parents as part of a free program package. A Safe and Sorry game is an optional resource. A newer booklet, drawing on attachment theory and entitled *Feelings*, addresses the emotional needs of children and encourages empathy

rather than punitive responses for guiding behaviour. This booklet is designed to complement the original five parent books, but it is not included in the basic parent kit.

When *Nobody's Perfect* was initially introduced in Canada, public health nurses and other professional and paraprofessional community workers were trained to facilitate the program. The standard four day training program for facilitators for *Nobody's Perfect* encouraged trainees to become facilitators of group learning rather than "experts" with information to impart. Facilitators reported that this "new" approach for the time was successful in engaging parents who typically were more difficult to reach. A reflective practice approach was promoted and facilitators were encouraged to identify their own biases and to respect diverse participant values—even when they differed from their own. Since *Nobody's Perfect* does not adhere to an expert model, former program participants are encouraged to become facilitators.

Over the years, there have been numerous process and outcome evaluations of *Nobody's Perfect* (Vollman, 2001). Most outcome evaluations have assessed program effectiveness through parents' self-reported changes in parenting behaviours in focus groups or semi-structured interviews (Rainbow's End Consulting, 1997; Rootman, Goodstadt, Weir, Moazami, Barr, & Walsh, 1998; Saskatchewan Institute on Prevention of Handicaps, 1997; Vanderplaat, 1989), or by having parents respond to hypothetical parenting situations (Vanderplaat, 1989). We are aware of only three previous studies that used standardized measures with established validity and reliability to measure program outcomes (e.g., Bevc, Love, Sinclair, & Theodor, 2000; Chislett & Kinnett, 2007; Rootman et al., 1998). These studies have employed research designs assessing parents at pre and post program, and some included a follow-up a few months post program.

Program participants, facilitators, and program administrators are strong proponents of the program and convinced of its effectiveness. Although outcome evaluation studies have found support for program effectiveness on a number of relevant outcomes, experts point out that these studies have lacked control groups and thus lack scientific rigor (Crill Russell, 2003; McLennan & Lavis, 2006; McLennan, MacMillan, & Jamieson, 2004). Similarly, policy makers and funders continue to question whether there is strong empirical evidence demonstrating program effectiveness and they continue to seek further empirical evidence of program effectiveness.

Thus, in response to a call by Health Canada for a national evaluation of *Nobody's Perfect*, a study involving the following three components was conducted:

1. an impact study of *Nobody's Perfect* that utilized a pretest-posttest quasi-experimental design with a wait-list comparison group and a 6-month follow-up, and that used standardized paper and pencil measures to assess various outcomes including program participants' confidence in parenting, parenting stress; problem-solving; social support; knowledge of community resources; and assessed a range of parenting behaviours;

2. post *Nobody's Perfect* program interviews/focus groups with program participants to solicit their feedback on the program; and,

3. feedback from facilitators on perceptions of program effectiveness and recommendations for program improvement based upon the study

This project was a collaboration between several community partners and researchers from the University of Alberta. The project was led by FRP Canada with provincial partners including the BC Council *for* Families, the Saskatchewan Prevention Institute, the Youville Centre in Manitoba, and the Community Action Committee for Southwestern Newfoundland. Representatives from FRP Canada and each of the four provincial partners which included *Nobody's Perfect* provincial coordinators (or equivalent), family resource program administrators, *Nobody's Perfect* facilitators, and a former *Nobody's Perfect* parent participant served as a steering and advisory group which provided input at each step in the research process. Planning for the project took place during 2006. Ethical approval to conduct the study was received from the University of Alberta Research Ethics Board in early 2007. Pilot testing of the measures took place during 2007, and data collection for the impact study took place during 2007 and 2008.

The purpose of this project was to build on and extend previous evaluation studies in several ways. It is the first national evaluation and involved data collection from four provinces located in three regions of the country (Atlantic Canada, the Prairies, and British Columbia). For the most part, the study used existing measures with established validity and reliability.

This report will briefly review the findings of previous evaluations, describe the current study and its findings, and present a set of recommendations for the revitalization of *Nobody's Perfect*.

Review of Past Evaluation Studies

Although there are numerous process evaluation studies of *Nobody's Perfect* that have investigated the adequacy of facilitator training, the effectiveness of the program in reaching its target audience and other issues related to program implementation, these studies will not be reviewed here (see Vollmann, 2001). Instead, only those studies that have specifically sought to evaluate program impact will be reviewed briefly.

Community Engagement and Social Support

Much research has documented the importance of social support and community engagement in supporting parents in the parenting role. Recognizing that social, geographic, and/or cultural isolation were risks for poorer health outcomes for parents and children and for less than optimal parenting, a key goal of *Nobody's Perfect* is to help connect parents to resources in the community and to promote the development of a support network.

Studies have documented increased parental knowledge of community resources as a result of participating in *Nobody's Perfect* and that this gain in awareness persists for months after the program is over (Jolibois, 1997; Chislett & Kennett, 2007) ; however, fewer studies actually report evidence of increased utilization of community resources (Bevc et al., 2000).

Although there is little objective evidence of changes in parents' social support networks in terms of size or satisfaction based on standardized measures, in focus groups and post program interviews parents report reduced feelings of loneliness or isolation (Rootman et al, 1998). In addition, parents report feeling supported by others in the group (Jolibois, 1997), and that they have developed new friendships and kept in contact with others in the group (Jolibois, 1997; Rootman et al., 1998).

Parental Knowledge of Child Development

Based on parents' self reports in focus groups and post-program interviews, parents believe that they have increased knowledge/understanding about nutrition, safety, children's play and activities to do with children, of child behaviour that is typical of a stage of development, and increased understanding of why children behave the way they do (Jolibois, 1997; Rootman et al., 1998).

Although several studies used this kind of self-report to assess parental knowledge gain, only two studies objectively assessed changes in parents' knowledge about child development. These studies used very different approaches and obtained conflicting results. One of the more recent studies found that *Nobody's Perfect* had no impact on parents' knowledge about child development (Peterborough County-City Health Unit, 2005). This study used an established measure which assessed general knowledge about children's developmental competencies and about the influence of the environment on children's development. In contrast, one of the

early evaluation studies of *Nobody's Perfect* attempted to specifically assess gains in parents' knowledge about child development in the areas focused on in the *Nobody's Perfect* program and books (Vanderplaat, 1989). Vanderplaat found evidence of increases in parents' knowledge of safety issues, children's health, and children's behaviour following the program. Moreover, these gains were maintained at a 6-month follow-up. In addition, parents' knowledge of children's emotional needs also increased over the course of the program. There was a noticeable increase in the percent of parents who reacted to the visual aids by being able to identify children's emotional needs, reacted with positive attitudes/understanding of children's emotional needs, and with knowledge of positive behaviours for dealing with these needs. However, the 6-month follow-up revealed that these post-program gains were completely lost. Parents' abilities to identify and react to children's emotional needs six months after completing the program seemed to be no different from their abilities at the time they began the program.

Although *Nobody's Perfect* seems to increase parental knowledge around safety issues and children's health in general, there is no objective evidence that *Nobody's Perfect* increases parental knowledge about accident situations or of children's illnesses and what to do when children are ill (Rootman et al., 1998; Vanderplaat, 1989). It seems that parents entering the program know how to identify and respond in accident situations and with children's illnesses so that there are no noticeable increases in these areas.

Parenting Behaviour and Parent-Child Interaction

Studies investigating the impact of *Nobody's Perfect* on parents' behaviour and parent-child interaction have produced equivocal findings.

In focus groups and post program interviews, parents report that *Nobody's Perfect* has affected their parenting in numerous positive ways. Parents report that the program has changed the way they play with their child (Rootman et al, 1998), the way they communicate with their child (including being more patient and using less negative language) (Jolibois, 1997; Rootman et al., 1998), how they show affection with their child (Rootman et al.), how they discipline their child or handle children's misbehaviour (Rootman et al.; Jolibois), and has helped them learn how to encourage their children to be more curious and to engage in more exploratory behaviour (Rootman).

There is "objective" evidence for some of these self-reported changes, but contradictory findings with respect to other self-reported changes. For example, Chislett and Kennet*t* (2007) found significant increases on the warm/positive parenting subscale of an established measure for parents participating in *Nobody's Perfect* and that this gain in positive parenting was maintained two months after program completion. Although, Bevc found evidence of improvements in effective parent management five months following program completion, Chislett and Kennett found no change on measures of parent management. Using different paper and pencil measures, neither (Bevc et al., 2000; Chislett & Kennett, 2007) found evidence of reduction in negative or dysfunctional parenting.

Finally, probably the strongest evidence of changes in parents' behaviour comes from the study by Bevc and colleagues. These researchers used the Home Observation for Measurement of the Environment Inventory (HOME) which is a well-established and validated observational measure done in the home setting (Caldwell & Bradley, 1984). They found significant improvements in positive parenting on the HOME at their five month follow-up.

Parental Health and Wellbeing

There is some evidence of increased knowledge/understanding of parents' personal needs and increased appreciation of need for self-care (Vanderplaat, 1998; Jolibois, 1997). Moreover, one study found that six months after completing the program, parents still demonstrated increased knowledge, more positive attitudes about personal needs, and were more likely to offer positive suggestions for dealing with the need than they did prior to participating in *Nobody's Perfect* (Vanderplaat, 1998).

Although parents frequently comment during focus groups or post-program interviews that they feel better about, or more confident in their parenting, only one study actually assessed participants' sense of parental competence using an established measure (Chislett & Kennett, 2007). In an outcome evaluation completed by the Peterborough County-City Health Unit, not only did the researchers find an increase in parental competence upon completion of the program, but they found that parents continued to report an increased sense of competence in a follow-up two months later (Chislett & Kennett, 2007).

There is some evidence that *Nobody's Perfect* helps parents deal with stress. Using an established measure, one study found that parents' general stress levels and their stress related to parenting were significantly lower in a five month follow-up when compared to their pre-program levels (Bevc et al., 2000).

Evidence is mixed on whether *Nobody's Perfect* affects parents' general self-esteem. In two studies that used the same, well-known measure of self-esteem (i.e., the Rosenberg Self-Esteem Scale), one found a statistically significant increase in self-esteem upon completion of the program when compared to pretest scores (Bevc et al., 2000) and the other found no change (Peterborough County-City Health Unit, 2005).

Problem-Solving

Two studies have attempted to use objective ways of assessing parents' problem-solving abilities. One study (Vanderplaat, 1989) using standardized questions with visual aids found evidence that parents were using the *Nobody's Perfect* problem solving approach upon completion of the program. Parents were more able to identify problems and offer solutions after completing the program and at a 6 month follow-up than they were before beginning the program. Another study, using a general measure where parents indicated the extent to which they agreed or disagreed with a number of statements reflecting different approaches to problem-solving or

resourcefulness, found significant increases in parents' resourcefulness (including problem-solving behaviour) following completion of the program; and, not only were these gains maintained at a two month follow-up, but that there was a trend toward a further increase at the two month follow-up over where parents were at upon program completion (Chislett & Kinnett, 2007).

Summary of Previous Evaluation Studies

Although none of these evaluation studies met the gold standard for design of an impact study (because they did not include a control group), cumulatively, they provide reasonable evidence of the effectiveness of *Nobody's Perfect* in some domains, but less convincing evidence in other domains. For example, there is evidence of increases in knowledge that appear to translate into changes in parenting behaviour. Specifically, studies have documented increased knowledge about children's general health, safety, and age-appropriate child behaviour, and increased understanding of why children behave the way they do. And, there is evidence of increased knowledge about children's play and what kinds of activities to do with children. Consistently, parents have shown improvement in problem-solving behaviour that has been maintained over time. And, importantly, they have shown changes in parenting behaviour, namely, increased positive parenting behaviour and decreased negative or dysfunctional parenting following participation in *Nobody's Perfect*.

Changes in parental health and wellbeing have also been reported. For example, there is evidence of program effectiveness in increasing parental knowledge about the importance of self-care, in reducing parental stress, and in increasing parental confidence around parenting. Yet, although parents consistently report that they feel supported by other parents in their *Nobody's Perfect* group and report reduced feelings of loneliness or isolation, there is little objective evidence of changes in parents' social support networks in terms of size or satisfaction based on standardized measures. Similarly, although parents report increased knowledge about community resources and how to access them, there is no evidence that parents actually increase their utilization of community resources.

Part I: Outcome Evaluation Study

Method

Design

A pretest, posttest design with a non-equivalent wait-list comparison group and a 6-month follow-up was employed. Participants completed a package of measures (see Appendix A) prior to beginning a *Nobody's Perfect* group, after completing the program, and then again six months later. Not all participants were asked to participate in a 6-month follow-up because their six month post program date would take place after the study completion date. Others were invited to participate in the 6-month follow-up at the time of recruitment, but could not be contacted/located or did not agree to participate after six months. Participants also participated in focus groups after they completed the program and the posttest package of questionnaires. (See Appendix B for a copy of the interview guide for the focus groups.)

Facilitators also completed questionnaires prior to starting a *Nobody's Perfect* group, after each *Nobody's Perfect* session, and again after the final *Nobody's Perfect* session. These questionnaires asked facilitators to document their practice during this offering of *Nobody's Perfect*. The questionnaire they completed after the final group asked for their comments on the effectiveness of the program for this specific group of parents, and for their feedback and recommendations for improving or revitalizing *Nobody's Perfect*.

Recruitment and Procedure

In each province, the *Nobody's Perfect* provincial coordinators (or equivalent) were housed within or associated with one of the provincial partners (i.e., BC Council *for* Families, the Saskatchewan Prevention Institute, the Youville Centre in Manitoba, and the Community Action Committee for Southwestern Newfoundland). These provincial coordinators hired a regional researchers for the evaluation project or arranged for someone in their agency to be seconded to the position. The provincial coordinators identified experienced program facilitators who were currently offering *Nobody's Perfect* groups. Facilitators who had been trained for two or more years and who had offered several *Nobody's Perfect* groups were identified. Regional researchers or provincial coordinators contacted *Nobody's Perfect* facilitators to invite them to participate in the evaluation study. Only facilitators offering groups in locations where it was feasible for regional researchers to travel for data collection were contacted.

Facilitators who agreed to participate were asked to recruit participants from their up-coming groups. When registering parents for *Nobody's Perfect* groups, facilitators invited them to participate in the evaluation study. Facilitators who agreed to participate in the research project, but did not have a *Nobody's Perfect* group planned for the near future, were asked to recruit individuals who inquired about *Nobody's Perfect* into the study as part of the wait-list comparison group. Prospective participants were informed that a researcher from the University of Alberta was

conducting an evaluation of *Nobody's Perfect* to learn about whether *Nobody's Perfect* is helpful to parents in the short term, whether it has any longer term benefit for parents, and how *Nobody's Perfect* could be improved to better meet the needs of parents.

Facilitators were also asked to complete questionnaires which provided feedback on *Nobody's Perfect* and offered recommendations for improvement. Finally, because *Nobody's Perfect* is a client-driven program and does not have a rigid curriculum, facilitators were also asked to complete a questionnaire to document their practice after each *Nobody's Perfect* group session. The results of facilitators' documentation of practice are not included in this report.

Prior to beginning data collection for the study, the package of measures (see Appendix A) was pilot tested with about 20 parents from three *Nobody's Perfect* groups. Immigrant parents constituted one of these groups. The pilot testing resulted in some wording changes to increase clarity. These changes are described below in the section describing each measure. Pilot-testing also confirmed that the package of measures could be completed in one hour, even in groups with low English literacy in which the researcher read the questions in the package of measures orally to participants as they followed along.

Sample

Two-hundred and eighteen attendees from 24 *Nobody's Perfect* groups were recruited to participate in the study and an additional 27 individuals were recruited to serve as the wait-list comparison group[1] for a total of 245 participants. Of the 218 *Nobody's Perfect* attendees, 205 individuals completed the pretest, 155 completed the posttest, and 41 completed the 6-month follow-up (83 of these completed the measures only at a single point in time and thus were excluded from any of the analyses investigating change over time). Of the wait-list participants, 27 completed the measures at Time 1 but only 19 of these completed the measures again 6 to 9 weeks later and can serve as the wait-list comparison group. Since this is a relatively small sample, the results of the wait-list group should be interpreted with some caution.

Nobody's Perfect attendees were overwhelmingly female, ranged in age from 16 to 47 with a median age of 25 years. Almost half the sample was currently single (or separated/divorced) and just over half was married. About 40% were Caucasian, about 40% of Aboriginal descent, and 20% were of other races. Approximately two-thirds of the sample had a high school education or less.

The wait-list comparison group was overwhelmingly female, ranged in age from 16 to 34, with a median age of 21.5. Half the sample was currently single and a little over one third were married.

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[1] The intention had been to obtain a wait-list comparison group of about 50. However, none of the participating agencies maintained formal waiting lists for *Nobody's Perfect* as part of their regular practice. Thus, it proved to be a difficult undertaking to obtain a wait-list comparison group. Participating agencies in two of the provinces introduced informal waiting lists resulting in the recruitment of 27 individuals who agreed to participate as the comparison group.

Almost 70% of the sample was Caucasian and over 80% had a high school education or less. Table 1 presents the demographics of the sample.

Table 1
Demographic Characteristics of Participants
(reported in percentages)[1]

	Nobody's Perfect group (n=218)	Waitlist group (n=27)		Nobody's Perfect group (n=218)	Waitlist group (n=27)
Gender			**Race**		
Male	7	9	Caucasian	42	68
Female	93	91	Aboriginal descent	38	14
			Asian	8	5
Age			Other	12	13
16-19 years	20	23			
20-24 years	28	55	**Education**		
25-29 years	21	18	Less than high school	37	48
30-34 years	15	5	High school	27	33
35 + years	16	0	Tech/trade certificate	11	5
			Some college/2 yr diploma	14	10
Marital Status			University degree	11	5
Single	40	45			
First Marriage	45	32			
Remarried	7	5			
Separated/divorced	6	5			
Other	2	13			

[1] Due to rounding, percentages do not always total 100.

