

**A Performance Measurement System for Nobody's Perfect Parenting
Program**

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EXECUTIVE SUMMARY

INTRODUCTION

Based on primary and secondary research, this report proposes a performance measurement system (PMS) for Nobody's Perfect (NP) program. In doing so, it highlights the approaches, tools, and resources that are needed to implement and sustain the developed plan. This project endeavoured to develop a PMS for NP because the current performance measurement structure in place does not adequately determine the worthiness of the program, return on investment, or the impact the program has on the population.

BACKGROUND

Nobody's Perfect is a parenting program that was developed by Health Canada and the health departments of four Atlantic provinces in the 1980s. It has since gained popularity and is being implemented across Canada and internationally. This program provides health education to participants and acts as a health promotion intervention to improve social determinants of health. The Nobody's Perfect program is now housed under the Health Promotion and Chronic Disease Prevention Branch of the Public Health Agency of Canada (PHAC).

Nobody's Perfect is a six to eight week program that can be delivered in groups or on a one-on-one basis. This program targets participants experiencing challenging life circumstances such as social or geographic isolation, young parenthood, single parenthood, limited education, and low income. The goal of the program is to improve parents' capabilities to maintain and promote the health of their young children with the other goals being:

- To increase participants' knowledge and understanding of their children's health, safety and behaviour;
- To effect positive change in the behaviour of participants in relation to their children's health, safety and behaviour;
- To improve participants' confidence and self-image as parents;
- To improve participants' coping skills as parents; and,
- To increase self-help and mutual support. (Atlantic Regional Health Promotion Committee, 1989, p.10; Skrypnek & Charchun, 2009, p.1).

The goals of this program are achieved through providing health education and support to participants with the aim of changing their behaviours to improve the health of their children. Therefore, the program was developed using many theories that support the goals of this program.

The Nobody's Perfect parenting program is offered by trained facilitators. To deliver and sustain this parenting program, there are three levels of trainings: master training, train the trainer training, and facilitator training. The master training is administrated by the PHAC whereas the train the trainer and facilitator trainings are administered at the provincial/territorial levels.

Although there have been numerous program evaluations since the implementation of the program, a formal national performance measurement system has not been implemented. In the age of New Public Management and new public/political governance, it is important to know if programs implemented by governmental and not-for-profit organizations are effective, accountable, and delivered as efficiently as possible. Therefore, the aim of this report is to present a performance measurement system for the NP program.

METHODOLOGY AND METHODS

This research project used both a qualitative and quantitative methodological approach and was primarily designed as a needs assessment study. The data collection tools used to identify the needs were a focus group, an online survey and a document review. Specifically, the focus group and survey targeted stakeholders of the program to ascertain their views on the current and future state of performance measurement for NP. The stakeholders included provincial/territorial coordinators, master trainers, trainers, program administrators and facilitators. There were six focus group participants and 111 survey participants. The document review provided additional information related to the tools currently being used to collect performance data. The focus groups and survey findings were analyzed using thematic analysis. The documents were reviewed for congruency with each other, validated tools and consistency with PHAC's Nobody's Perfect Program Annual Program Report.

KEY FINDINGS

The findings from this study described the current and desired state of performance measurement for the NP program. These findings are divided into two sets of information: 1) results about parent support and the education component; and 2) results about the training components. Under each of these two components, the findings are further divided into the different types of measures: inputs, outputs and outcomes.

These findings showed that only outputs for the NP parent education and support component are currently being measured and that different provinces/territories are using different methods and tools to collect performance data. They further indicated that the participants in the study are interested in measuring program performance, especially program outcomes.

The findings also illuminated the gaps that need to be filled such as consistent performance indicators and tools and an approach to sustain and monitor the proposed performance measurement framework. Indeed, a consistent way to record, analyze and report the performance information is required. Overall, it was found that a PMS needs to be developed and implemented based on the needs of the stakeholders, the logic model and best practices in performance measurement to address the identified gaps.

DISCUSSION AND ANALYSIS

The findings related to what the most effective indicator for measuring NP program was found to be congruent with the logic model. The 12 Steps to Designing and Implementing a Performance Measurement System is used to develop the performance measurement plan for the NP program. This plan incorporates and integrates the findings from the literature review, stakeholders and the logic model to develop key performance indicators for each program component. The key performance indicators are identified for the parent education and support component and the training component of the program.

KEY INDICATORS FOR PARENT EDUCATION AND SUPPORT

For the parent education and support component, the input performance indicators include: amount of monies and staff time for planning and implementing the program, monies spend on recruitment of participants, snacks, transportation allowance and childminding costs. Outputs that are identified as important to measure for NP include: number of participants, number of groups, number of sessions the participants attended, the number registered for the program and the number completing the program. Although many outcome indicators are identified as important to measure for NP, only the top four based on the findings from the stakeholders, logic model, and literature review are identified and proposed in the report. These outcomes are parenting knowledge, parenting skills, self-efficacy and satisfaction. Lastly, it is deemed important to measure demographic information of the participants to provide context to the performance information.

KEY INDICATORS FOR TRAINING

Much like the parent support and education component, important input, output and outcomes indicators for training are identified. The inputs that should be monitored are the time required to prepare and implement the trainings, cost of the materials used for training, location costs, and any other costs incurred as a result of the training. The outputs that are important to measure for training components are the number of individuals trained, and the number of training sessions completed for the year. Lastly, the outcome indicators for training consist of the values and philosophies of NP (experiential learning cycle, participant-centered approach, strength based learning and adult education principles), feelings of support and usefulness of training materials. The proposed performance measurement plan consists of all these measures.

OPTIONS TO CONSIDER AND RECOMMENDATIONS

Based on the findings of this report, four options are developed for the PHAC to consider:

- Option 1: Maintain status quo.
- Option 2: Implement a three-tiered performance measurement plan.
- Option 3: Conduct further research.
- Option 4: Implement a three-tiered PMS for the parent education and support component while conducting further research for the training components of the PMS.

The first option would be the least resource intensive of all options. Things will continue to function as they are and the needs of the stakeholders will not be met. The program's efficiency or effectiveness cannot be determined without costly program evaluations. The second option requires more resources, but allows for determination of effectiveness and efficiency of the program depending on the level of performance measurement system implemented. The third option requires the client to further study the resources needed to implement the system wholeheartedly and to refine and validate the tools developed for performance measurement of the training component of the program. The fourth option allows the client to implement a piece of the PMS while conducting further research to develop and refine the PMS for the training components. This will meet the needs of the stakeholders while at the same time allow for more research so that the tools used to measure the training components can be validated. This will also allow for infrastructure to be in place when the training component of the PMS is ready.

Given the options above and the current resources, the fourth option is deemed to be the most viable option. With this option, organizations will be able to choose which tier of the PMS they would like to implement based on their capacity for the parent education and support component. At the same time, further research can be conducted for the training components of the program. This report recommends implementing the fourth option because it meets the needs of the stakeholders and requires fewer resources than implementing a PMS for all components of the program. In order to implement the fourth option, three factors are important to consider: secure funding, online database and incremental implementation. The development of the PMS followed best practices in developing and implementing a PMS to mitigate the risks associated with the system. It is imperative; however, that feedback from system users are received on a regular basis and changes to the system are made based on the received feedback.

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1.0 INTRODUCTION

Parenting programs are implemented in many countries across the world because it is believed that these programs will help prevent crime and educational failures as well as improve the social and emotional well-being of children (Bloomfield & Kendall, 2012, p.365). Recently, there has been a stronger push for evidence-based parenting programs in the international arena (Winter, Morawska & Sanders, 2012, p.85). Yet this is not a surprise because it has also been recently found that the prevention of crimes, educational failures, and mental health problems are more economically sound than treating them after they have occurred (Aked et al., 2009, p.16-17; Stevens, 2014, p.115). Therefore, parenting programs serve as a public health intervention with the ultimate societal goal of preventing socio-economic challenges for children in the future and at the same time potentially reducing the financial costs of treating child behavioural challenges.

There are many parenting programs such as Incredible Years, Positive Parenting Program, Make the Connections, Positive Parenting in Everyday Discipline and Nobody's Perfect (NP) where the goal is to improve child outcomes. Nobody's Perfect is a Canadian born parenting program that was developed in the 1980s by Health Canada and the four Atlantic provinces to aid with the achievement of positive child health outcomes. Since its inception, it has been implemented by many public and not-for-profit organizations across the country; however, the literature related to the outcomes of this program or this program in general is scarce. In the age of increased public accountability and call for increased implementation of evidenced-based programs, it is important for all programs implemented by the public and not-for-profit sectors to measure its performance.

Performance measurement is no easy task for a social program like NP because it is difficult to attribute actual outcomes to the program. Moreover, this task is further complicated because this program is implemented at the provincial/territorial levels across Canada and ergo, there is not always a level of consistency concerning type and level of services. At the same time, the development of performance measurement system (PMS) is challenging, resource intensive, and a time consuming process despite the positive aspects of measuring performance and because of this, there is significant variation amongst those who deliver services in terms of the focus on performance measurement.

This project develops a performance measurement plan that can be implemented by the Public Health Agency of Canada (PHAC) with minimal resources and with enough flexibility for it to be adapted by the various organizations implementing the program.

1.1 DEFINING THE PROBLEM

The Public Health Agency of Canada is interested in measuring the performance of NP program in Canada to demonstrate accountability and to support provinces/territories to more efficiently collect and submit performance data to them than what has happened in the past. The Public Health Agency of Canada is currently collecting some performance data, mainly output data (number of programs, number of participants, etc), from provinces/territories implementing the program on a voluntary basis.

The data currently collected does not adequately identify the effectiveness and/or efficiency of this program. Thus, with current data collection, PHAC is not able to prove the worthiness, return on investment or impact on the population by this program. Likewise, Skrypnek and Charchun (2009) affirm that the lack of empirical evidence has added to the fading popularity of this Canadian parenting program at the time of their research (p. 46). Another challenge is that there is no funding allocation for NP performance measurement currently. It is assumed that if a performance measurement plan is developed, this plan can be used by the client to devise a business case for funding for performance measurement of NP in the future.

1.2 PROJECT CLIENT

The Public Health Agency of Canada is an agency of the federal government that was created in 2004 and is responsible for public health in Canada. The Agency's goals are to keep people healthy and prevent illness, injury and premature death (PHAC, 2014, p.4). Related, the agency's mission is "to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health" (PHAC, 2015, mission). One of the programs in which PHAC provides leadership to accomplish its mission is the NP program. The Nobody's Perfect program is housed under the Health Promotion and Chronic Disease Prevention branch of the PHAC. The branch oversees national coordination of the program, program materials, curriculum, program standards, policies and procedures, and master training. The other components of the program are coordinated at the provincial/territorial and/or municipal levels (PHAC, 2011, March 1).

Keeping with its mandate to provide leadership through national standardization and recognizing the need for improved performance monitoring and reporting in the face of New Public Management, PHAC is committed to developing a Performance Measurement System (PMS) that can be used by organizations implementing the program. (New Public Management is the utilization of private sector management strategies in public sector (Lane, 2000, p.6)). With the implementation of the PMS, PHAC hopes to gather consistent data across all provinces and territories for performance reporting. In addition, it is assumed that the organizations utilizing the system will be able use the data for their own performance reporting and improvement.

1.3 PROJECT OBJECTIVES

The aim of this project is to develop a performance measurement system for NP. The research question answered in this project was: What are the most effective performance indicators to measure the NP program? The sub-questions that were examined in this study were:

- What data collection approaches/tools are needed to measure the identified performance indicators?
- What resources are needed to implement the most effective framework for the NP program?

This project identifies options to consider and provides recommendations to PHAC on what the most effective performance measurement framework is for the NP program. It develops a national PMS for NP utilizing the 12 Steps to Designing and Implementing a Performance Measurement System developed by McDavid et al. (2013, p.341). The report develops a performance measurement framework for PHAC to consider that includes a logic model with input from stakeholders. Because the program is implemented by numerous agencies that are both public and not-for-profit, it must also be recognized from the outset that it may not be possible to develop a system that would satisfy the needs of all the organizations implementing the NP program.

Therefore, this project endeavours to develop a PMS with numerous levels for PHAC to consider based on the various stakeholders and service delivery models. The first level will consist of core performance indicators that are important to measure for all organizations implementing NP. The second level of the system builds on the first level by adding more indicators for organizations that have more capacity for performance measurement. The last and final level builds on the first two levels and consists of an ideal performance measurement plan for NP. As a part of the PMS, the indicators as well as the approach needed to collect the necessary data and the resources needed are also identified.

It is believed that the options and recommendations put forward in this project will provide viable answers to the question of what is the most effective performance measurement framework for NP. Moreover, it will identify tools and resources needed to implement the PMS. It is hoped that the PHAC will be able to use this report to make a business case to secure funding and potentially implement the performance measurement plan developed herein.

1.4 ORGANIZATION OF THE REPORT

This report is divided into seven sections: Background, Literature Review, Methodology and Methods, Findings, Discussion and Analysis, Options to Consider and Recommendations, and Conclusion. Each of these sections are intended to build on each other. The Background section sets the context for NP Program in Canada. It provides the history, components, goals and objectives as well as the administration model for the program.

The Literature Review section of the report examines and synthesizes the literature related to performance measurement, outcome measures of effective parenting program, NP, and ends with the conceptual framework. The NP literature review focuses on effectiveness and efficiency measures for NP. The Outcome Measures of Effective Parenting Program section refers to the literature on important measures that show success of parenting programs and attempts to find measures and tools that have been used to measure programs that may also be utilized for NP. The Performance Measurement section reflects what performance measurement is, its benefits, challenges and best practices. Lastly, the Conceptual Framework section presents a brief description of the theories that influenced NP and its implementation model. Further, a framework for NP based on the premise of the theories is provided. It also discusses the logic modelling approach recommended by the Treasury Board Secretariat of Canada and presents a logic model for NP that can be utilized for performance measurement purposes.