In comparing the *Nobody's Perfect* participant group with the wait-list comparison group, there are some notable differences. Both samples have the same gender distribution with a little over 90% of the sample being female. However, the wait-list group is younger, less educated, more likely to be single, and much more likely to be Caucasian (and less likely to be of Aboriginal descent) than the *Nobody's Perfect* participant group.

Measures

Much effort went into identifying measures that would be appropriate in assessing *Nobody's Perfect* program objectives and that would be appropriate to administer to *Nobody's Perfect* program participants. There was an attempt to balance a desire to use existing measures with established validity and reliability with the desire to keep participant burden reasonable. Given

the decision by the project Steering Group to assess changes in knowledge about community resources and how to access them, social support, stress and managing stress, problem-solving, confidence in parenting, and parenting behaviours, the number of items that could be included to assess anyone of these outcomes had to be limited. Moreover, to keep participant burden reasonable, the Steering Group decided that the package of measures should take participants not more than one hour to complete. Given the lower literacy levels of some participants (especially recent immigrant parents), the package of measures had to be read to some participants, further limiting the total number of questions deemed reasonable to include. Given these constraints, some outcomes were assessed using established measures in their original form, some were assessed using an adapted form of an established measure, and some were assessed by including only some of the items from an original measure. Finally, for other outcomes, items were written specifically for this research study. The method for assessing each of the program objectives is described below.

Knowledge about Community Resources. To assess parents' knowledge about community resources, 10 questions were adapted from the "Knowledge and Use of Resources Scale"—originally an 11 item scale specifically developed for use in the Peterborough County-City Health Unit evaluation of *Nobody's Perfect (*Peterborough County-City Health Unit, 2005; Chislett & Kennett, 2007). Examples of items include: "I know how to get help with housing or landlord problems" and "I know where I can go for free recreation for my child." Parents indicate how much they agree with each item by responding along a 6 point rating scale with the anchors "strongly agree" to "strongly disagree". A copy of the scale appears in Appendix A on page 5 of the Parent Questionnaire Packet. (Higher scores reflect greater knowledge about how to access community resources. Items 2, 5 and 9 are reverse coded.)

Social Support. To assess parents' social support, a significantly shortened version (9 items) of the well-known Cutrona and Russell's "Social Provisions Scale" was used (Cutrona & Russell, 1987). Example items include: "There are people I can depend on to help me if I really need it" and "There isn't anyone who I feel very close to" (reverse coded). Parents indicate how much they agree with each item by responding along a 6 point rating scale with the anchors "strongly agree" to strongly disagree." The original measure has established reliability and validity. The scale items used in this study appear in Appendix A on page 6 of the Parent Questionnaire Packet. (Higher scores reflect more social support. Items 3, 5, 7, and 8 are reverse coded.)

Parenting Stress. To assess parenting stress, the well-known "Parenting Daily Hassles" measure was used (Crnic & Greenberg, 1990). This measure assesses both the frequency of typical parenting stressors and the parent's perception of how stressful (how much of a hassle) the stressor is for them. The scale includes items such as: "Baby-sitters are difficult to find"; "The kids are constantly underfoot, interfering with other chores"; and "Difficulties in getting kids ready for outings and leaving on time." Parents indicate how often each event happens to them along a 5

point scale from "never" to "always", and then they rate how much of a problem or hassle[2] each event has been for them over the past few weeks along a 5 point scale from "no problem" to "big problem". This measure has established reliability and validity. A copy of the measure appears in Appendix A on page 7 of the Parent Questionnaire Packet. Higher scores on this measure reflect greater frequency of reported stressors and a stronger perception that the stressors are a problem or hassle.

Parental Problem-solving. To assess parents' approaches to problem-solving, 16 items were adapted from D'Zurilla's "Social Problem-Solving Scale" (D'Zurilla, Nezu, & Maydeu-Olivares, 2002) to specifically ask about problem-solving in a parental context. This measure was chosen because the way that it conceptualizes problem-solving is a good fit with the problem-solving approach fostered by *Nobody's Perfect*. Examples of items include: "When my child is causing a problem, I try to think of why he/she is behaving that way"; "When I am attempting to solve a problem with my child, I think of as many different solutions as possible until I cannot come up with any more ideas"; and "When there is a problem with my child, I become depressed and can't do anything" (reverse coded). Parents were asked to consider their oldest preschool child when thinking about these statements and then indicate how often they respond in each way along a 5 point rating scale from "never" to "always". [3] A copy of the adapted items for this scale appears in Appendix A on page 11 of the Parent Questionnaire Packet. The original measure has well-established reliability and validity. (Higher scores reflect better problem-solving ability. Items 2, 3, 4, 5, 8, 9 and 11 are reverse coded.)

Parenting Self-Esteem/Confidence. To assess parents' confidence in their parenting ability, Gibaud-Wallston and Wandersman's well-known "Parenting Sense of Competence Scale" (PSOC) was used. This is a 17 item measure and example items include: "A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one"; "I honestly believe I have all the skills necessary to be a good parent to my child" (reverse coded); and "Being a parent makes me tense and anxious." Parents indicate how much they agree with each statement by responding on a 6 point rating scale ranging from "strongly agree" to "strongly disagree." A copy of the instrument appears in Appendix A on page 12 of the Parent Questionnaire Packet. (Higher scores reflect greater confidence in parenting. Items 6, 9, 10, 11, 12, 13, 14, 15 and 16 are reverse coded.)

Parental Nurturing Behaviours. To assess nurturing parenting behaviour in ways consistent with

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[2] The original scale by Crnic and Greenberg (1990) used the term hassle. Based on input from the Steering Group and the pilot testing of materials, there was concern that participants (especially those for whom English is a second language) may struggle with the meaning of the word hassle. Thus, the anchors of the original 5 point rating scale "no hassle" and "big hassle" were replaced with "no problem" and "big problem" and the instructions replaced the word "hassle" with "problem or hassle."

[3] Pilot testing the problem-solving items revealed that instructing parents to consider a particular child when responding to the statements made it easier for them to respond. Since older preschoolers likely provide a wider–range of potential problems/issues for parents to address, parents were asked to think about their oldest preschool child when responding to the items.

the program, 16 items were specifically written this study or adapted from the nurturing subscale of the Parent Behaviour Checklist (Fox, 1994) and appear in Appendix A on page 9 of the Parent Questionnaire Packet. Parents were asked to indicate how frequently, rated along a 5 point scale ranging from "never" to "many times each day", they engaged in 16 different activities with their child over the past couple of weeks.[4] Example items include: "How often did you and your child laugh together?"; "How often did you play games with your child?"; and "How often did you praise your child for learning new things?" Higher scores reflect more frequent engagement in nurturing parenting behaviour.

Parental Discipline. To assess parents' positive and negative approaches to discipline in ways consistent with the program, 20 items were specifically written for this study or adapted from the Parent Behaviour Checklist (Fox, 1994) and appear in Appendix A on page 10. Parents were asked to indicate how frequently, rated along a 5 point scale, ranging from "never" to "many times each day," they behaved in a variety of ways when their child broke the rules or did things the parent did not like.[5] Example items include: "Ignore it, do nothing"; "Spank your child"; "Use time out." Higher scores indicate greater frequency of engaging in that type of response to children's misbehaviour.

Results

To investigate the impact of the *Nobody's Perfect* program on each of the parent outcome measures, four kinds of analyses were conducted. First, to determine if there were any statistically significant changes in parent measures from pretest to posttest, t-tests for dependent groups were conducted comparing parents' scores from before they participated in *Nobody's Perfect* with their scores on the same measures after program completion. Second, to explore how parents' scores on the various outcome measures might change over time due to factors other than the *Nobody's Perfect* parenting program, t-tests for dependent groups were conducted comparing the scores of individuals on the informal *Nobody's Perfect* wait-lists at two points (6 to 9 weeks apart) before these individuals began a *Nobody's Perfect* program. If there are statistically significant changes from pretest (Time 1) to posttest (Time 2) for the *Nobody's Perfect* attendees, but no statistically significant change for the wait-list comparison group from Time 1 to Time 2, then one can have reasonable confidence that the changes observed in the *Nobody's Perfect* group are a result of participating in the parenting program. If there are statistically significant changes in both the *Nobody's Perfect* group and the wait-list comparison group, then one cannot conclude that the changes observed in the *Nobody's Perfect* group were due to participation in the program.[6]

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[4] Since many of the nurturing items are more appropriate for toddlers and preschoolers than infants, parents were asked to consider their oldest preschool child when responding to the items.

[5] Since many of the discipline items are more appropriate for toddlers and preschoolers than infants, parents were asked to consider their oldest preschool child when responding to the items.

[6] See Shadish, Cook, and Campbell (2002) for a discussion of why change in the program group cannot be attributed to the program when the same change is observed in the control/comparison group (e.g., history, maturation, testing, regression to the mean).

Third, to explore the longer term impact of the program, one-way repeated measures analyses of variance analyses of variance (ANOVAs) with Time as the repeated factor (pre, post, 6-month follow-up) were conducted on each of the measures. These analyses compare parents' scores on each measure over time, allowing us to determine if changes from pretest to posttest were temporary and disappeared over time, were maintained over time, or grew over time. When necessary, post hoc analyses were conducted to determine which of the pretest, posttest, and 6-month follow-up means were significantly different from each other.

Finally, effect sizes were calculated and are reported for both the t-tests and ANOVAs. The effect size provides useful information about the magnitude of change—specifically, it tells us whether the impact of *Nobody's Perfect* on a particular outcome measure has been small, moderate, or large. Different statistics are calculated to reflect effect sizes for different types of analyses. Cohen's d is the most popular effect size reported when two means are compared and has been calculated for all t-tests. According to Cohen (1988) effect sizes of .2 are considered small, .5 are moderate, and above .8 are large. Eta squared (η^2) is the most popular effect size reported when multiple means are compared and has been calculated for the one-way repeated measures analyses of variance (when pre, post, and 6-month follow-up means are compared). For eta squared (η^2), effect sizes of .01 are considered small, .06 are moderate, and above .14 are large.

When exploring change over time, statistical analyses should only include those participants for whom there is data from more than one point in time. Thus, the t-tests reported here compare the posttest scores of parents with their pretest scores, and the ANOVAs compare participants' 6-month follow-up scores with their posttest and pretest scores. This overcomes the problem associated with comparing 6-month follow-up scores from a small group of parents with the pretest scores of all parents who started the *Nobody's Perfect* program because any observed differences between pretest and 6 month follow-up might be due to differences in the parents rather than due to *Nobody's Perfect*. Those parents who can be located and are willing to participate in a 6-month follow-up may differ in meaningful ways from participants who do not complete the program or who cannot be located at the time of the 6-month follow-up.

Two thirds of the 218 *Nobody's Perfect* program attendees who consented to participate in this research project completed both the pretest and posttest, which results in a substantial sample size to explore pre-post change through t-tests. However, only about 20% of participants completed the pretest, posttest, and 6-month follow-up. Confidence in the results of the analyses on the smaller sample of about 40 parents who completed measures at the three points in time is bolstered by the fact that the pretest and posttest scores for this subsample is very similar on most measures to the complete sample. That is, the comparison of pretest and posttest means for the small group of parents who completed the 6-month follow-up shows the same pattern of findings as that revealed by the much larger sample of parents who completed the pretest and posttest, but not necessarily the 6-month follow-up.

None of the agencies participating in this project kept formal waiting lists for *Nobody's Perfect*, thus it was difficult obtain a wait-list comparison group for this project. Participating agencies did try to identify and recruit individuals into the study who had expressed an interest in participating in the next *Nobody's Perfect* group offered by the agency, and for whom data collection could take place at two points in time separated by five to nine weeks before the next *Nobody's Perfect* group began. Only 27 individuals were recruited to participate as part of the wait-list comparison group and completed the package of measures at least once. Of these 27, only 19 completed the measures a second time 5 to 9 weeks later. Since this is a relatively small sample, analyses to test for differences in the wait-list comparison group's scores from Time 1 to Time 2 (n=19) will not have the same power to detect changes over time as analyses to test for differences in the *Nobody's Perfect* participant group over time. Thus, the results of both the statistical analysis and the pattern of data as revealed in graphs will be used to interpret findings.

Knowledge about Community Resources

The 10 items assessing knowledge about community resources were summed to obtain an overall score. Cronbach's alpha for this 10 item scale was .65.[7] Potentially, scale scores could range from 10 to 60 with higher scores reflecting more knowledge about how to access community resources. Actual scores ranged from 24 to 60. See Table 2 for means and standard deviations at pre, post, and 6-month follow-up.

The analysis revealed that parents' knowledge about community resources increased significantly from the pretes*t (M* = 40.58) to the posttes*t (M* = 44.54), *t*(113*)* = 5.97, *p*<.001, *d*= .55. However, the wait-list group's knowledge about community resources also increased significantly over a comparable period of time from the first testing (*M* = 38.07) to the second testing (*M* = 41.11), *t(*18*)* = 2.45, *p*<.05, *d*= .23.

The analysis of the subsample of *Nobody's Perfect* participants, who completed the measures at all three points in time, revealed that parents' knowledge about community resources increased significantly from the pretes*t (M* = 39.47) to the posttes*t (M* = 44.53) and that this increase was maintained over 6 months (*M* = 44.57), *F (*2, 58*)* = 9.94, *p* < .001, η^2 =.26. See Figure 1.

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[7] Cronbach's alpha is a measure of the internal consistency of a scale and potentially can range from 0 to 1.00. It reflects the extent to which the scale items are correlated with each other (i.e., the extent to which the items are measuring the same construct). An alpha of .65 for a 10 item scale reflects a moderate degree of internal consistency and provides support for adding all the items together to provide a single scale score for knowledge about community resources.

Table 2
**Means, Standard Deviations, and the Numbers of Program Participants Responding for
Each Measure at Pretest, Posttest, and 6-month Follow-up**[8]

Measure	Pretest			Posttest			6-month follow up		
	Mean	SD	n	Mean	SD	n	Mean	SD	n
Knowledge of Resources	40.72	7.20	189	44.57	7.33	140	44.15	7.37	39
Social Support	42.61	8.28	197	45.38	6.50	149	46.26	5.90	38
Frequency of Stressors	51.14	14.89	140	49.88	12.50	119	49.55	14.16	31
Perceived Stress	44.39	16.30	130	40.51	12.14	111	37.72	11.93	29
Problem Solving	56.93	7.35	163	59.17	7.01	139	59.89	6.68	35
Parenting Competence	71.84	10.40	165	73.90	10.34	129	76.82	9.69	34
Nurturing Parenting Subscales									
Positive Interaction	25.80	3.32	195	26.29	2.61	150	26.13	3.01	40
Affection & Encouragement	18.73	1.83	198	18.73	1.82	148	19.03	1.27	40
Cognitive Stimulation	9.70	2.41	186	10.29	2.12	143	9.84	1.77	37
Parenting Discipline Subscales									
Behaviour Modification	9.04	4.30	171	8.78	3.92	138	9.15	3.73	39
Positive Discipline	24.85	8.73	157	26.14	7.54	130	25.94	6.74	36
Anger & Spanking	8.26	3.54	172	7.54	2.67	141	7.64	2.45	39
Humiliation & Witholding Affection	6.47	3.15	167	5.62	2.04	141	5.87	2.63	38
Passive Parenting	4.26	1.87	172	4.45	1.87	143	3.85	1.99	40

[8] The means reported in Table 2 are based on all participants for whom there were data on a measure at any given point in time. These means differ slightly from the means reported in the text, as the latter are associated with the dependent t-tests (based on the subsample of participants for whom there were data at both the pretest and posttest), or the means reported for the repeated measures ANOVA's (based on the subsample of participants for whom there were data at all three points in time).

Figure 1. Parents' Knowledge of Community Resources
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six
Month Follow-up Compared to the Wait-list Comparison Group

$t(113)=5.97, p<.001, d=.55$
$F(2, 58)= 9.94, p < .001, \eta^2=.26$
$t(18)=2.45, p<.05, d= .23$
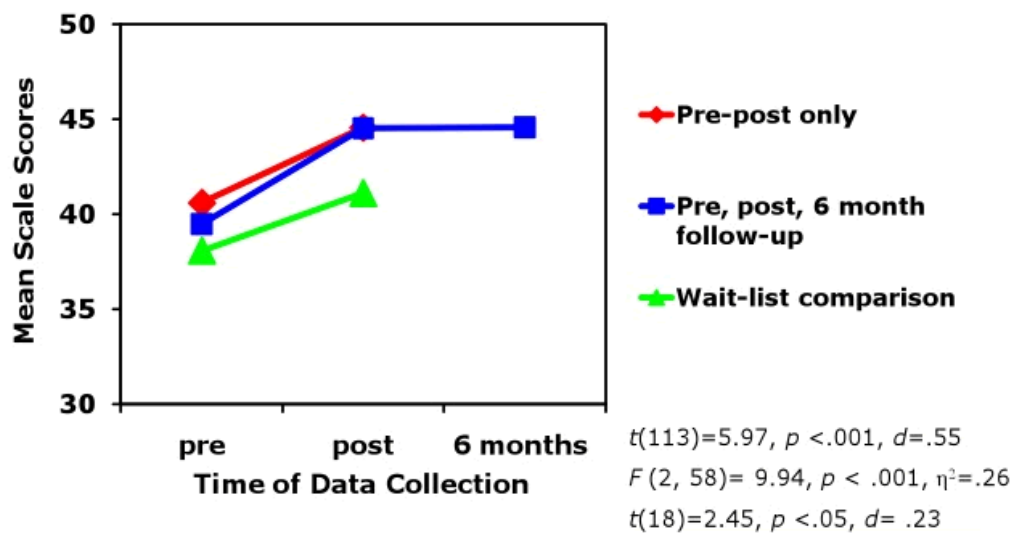
Social Support

The nine items from Cutrona and Russell's "Social Provisions Scale" were summed to obtain an overall score for social support. Cronbach's alpha for the nine item scale was .85. Scores could range from 9 to 54 with higher scores reflecting greater social support. Actual scores ranged from 14 to 54. Table 2 presents the means and standard deviations for pre, post, and 6-month follow-up scores.

The analysis revealed that parents' perception of social support increased significantly from the pretest *(M = 43.35)* to the posttest *(M = 45.67), t (125) = 4.44 p<.001, d= .39*. By contrast, the wait-list group's social support did not change over a comparable period of time from the first testing *(M = 45.94)* to the second testing *(M = 45.50), t< 1*. This means that the increase in social support from the pretest to the posttest in the group who participated in the program can be attributed to *Nobody's Perfect*.

The analysis of the subsample of *Nobody's Perfect* participants, who completed the measures at all three points in time, revealed a significant increase from the pretest *(M = 43.70)* to the posttest *(M = 46.03)* and that this increase was maintained over 6 months *(M = 46.70), F (2, 64) = 4.31, p < .05, \eta^2=.12*.

Figure 2. Parents' Perceived Social Support
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six Month Follow-up Compared to the Wait-list Comparison Group

$t (125)=4.44, p <.001, d=.39$
$F (2, 64)= 4.31, p < .05, \eta^2=.12$
$t < 1$
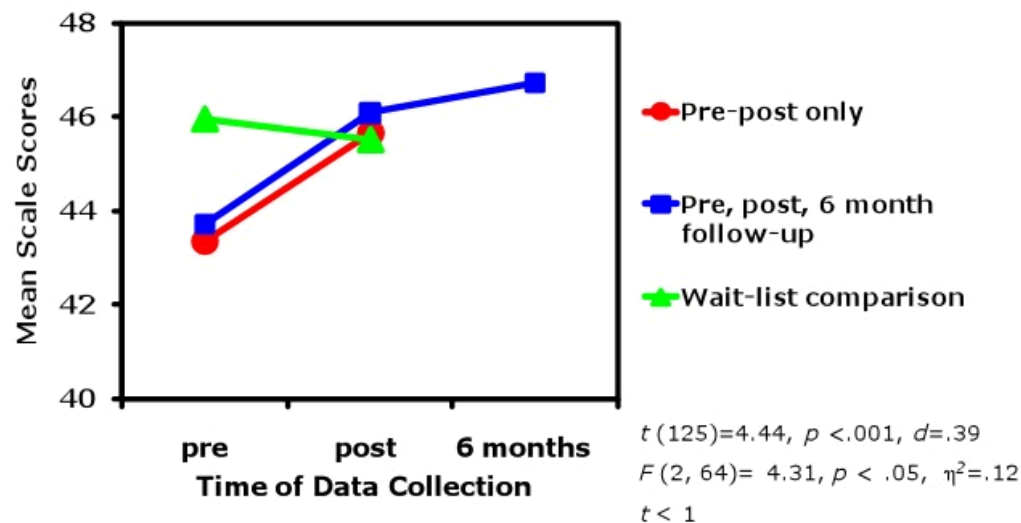
Parenting Stress

To assess parenting stress, responses to how often the 20 items on the Parenting Daily Hassles scale happened for each parent were summed to give a measure of the frequency of parenting stressors experienced by parents. Cronbach's alpha for the 20 item scale was .90. Potentially scores could range from 20 to 100 with higher scores reflecting greater frequency of experiencing parenting stressors. Actual scores ranged from 20 to 85.   Table 2 presents the means and standard deviations for pre, post, and 6-month follow-up scores.

Although inspection of Figure 3 suggests a slight decline in the frequency of parenting stress reported by parents who participated in the program, a t-test indicated no significant differences in the means from the pretest to the posttest, $t (80)=1.35$, *ns.* Similarly, the frequency of parenting stressors reported by the wait-list group did not change over a comparable period of time from the first testing ($M = 45.71$) to the second testing ($M = 44.75$), $t < 1$.

Furthermore, a one-way repeated measures ANOVA indicated no significant differences in the means across time, $F < 1$. However, no change in the frequency of parenting stressors experienced over time was anticipated, as there would be no reason to expect *Nobody's Perfect* to reduce the frequency with which parents experience the typical stressors or daily hassles of parenting young children.

Figure 3. The Frequency of Parenting Stressors
Reported by Parents Prior to Participating in *Nobody's Perfect*, upon Program
Completion, and at the Six Month Follow-up Compared to the Wait-List
Comparison Group

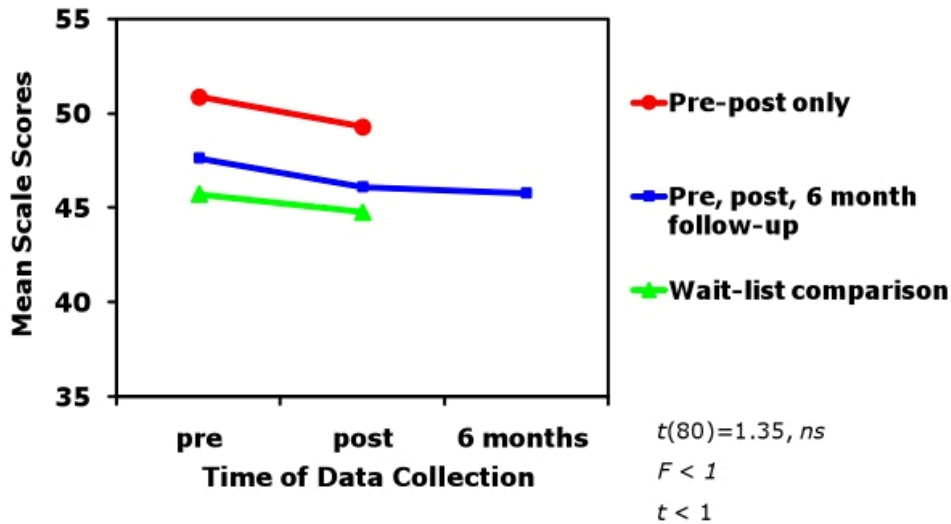However, it was expected that participating in *Nobody's Perfect* would help parents learn to cope with the daily hassles of parenting young children so that they did not perceive them as stressful. Thus, to determine the extent to which parents reported difficulty coping with parenting stressors, parents' ratings of how much of a problem or hassle each of the 20 stressors posed for them were summed. Cronbach's alpha for this 20 item scale was .92. Scores could range from 20 to 100 with higher scores reflecting greater difficulty coping with parenting stress. Actual scale scores ranged from 20 to 86. Table 2 presents means and standard deviations for pre, post, and 6-month follow-up scores.

The analysis revealed that parents' ratings of how much of a problem or hassle parenting stressors posed for them decreased significantly from the pretest (*M* = 44.29) to the posttest (*M* = 41.03), *t(74)* = 2.67 *p*<.01, *d*= .31. There was no significant decrease in reported difficulty coping with parenting stress in wait-list group over a comparable period of time from the first testing (*M* = 41.19) to the second testing (*M* = 38.24), *t*< 1. However, with a larger sample size in the wait-list comparison group, this difference between means may have been significant. Thus, one cannot conclude with confidence that the *Nobody's Perfect* program is responsible for the decreases in parents' perceived difficulty coping with parenting stress from the pretest to posttest.

A one-way repeated measures ANOVA revealed that parents reported a decrease in the extent to which parenting stressors were a hassle or problem for them that almost reached conventional levels of statistical significance, *F (2, 42)* = 3.11, *p*< .06, η²=.13. Although posthoc contrasts

revealed only a trend toward a decrease from pretest (M = 43.77) to posttest scores (M = 38.41), F (1, 21) = 3.14, p < .10, by 6 months (M = 38.05) the decrease from the pretest score was statistically significant, F (1, 21) = 6.14, p < .05. This suggest that the effects of *Nobody's Perfect* on coping with stress increased over time. See Figure 4.

Figure 4. Extent to Which Parenting Stressors are a Problem or Hassle for Parents Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six Month Follow-up Compared to the Wait-list Comparison Group
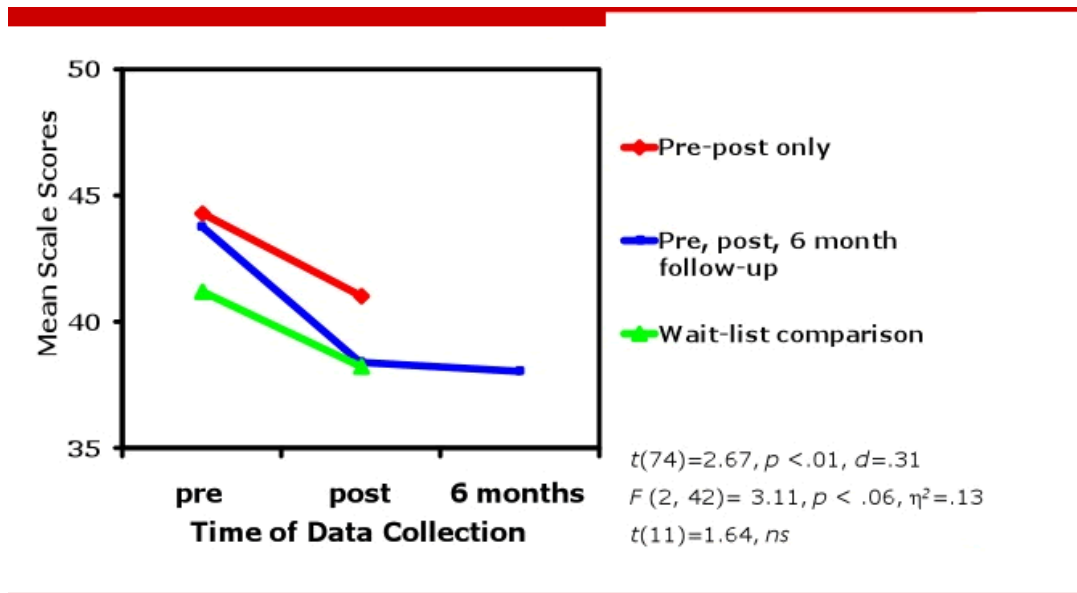

$t(74)=2.67, p <.01, d=.31$
$F(2, 42)= 3.11, p < .06, \eta^2=.13$
$t(11)=1.64, ns$

Parental Problem-Solving

Responses to the 16 items adapted from D'Zurilla et al. (2002) "Social Problem-Solving Scale" were summed to obtain a problem-solving score. Cronbach's alpha for the scale was .72. Scores could range from 16 to 80 with higher scores reflecting greater problem-solving ability. Actual scores ranged from 30 to 76. Table 2 presents the means and standard deviations at pretest, posttest, and 6-month follow-up.

The analysis revealed that parental problem-solving ability increased significantly from the pretest (M = 56.99) to the posttest (M = 58.73), t (103) = 2.99 p<.01, d= .30. By contrast, there was no significant increase in parental problem solving in the wait-list group over a comparable period of time from the first testing (M = 56.01) to the second testing (M = 56.79), t< 1. This suggests that the increase in parenting problem-solving observed in the parents in the program group can be attributed to *Nobody's Perfect*.

The analysis of the subsample of participants, who completed the measures at all three points in time, also revealed a significant increase in parental problem-solving over time, F (2, 54) = 3.57,

p < .05, η^2=.12. However, post hoc contrasts on this subsample did not find a statistically significant increase in parental problem-solving from the pretest *(M = 57.71)* to the posttest *(M = 58.71)*, but problem solving ability continued to develop over time so that at the 6-month follow-up, parents' problem solving scores (*M = 60.50*) were significantly better than when they began the program. See Figure 5.

Figure 5. Parental Problem-Solving
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six Month Follow-up Compared to the Wait-list Comparison Group

$t(103)=2.99, p <.01, d=.30$
$F (2, 54)= 3.54, p < .05, \eta^2=. 12$
$t < 1$
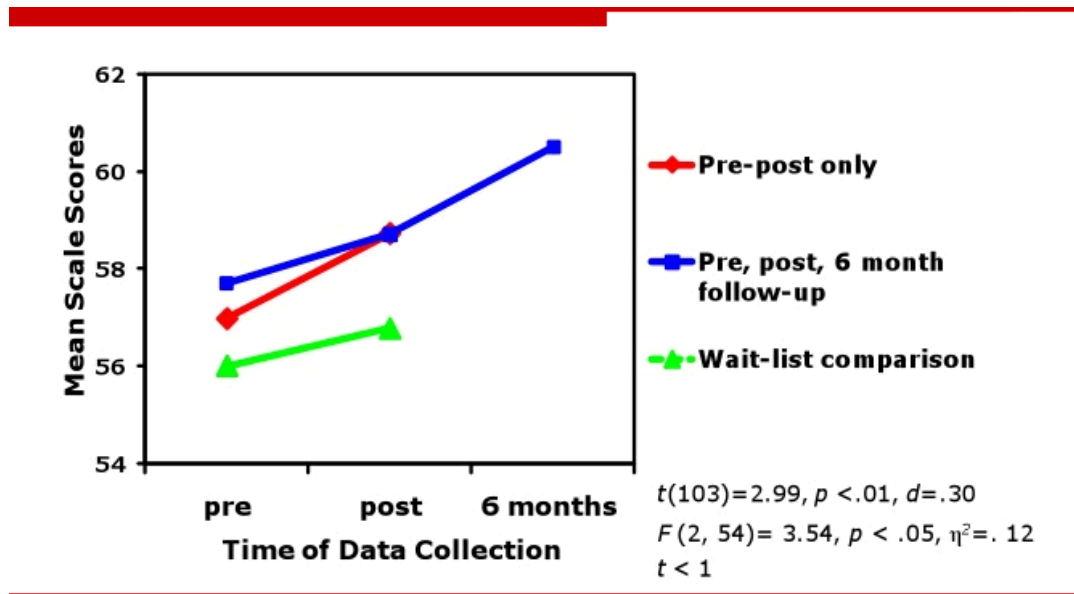
Parenting Self-Esteem/Confidence

Responses to the 17 item "Parenting Sense of Competence Scale" (PSOC) were summed to obtain a measure of confidence in parenting. Cronbach's alpha for the 17 item scale was .79. Scores could range from 17 to 102 with higher scores reflecting greater confidence in parenting. Actual scores ranged from 40 to 93. Table 2 presents the means and standard deviations at the pretest, posttest, and 6-month follow-up.

The analysis revealed that parenting self-esteem or sense of competence increased significantly from the pretest *(M = 70.60)* to the posttest *(M = 74.76)*, *t(93)* = 5.15, *p<.001*, *d= .49*. There was a similar increase in parenting sense of competence in the wait-list group over a comparable period of time from the first testing *(M = 75.96)* to the posttest *(M = 78.90)*, *t(13)* = 2.63, *p<.05*, *d= .17*. Since there were significant increases in parenting sense of competence in both the *Nobody's Perfect* participant group and the wait-list group, increases in the participant group cannot be attributed to participating in *Nobody's Perfect*.

The analysis of the subsample of participants, who completed the measure at all three points

in time, revealed that parents' confidence about their parenting increased significantly from the pretest *(M = 70.00)* to the posttest *(M = 74.13)* and that this increase was maintained over 6 months *(M = 75.70)*, *F (2, 44) = 6.28, p < .01*, $\eta^2 = .22$. See Figure 6.

Figure 6. Parenting Sense of Competence
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six Month Follow-up Compared to the Wait-list Comparison Group


t(93) = 5.19, p < .001, d = .49
F (2, 44) = 6.28, p < .01, $\eta^2 = .22$
t(13) = 2.63, p < .05, d = .17
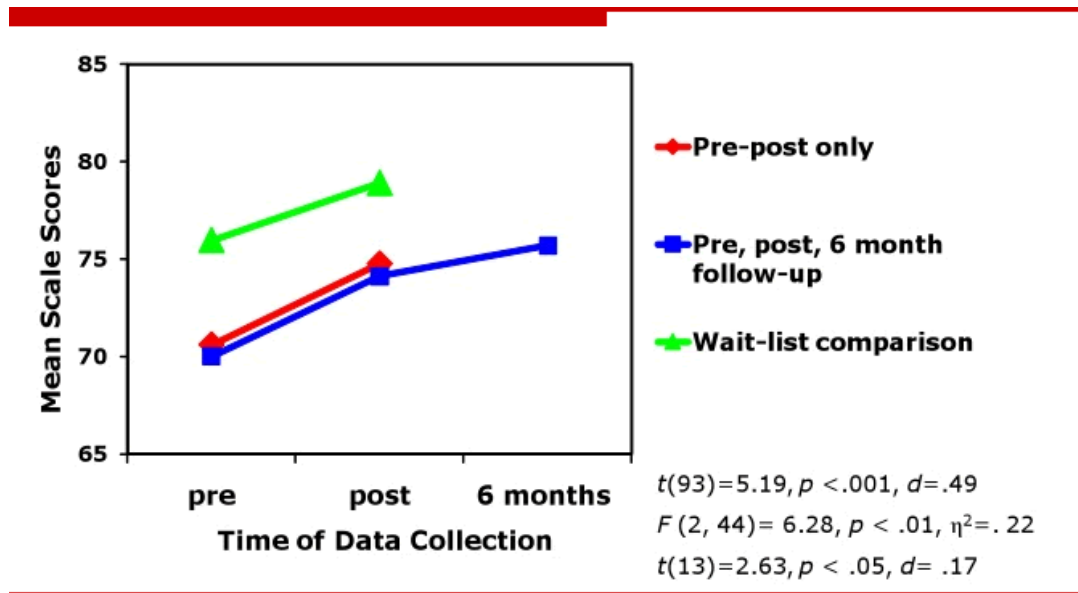
Nurturing

Since the nurturing items included in the parent questionnaire did not come from a single established measure and some had been developed specifically for this project, it was not known whether these items captured a single aspect/dimension of nurturing or multiple aspects/dimensions of nurturing. Thus, before investigating the effectiveness of *Nobody's Perfect* on nurturing aspects of parenting, the 16 nurturing items were subjected to a factor analysis to determine if there was a single nurturing factor or multiple factors reflecting different aspects of nurturing.[9] The factor analysis produced three nurturing factors which were labeled: positive parent-child interaction; affection and encouragement; and cognitive stimulation. A description of the factor analysis is included in Appendix C, and the statistical results of the factor analysis are presented in Table C1.