The third section is the Methodology and Methods section, which consists of the methodology and methods used to arrive at the answers to the research questions. This project uses both qualitative and quantitative methods to collect data. A needs assessment methodology is followed using focus groups, online survey and document review to collect data from stakeholders in the project. The data is analyzed using thematic analysis.

Following the methodology and methods section is the findings section. It describes the results of the stakeholder consultations. These are categorized according to results of feedback for the logic model, current state, future state and resource requirements. This section combines the results from the various methods of data collection: focus group, survey and document review under these categories.

After the Findings is the Discussion and Analysis. This section combines the literature review with the findings of the study and develops the PMS using the 12 Steps to Developing and Implementing a Performance Measurement System. It describes key performance indicators, tools that can be used to measure the indicators as well as an estimate of resources needed to implement the proposed PMS.

Following the Discussion and Analysis is the Options to Consider and Recommendations. There are four options for the PHAC to consider: (1) maintain status quo, (2) adopt three-tiered performance measurement system, (3) do further research and (4) adapt three-tiered PMS for parent education and support component and conduct further research. It also makes recommendations and outlines a draft implementation plan for the recommendation.

Lastly, a conclusion is provided based on what is most feasible given the current situation. It also highlights the benefits and challenges with the recommendation provided.

2.0 BACKGROUND

2.1 INTRODUCTION

Nobody's Perfect (NP) is a community-based parenting program that was developed by Health Canada and the departments of health in New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island in the early 1980s (Health Canada, 2000, p. 5; Skrypnek & Charchun, 2009, p. 1). This health promotion program became national in 1987 and is now implemented in every province and territory in Canada. It has also gained popularity internationally and is implemented in numerous countries outside of Canada.

Nobody's Perfect is a six to eight week program that is facilitated or co-facilitated by a trained NP facilitator in groups (Skrypnek & Charchun, 2009, p. 2). It may also be delivered on a one-on-one basis. The program targets clients who have children under the age of six and who are experiencing challenging life circumstances. Nobody's Perfect is intended to meet the needs of parents who are young, single, isolated, low income or have little formal education (Health Canada, 2000, p.3).

2.2 GOALS OF NP PROGRAM

The overall goal of NP is to improve the capabilities of participants to maintain and promote the health of their children aged 0-5 (Skrypnek & Charchun, 2009, p.1; Atlantic Regional Health Promotion Committee, 1989, p.10). Within this overarching goal are the following sets of secondary goals for NP:

- To increase participants' knowledge and understanding of their children's health, safety and behaviour;
- To effect positive change in the behaviour of participants in relation to their children's health, safety and behaviour;
- To improve participants' confidence and self-image as parents;
- To improve participants' coping skills as parents; and,
- To increase self-help and mutual support. (Atlantic Regional Health Promotion Committee, 1989, p.10; Skrypnek & Charchun, 2009, p.1).

The goals of the NP program are centered around behaviour modification of caregivers attending the program. Four out of the five goals focus on changing behaviours of the caregivers to improve their skills so that they can enhance their parenting capacity. Parenting capacity is defined as "the parents' ability to nurture their children, protect them from risk and enhance their developmental experiences" (NSW Department of Community Services, 2006, p.1). Parenting capacity can be assessed by assessing skills and behaviours of parents in the areas of basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, and stability (NSW Department of Community Services, 2005, p.34). Parenting capacity is affected by child's developmental needs and their environmental context. The program also recognizes the interplay between these three factors as evidenced by the following beliefs or tenets:

1. Health problems must be viewed both in terms of individual and social factors.
2. Group activities can provide an opportunity for mutual support, constructive peer criticism, self-help and education.
3. Parents want to be healthy, good parents. They want information, encouragement and companionship.
4. To be born poor is to face greater likelihood of ill health.
5. Income, cultural and social milieu and the community in which we live largely determine the extent to which we are and can be concerned about, or devote resources to child health.
6. Support systems, such as an extended family network, are not readily accessible to all

- parents.
7. Initially, parents are more likely to respond to a resource that can meet their children's needs than to one designed to meet their own needs. However, parents' needs should not go unrecognized, for when neglected, children's needs also suffer.
 8. Solutions should be practical, inexpensive, and positive.

(Atlantic Regional Health Promotion Committee, 1989, p.9).

The Nobody's Perfect's program's tenets also speak to many theories that support the dimensions of parenting capacity such as ecology theory, mutual aid theory and adult education theories. A more in-depth look at the theoretical basis of this program is described in the Conceptual Framework section of this report.

One of the main foundations of this program is the concept of participant-centered approach. Because of its strong support of this concept, the participants in the program are equal partners in the learning process. Participants are encouraged to identify their needs and interests from the program (Atlantic Regional Health Promotion Committee, 1989, p.11). Facilitators tailor the program to the needs of the participants and encourage sharing of experiences and facilitate learning from the participants' experiences. Due to the participant-centered nature of the program, the facilitators in consultation with the participants decide on the topics and use teaching tools to suit the learning styles of participants.

2.3 NOBODY'S PERFECT PROGRAM AND RESOURCES

This program provides books to the clients in the program that reflect the five main topics that are covered in the program: Body, Safety, Mind, Behaviour, and Parents. These easy to read books were revised and the new versions were released in January 2016. The new versions have colourful illustrations and messages that tell readers where they can go for more help or information. These resources are given to participants free of charge. The Body book discusses issues about child's health and well-being such as childhood illnesses and healthy eating. The Safety book focuses on injury prevention and the Mind book provides information about child growth and development through the various ages and stages of development. The Behaviour book illustrates age appropriate behaviours and strategies for getting children to behave whereas, the Parent book focuses on parental health, wellbeing being and self-help. While there are parent resources available, there is no set curriculum for the program. Additionally, child care, snacks and transportation support are provided for the participants to reduce barriers to attendance. For those who are interested in the program, but are not able to attend a group, the program can be delivered on a one-on-one basis.

The program is unique in its ability to deliver the program a one-on-one basis, and with its flexible and adaptable curriculum. This uniqueness of the program is both a strength and a challenge. It is a strength because it is consistent with the principles of adult education and allows for tailoring the program to suit the needs of participants. On the other hand, it is a challenge when it comes to performance measurement and evaluations because there is not a standard curriculum for all facilitators to follow. What is covered by one facilitator may be different from what is covered by another facilitator. Challenging yet again is that the same facilitator conducting two groups may deliver different content to different groups. Although there may be differences with the content covered, all NP programs must adhere to the philosophy and principles of NP.

2.3 NOBODY'S PERFECT PROGRAM AND TRAINING

The philosophy and principles of NP are taught in the facilitator trainings. The NP Facilitator Training's objectives are:

- To help participants to understand the purpose of NP and to become familiar with the parents for whom the program is intended;

- To help participants to experience and understand the key concepts that form the basis of NP: the participant-centered approach, the experiential learning cycle and respect for other people's values;
- To familiarize participants with the role of a NP facilitator and the skills she or he uses;
- To familiarize participants with the materials and resources of NP;
- To offer participants the opportunity to practice facilitating a group through all the stages of NP; and
- To help participants become aware of both their strengths and the areas where they need to make an extra effort (Health Canada, 2003, p.iii-iv).