Positive parent-child interaction. The six items loading on the first factor were summed to provide a score for positive parent-child interaction. Scores could range from 6 to 36 with higher scores

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[9] Factor analysis is a statistical technique that groups similar items together (i.e., it groups items together that have been answered in similar ways by respondents).

reflecting greater frequency of positive parent-child interaction. Actual scores ranged from 15 to 32. Cronbach's alpha for the six item scale is .76. Table 2 presents the means and standard deviations at the pretest, posttest, and 6-month follow-up.

The analysis revealed that the frequency of positive parent-child interaction increased significantly from the pretest *(M = 25.72)* to the posttest *(M = 26.32)*, *t(128)* = 2.57, *p<.05*, *d*= .49. By contrast, there was no significant increase in frequency of positive parent-child interaction reported by the wait-list group over a comparable period of time from the first testing *(M = 25.50)* to the second testing *(M = 25.75)*, *t<* 1. This suggests that the increase in positive parent-child interaction reported by the parents in the program group can be attributed to *Nobody's Perfect*.

The analysis of the subsample of participants, who completed the measure at all three points in time, revealed that although the frequency of positive parent-child interaction increased significantly from the pretest *(M = 25.57)* to the posttest *(M = 26.89)*, the increase was not maintained over 6 months *(M = 26.06)*, *F (2, 68)* = 5.32, *p < .01*, η^2=.14. See Figure 7.

Affection and encouragement. The four items loading on the second factor were summed to provide a score for parental affection and encouragement. Scores could range from 4 to 20 with higher scores reflecting greater frequency of expressing affection and encouragement. Actual scores ranged from 10 to 20. Cronbach's alpha for the scale is .64 which is acceptable for a four item scale. Table 2 presents the means and standard deviations at the pretest, posttest, and 6-month follow-up. Analyses revealed no significant changes in either the *Nobody's Perfect* program group from pre to post or by the 6-month follow-up. There was no significant difference in the wait-list group's mean affection and encouragement scores from Time 1 to Time 2. See Figure 8. These results suggest that the *Nobody's Perfect* program had no impact on parents' reported frequency of expressing affection and encouragement to their children.[10]

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[10] Since the means are very near the top of the scale range, a ceiling effect could have prevented the detection of a program effect on parental affection and encouragement.

Figure 7. Frequency of Positive Parent-Child Interaction
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six
Month Follow-up Compared to the Wait-list Comparison Group

$t(128)=2.57, p <.05, d=.49$
$F (2, 68)= 5.32, p < .01, \eta^2=.14$
$t < 1$

Figure 8. Parents' Frequency of Expressing Affection and Encouragement to their Child
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six
Month Follow-up Compared to the Wait-list Comparison Group

$t(128)=1.35, ns$
$F (2, 70)= 1.42, ns$
$t < 1$
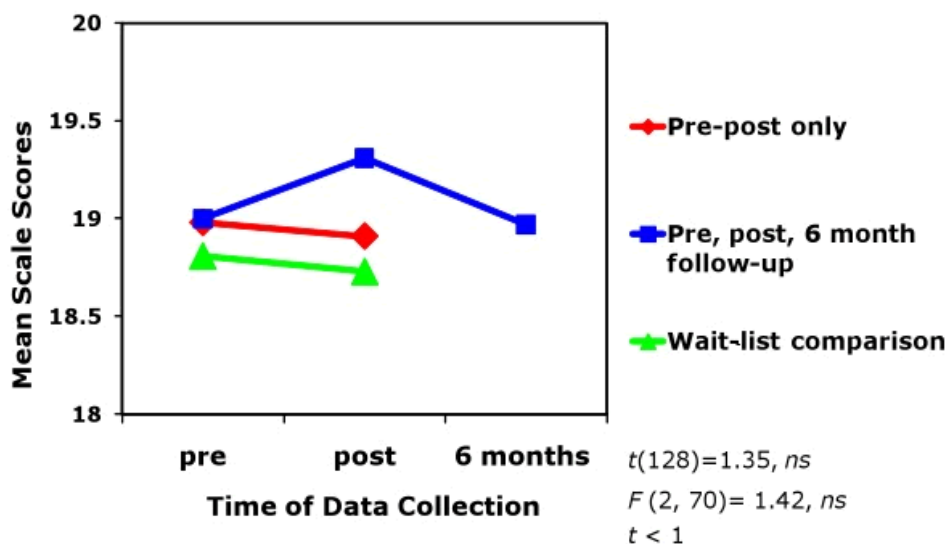
Cognitive stimulation. The three items loading on the third factor were summed to provide a score for cognitive stimulation. Cronbach's alpha for the three item scale is .51. Scores could range from 3 to 15 with higher scores reflecting more cognitive stimulation. Actual scores ranged from 3 to 15. Table 2 presents the means and standard deviations at the pretest, posttest, and 6-month follow-up.

Analyses revealed no significant changes in the *Nobody's Perfect* program group's report of their frequency of engaging in cognitively stimulating activities with their child from pre to post or by the 6-month follow-up. There also was no significant difference in the wait-list group's report of engaging in cognitively stimulating activities with their child from Time 1 to Time 2. See Figure 9. These results suggest that the *Nobody's Perfect* program had no impact on parents' reported engagement in cognitively stimulating activities with their child.

Figure 9. Parents' Frequency of Engaging in Cognitively Stimulating Activities with their Child
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six Month Follow-up Compared to the Wait-list Comparison Group

$t(120)=1.63, ns$
$F(2, 58)= 1.49, ns$
$t < 1$
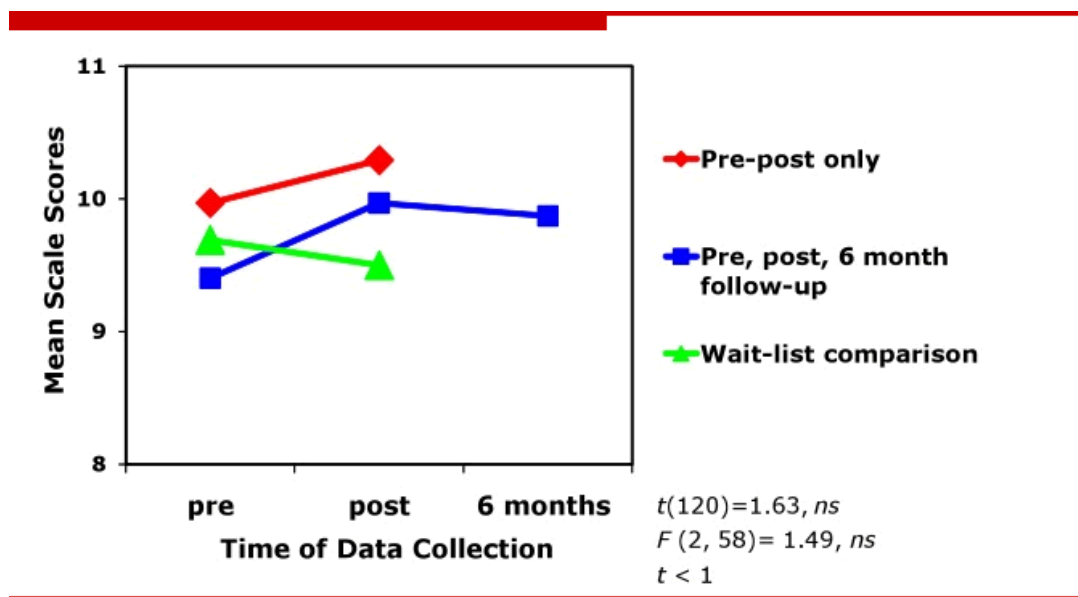
Discipline

Since the discipline items included in the parent questionnaire did not come from a single established measure and a number of them had been developed specifically for this project to capture distinctly different approaches to discipline, the 20 items were subject to a factor analysis. The factor analysis produced five discipline factors—two which are considered to reflect more positive approaches to discipline, and three of which are considered to reflect negative approaches to discipline (i.e., approaches that have been shown through research to be less effective in changing children's unwanted behaviour, or that have been identified as possibly

contributing to negative outcomes for children). These five factors were labeled: behaviour modification; positive discipline; anger and spanking; humiliation and withholding affection; and passive parenting. A description of the factor analysis is included in Appendix C, and the statistical results of the factor analysis are presented in Table C2.

Behaviour modification. The four items loading on the first factor were summed to provide a score for parents' use of behaviour modification strategies with their child. Cronbach's alpha for the four items scale is .83. Scores could range from 4 to 20, with higher scores reflecting more frequent use of behaviour modification strategies. Actual scores ranged from 4 to 20. Table 2 presents the means and standard deviations at the pretest, posttest, and 6-month follow-up.

There were no significant changes in the frequency of use of behaviour modification strategies for the *Nobody's Perfect* group from the pretest *(M = 8.98)* to the posttest *(M = 9.17)*, *t* <1, or for the wait-list group from the time from the first testing *(M = 8.15)* to the second testing *(M = 7.67)*, *t* < 1. However, the analysis of the subsample of *Nobody's Perfect* participants, who completed the measure at all three points in time, revealed that there were significant changes in the use of behaviour modification strategies over time, $F (2, 58) = 5.27$, $p < .01$, $\eta^2 = .15$. Post hoc analyses found that although there was no significant change from the pretest *(M = 7.70)* to the posttest *(M = 8.10)*, by the 6 month follow-up, the use of behaviour modification strategies had increased significantly *(M = 9.30)*. See Figure 10. This suggests that participation in *Nobody's Perfect* did foster an increase in use of behaviour modification strategies, but that parents' abilities in using these strategies seemed to need time to develop.

Positive discipline. Responses to the five items loading on the second factor were summed to obtain a positive discipline score. Cronbach's alpha for this five item scale was .82. Scores could range from 5 to 25, with higher scores reflecting more frequent use of positive approaches to discipline. Actual scores ranged from 5 to 25. Table 2 presents the means and standard deviations at pretest, posttest, and 6-month follow-up.

The analysis revealed that the *Nobody's Perfect* parents' reported use of positive discipline increased significantly from the pretest *(M = 16.35)* to the posttest *(M = 17.58)*, $t (103) = 2.77$, $p < .01$, $d = .25$. By contrast, there was no change in use of positive discipline in the wait-list group over a comparable period of time from the first testing *(M = 16.10)* to the second testing *(M = 15.96)*, *t* < 1. This suggests that the increase in use of positive discipline strategies reported by the parents in the program group can be attributed to *Nobody's Perfect*. Furthermore, the analysis of the subsample of participants, who completed the measures at all three points in time, showed that the increase in use of positive discipline from the pretest *(M = 15.50)* to the posttest *(M = 17.88)* was maintained at the 6-month follow-up *(M = 18.04)*, $F (2, 50) = 4.79$, $p = .01$, $\eta^2 = .16$. See Figure 11.

Figure 10. Parents' Use of Behaviour Modification with their Child
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six
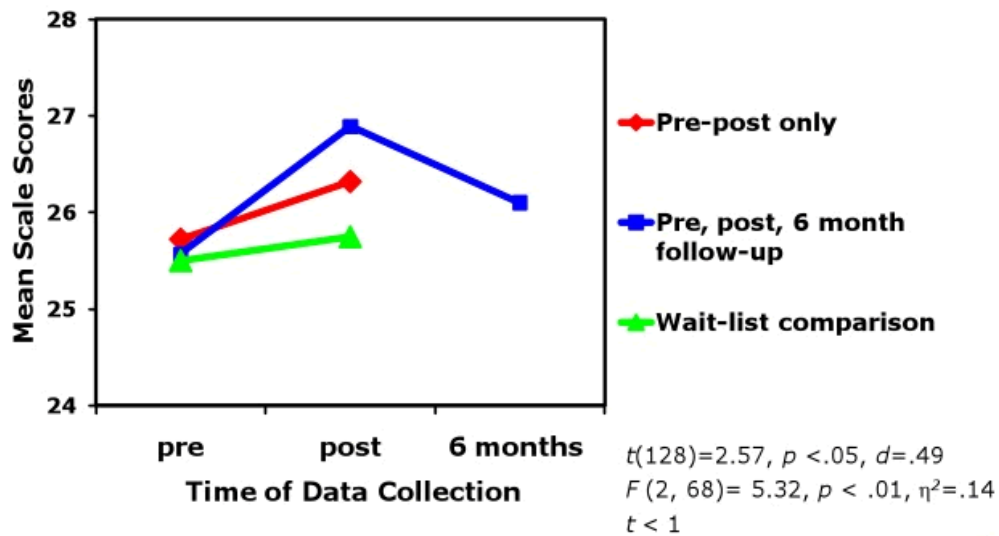Month Follow-up Compared to the Wait-list Comparison Group

$t < 1$
$F(2,58) = 5.27, p < .01, \eta^2 = .15$
$t < 1$
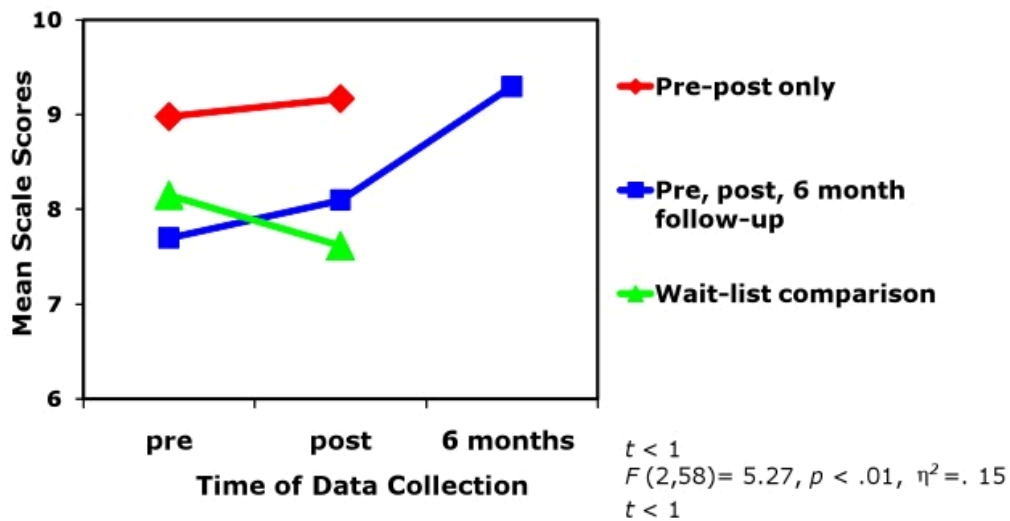
Figure 11. Parents' Use of Positive Discipline with their Child
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six
Month Follow-up Compared to the Wait-list Comparison Group

$t(103) = 2.77, p < .01, d = .25$
$F(2, 50) = 4.79, p = .01, \eta^2 = .16$
$t < 1$
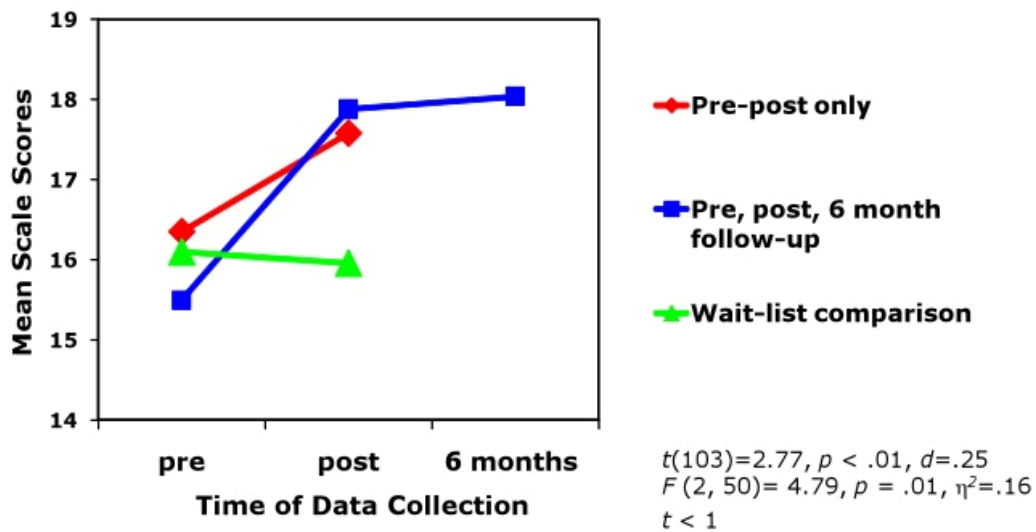
Anger and spanking. Responses to the four items loading on the third factor were summed to obtain an anger and spanking score. Cronbach's alpha for this five item scale was .83. Scores could range from 4 to 20, with higher scores reflecting more frequent use of anger and spanking.

Actual scores ranged from 4 to 20. Table 2 presents the means and standard deviations at pretest, posttest, and 6-month follow-up.

The analysis revealed that the *Nobody's Perfect* parents' reported a significant decrease in their use of anger and spanking from the pretest *(M = 8.43)* to the posttest *(M = 7.84)*, *t (113) = 2.78, p <.05, d=.49*. By contrast, there was no reported change in the use of anger and spanking in the wait-list group over a comparable period of time from the first testing *(M = 8.34)* to the second testing *(M = 8.69)*, *t < 1*. This suggests that the decrease in use of anger and spanking reported by the parents in the program group can be attributed to *Nobody's Perfect*.

Furthermore, the analysis of the subsample of participants, who completed the measures at all three points in time, revealed that this decrease in anger and spanking from the pretest *(M = 8.40)* to the posttest *(M = 7.76)* was maintained at the 6-month follow-up *(M = 7.54)*, *F (2, 58) = 2.44, p = .10* (although this did not reach conventional levels of statistical significance). See Figure 12.

Figure 12. Parents' Use of Anger and Spanking in Disciplining their Child
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six Month Follow-up Compared to the Wait-list Comparison Group

t(113)=2.28, p <.05, d=.49
F (2, 58)= 2.44, p < .10
t < 1
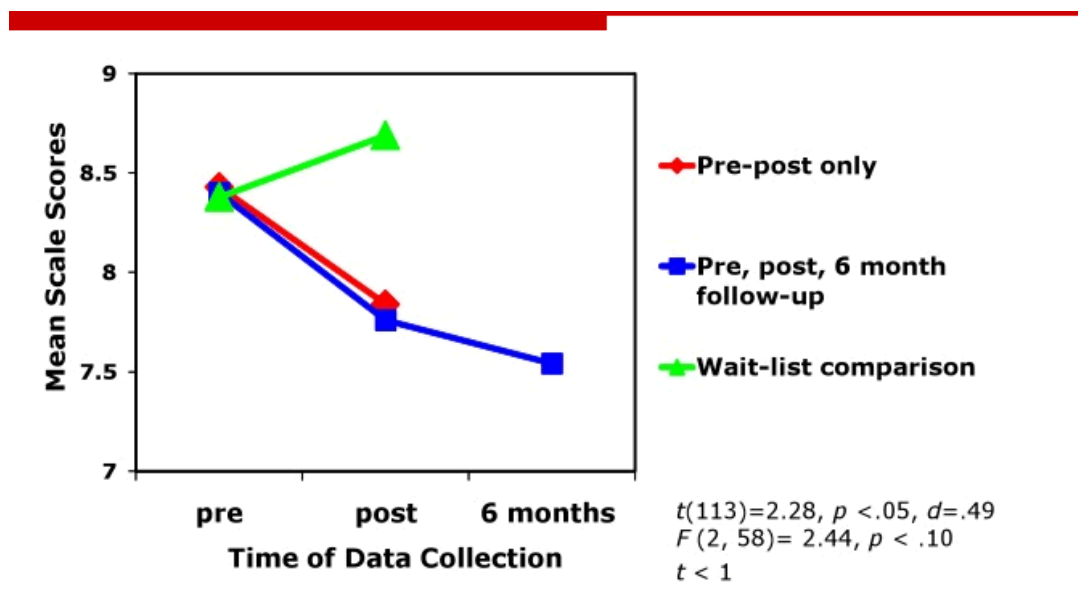
Humiliation and withholding affection. Responses to the four items loading on the fourth factor were summed to obtain a humiliation and withholding affection score. Cronbach's alpha for this four item scale was .78. Potentially, scale scores could range from 4 to 20 with higher scores reflecting greater use of humiliation and more withholding of affection. Actual scores ranged from 4 to 17. Table 2 presents the means and standard deviations at pre, post, and 6-month follow-up.

The analysis revealed that *Nobody's Perfect* participants' reported use of humiliation and withholding affection decreased significantly from the pretes*t (M =6.44)* to the posttest *(M = 5.77), t(107) = 2.75, p<.01, d= .49.* However, the wait-list group's reported use of humiliation and withholding affection also decreased significantly over a comparable period of time from the first testing *(M = 6.62)* to the second testing *(M = 5.77), t(12) = 2.17, p=.05.* Thus, the decrease in the use of humiliation and withholding affection discipline strategies from the pretest to the posttest cannot be attributed to the *Nobody's Perfect* program.

The analysis of the subsample of *Nobody's Perfect* participants, who completed the measures at all three points in time, revealed that the significant decrease in parents' use of humiliation and withholding affection from the pretest to posttest was not maintained over the 6-month period of time, *F (2, 56) = 1.21, ns.* See Figure 13.

Figure 13. Parents' Use of Humiliation and Withholding Affection in Disciplining their Child
Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six Month Follow-up Compared to the Wait-list Comparison Group


$t(107)=2.75, p <.01, d=.49$
$F (2, 56)= 1.21, ns$
$t(12)=2.17, p=.05$
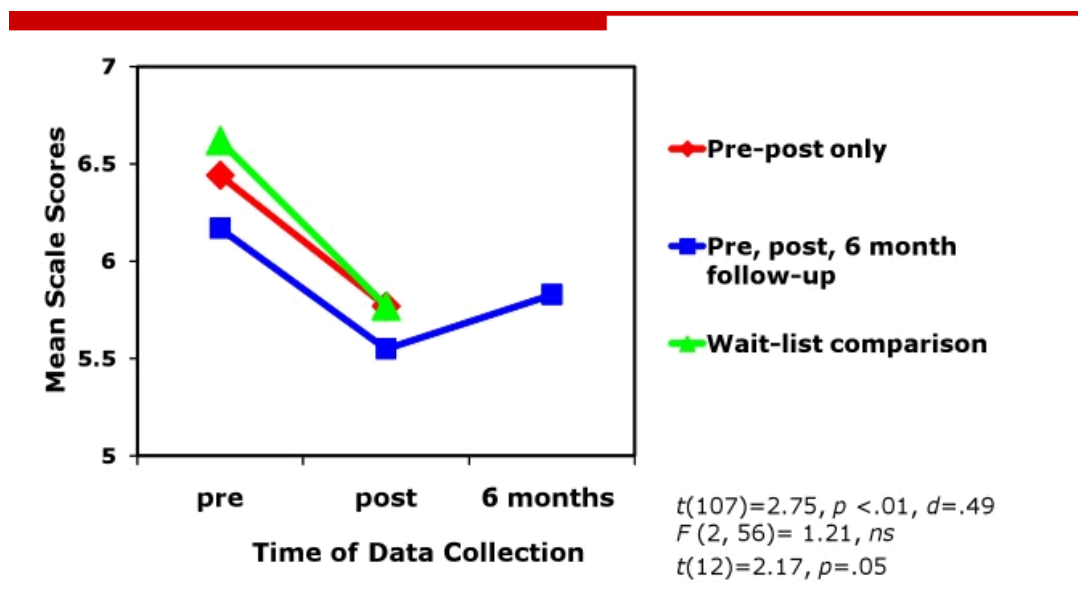
Passive parenting. Responses to the two items loading on the fifth factor were summed to obtain a score for parents' use of passive parenting approaches to parenting that reflect the parent relinquishing control to the child. Cronbach's alpha for the two item scale was .45. Scores could range from 2 to 10 with higher scores reflecting greater use of passive approaches. Actual scores ranged from 2 to 10. Table 2 presents the means and standard deviations for pre, post, and 6-month follow-up scores.

The analysis revealed that there was no significant change in *Nobody's Perfect* participants' reported use of passive parenting approaches from the pretest *(M = 4.35)* to the posttest *(M = 4.56), t (117) = 1.31, ns.* Similarly, the wait-list group's reported use of passive parenting support did not change over a comparable period of time from the first testing *(M = 4.38)* to the second testing *(M = 3.69), t (12) = 1.61, ns.*

However, the analysis of the subsample of *Nobody's Perfect* participants, who completed the measures at all three points in time, revealed a significant decrease over time *F (2, 64) = 5.08, p < .01,* η^2=.14. See Figure 14. Post hoc analyses revealed that the difference between the pretest *(M = 4.45)* and the posttest *(M = 4.03)* was not significant; however, by the 6-month follow-up, use of passive parenting approaches *(M = 3.52)* was significantly less than prior to beginning the program. This suggests that parents may have needed time to develop more positive discipline skills to replace less desirable passive parenting behaviours.

Figure 14. Parent's Use of Passive Parenting in Dealing with their Child's Problem Behaviours Prior to Participating in *Nobody's Perfect*, upon Program Completion, and at the Six Month Follow-up Compared to the Wait-list Comparison Group
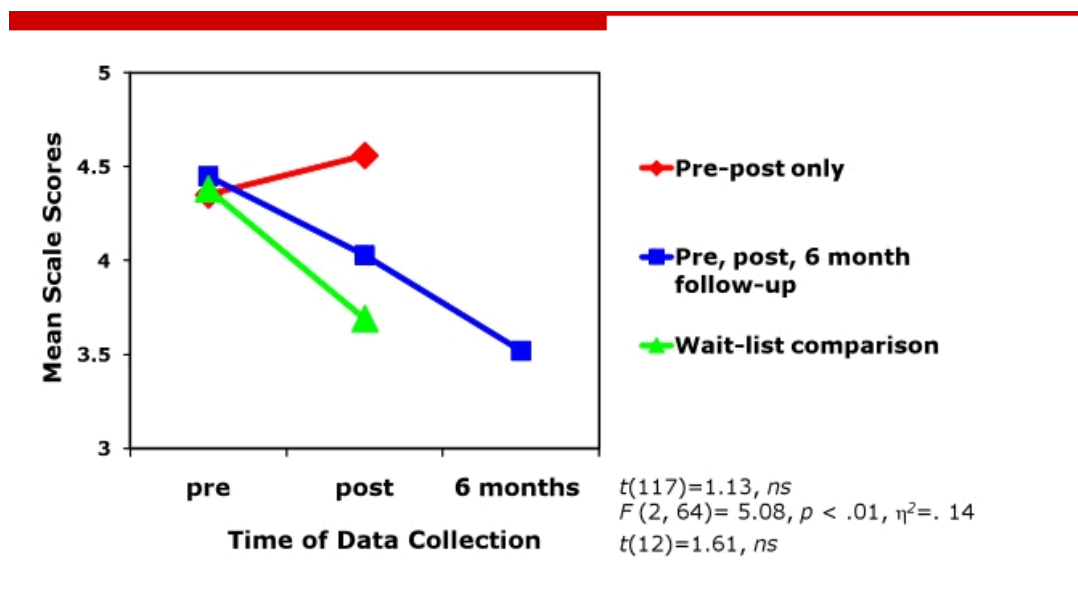

$t(117)=1.13, ns$
$F (2, 64)= 5.08, p < .01, \eta^2=. 14$
$t(12)=1.61, ns$

Summary of the Impact Study Results

This quasi-experimental outcome evaluation demonstrated a number of positive outcomes for parents that can be attributed to *Nobody's Perfect*. Some of the effects of participating in the parenting program were maintained over time, others were temporary effects that diminished over time, and still others were delayed effects that appeared to need time to develop.

First, the study documented five key changes in parenting behaviours that could be attributed to participation in *Nobody's Perfect*. Parents who participated in *Nobody's Perfect* reported:
(1) increased use of positive discipline strategies which was maintained over time; (2) decreased use of negative or punitive practices which was maintained over time; (3) increased use of active rather than passive approaches to discipline which appeared to need time to develop and was only evident at the time of the 6-month follow-up; (4) increased use of behaviour modification strategies again which appeared to need time to develop and was only evident at the 6-month follow-up; and, (5) increased frequency of positive parent-child interactions upon completing *Nobody's Perfect*, but which had faded by the 6-month follow-up, suggesting that parents may need more support to make these changes permanent.

Second, the program was effective in increasing parents' stress coping skills, parental problem-solving ability, and parental perceptions of social support. Changes in coping with stress and social support were maintained over the 6-month follow-up period. Increases in problem-solving ability continued to improve over the 6-month follow-up period suggesting that parents may need time to develop some of the new skills fostered by the program.

Finally, participating in *Nobody's Perfect* also may contribute to enhancing parents' confidence in parenting and to increasing parents' knowledge about community resources, but since the wait-list comparison group also reported increases on each of these measures, it may not be *Nobody's Perfect* per se, but rather having contact with a family resource centre and its various programs and resources that contributes to these changes.

Part II: Focus Group with Program Participants

The success of a program depends not only the extent to which it produces its intended change, but also on program participants' satisfaction with the program, their desire and willingness to attend the program, and their perceptions of its effectiveness. A voluntary, community-based program that is highly effective in producing change under controlled circumstances (if people attend and participate) is not much good if participants' perceptions are that it is not effective, satisfaction is low and they do not like participating in it, and/or if it is difficult or impossible to get them to attend. Thus, in addition to the more "objective" measures to assess the effectiveness of *Nobody's Perfect* in meeting its program goals, we also sought feedback from *Nobody's Perfect* participants through focus groups after the last regularly scheduled group session.

Method

Twenty-four focus groups were held across the four participating provinces: Newfoundland, Manitoba, Saskatchewan, and British Columbia. Focus groups were conducted as semi-structured interviews and thus not all questions were asked in all groups and not all questions were asked in quite the same way. (See Appendix B for a copy of the guiding questions for the focus groups.) The number of parent participants in each group also varied (from the interview being conducted with a single participant up to groups of 13 participants). Usually the provincial researcher led the focus group, but there were a few cases where the provincial researcher could not make it out to a rural area to conduct the focus group and the group facilitator ended up leading the group interview. Focus group data were collected via note taking, audio recording, or both. Two of the regional researchers were comfortable audio recording the focus group sessions, and two felt this would be uncomfortable for participants and thus had another individual attend the focus group as a note-taker. Notes and/or audio tapes were provided to the University of Alberta researchers for analysis.

Focus group notes were read and re-read and audio tapes were listened to and re-listened to. Each point made by a participant was assigned a descriptive, first level code. The initial codes that appeared frequently were grouped into common themes. The following summarizes the themes or common responses given by groups of parent participants. Quotes that illustrate themes are included as appropriate.

Results

Reasons for Attending

Participants were asked why they attended *Nobody's Perfect*. Many of the groups mentioned that they wanted to learn about parenting, and wanted to become a better parent. Approximately an equal number of participants who spoke reported that they attended *Nobody's Perfect* because they wanted to, they had to, or simply because it was available. In a couple of groups, participants

mentioned that the program was recommended to them by others. Finally, participants in several groups reported wanting the opportunity to connect with other parents, or to gain emotional support.

Perceived Program Effectiveness and Participant Satisfaction

When asked what they thought of the overall effectiveness of *Nobody's Perfect* or what they learned, almost everyone reported that they thought the program was effective (or implied that it was), and most often cited knowledge/information and skills as what they learned. Several of the groups also pointed out that they had learned that "nobody is perfect" and that they are not alone in terms of their issues as parents.

Specifically, parents reported gaining knowledge about their children's needs and bonding with their children (most frequently), disciplining their children, keeping them safe, and community resources. One parent commented that "this is the last chance to raise our kids." Although we did not specifically assess knowledge about child development, parents' discussions in the group interview following the last parenting group suggest that they learned much about children's development. In particular, they learned how to make sense out of their children's behaviour and to be cautious about making inappropriate attributions for their children's behaviour. One parent explained how she "…discovered that, it's not necessarily our children misbehaving. It's their actual stage of development and they're not actually doing this to test us." She went on to say that she learned that she could "… use it [child's misbehaviour] as a moment to teach them not to misbehave…and teach them how to do it the right way."

In addition, participants specifically were asked whether participating in *Nobody's Perfect* had led to any changes for them. In fact, all of the groups indicated that they had experienced changes, and many of these changes were explicitly positive. One parent commented that, "it changed me, the way my family is, my husband… and it was all good changes."

Changes experienced by parents can be categorized as primarily cognitive, behavioural, or emotional changes, or knowledge gain. For example, one parent expressed that she had experienced a cognitive change by stating that: "It made me think about thinking before reacting". Further, a young parent noted that, "just because we're young doesn't mean we're bad parents". In terms of other cognitive changes, parents mentioned that participating in *Nobody's Perfect* had increased their self respect, their sense of empowerment, changed their "perspective" or "enlightened" them. Many parents also described behavioural changes that they had personally experienced. Parents mentioned "child-proofing" their homes, using time-outs, giving their children choices and changing their child's diets. One parent in particular commented that, "Before, if people were telling me what to do, I wouldn't do it! But participating in *Nobody's Perfect* with other parents and getting information and advice from others who are like me… I listen to them. It's different".

Emotional changes (mentioned less frequently than cognitive or behavioural changes), were also expressed by parents. For example, one parent commented that participating in *Nobody's Perfect*, "reinforced my idea of wanting to connect with my child at an early stage so we could relate on an emotional level". Parents commented on cognitive, behavioural, and emotional changes more generally (e.g., "learned more patience") or specifically related to their children or parenting role (e.g., "better relationship with my son"). Finally, parents commented on the knowledge they had gained from participating in *Nobody's Perfect*. An example was one parent's comments that she had learned about services offered by the hospital.

When participants were asked what they especially liked about *Nobody's Perfect*, many expressed gratefulness in being able to connect with other parents who were similar to them or having similar experiences. A common comment was, "It's nice to know that parents have similar problems." Several participants noted that they appreciated the opportunity to hear about other parents' knowledge about parenting and their parenting strategies. For example, parents commented on the knowledge that they had gained, the information that was shared, the notion that "nobody is perfect," and that they enjoyed the opportunity to connect with other parents, or to "get out of the house".