The facilitator trainings are implemented by trained trainers. These training sessions are also interactive and based on the principles of adult education. Participants who participate in facilitator training experience the feel of facilitating a NP program and gain knowledge and skills to be a NP program facilitator.

To become a NP trainer, qualified facilitators attend train-the-trainer training sessions. The NP train-the-trainer training is implemented by master trainers. The goals of train-the-trainer training is to ensure that trainers are skilled in applying the philosophies and principles of NP, have a thorough understanding of the history and targets of NP, and the necessary knowledge and skills to train facilitators.

The NP master training is different from other levels of training. To become a master trainer, the individual completes an application form stating their qualifications. In addition to the application form, the individual must also complete a self-study package. These forms and the modules from the self-study package are submitted to PHAC. Next, the application is reviewed by the Master Training Standardization Committee. Figure 1 depicts the recommended pathway to becoming a NP Master Trainer and the different levels of trainings.

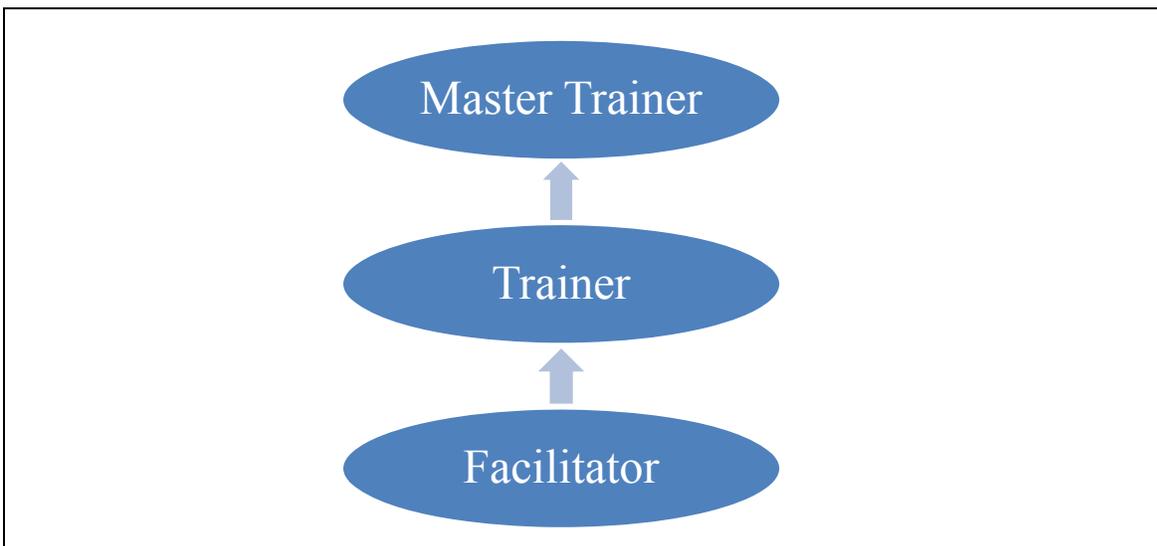


Figure 1. A recommended path of progression from facilitator to master trainer.

2.5 NOBODY'S PERFECT ADMINISTRATION

As a result of NP facilitator training, there are about 5,000 trained facilitators in Canada (PHAC, 2011, Who facilitates Nobody's Perfect programs?). Facilitators may be community workers, parents or public health nurses (PHAC, 2011, Who facilitates Nobody's Perfect programs?). The PHAC provides national coordination and leadership through a national coordinating committee with representation from the provinces and territories by the provincial/territorial coordinators. The provincial/territorial coordinators have their own coordination system within each of the provinces/territories because programs are delivered by not-for-profit and/or public organizations in the local communities. The facilitator and train-the-trainer trainings are coordinated at the provincial levels whereas the master trainer training and program standards are coordinated at the national level. Figure 2 illustrates the current administrative model for NP. There may be variations to this model in certain provinces and/or territories.

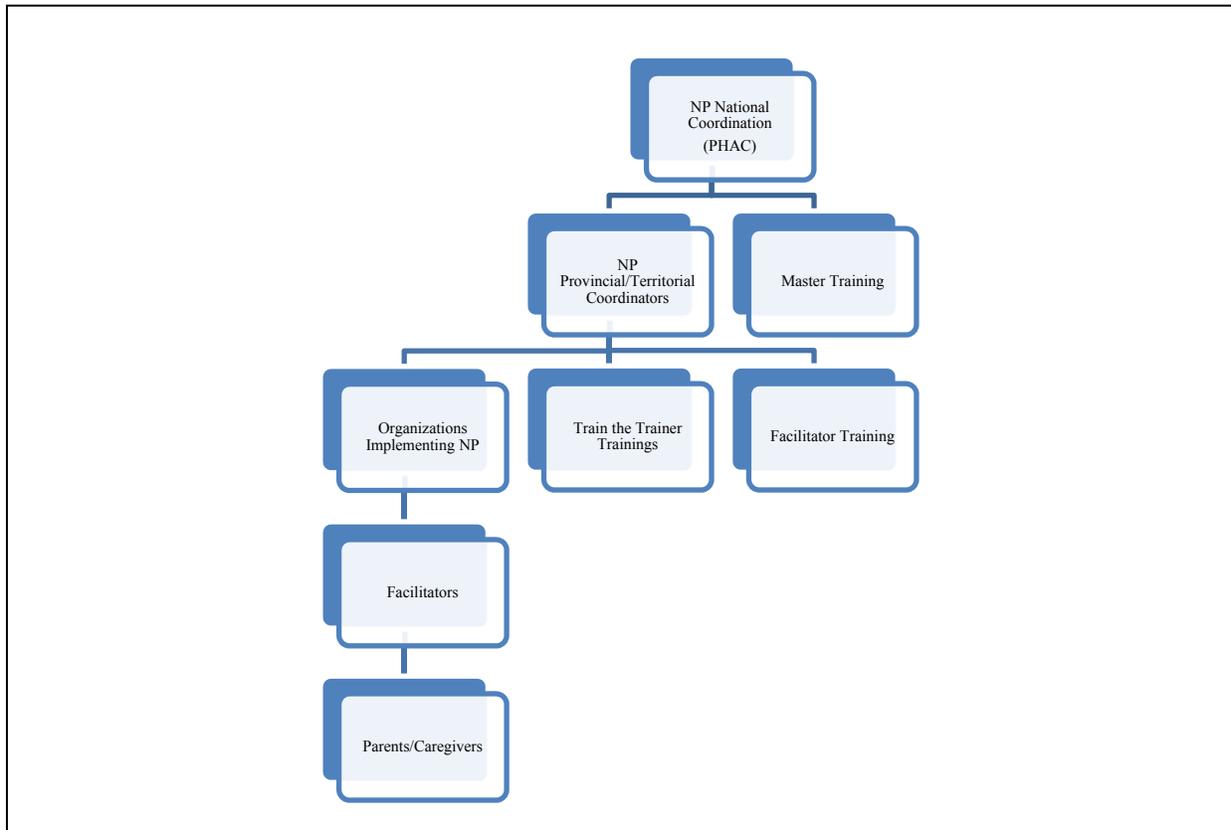


Figure 2. Administrative model for Nobody's Perfect.

2.6 SUMMARY

The Nobody's Perfect program is the result of collaboration between many health units and Health Canada in the 1980s. This program has grown in Canada as well as internationally since its inception. The goals, values and beliefs of the program, its flexibility, trainings and local administrative structures have contributed to the program's growth and success over the past three decades.

3.0 LITERATURE REVIEW

A literature review was undertaken to understand what performance measurement is, identify outcomes of effective parenting programs and to review literature about Nobody's Perfect (NP). The University of Victoria's Summons' database was used to search for articles, books and government publications related to performance measurement, outcomes of effective parenting programs, and NP. The terms used to search for literature included the following: performance measurement, performance management, best/smart practices, limitations/challenges related to performance measurement. There were millions of items identified by Summons' database for these key search terms. The literature search for outcomes of effective parenting programs yielded a lower number of items than the search for performance measurement - only around 70, 000 articles; whereas, a search for NP displayed only 21 items.

The results of the literature review are presented in three sections. The first section describes the purpose of performance measurement, its strengths and limitations, and the best/smart practices in the field of performance measurement focusing on the public and non-profit sectors. The second section outlines measures that are indicative of effective parenting programs and the last section describes the literature about NP.

3.1 PERFORMANCE MEASUREMENT

Performance measurement generally means measuring the degree to which expected outcomes or targets have been achieved. It is a systematic way of regularly collecting information for monitoring of how a program, policy or strategy is achieving its expected results. (Department of Justice Canada, 2004, p.2; McDavid, et al., 2013, p.311; Hatry, 1999, p.3). Regular data collection, analysis and reporting of performance enhance accountability to the public. Through public reporting of performance, accountability to tax payers is established (Pollitt, 2003, p.4; McDavid, et al, 2013, p.317). Further, results from performance measurement helps to improve performance through evidenced-based decision-making. Public accountability and improved performance are consistent with the tenets of New Public Management (McDavid, et al., 2013, p.315). Hence, the public and not for profit sectors have embraced performance measurement as the tool for results based management (McDavid et al., 2013, p.315). This is evidenced by the federal government and many provinces and territories in Canada implementing formal performance measurement systems (PMS) (Ontario Ministry of Municipal Affairs and Housing, 2007, p.6).

Performance measurement systems incorporate many aspects. A logic model is used to determine which aspects of the program to measure. Indicators under the categories of inputs, outputs and outcomes are measured in a PMS. Input measures pertain to things like the amount of resources used for the program. This information can be used to perform efficiency and cost benefit analysis. The output measures in a PMS keep track of direct results of the activities of the program. The outcomes pertain to the effectiveness of the program. This consists of measuring the changes in participants as a result of having completed a specific program. Of course, the main purpose of the system will determine the focus of the measurements.

In contrast, some measures are not easy to classify. Hatry (1999) notes that some indicators such as customer satisfaction is challenging to categorize as outputs or outcomes (p.23). He recommends that customer satisfaction be categorized as outcome because donors and elected officials treat this as an outcome (Hatry, 1999, p.23). Moreover, these should be treated as immediate outcomes because these are experienced directly after a service is completed. Satisfaction with a service does not mean that outcomes of the service will be achieved. In order to measure if the program has met its intended outcomes, the outcomes themselves must be measured.

There are two main types of measures that are used to measure performance outcomes: efficiency and effectiveness. Efficiency measures are useful in determining how effectively the funds have been spent. These measures can help answer questions like, is there room for improving the efficiency of a program? This can be measured by keeping

track of inputs and calculating the inputs per person at a program, or per program. The effectiveness measures pertain to the impact the program has had on participants; these are more time intensive to measure and requires participation from clients in the program.

3.1.1 PERFORMANCE MEASUREMENT BENEFITS

The public sector has embraced performance measurement because of its benefits. The Ontario Ministry of Municipal Affairs and Housing (2007) notes four major benefits to performance measurement: strengthens accountability, improves performance, stimulates productivity and creativity, and improves budget processes (p.5). Performance measurement strengthens accountability by allowing stakeholders to assess whether program has achieved its expected results. Reporting of performance data to citizens and politicians allows organizations to be accountable and transparent to its stakeholders (de Bruijin, 2002, p.580-581; McDavid, et al., 2013, p.318; Pollitt, 2003, p.4). The third benefit, stimulation of productivity and creativity is often accomplished by rewarding staff's creativity and productivity (Ontario Ministry of Municipal Affairs and Housing, 2007, p.6). Lastly, performance measurement improves budget processes by basing budget decisions on the performance of programs (Currstine, Lonti & Joumard, 2007, p.12).

By measuring performance, managers can assess the success and failures of their programs or organizations and make evidence based decisions to improve performance (Pollitt, 2003, p.4). Behn (2003), states managers have eight main reasons for measuring performance: (1) to evaluate how their program/organization is performing; (2) control employee behaviour; (3) make budget decisions; (4) provide motivation; (5) use to promote program or agency; (6) celebrate successes; (7) for learning what is and what is not working; and (8) to improve performance (p.588). It is evident from the literature that measuring performance has many benefits; however, it is not without risks.

3.1.2 PERFORMANCE MEASUREMENT LIMITATIONS

Even though performance measurement is seen as an "indispensible management tool for helping governments to become more efficient and effective in meeting public demands while reducing costs of services," it is not without faults (Agocs, 2005, p.10). In fact, the literature identifies numerous challenges and limitations to performance measurement. The political nature of performance reporting, gaming, measurements and the development and implementation of PMSs can pose challenges (Behn, 2003, p.599; Bevan & Hamblin, 2009, p.169; Feller, 2002, p.451).

Although, the publication of performance results show accountability, this can have negative consequences. Stakeholders, be it politicians or the public look at performance reports to see if the program met its expected outcomes. If expected outcomes are not achieved, the risks are numerous. Poor performance results present opportunities for funding risks. It could be that funding to the program is decreased or the funding is cut entirely. Moreover, negative performance reports give opposing party politicians the leverage they need to question the credibility of the current government.

The political nature of performance reporting may lead to gaming in high stakes environments. Many authors have in fact identified gaming in high stakes environments because staff come under pressure to perform and show positive results (Bevan & Hamlin, 2009, p.178, Feller, 2002, p.441 & Pollitt et al., 2010, p.22). For example, in the National Health System in England where rewards and sanctions are associated with performance, healthcare workers resorted to falsifying records and decreasing the quality of patient care to show achievement of expected targets (Bevan & Hamlin, 2009, p.170).

The performance measures themselves may pose challenges. Sometimes, the measures in the PMS do not actually measure what they need to measure. In some cases, wrong measures may be used, measurement may not take place at the right time, or the measures may be too broad to be meaningful (Agocs, 2005, p.10).

The most important challenge to performance measurement success is the manner in which PMSs are developed and implemented. Performance measurement systems that are top down and used for control are most often not successful (Agocs, 2005, p.10). In these cases, staff do not feel the system adequately measures performance and there is no buy in from staff to make the PMS a success. Furthermore, Arnaboldi and Azzone (2010) assert that the diverse nature of public sector, the wide range of users and difficulties defining targets and the lack of competencies contribute to difficulties in implementing a PMS (p.267). In order to minimize the risks associated with performance measurement, the literature identifies best practices in the field of performance measurement.