> "Before, if people were telling me what to do, I wouldn't do it! But participating in *Nobody's Perfect* with other parents and getting information and advice from others who are like me… I listen to them. It's different".
>
> *- Parent*

The social support that parents received from one another clearly was a key theme that emerged throughout the focus groups. For example, one parent commented that, "As parents we all struggle, but there are ways to get through, there are supports out there and we can't be too hard on ourselves". Another parent commented that she had learned, "That it's totally okay to make mistakes as a parent because you are not perfect, and that the child's not perfect and that the people that are watching you and judging you are not perfect either… that makes it a lot less stressful". One participant commented that she is "a single parent and it helped me to see that it's not easy for some other parents as well". Another mother mentioned that she "was pretty nervous the first day coming in here and by the last day I was crying" (because she was upset that the program was over and would not be seeing her fellow participants).

Several of the participants mentioned that they enjoyed the activities they did, particularly when they made crafts that were practical (such as a tool kit). A couple of the groups commented that they liked their facilitators, and several mentioned that they appreciated the provision of child care or food.

Further, a number of participants commented on the program structure. They enjoyed the topics that were covered (for example, attachment, budgeting, etc.), but they also appreciated the tone, pace, group dynamic, and overall environment of the group. For example, the comment

was made that it was "good to have lots of time". A number of parents commented that they felt comfortable sharing their views without fear of judgment. They felt that the experience of participating in *Nobody's Perfect* was "normalizing," and they felt "empowered". In one group, it was noted that, "participants reported feeling safe, validated and they appreciated having their fears and doubts being given a voice".

Finally, a few participants commented that they had enjoyed "everything" or "all" of the program.

Participants were also asked what they did not like about *Nobody's Perfect*, what they wished could have been different, or what they would have changed about the program. The most common response was that the program should be longer (e.g., 8 instead of 6 sessions or 10 instead of 8), although 1 group also mentioned that the sessions themselves were sometimes too long (i.e., recommend 1.5 hours instead of 2.5). Parents in some of the groups commented that they would have preferred their sessions to be more organized or more structured.

Several of the groups felt that they still needed more information or detail on a topic such as community resources, or children with disabilities. In particular, parents requested more prenatal information and information on older children. Interestingly, one parent commented that she found herself, "getting nervous about potential risks and illnesses. I know knowledge is power but it still freaked me out!" A few of the groups preferred to have more fathers participate, or more participants involved, generally.

Finally, a number of groups stated that there was nothing they did not like about the program or nothing they would change.

Program Delivery and Content

When asked specifically about the length of the program, at least half of the responses indicated that the groups wanted the program to be longer, that is, they wanted the program to include more sessions. Parents suggested that the program should be "at least 2 more sessions", "more than 7 weeks", and up to "10-12 weeks". In some cases, when parents reported wanting more sessions they also reported needing more detail about certain topics (i.e., coping, immunizations, safety). One participant noted that "children keep changing and we have to keep up. There is always something to learn."

Although none of the participants reported that the program was too long, several indicated that the length of the program was sufficient.

Program Resources

Parents were asked several questions about *Nobody's Perfect* program resources (e.g., "Did you receive resources?", "What did you think of *Nobody's Perfect* resources?", "Were there

other resources you would have liked?"). All the groups indicated that they had received some resources, although the types of resources they received varied. For example, not all parents reported receiving the growth chart or *Feelings* book, but many groups reported receiving extra hand-outs (e.g., emergency phone numbers, information sheets on services, coloring sheets). A few of the participants commented that the *Nobody's Perfect* books were helpful, practical, and that they had learned from them. One father mentioned, "I am able to communicate differently now because of the books".

"The resources were excellent except that some of the information was outdated. Hopefully new resources will be created." *- Parent*

A couple of parents requested that the books be kept together, because they are difficult to keep track of individually. Although a few participants stated that there were no other resources they would have liked to have or needed, many of the participants wanted more information on community, government or legal services, as well as child development and parenting skills. Some groups reported not receiving enough information on community services, childhood illnesses, or safety procedures. The most common complaint about the resources was that they were out-dated. As one participant noted, "The resources were excellent except that some of the information was outdated. Hopefully new resources will be created".

Books. When parents were asked which of the *Nobody's Perfect* books they used the most, they reported using all of the books, but named the behaviour book most often, followed by the *Safety, Parents, Mind*, and *Feelings* books. Parents reported using the *Body* book the least. Parents were generally positive about the books (when they had received them—not all had), felt that they were easy to read, and a good reference (although a number of parents commented that some of the information in the books was out-dated). When parents reported that information was out-dated, they were usually referring to specific information in the *Safety* book, often related to accepted practices around CPR, etc.

A couple of parents also mentioned that their children or significant others had enjoyed reading the books as well.

Feelings book. When asked about the realistic photgraphs in the *Feelings* book, approximately as many groups reported that they liked the real pictures, as those that reported they liked the cartoon-style illustrations in the original five books. One group of participants mentioned that real pictures should not be used when depicting serious or safety issues. Another mentioned that they would like to see more Aboriginal people depicted.

"[The *Feelings* book] really helped us understand and deal with our children's feelings. We never understood that when we have a certain look on our faces which could be because we're tired, our kids might think that we're angry or upset." *- Parent*

Several of the groups reported very much enjoying the *Feelings* book, stating that it was a "great resource!" Specifically, one group noted that, "It really helped us understand and deal with our children's feelings. We never understood that when we have a certain look on our faces which could be because we're tired, our kids might think that we're angry or upset. Also, we sometimes expect them to think like adults because we're so busy, but the book helps us to be more open". Further, another parent noted that, "My son has a speech problem and this has helped me deal with how he feels and what he is trying to say. This in turn makes it easier to deal with his speech problem separately".

Several of the participants were unsure, did not receive the *Feelings* book, or could not recall looking at it.

Growth Chart. Most of the groups reported having received the growth chart, and using it, however a few groups reported having received the growth chart but were not using it (often because their children were not old enough for it). One group reported that they had not received the growth chart.

Facilitators

Participants were asked whether they had one or two facilitators, and what the facilitator(s) had done to support them in their learning. Most groups reported having two facilitators, a couple of groups reported having only one, and a single group reported having 3 facilitators. Parents were generally very positive about their facilitators. Participants' depictions of their facilitators can be described as sympathetic, empathic, caring, helpful, knowledgeable and resourceful. One participant stated that, "I think they (the facilitators) were really good in every way with almost everybody…they were definitely there for us". Another participant described how the facilitator went out of the way: "They actually arranged for me to get picked up every week by the YMCA bus". Participants often appreciated the pace set by the facilitators. As one participant stated, "she didn't rush us". Parents also enjoyed the activities the facilitators proposed, such as crafts, scrap books, and their own parent manual. As one parent commented, "she (the facilitator) made us feel very comfortable and we loved the activities". When asked if there was anything the facilitators could have done better, many of the participants stated that there was nothing they should do. One group mentioned that the facilitator was "a little too touchy feely", and a few groups mentioned that there should have been more structure, set topics, more time spent on certain topics, or better time management in general. Another group commented that they would have preferred more activities that required active participation (i.e., role playing) and more "real life" examples in discussions.

Comparison with Other Parenting Programs

Participants were asked whether they had taken part in any other parenting programs, and if they had, which ones. A wide range of other parenting programs were mentioned. Those that

were mentioned more frequently included Childsafe, 1234 Parents, Mother Goose, 123 Magic, Babies Best Start, Baby and Me, and Futures. A number of parents also reported having taken pre-natal classes. Other parenting programs mentioned were Baby Time, Healthy Baby Club, STEP Parenting, Alphabet Soup, Rock 'n Read, Healthy Babies, Triple P, Best for Babies, Project Parenthood, Planned Parenthood, Kids First and Giggles and Hugs.

When asked how *Nobody's Perfect* compared to other programs, many parents made positive comments regarding *Nobody's Perfect*. Often groups reported that *Nobody's Perfect* included more- more activities, more materials, was more comprehensive and provided more information, more in-depth discussion, and more focused on parents. For example, one parent stated that *Nobody's Perfect* "was more interactive and involves more opportunity for discussion and participation". Another parent commented that *Nobody's Perfect* is "great, great, great!" There were differences of opinion across groups. A few of the groups were unsure about how to compare *Nobody's Perfect* to other parenting programs and a few groups also had more positive things to say about other parenting programs. For example, a couple of groups commented that in another parenting program a dietician or nurse was always available to them, and that *Nobody's Perfect* was less interactive than other programs (i.e., they had more hands-on experiences in another program).

Recommendations for Improving *Nobody's Perfect*

Finally, participants specifically were asked about recommendations for improving *Nobody's Perfect* that should be brought to the Public Health Agency of Canada. Almost all of the groups made recommendations, although a few commented only that the program should be continued without much elaboration (e.g., "keep it going!"; "love it!"; "really good program for the parents!"). The most common recommendation was that the program be longer. To highlight this point one parent stated: "Give us time as parents to interact as parents and understand where this program is helping [us] and maybe we can say, 'okay, this is where it's working for me, this is how you integrate it into you and your family'".

Several parents also made recommendations about *Nobody's Perfect* resources or materials. For example, participants suggested that the books be updated (particularly the *Safety* book and safety information), that they be kept together instead of as individual books, and that more Aboriginal pictures should be included (again, these comments were similar to those made earlier when participants were asked about *Nobody's Perfect* resources). For example, one parent noted that, "We need new information. When the Public Health Nurse was here she told us that the information in the book…wasn't right. I'm glad she was here to tell us!" Several participants also made recommendations about the program curriculum. They suggested that more activities be incorporated or more time be spent on a particular topic. A number of parents also encouraged the continuation of providing transportation and childcare. One parent noted that, "It was great that transportation was given to me because I wouldn't be able to do it [attend *Nobody's Perfect*]. Thanks for making it easier!" Finally, several groups suggested that the program be advertised

more widely, as not enough parents are aware of the program. On this note, one parent commented that, "The program should be offered more often to more people".

Summary of Focus Group Findings

Overall, parents were positive about their experience as participants in the *Nobody's Perfect* program. All of the groups reported that participating in the program had brought about positive changes for them. They reported feeling less alone and more accepting of their own personal parenting styles. Parents were generally very pleased with their facilitators, and found the books to be helpful. The most common recommendation was that the program be extended to include more sessions and that the books needed to be updated.

Part III: Facilitator Feedback

Facilitators are the experts on *Nobody's Perfect*. They experience firsthand the successes and the challenges involved in offering *Nobody's Perfect*, and thus are in a unique position to share their observations of participants' experiences in the program, their evaluations of program effectiveness based on those observations, and to offer recommendations for strengthening the program. This was one key reason for asking facilitators to complete questionnaires as part of this study. The other reason was to document their practice over the course of each *Nobody's Perfect* group that they offered that was included in this study.

Since the purpose of this report is to examine the effectiveness of *Nobody's Perfect* based on standardized quantitative measures of program outcomes, qualitative participant feedback, and qualitative facilitator feedback, only the data related to program effectiveness is reported here.[11]

Method

Facilitators completed questionnaires prior to starting a *Nobody's Perfect* group, after each *Nobody's Perfect* session, and again after the final *Nobody's Perfect* session. Most questions asked facilitators to document their practice during this offering of *Nobody's Perfect*. However, the pre-session questionnaire asked for recommendations for improving *Nobody's Perfect* particularly around issues of recruitment and planning a program. The questionnaire they completed after the final group asked for their comments on the effectiveness of the program for this specific group of parents, and for their feedback and recommendations for improving or revitalizing *Nobody's Perfect*.

Facilitators' responses to each relevant question on the pre-session and post final session questionnaires were read and re-read and each sentence or point made a facilitator was assigned a descriptive, initial level code. The codes that appeared frequently were grouped into common themes. The following summarizes the themes or common responses given by facilitators. Occasionally, facilitators' responses are quoted to illustrate a theme.

Results

Perceptions of Program Impact

Facilitators were asked to comment on the positive growth they had observed in program participants over the course of the program, such as changes in parents' attitudes, beliefs, confidence, knowledge and/or skills. Facilitators commented on a number of areas in which they saw positive growth in parents. Several facilitators mentioned parents' increased knowledge or skills regarding parenting. Facilitators noted when parents demonstrated their new skills at a group sessions, as well as when parents reported to the group that they had changed

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[11] Facilitator documentation of program practice is currently being analyzed and will be reported in a separate document.

their parenting techniques at home. For example, one facilitator described how a mother was struggling with her child's interest in her jewelry (which was distracting for her) and the next week was more appropriately dressed and had a toy to distract her child. Another facilitator reported that one mother had thought that biting her child was acceptable because her child bit her, but had changed her mind about this. Yet another facilitator reported that the parents were trying discipline techniques other than spanking.

Facilitators also commented on parents' increased comfort with the group, their increased willingness to disclose information to the group, and their increased confidence in their abilities to parent. One facilitator described how a parent had shared her addictions issues with the group, and eventually had to miss the final *Nobody's Perfect* sessions because she had gone for treatment. The facilitator commented that this was "a great example of how people can grow and change when they are in a group where they feel respected and safe".

Finally, facilitators reported positive changes in parents' attitudes towards parenting, but also more generally. As one facilitator put it: "I think parents became more and more able to take responsibility for their own feelings and actions. And could make a connection between their attitude and their kid's behaviour and life in general (e.g., relationship with partner). That's a big responsibility but also a huge relief: they do have the capability of influencing it. It is a powerful realization".

Facilitators were also asked to comment on any negative changes that they had observed in program participants. The overwhelming majority of facilitators reported that they had not observed any negative changes in participants. A couple of the facilitators reported that they had observed negative changes in parents over the course of the program, such as parents leaving the group, but they speculated that reasons for leaving were outside of the program itself (i.e., problems at home, addiction). None of the facilitators reported an obvious link between the negative behaviour they observed and the *Nobody's Perfect* program.

Recommendations for Strengthening or Improving the Program

Facilitators were asked to comment on any issues affecting the delivery of *Nobody's Perfect*, and to make recommendations for strengthening or improving the program. Essentially four major categories emerged from facilitator responses. The most common over-arching theme was funding. The four most common recommendations for strengthening or improving *Nobody's Perfect* reported by facilitators were: (1) need for sufficient funding to deliver the program, (2) need to update and supplement the *Nobody's Perfect* materials and/or resources; (3) need for increased funding to allow more programs to be offered and to allow for more program sessions; and (4) to increase support for facilitators (specifically in terms of training, networking, and stipends).

Facilitators repeatedly noted that they lacked funding to deliver the program successfully. They reported that childcare and transportation were issues for many of their participants, and that a lack of resources was an issue generally (for snacks, prizes, etc.). As one facilitator noted, "we need to be able to financially support the cost of a program without having to 'beg' the money from other sources". In addition, facilitators also reported that *Nobody's Perfect* differed in some key ways from other programs that required extra time and resources on the part of facilitators but that were essential to the running of *Nobody's Perfect*.

For example, facilitators reported on the need for contact with participants prior to beginning the program to conduct a needs assessment. This allowed facilitators to arrange childcare and transportation ahead of time. It also allowed facilitators to gain information from parents that assisted in planning session and preparing topics based on parents' needs and interests. Many facilitators reported that this contact with participants prior to the groups beginning was important to the success of *Nobody's Perfect*. It validated parents' needs and interests and it allowed facilitators to be more flexible in their planning and allowed them to accommodate parents' needs. For example, a facilitator mentioned that, "if we've assessed written language [as] an issue, we won't use written material". One facilitator commented that it is "very difficult to access funds to do a course unless [we] can 'piggy back' off another service, such as the Family Resource Centre".

> "If delivered the way it is intended, *Nobody's Perfect* is perfect the way it is." - *Facilitator*

Second, facilitators commented on the adequacy *Nobody's Perfect* materials and resources. Although most facilitators reported that the *Nobody's Perfect* books were the most useful resources, they consistently reported that the books needed to be up-dated with current knowledge about child development, safety, and needed to be culturally appropriate. Many of the facilitators reported that additional resources were needed. Most commonly, facilitators requested videos, or some type of audio-visual tool (e.g., overheads). Specific videos mentioned included What Lilly Learned, Secret of the Silver Horse, and A Simple Gif*t (*a video produced by Infant Mental Health Promotion, Sick Children's Hospital of Toronto). Facilitators also asked that a video library be made available in the province where they could access appropriate videos for their groups. Facilitators also requested more handouts, or more specific information on particular topics, such as health related issues, role modeling for parents, Sudden Infant Death Syndrome (SIDS), preventing sexual abuse and attachment, and noted that more materials should be developed in other languages. Facilitators also commented that more guest speakers as resources would be useful. Finally, several facilitators commented on how the curriculum itself, within the existing program structure, could be improved. For example, the facilitators suggested weekly 'homework' assignments, and innovative games or activities.

Third, facilitators noted that the number of sessions is inadequate and requested more time with participants. A number of facilitators recommended moving from 6 to 8 sessions. Often, facilitators recommended that the program be extended so that they could include more detail

in their discussions with parents. Others though that there needed to be more sessions to better meet parents needs for social support. One facilitator summed up this up by stating:

> "If there was more time (which always equates to more human resources/ finances) to offer this program more regularly, the moms would continue to develop inter-personal relationships and find ways to positively support one another. The four girls who "completed" this program were not related to each other and it was a huge step in the small communities they live in to even develop enough trust to share their stories and ideas. They will always meet up with each other and have a little bit of a bond. If they had a chance to participate in another program, they may even get to the point where they co-op child care, etc."

To further foster parental growth, facilitators suggested a range of additional programming including home visits, follow-up sessions or support groups, additional information, and personal one-on-one time with participants. A couple of facilitators even suggested a second level of the program ("*Nobody's Perfect* II") for parents who had completed the first course.