3.1.3 PERFORMANCE MEASUREMENT BEST PRACTICES

Bernstein (1999) makes the argument that the failures of PMSs are not due to flaws with the concept of performance measurement, but in the manner in which PMSs are developed and implemented (p.86). Despite there being limitations to performance measurement, it will continue to be a tool utilized by organizations (Feller, 2002, p.438). Therefore, it is important to mitigate and minimize the risks related to PMSs. Feller (2002) makes numerous recommendations to enhance success of PMSs: (1) do no harm, (2) agreement with respect to correct program theory, (3) stakeholder involvement in the development and implementation of PMSs, and (4) evaluate the PMS (p.449-450).

In order to mitigate the risks associated with performance measurement, scholars in the field have developed normative frameworks that can be followed by developers of PMS. Poister (2003, p.23) and McDavid et al., (2013, p.341) have developed frameworks to combat the challenges associated with developing and implementing the system. The framework by Poister (2003) focuses more on the technical/rational perspective of performance measurement. That is, on the development and components of the system itself. In contrast, the framework developed by McDavid et al., (2013) places importance on both the technical/rational perspective and the political/cultural perspective. McDavid et al., (2013) stress the importance of buy-in from stakeholders for the PMS to be successful (p.340). Research shows that the political context of performance measurement and buy-in are important to the success of PMSs, thus, the framework developed by McDavid et al., is used to develop a PMS for NP.

Table 1: 12 steps to designing and implementing a performance measurement system

12 Steps to Designing and Implementing a Performance Measurement System	
1.	<i>Identifying the organizational champions of this change.*</i>
2.	Understand what a performance measurement system can and cannot do and why it is needed.*
3.	<i>Establish multi-channel ways of communicating that facilitate top-down, bottom-up, and a horizontal sharing of information, problem identification, and problem solving.*</i>
4.	<i>Clarify the expectations for the uses of the performance information that will be created.*</i>
5.	<i>Identify the resources available for developing, implementing, maintaining, and renewing the performance measurement system.</i>
6.	Take the time to understand the organizational history around similar initiatives.*
7.	<i>Develop logic models for the program or lines of business for which performance measures are being developed.</i>
8.	Identify additional constructs that are intended to represent performance for aggregations of programs or the whole organization.
9.	Involve prospective users in reviewing the logic models and constructs in the proposed performance measurement system.*
10.	<i>Measure the key constructs in the performance measurement system.</i>
11.	Record, analyze, interpret, and report the performance data.
12.	Regularly review feedback from users and, if needed, make changes to the performance measurement system.*

* political/cultural perspective

Italics=critical steps for designing and implementing a performance measurement system

Note. Adapted from *Program Evaluation and Performance Measurement*, p. 341, by McDavid et al., 2013, Thousand Oaks, California: SAGE Publications Inc.

This framework consists of twelve steps for designing and implementing a PMS. Seven out of the twelve steps focus on the political/cultural aspects and the other five focus on the rational/technical aspects. Table 1 identifies the 12 steps in designing and implementing a PMS and highlights the steps that are involved in the political/cultural perspective. McDavid et al., (2013) also recognize that it may not be possible for every step in this framework to be followed and state that six out of these 12 steps are critical for the success of the PMS (p.340). The 12 Steps to Designing and Implementing a Performance Measurement System is shown in Table 1. This table also identifies the steps that are representative of the political/cultural perspectives as well as the steps that are absolutely vital to developing a successful PMS.

Furthermore, Agocs (2005) makes a compelling argument for performance measurement to be only one aspect of performance management (p.11). This view is also echoed by McDavid et al., (2013, p.7). Agocs (2005) identifies five elements of performance management: standards, measurement of performance, communication of performance, use of the information to compare to standards, and actions undertaken by organization to minimize or remove the gap between standards and actual performance (p.12). Once steps have been taken to reduce the gap, the cycle may start again with changes or no changes to the standards. This is depicted in Figure 3.

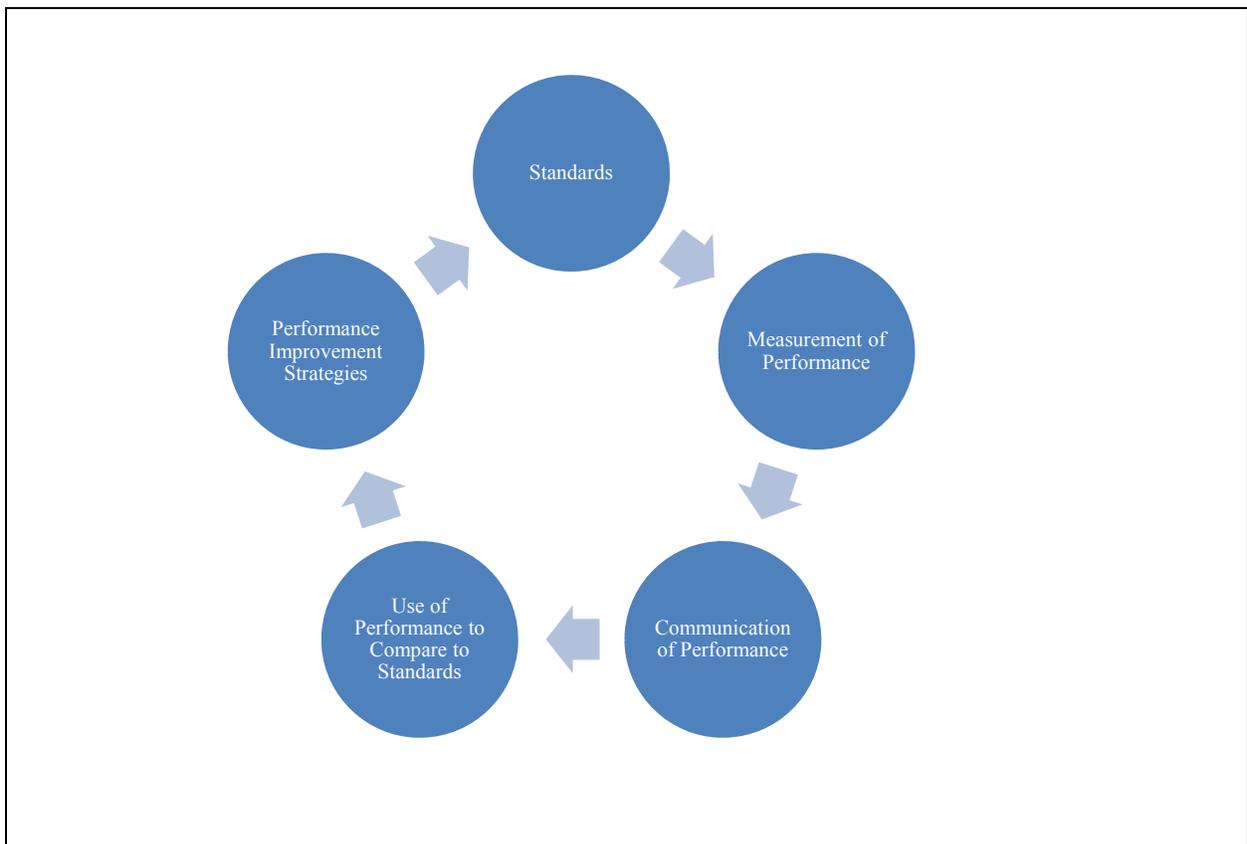


Figure 3. Performance management cycle

Note. Adapted from An Empowerment/Learning model of performance management for local government, in *Measuring to managing performance: Recent trends in the development of municipal public sector accountability* by Agocs, 2005, Toronto, ON: Institute of Public Administration of Canada.

This section summarizes the literature related to performance measurement, its benefits, risks and best practices. It is evident that there are both benefits and risks to performance measurement. Thus, care must be taken to develop and implement a PMS in order to realize the benefits of the system. Adhering to the best practices in performance measurement is vital to the success of the system. Thus, the next section looks at indicators that can be measured to show a parenting program's effectiveness.

3.2 OUTCOME MEASURES OF EFFECTIVE PARENTING PROGRAMS

A review of the literature revealed numerous measures that show a parenting program's effectiveness. These indicators are increased knowledge of child development, parental self-efficacy, parental competence, parenting skills and satisfaction (Benzies et al., 2013, p.1453). These indicators support the overall goal of most parenting programs to increase parenting capacity to prevent problems before they begin. In order to measure these outcomes, validated tools are needed.

There are numerous tools cited in the literature that measure knowledge of child development such as KEPS (Knowledge of Effective Parenting Scale) and KIDI (Knowledge of Infant Development Inventory) (Winter et al., 2012, p.85). Winter et al., (2012) tested the effectiveness of both these scales. They reported that KEPS was a better tool to measure child development knowledge; however, based on the results of the study, they conceded that "parents who knew more about effective parenting strategies also reported significantly less anxiety and less internalized problematic child behaviour, which was not the case when parents were assessed for knowledge of child development processes and milestones" (Winter et al., 2012, p.86). These findings suggest that it is more beneficial for parents to be armed with strategies to manage parenting challenges than with knowledge of child development (Winter et al., 2012, p.86).

If parents feel they have parenting strategies to deal with parenting situations their sense of parental self-efficacy is improved. Parental self-efficacy is an individual's perception of their competence in their parenting role (Bloomfield & Kendall, 2012, p.365). Positive parental self-efficacy has been associated with child developmental and psychosocial outcomes (Bloomfield & Kendall, 2012, p.365). There are many scales identified in the literature to measure parental self-efficacy (Barnett, Crncec & Matthey, 2010, p.210). Barnett, Crncec and Matthey (2010) reviewed six general parental self-efficacy scales and concluded that Parenting Stress Index-Competence subscale and Parent Sense of Competence Scale-Efficacy subscale are reliable and valid tools to measure parental self-efficacy.

Parenting skills are also indicative of effective parenting programs and can be measured using the Parenting and Family Adjustment Scales (PFAS). This is a 40 item scale that measures parenting practices, quality of parent child relationship, parental emotional adjustment, positive family relationships and parental teamwork (Sanders et al., 2014, p.256). Another scale that is available to measure parenting skills is the UpStart Parent Survey. This scale has a 10 item Parenting Knowledge and Skills subscale that can be used to measure parenting skills and knowledge (Benzies et al., 2013, p.1454). Both the PFAS and the UpStart Parent Survey have been validated.

The UpStart Parent Survey was developed in 2013 to measure parenting knowledge and skills, parenting experience and parenting satisfaction of preventative parenting programs by Benzies, Clarke, Barker and Mychasiuk in Alberta, Canada (Appendix A). This tool is proven to be a valid tool to measure improvement with parenting knowledge and skills and outcomes linked with family functioning (Benzies et al., 2013, p.1455). The Parenting Knowledge subscale consists of 10 items using a 7 point Likert scale from 1 (strongly disagree) to 7 (strongly agree). Higher score on this subscale means greater parenting knowledge. There is also a not applicable option for curriculum not covered. The Parenting Experience subscale has 11 items capturing outcomes related to self-efficacy, morale, social support, stress, emotional health, advocacy and family functioning (UpStart Parent Survey User's Manual, p.10). This also uses a 7 point Likert scale. Again, higher score indicates positive parenting experience. The last subscale relates to satisfaction with the program. This has both quantitative and qualitative measures. The quantitative section uses a 5 point Likert scale from strongly disagree to strongly agree. Higher scores indicate increased

satisfaction with the program (Benzies et al., 2013, p.1454). The qualitative data collected aids to support the quantitative information and provides ways to improve the program from participants' perspective.

Thus far tools to measure short and intermediate outcomes of parenting programs have been discussed. Almost all the articles in the literature identify improved parenting capacity as the long-term outcome of parenting programs. Therefore, the question of what is available to measure parenting capacity arises. A scan of the literature for tools to measure parenting capacity yielded no results. There are no actuarial tools to assess parenting capacity (NSW Department of Community Services, 2005, p.8). Currently parenting capacity is being measured by practitioners observing and collecting information from families. Practitioners are assessing parenting capacity through checklists to ensure that they have assessed the different dimension of parenting capacity. These dimensions include: basic care, ensuring safety, emotional warmth, stimulation, guidance boundaries and stability. In order to access parenting capacity, measuring the dimension of parenting capacity alone is not enough. A child's developmental needs along with family and environmental factors must also be considered according to the framework developed by UK Department of Health (NSW Department of Community Services, 2005, p. 34). Based on this Framework, child developmental needs determine the response needed by parents in parenting situations; parenting capacity measures the adequacy of the response to these needs; and parenting capacity is affected by family and environmental factors. Therefore, the PMS developed will not measure parenting capacity because measuring parenting capacity is too cumbersome and will require an exuberant amount of resources. The assumption, however, is made that achieving the immediate and intermediate goals will lead to the achievement of long-term outcome.

3.3 RESEARCH ON NOBODY'S PERFECT

A search in University of Victoria's Summons database for "Nobody's Perfect" and "Nobody's Perfect Program" related documents which were peer reviewed and/or government documents yielded 21 items. Upon review of each of the 21 articles, only eight are relevant. One article is in another language, two are duplicates, six articles only used articles related to NP as references, otherwise these articles did not relate to NP at all, three mentioned NP as an example of parenting program and one article mentioned NP as a program targeting poverty. Another search for books related to NP program yielded 12 books. Of these 12, four were duplicate entries of an NP evaluation and the remainder eight were books that mentioned NP as examples of parenting program or the authors of the books used NP articles as references. As can be seen there are only a small number of documents related to NP in the literature. A search combining NP and performance measurement or performance indicators or performance management yielded zero results. The articles related to NP are all evaluations of NP. Only three are peer reviewed Canadian articles. Three articles were found that relate to the implementation and adaptation of NP in Japan, Dominican Republic and Vietnam.