Fourth, facilitators commented that there is a lack of support for facilitators, in several respects. Facilitators requested more training in certain areas (e.g., conflict resolution), more intensive co-facilitator training, refresher courses, a method of contacting other facilitators and/or networking, more provincial and national coordination, more support preparing for sessions, free training and increased facilitator stipends. On a positive note, facilitators reported that the facilitator resource manual and guide was an important resource. However, several facilitators offered specific recommendations with respect to facilitator training. One facilitator suggested that more experienced facilitators in the same region meet with the new facilitators, "to share ideas about program presentation, challenges experienced and ways to solve them, and preparing materials, games, activities together, etc." In fact, a few of the facilitators shared similar ideas. Others recommended "training of facilitators and trainers should be consistent across Canada. I think each province should have a primary agency sponsoring and coordinating the program and have an opportunity to be involved in the national coordination." Further, more than one facilitator noted that refresher courses should be available several years after initial training.

Finally, a particularly unique comment from one of the facilitators called for a recognition of the participants, volunteers, and funders of *Nobody's Perfect* to celebrate milestones together and gather regularly to discuss program strategies.

Summary

Overall, facilitators were strong proponents of *Nobody's Perfect* and thought that the program was highly effective in fostering positive growth in participants over the course of the program. Specifically, they reported changes in parents' attitudes, beliefs, confidence, knowledge, and

skills with respect to parenting. Facilitators reported that the group setting and the support that participants received from other parents was critical to the changes that occurred. However, facilitators also shared concerns that the program was not adequately funded and offered a number of recommendations for strengthening the program. Facilitators suggested that additional funding could be used to better support the child care and transportation needs of the participants, to allow for more sessions, and to update and enhance the program materials or get access to further resources. Facilitators also recommended more support for facilitators in terms of more intensive training, refresher courses, a method of contacting other facilitators and/or networking, more provincial and national coordination, more support preparing for sessions, free training and increased facilitator stipends.

Discussion and Recommendations

Nobody's Perfect is a Canadian-based parenting program that was developed in the early 1980's to improve parents' capabilities to maintain and promote the health of their young children. It was unique at the time for a number of reasons. First, while other parenting programs were targeted to mainstream, middle-class parents, *Nobody's Perfect* was specifically designed for parents of young children who were dealing with the additional challenges of poverty, single parenthood, little formal education, low literacy, and/or social, cultural, or geographic isolation (Gottlieb, Feeley, & Baker, 1995). Second, the program was based on an adult learning model and was learner-centered and strengths-based before these approaches became recognized as best practices in the family support and parenting education literatures (Campbell & Palm, 2004; Mann, 2008).

Nobody's Perfect continues to be unique. It stands apart from other group parenting programs in that it combines all the following features. *Nobody's Perfect*

- is specifically targeted to vulnerable parents who are at-risk, but not in crisis;

- identifies community and social support as key resources in promoting competent parenting, and specifically attempts to enhance parents' abilities to engage the community resources they need, and to create parent groups in which parents offer social support to one another;

- focuses on parents' development of problem-solving skills that promotes perspective-taking and helps parents understand the underlying reasons for their children's behaviours;

- is appropriate for parents of infants and toddlers; and,

- is flexible enough to be tailored to address the specific needs and interests of each parent group.

Throughout the 1990's and at the turn of the century, *Nobody's Perfect* was the most popular parenting program in Canada (Skrypnek, 2002). Although its program features are consistent with contemporary best practices in parenting education and support (Campbell & Palm, 2004; Mann, 2008), its popularity is waning as it has come under criticism for a lack of strong empirical support (McLennan & Lavis; 2006; McLennan, MacMillan, & Jamieson, 2004). This has resulted in difficulty in securing funding for *Nobody's Perfect* in a number of provinces.

To provide a more rigorous test of the effectiveness of *Nobody's Perfect*, this study improved on the research designs of previous evaluation studies by including a comparison group (or

non-equivalent control group) and a six-month follow-up. This impact study found that *Nobody's Perfect* contributes to improvement in a number of parental outcomes and parenting behaviours that are consistently associated with superior child outcomes. The program was not designed for families in crisis, but rather was intended to be preventive—to focus on vulnerable parents before problems arise. Indeed, participation in *Nobody's Perfect*s seems to result in key changes in parents that should reduce the risk of their families experiencing crises. Thus, it appears to be a successful program for supporting vulnerable parents with young children.

Most importantly, the study documented five key changes in parenting behaviours as a result of participating in *Nobody's Perfect*. With respect to discipline practices, parents who participated in *Nobody's Perfect* reported an increased use of positive discipline strategies (such as using a problem situation as a teaching opportunity with a child; calmly explaining to a child why what he/she is doing is wrong; giving a child a choice between acceptable behaviours), and a decrease in negative or punitive practices (such as the use of spanking, getting angry, and yelling when a child has misbehaved or done something the parent did not like). These findings on the quantitative measures, were further supported by comments that parents made during the focus group interviews. Moreover, they are consistent with the findings of other group and individual interview studies where parents report that they are less punitive with their children as a result of participating in *Nobody's Perfect* (Jolibois, 1997; Rootman et al., 1998). Such changes in disciplinary practices are particularly important as it is well documented in the research literature that more authoritative approaches to parenting that use teaching and reasoning in disciplining children rather than punitive approaches lead to superior child outcomes in terms of self-esteem, emotion regulation, social skills, problem-solving and academic performance, and fewer internalizing and externalizing problems (Bornstein & Bornstein, 2007; Dooley & Stewart, 2007; Fletcher, Walls, Cook, Madison, & Bridges, 2008; Gershoff, 2002; Lansford et al., 2005; Rodriguez, 2003). Moreover, less authoritarian parenting styles (i.e., less controlling and punitive approaches) have been found to be related to lower child abuse potential (DePaul, Asla, Perez-Albeniz, & de Cadiz, 2006; Rodriguez, 2008).

In addition, parents' use of active rather than passive approaches to discipline also improved as a result of participating in *Nobody's Perfect*, although these skills needed time to develop and were only evident at the time of the 6-month follow-up. Specifically, although parents' reported use of a passive or permissive approach to parenting (such as letting a child have his/her way; or ignoring a child's behaviour) did not change significantly immediately after participating in *Nobody's Perfect*, use of these responses had diminished significantly by the 6-month follow-up. This reduction in parents' passive responses to their children's unwanted behaviours appears to be replaced with more positive parenting behaviours, such as the positive teaching approaches to discipline described above, and with the use of more active behaviour modification approaches to discipline. For example, although parents' reported use of behaviour modification strategies (such as time out; promising a treat; taking away a privilege) did not change from pre to post program, these active strategies were significantly more likely to be used at the time of the 6-month

follow-up than at the pretest. It is not surprising that parents may need more than a few weeks to be able to make changes in well-established parenting practices. Monthly booster sessions following completion of *Nobody's Perfect*, or some kind of ongoing parent support group, would likely assist parents in further developing and incorporating newly learned parenting behaviours into daily interactions with their children. Still, all this points to the effectiveness of *Nobody's Perfect* in helping parents develop more effective approaches to discipline.

Parents also reported significant increases in the frequency of positive parent-child interactions after participating in *Nobody's Perfect*, but unfortunately, improvements in this aspect of parenting had faded by the 6-month follow-up, suggesting that parents may need more support to make these changes permanent. The wait-list comparison group did not report any change in the frequency of positive parent-child interaction, thus, the temporary change in parenting can be attributed to *Nobody's Perfect*. Again, these kinds of temporary changes suggest that parents may need ongoing support to make lasting changes in the way they interact with their children.

Twenty-five years ago, Belsky (1984) in his seminal article on the determinants of parenting, described the important roles that a parent's developmental history, psychological resources, and contextual sources of stress and support play in influencing quality of parenting. The importance of social support in contributing to parental wellbeing and quality of parenting is now well established (Belsky & Vondra, 1989; Cochran & Niego, 1995; Green, Furrer, & McAllister, 2007). For example, the level of social support experienced by low-income mothers has been found to be related to the quality of their interactions with their infants (Feiring, Fox, Jaskir, & Lewis, 1987). The present study found that participation in *Nobody's Perfect* was accompanied by increases in perceived parental social support which was maintained over a six month period following the program. With no corresponding change in the comparison group, this change can be attributed with confidence to *Nobody's Perfect*. These findings are consistent with those of previous evaluations that used different measures and approaches to investigate increases in social suppor*t* (e.g., Jolibois, 1997; Rootman et al., 1998). This is important because the availability of supportive contact with friends and family has been found to be related to less use of physical discipline and greater display of nurturing and affectionate behaviour between parent and child in studies with teen moms and in single parent households (Pascoe, Loda, Jeffries, & Earp, 1981; Weinraub & Wolf, 1983).

In addition, this study found that *Nobody's Perfect* improved parents' ability to cope with stress and enhanced their problem-solving skills. When armed with these kinds of psychological resources, parents are in a better position to respond calmly and appropriately to their children, and to make decisions that best meet the needs of their families. This study found that the extent to which parents found the typical, daily parenting stressors of parenting young children to be a problem or hassle decreased over time. Since there was no significant decrease in the number of daily parenting stressors reported, it would appear that parents' abilities to cope with stress was improved. Comments made during the focus groups would suggest that some of this ability to

better cope with these "daily hassles" may have been the result of a shift in perspective on the part of parents as they evaluated their children's behaviours in a new light. Behaviours previously seen as problematic were now seen as age appropriate or unintentional on the part of their children. Other studies with vulnerable, young, single mothers found that it was not the number of stressors a parent was experiencing that was related to child maltreatment, but the way the mother coped with the stress—those who got angry and upset were more likely to abuse their children (Egeland, Breitenbucker, & Rosenberg, 1980). Greater ability to cope with stress and the ability to make "kind" attributions for children's behaviour both are related to reduced risk of child maltreatment *(Crnic & Low, 2002; Bugental, Blue, & Cruzcosa, 1989; Bugental & Happaney, 2002, 2004; Seng & Prinz, 2008).

At the same time as parents experienced greater ability to cope with stress, they reported improvements in problem-solving ability after participating in *Nobody's Perfect*. It is noteworthy that this skill appeared to need time to develop as it increased over the 6-month follow-up period. Ongoing support or occasional follow-up or booster sessions may assist parents in developing skills that take time to emerge. This study replicated Chislett and Kennett's (2007) findings of increased parental problem-solving ability using an entirely different paper-and-pencil measure. Moreover, Vanderplaa*t* (1989) found the same improvement in problem-solving ability that persisted over a six month period employing quite a different approach to assessing problem-solving. She used visual aids depicting problematic parenting situations and explored problem-solving through a set of questions about the situation. These mixed method approaches add greater confidence in concluding that *Nobody's Perfect* is effective in improving parents' problem-solving skills.

It is not surprising that this study replicated the findings of Chislett and Kennet*t* (2007) in terms of finding increases in parenting sense of competence and knowledge of community resources since the same measures were used. However, since parenting sense of competence and knowledge of community resources also increased significantly for the comparison group in the present study, these changes cannot be attributed (at least not fully) to *Nobody's Perfect*. The wait-list comparison group in this study was not a true control group. To be included in the study, parents in the wait-list group had to be in contact with a family resource agency while waiting to participate in *Nobody's Perfect*. Thus, they may have been receiving other supports, including participating in a different parenting program. This illustrates one kind of draw-back in attempting to employ experimental designs in community research. Because it is not ethical to withhold services from those in need, it is often impossible to design a study with a true control group. Thus, it is difficult to know why change occurs in a comparison group and what the implications are for interpreting a similar change in the intervention group. Although participation in *Nobody's Perfect* is expected to lead to increases in parenting sense of competence and to increases in knowledge about community resources (and may have contributed to these changes in this study), these changes were not unique to the *Nobody's Perfect* group and cannot be attributed to participation in the program.

The demonstrated effectiveness of *Nobody's Perfect*, its adherence to current best practice principles and features, its preventive nature and focus on parents of young children who have one or more risk factors (e.g., young, single, less education, low income, and/or social, culturally or geographically isolated) appears to make it a highly desirable program to offer to meet the needs of Canada's more vulnerable parents and children.

Moreover, *Nobody's Perfect* is particularly well-suited for the Canadian cultural context. Not only are program materials available in both English and French, but they also have been translated into numerous languages including Chinese, Vietnamese, Japanese, Spanish, Portuguese, Punjabi, and syllabic Inuktitut. Because the program is client-centred and flexible, it can be adapted to be sensitive to the diverse cultural landscape of Canada. The fact that its popularity is increasing outside of Canada and it is being adopted in countries in Central America (e.g., Dominican Republic), South America (e.g., Brazil, Chile), and Asia (e.g., Japan) suggests that the program can be successfully adapted for other cultural groups (see McLennan, Leon, Haffey, & Barker, 2009). This feature also makes it an attractive program for the Canadian context.

Yet, based on feedback from facilitators, this study suggests that offering *Nobody's Perfect* has been challenging in recent years. This appears to be largely due to inadequate funding and perceptions of a lack of national and provincial coordination. Facilitators believe these factors are responsible for lack of mentorship and financial support for facilitators, and for inadequate access to (or inconsistencies in access to) training across the country. Moreover, given the age of the program, it is not surprising that one of the most consistent findings emerging from both the focus groups with participants and the questionnaire feedback from facilitators was the need to update materials. In addition, although *Nobody's Perfect* was originally designed to be offered over a minimum of six weeks, both participants and facilitators have consistently identified the need for additional sessions. Despite this identified need, many facilitators are not able to offer more than five- or six-week sessions due to funding constraints.

Based on the findings of this study, *Nobody's Perfect* is effective in contributing to important changes in parent outcomes and parenting behaviours that are related to positive outcomes for children. Given the program's rather unique niche in Canadian parenting support and education programs, it would make sense for continued/renewed interest in the program at the national and provincial levels. This study not only documented the effectiveness of *Nobody's Perfect*, but also revealed ways that the program could be revitalized. Specifically, it is recommended that *Nobody's Perfect* could be further strengthened by ensuring:

- THAT the program is adequately funded and supported;

- THAT program length is a minimum of eight sessions;

- THAT each session is not longer than two hours;

- THAT program materials, and specifically program books, be updated

to reflect current knowledge (e.g., about safety and health issues, and parenting practices, early life experiences, and early brain development);

- THAT additional materials to reflect current parental needs and interests are developed (e.g., videos and handouts on topics like attachment, family violence) and/or additional existing resources be acquired and made available to facilitators;

- THAT facilitators are adequately trained and supported;

- THAT community agencies be encouraged to monitor their own program effectiveness of *Nobody's Perfect*, or other parenting programs with similar goals, through the regular administration of some or all of the measures used in this impact study; and,

- THAT monthly booster sessions and/or a second program be developed to follow and build upon *Nobody's Perfect* in ways that would reinforce the learning, skill development, and mutual support acquired through *Nobody's Perfect*. (It is recommended that a subsequent program have a component that involves parent and child together to provide the opportunity for facilitators to observe parents and children together and to allow for facilitator modeling of interactions with children.)

Although the findings of this study are consistent with previous evaluations and provide evidence of the effectiveness of *Nobody's Perfect* in meeting program objectives with its intended target audience, further research with control or comparison groups is needed to replicate the findings. In addition, future research should include longer term follow-up, assess children's outcomes, and involve larger sample sizes that would allow investigation of the potential differential effectiveness of the program with specific sub-populations (e.g., dads or specific cultural groups).

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Appendix A: Participant Pretest Questionnaire

Evaluation of nobody's perfect Parenting Program

Parent Pre-Group Questionnaire

Before beginning your Nobody's Perfect parenting group, please complete the following questionnaire package. You will be asked for some information about you and your family and whether you have taken other parenting programs. Then, there are sets of questions that ask about resources in the community, how much support you have from people around you, parenting stressors, parenting, problem-solving, and how you feel about parenting. There are no right or wrong answers to these questions. Just answer as honestly as possible.

Take your time. You don't have to rush. Half way through, the questionnaire will suggest that you take a break and help yourself to refreshments.

Please do NOT put your name on the questionnaire.

If you have any questions, please ask.

SECTION A: A Bit About You

Please fill in the blanks 🖍 or check ✓ the answer that best fits you.

1. What year were you born? |__|__|__|__| year

2. Are you: _____ male   _____ female

3. What is your marital status?

   _____ single, never married
   _____ first marriage or first common law relationship
   _____ remarriage or common law remarriage
   _____ separated or divorced
   _____ widowed
   _____ other, please specify _____

4. Who do you live with? Check ✓ all that apply.

   _____ alone, by myself
   _____ with my children
   _____ with someone else's children
   _____ with spouse or partner
   _____ with parents
   _____ with grandparents
   _____ with other family members
   _____ with friends
   _____ other, please specify _____

5. Of which group do you consider yourself a member?

   _____ Aboriginal   _____ Arab
   _____ Asian   _____ Black/African
   _____ South Asian   _____ Hispanic
   _____ White/Caucasian
   _____ other, please specify

   _____

6. What languages do you speak at home?

   _____

7. What is your highest level of schooling?

   _____ less than grade 6
   _____ completed grade 6
   _____ competed grade 9
   _____ graduated from high school (or completed
          high school equivalency program)
   _____ took courses from a technical institute,
          college or university, but did not receive a
          certificate/diploma/degree
   _____ obtained a technical/trade certificate
   _____ obtained a 2 year diploma
   _____ obtained a university degree

8. What are your sources of income? Check all that apply.

   _____ your employment/job
   _____ your social assistance
   _____ your education or job training allowance
   _____ your disability assistance
   _____ spouse/partner's employment
   _____ parents' employment
   _____ parents' social assistance
   _____ other family members' employment
   _____ other, please specify

          _____

          _____

9. How many children do you have?   _____ (number)

10. Information about your children:

For each of your children, please: · fill in their age · circle their gender · check ✓ whether each child is living with you full-time, living with you part-time, or not living with you		Age in Years/Months	Gender (circle)	Lives with you full-time	Lives with you part-time	Does not live with you
	Child 1	____ yrs ____months	M or F			
	Child 2	____ yrs ____months	M or F			
	Child 3	____ yrs ____months	M or F			
	Child 4	____ yrs ____months	M or F			
	Child 5	____ yrs ____months	M or F			
	Child 6	____ yrs ____months	M or F			
	Child 7	____ yrs ____months	M or F			
	Child 8	____ yrs ____months	M or F			

11. How did you hear about Nobody's Perfect?
    Check ✓ all that apply.

    _____ from a friend or family member
    _____ from my doctor, a public health nurse, or home
          visitor
    _____ from my social worker
    _____ from a family resource program
    _____ other, please specify _____

12. Why did you sign up for Nobody's Perfect?
    Check ✓ all that apply.

    _____ interested in learning more about parenting
    _____ was asked to take it by my social worker,
          doctor, public health nurse, or home visitor
    _____ was told to take it by the court
    _____ other, please specify _____

13. Have you ever participated in a Nobody's Perfect group
    before this one?

    _____ no
    _____ yes → If YES, how many times? _____ number

14. Have you ever participated in any other parenting
    program?

    _____ no
    _____ yes →   If YES, please list all the programs
                   you have taken and the number of
                   times you have taken it?

                        ↓
          Name of Program   # of times
                                             Taken

    a. _____   _____

    b. _____   _____

    c. _____   _____

SECTION B

The following set of statements is about services in your community. Put a check ✓ in the column that shows how much you agree or disagree with the statement.	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
1. I know how to get help with housing or landlord problems.						
2. I don't know a lot about agencies and organizations in the community.						
3. If I need legal advice, I know how to get it free of charge.						
4. If I need help with budgeting or money problems, I know who to call.						
5. I don't know which agencies can help with my child's behavior.						
6. I know which agencies and organizations to turn to for help if I run out of food.						
7. If my child is sick, I know who to call or where I can go for help.						
8. I know where I can go for free recreation for my child.						
9. I am not able to get the help I need from organizations in the community.						
10. I know how to get child care in the community if I need it.						

The following set of statements is about the kind of support that you get or need from people around you.

	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
Put a check ✓ in the column that shows how much you agree or disagree with the statement.						
1. There are people I can depend on to help me if I really need it.						
2. I feel part of a group of people who share my attitudes and beliefs.						
3. If something went wrong, no one would come to my assistance.						
4. I have close relationships that make me feel good about myself, safe, and loved.						
5. There is no one I feel comfortable talking with about problems.						
6. I have relationships where my talents, abilities, and skills are recognized or admired.						
7. There is no one who likes doing the things I do.						
8. There isn't anyone who I feel very close to.						
9 There is someone I could talk to about important decisions in my life.						

The following set of statements describes events that routinely occur in families with young children. These events sometimes make life difficult. If you have more than one child, these events can include any or all of your children.

Please read each statement and check ✓ how often it happens to you. Then on a scale from 1 to 5 (1 = no problem or hassle, and 5 = big problem or hassle), circle the number that reflects how much of a problem or hassle you feel it has been for you **over the past few weeks**.	How often it happens					NO Problem BIG Problem
	Never	Occasionally	Often	Usually	Always	
1. Continually cleaning up messes of toys or food.						1 2 3 4 5
2. Being whined at, complained to.						1 2 3 4 5
3. Mealtime difficulties (picky eaters, complaining, etc.)						1 2 3 4 5
4. The kids don't listen—won't do what they are asked without being nagged.						1 2 3 4 5
5. Baby-sitters are difficult to find.						1 2 3 4 5
6. The kids' schedules (e.g., preschool, school naps, other activities) interfere with meeting your own or household needs.						1 2 3 4 5
7. Sibling arguments or fights that require a "referee".						1 2 3 4 5
8. The kids demand that you entertain or play with them.						1 2 3 4 5
9. The kids resist or struggle over bedtime with you.						1 2 3 4 5
10. The kids are constantly under foot, interfering with other chores.						1 2 3 4 5
11. The need to keep a constant eye on where the kids are and what they're doing.						1 2 3 4 5
12. The kids interrupt adult conversations or interactions.						1 2 3 4 5
13. Having to change your plans because of an unpredicted child need.						1 2 3 4 5
14. The kids get dirty several times a day, requiring changes of clothes.						1 2 3 4 5
15. Difficulty getting privacy (e.g., in the bathroom).						1 2 3 4 5
16. The kids are hard to manage in public (grocery store, shopping centre, restaurant).						1 2 3 4 5
17. Difficulties in getting kids ready for outings and leaving on time.						1 2 3 4 5
18. Difficulties in leaving kids for a night out or at school or day care.						1 2 3 4 5
19. The kids have difficulties with friends (e.g., fighting, trouble getting along, or no friends available).						1 2 3 4 5
20. Having to run extra errands to meet kids' needs.						1 2 3 4 5

You are half way there.

Time to put down your pencil and **take a break!**

Help yourself to some refreshments!

SECTION C

The following questions have to do with things that you and your child do together.

	Think back over your behavior with your child over the past couple of weeks. For each of the following statements, check ✓ how frequently each happens for you and your child. If you have more than one child, answer the question thinking about your **oldest child who is under 6 years of age**. **Over the past couple of weeks:**	Never	About once a week or less	A few times a week	One or two times a day	Many times each day
1.	How often did you and your child laugh together?					
2.	How often did you praise you child, by saying something like "Good for you!" or "What a nice thing you did!" or "Great job!"					
3.	How often did you and your child talk or play with each other (focusing attention on each other for 5 minutes or more) just for fun?					
4.	How often did you and your child hug or cuddle?					
5.	How often did you do something special with your child—something that he/she enjoys?					
6.	How often did you play games with your child?					
7.	How often did you go for a walk with your child?					
8.	How often did you ignore your child when he/she was fussy or upset?					
9.	How often did you play make-believe with your child?					
10.	How often did you smile at your child?					
11.	How often did you tell your child that you love him/her?					
12.	How often did you spend 10 or more minutes of quiet time with your child?					
13.	How often did you read with your child?					
14.	How often did you hold your child when he/she was scared or upset?					
15.	How often did you and your child argue?					
16.	How often did you praise your child for learning new things?					

Just about all children break the rules, do things that they are not supposed to do, or do things that their parents don't like. And, parents react in different ways. How do you react? Check ✓ how often you react in each of the following ways to your child.

Thinking about your **oldest child under 6 years old**, when your child breaks the rules, does things he/she is not supposed to do, or does things that you don't like, **how often do you**:	Never	Once a week or less	A few times a week	One or two times a day	Many times each day
1. Ignore it, do nothing					
2. Calmly explain to your child why what he/she is doing is wrong					
3. Spank your child					
4. Get angry					
5. Send your child to the corner, the bedroom, etc.					
6. Promise your child a treat if they behave					
7. Raise your voice or yell at your child					
8. Try to distract your child from the problem behavior					
9. Use time out					
10. Try to make your child feel bad or ashamed					
11. Become upset or lose your temper					
12. Give your child a choice between acceptable behaviors					
13. Threaten to punish your child, but not do it					
14. Tell your child that he/she is a bad girl or bad boy for misbehaving					
15. Praise your child for stopping something he/she had been told not to do					
16. Think that your child is purposely doing it to make you angry or embarrass you					
17. Withhold your affection (ignore child, not give hugs or kisses) to get child to behave.					
18. Let your child have his/her way					
19. Take away a privilege (like playing or watching TV)					
20. Use the situation as an opportunity to teach your child					

The following set of statements is about typical things parents do when they are faced with a problem with their children. If you have more than one child, think about your oldest child under 6 years of age. Check ✓ how often you respond in each of the following ways when you have a problem with your oldest child under 6 years of age.

Think about how you typically respond when you are faced with a problem with your **oldest child under 6 years old**. Check ✓ how often you would respond in that way.	Never	Rarely	Sometimes	Usually	Always
1. When I have a problem with my child, I believe that there is a solution for it.					
2. When I have a problem with my child, I try to avoid thinking about it.					
3. When my child is causing a problem, I react quickly before I have time to think about it.					
4. I feel afraid when I have an important problem to solve concerning my child.					
5. If my first efforts to solve a problem with my child fail, I get angry and frustrated.					
6. When my first efforts to solve a problem with my child fail, I think that if I keep trying and do not give up easily, I will be able to find a good solution.					
7. When making decisions about my child, I carefully think about and compare the pros and cons of different options.					
8. When there is a problem with my child, I become depressed and can't do anything.					
9. When I am trying to solve a problem with my child, I act on the first idea that comes to mind.					
10. When my child is causing a problem, I try to think of why he/she is behaving that way.					
11. When there is a problem with my child, I'm too embarrassed to tell anyone about it.					
12. When my child is causing a problem, I tell myself to stop and think about what is happening before reacting.					
13. When I am having a problem with my child, I ask others for help.					
14. When I am attempting to solve a problem with my child, I think of as many different solutions as possible until I cannot come up with any more ideas.					
15. Before I take an action to solve a problem with my child, I ask myself to think about what will happen if it doesn't work.					
16. I get discouraged when I keep trying to deal with a problem with my child and nothing seems to be working.					

The following set of statements is about how you feel about yourself as a parent.

For each statement, put a check ✓ in the column that shows how much you agree or disagree with the statement.	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
1. The problems of taking care of a baby or young child are easy to solve once you know how your actions affect your baby or child.						
2. I meet my own expectations for expertise (knowledge and skills) in caring for my child.						
3. I would make a good role model for a new parent to follow.						
4. Being a parent is manageable, and any problems are easily solved.						
5. If anyone can find the answer to what is troubling my child, I am the one.						
6. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.						
7. Considering how long I've been a parent, I feel thoroughly familiar with the role.						
8. I honestly believe I have all the skills necessary to be a good parent to my child.						
9. Even though being a parent could be rewarding, I am frustrated now while my child is so young.						
10. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like I'm the one being manipulated.						
11. My mother/father was better prepared to be a good mother/father than I am.						
12. Sometimes I feel like I'm not getting anything done.						
13. I go to bed the same way I wake up in the morning—feeling I have not accomplished a whole lot.						
14. My talents and interests are in other areas, not in being a parent.						
15. If being a parent of a young child were more interesting, I would be motivated to do a better job as a parent.						
16. Being a parent makes me tense and anxious.						
17. Being a good parent is a reward in itself.						

Thank you VERY MUCH for participating in this study of Nobody's Perfect.

Appendix B: Focus Group Guiding Questions

Guiding Questions for the Focus Groups

1. Can you tell us why you came to *Nobody's Perfect*?

2. What do you think of its overall effectiveness?

3. What did you especially like about *Nobody's Perfect*?
   a. What the most important thing that you learned from the program?

4. Was there anything that you didn't like about *Nobody's Perfect*?
   a. If you could change just one thing about the program, what would it be?

5. What do you think of the *Nobody's Perfect* resources?
   a. Which of the books have you used the most?

   b. Which have you used the least?

   c. What did you think of the *Feelings* book?

   d. Did you receive a growth chart? Did you use it?

   e. Did you receive any other resources or handouts?

   f. Are there other resources that you would like/need?

6. Did you have one or two facilitators?
   a. How did your facilitators support you in your learning?

   b. Is there anything they could have done to make your group better?

7. Tell us what you learned.

8. Was the program too short, too long, or just right in terms of its length? Why? How long do you think it should be?
   a. Was there enough time to cover everything that you wanted to cover? What things would you have liked to cover that you didn't?

   b. Did you spend time on something that you thought could be omitted?

9. Have you taken part in other parenting programs? Which ones?
   a. What elements in the other programs did you find most useful?

   b. How does *Nobody's Perfect* compare to the other programs?

10. Did participating in *Nobody's Perfect* lead to any changes for you? Did it contribute to you thinking about changing something? How? (for 6 month follow-up, pursue change that occurred over time)

11. What recommendations for improving the program should we be taking back to the Public Health Agency of Canada?

Appendix C: Factor Analysis Results for Parenting Scales

Parental Nurturing Behaviour

The 16 nurturing items on page 9 of the participant questionnaire found in Appendix A, were subjected to a factor analysis using unweighted least squares analysis with promax rotation. Since there was no justification to argue that any emerging factors related to parental nurturing would be orthogonal, oblique rotation was used (Tabachinick and Fidell, 1989). Three factors with eigenvalues greater than one were obtained and accounted for 53% of the variance. We labeled the three factors: positive parent-child interaction; affection and encouragement; and cognitive stimulation. Only items with factor loadings greater than .40 were considered to contribute to a factor. Factor loadings over .40 for each item are presented in Table C1.

Table C1
Factor Loadings for Nurturing Items

Item Number and Statement following stem "How often did …"	Factor 1 Positive parent-child interaction	Factor 2 Affection and encouragement	Factor 3 Cognitive stimulation
1. you and your child laugh together	.40		
2. you praise your child		.59	
3. you and your child talk or play with each other …	.58		
4. you and your child hug or cuddle	.42	.46	
5. you do something special with your child …	.79		
6. you play games with your child	.57		
7. you go for a walk with your child			.52
8. you ignore your child when he/she was fussy …			
9. you play make-believe with your child			.67
10. you smile at your child	.59		
11. you tell your child that you love him/her		.80	
12. you spend 10 or more minutes of quiet time with …	.89		
13. you read with your child			.75
14. you hold your child when he/she was scared			
15. you and your child argue			
16. you praise your child for learning new things		.74	

Seven items had factor loadings of .40 or greater on the first factor and appeared to capture aspects of **positive parent-child interaction**. Since one item (#4. Hug or cuddle) loaded more strongly on the second factor, we decided to include it on that factor instead. A case could be made to include it on both factors. Scores on these six items loading solely on this factor were summed to produce a scale score for positive parent-child interaction.

Four items had factor loadings of .40 or greater on the second factor and appeared to capture aspects of **parental affection and encouragement**. Scores on these five items were summed to produce a scale score for affection and encouragement.

Finally, three items had factor loadings of .40 or greater on the third factor and appeared to capture parenting behaviours related to **cognitive stimulation**. Scores on these three items were summed to produce a scale score for cognitive stimulation.

Note that three items did not load on any of the factors. Two of the items (8 and 15) asked about negative behaviours and in hindsight it is not surprising that they did not contribute to any of the three factors that emerged from the factor analysis. Item 14 asked about a positive behaviour, but in relation to two situations—namely, holding a child when afraid AND holding a child when upset. This item was left blank more frequently than other items—it may have been that a parent would respond differently when a child was afraid than when a child was upset and thus had difficulty responding to this double-barreled question. This is a poor item and it is not surprising that it did not contribute to one of the three nurturing scales.

Parental Discipline Behaviour

The 20 discipline items on page 11 of the participant questionnaire found in Appendix A, were subjected to a factor analysis using unweighted least squares analysis with promax rotation. Again, since there was no justification to argue that any emerging factors related to parental discipline would be orthogonal, oblique rotation was used (Tabachnick & Fidell, 1989). Five factors with eigenvalues greater than one were obtained and accounted for 67% of the variance. We labeled the five factors: behaviour modification; positive discipline; anger and spanking; humiliation and withholding affection; and passive parenting. Only items with factor loadings greater than .40 were considered to contribute to a factor. Factor loadings over .40 for each item are presented in Table C2.

Five items had factor loadings of .40 or greater on the first factor and appeared to capture aspects of **behaviour modification** strategies. Since one item (#12. Give child choice between acceptable behaviours) loaded more strongly on the second factor, we decided to include it on that factor instead. A case could be made to include it on both factors. Scores on these four items loading solely on this factor were summed to produce a scale score for behaviour modification.

Five items had factor loadings of .40 or greater on the second factor and appeared to capture aspects of **positive parental discipline** or teaching approaches. Scores on these five items were summed to produce a scale score for positive discipline.

Four items had factor loadings of .40 or greater on the third factor and appeared to capture punitive approaches to discipline using **anger and spanking**. Scores on these four items were summed to produce a scale score for anger and spanking.

Four items had factor loadings of .40 or greater on the fourth factor and appeared to capture negative approaches to discipline that involved the use of **humiliation and withholding** of affection. Scores on these four items were summed to produce a scale score for humiliation and withholding affection.

Finally, two items had factor loadings of .40 or greater on the fifth factor and appeared to capture aspects of **passive parenting** or relinquishing control to the child. Scores on these two items were summed to produce a scale score for passive parenting.

Note that Item 13 (Threaten to punish your child, but not do it) did not load on any of the five factors and thus was not included on any of the discipline scales. Also note that Item 12 (Give your child a choice between acceptable behaviours) loaded almost identically on two factors (Factor 1 and Factor 2). In calculating scale scores, it was included only on the second factor (positive parental discipline) for which it seemed to have a stronger conceptual fit. A case could be made to include it on both factors.

Table C2
Factor Loadings for Discipline Items

Item Number and Abbreviated Statement	Factor 1 Behaviour modification	Factor 2 Positive parental discipline	Factor 3 Anger and spanking	Factor 4 Humiliation and witholding affection	Factor 5 Passive Parenting
1. Ignore it, do nothing					.51
2. Calmly explain to your child why…		.75			
3. Spank your child			.40		
4. Get angry			.74		
5. Send your child to the corner, the bedroom, etc.	.87				
6. Promise your child a treat if they behave	.68				
7. Raise your voice or yell at your child			.67		
8. Distract your child from the problem behaviour		.67			
9. Use time out	.99				
10. Try to make your child feel bad or ashamed				.56	
11. Become upset or lose your temper him/her			.93		
12. Give your child a choice between acceptable …	.41	.42			
13. Threaten to punish your child, but not do it					
14. Tell child he/she bad for misbehaving				.78	
15. Praise your child for stopping …		.80			
16. Child purposely making you angry/embarrassed				.58	
17. Withhold affection…to get child to behave				.84	
18. Let your child have his/her way					.78
19. Take away a privilege	.60				
20. Use the situation as an opportunity to teach…		.79			