All of the published articles use a pre/post intervention design using validated scales to test the effectiveness of the program (Skrypnek & Charchun, 2009; Chislett & Kennett, 2007, Chislett & Kennett, 2012; Chislett, Kennett & Olver, 2012). In addition to administering these scales, the studies also collected demographic information on the participants to give context to the study and to allow for analysis based on variables that were collected such as income, education, number of children and previous attendance at parenting programs (Skrypnek & Charchun, 2009; Chislett & Kennett, 2007, Chislett & Kennett, 2012; Chislett, Kennett & Olver, 2012). These studies examine the effectiveness of the program by measuring: knowledge about community resources, social supports, parenting stress, parenting problem solving, parenting self-esteem/confidence, parental nurturing behaviours and parenting discipline. These indicators are measured using validated scales that were utilized in previous studies to evaluate parenting programs or developed and tested for the purpose of evaluating NP. Appendix B lists the studies, the methodology/methods and the tools used to measure these indicators. A more detailed description of each of the tools used in these studies is provided below.

Knowledge and Use of Community Resources Scale. This scale was developed by Chislett and Kennett in 2007 and validated to measure the knowledge and use of community resources among NP participants (Chislett & Kennett, 2007). This scale consists of 11 items (Appendix C). Likert scale is used to rate the answers to statements like, "If I need legal advice, I know how to get it free of charge." The higher the score, the greater the knowledge of community resources and how to access them.

Social Provisions Scale (short-version). In order to measure social support for parents, Skrypnek and Charchun adapted the well known Social Provisions Scale by Cutrona and Russell (2009, p.12). They shortened the original scale to nine items and Appendix D depicts the adapted scale. As can be seen this scale is also established as a Likert questionnaire with 6 points from strongly agree to strongly disagree. Items 3, 5, 7 and 8 are reverse coded and higher score represents more social supports (Skrypnek & Charchun, 2009, p.12).

Parenting Daily Hassles Measure. This scale is a 20 item scale that measures the incidence of parenting stressors and parents' view of how stressful it is (Skrypnek & Charchun, 2009, p.12). Therefore it has scoring for both the frequency of the stressor and the intensity of the stressor. The frequency is scored from 0 (never) to 4 (always) whereas intensity is scored from 1 (no problem) to 5 (big problem) as seen in Appendix E. An example of an item on this scale is "Being whined at, complained to." The higher the scores for frequency and intensity, the more number and intensity of stressors are present in their lives.

Social Problem Solving Scale. In the Skrypnek and Charchun (2009) study, in order to measure parental problem solving, the authors adapted the Social Problem-Solving Scale by D'Zurilla (p.13). This adapted scale is presented in Appendix F. This new scale consists of 16 questions on which parents can answer never (1) to always (5). It consists of statements like, "When I have a problem with my child, I try to avoid thinking about it." Question numbers 2, 3, 4, 5, 8, 9 and 11 are reverse coded and higher scores reveal superior problem solving ability

Parenting Sense of Competence Scale (PSOC). The PSOC is a popular scale that measures parental self-esteem and confidence (Skrypnek & Charchun, 2009, p.13). A copy of this scale is shown on Appendix G. It shows a 17 item scale that is rated on 6 points from strongly agree (1) to strongly disagree (6). It asks parents to rate themselves on statements such as, "I honestly believe that I have all the skills necessary to be a good parent to my child." The higher the score, the greater is their confidence in parenting. Items 6, 9, 10, 11, 12, 13, 14, 15 and 16 are reverse coded.

Parental Nurturing Behaviours. In order to measure parenting behaviours in a manner that is reflective of the NP program, Skrypnek and Charchun (2009) developed the Parental Nurturing Behaviours scale (p.14). This scale includes statements that were adapted from the Parent Behaviour Checklist and items that were written by Skrypnek and Charchun (2009, p.14). This scale asks parents to score how often they performed each of the 16 activities on the scale with their children (Appendix H). They rate the frequency of the activities performed with their children from never (1) to many times each day (5). Activities include things like playing with their children, laughing with them and reading to them. Higher score suggests more nurturing parenting behaviours by the parent.

Parental Discipline Checklist. This scale was developed for the purposes of measuring positive and negative discipline strategies of participants in NP by Skrypnek and Charchun (2009). They either wrote the statements on this scale or adapted it from the Parent Behaviour Checklist (Skrypnek & Charchun, 2009, p.14). This scale consists of 20 items that are reflective of both positive and negative discipline strategies (Appendix I). Parents are asked how often they use each of these strategies when their child misbehaves. The ratings range from never (1) too many times each day (5). This scale includes items like, "Get angry;" and "Spank your child." Higher scores on an item shows higher incidence of that particular behaviour

Parent-Child Interaction Scale. The Parent-Child Interaction Scale is a validated scale that contains subscales to measure angry and punitive parenting, positive/warm interactions, and ineffective child management (Kennett et al., 2012, p.230). It consists of 13 items and is rated on a 6-point scale, where 1 means never and 5 means always and 6 means not applicable (Appendix J). Higher scores are indicative of positive parent child interactions.

Parent Resourcefulness Scale. This is a 33 item scale which assesses the use of self control strategies used by parents such as problem solving and positive self-statement to cope with daily pressures of parenting (Kennett & Chislett, 2012, p. 2082). Total score can range from 0 to 132 and it is scored on a Likert scaling ranging from 0 to 4 (Appendix K). Zero means not applicable, 1 means strongly agree to 4 meaning strongly disagree.

Parent Efficacy Scale. The Parent Efficacy Scale was developed by Chislett and Kennett to measure parents' perception of their ability to overcome stressors of being parents (Chislett & Kennett, 2007, p.477). This 11 item scale has been used by them in three studies (Chislett & Kennett, 2007; Kennett & Chislett, 2012; Kennett et al., 2012). The items on this scale reflect the parents' perception of control over their parenting. Examples of items on this scale include: "I feel that I am able to effectively fulfill my parental duties;" and "I often feel helpless in dealing with my children." The items on the scale are rated from strongly disagree (1) to strongly agree (4). The scores of items 1, 2, 4, 6, 7 and 11 are reverse coded. Higher score reflects better sense of parental efficacy. A copy of this tool can be found in Appendix L.

Self-Control Schedule. This tool measures the skills people use to deal with everyday challenges. It is a well accepted 36 item scale by Rosenbaum that is rated on a 6 point basis and is used to measure skills people use to cope with stressors (Kennett & Chislett, 2012, p.2083). The ratings range from -3 (very uncharacteristic of me) to +3 (very characteristic of me) and the scores can range from -108 to 108. Examples of statement on this scale are "When I am feeling depressed, I try to think about pleasant events;" and "I often find it difficult to overcome my feelings of nervousness and tension without any outside help." Item numbers 6, 8, 9, 14, 16, 18, 19, 21, 29 and 35 are reverse coded. A copy of this tool is found on Appendix M.

All these tools use a Likert scaling system, which is a process whereby scales are developed in a manner where items on the scale are summed to determine the final score (Trochim & Donnelly, 2008, p. 136-137). The evaluation studies used these tools to measure effectiveness of NP by requiring participants to rate themselves on the above mentioned tools. These evaluation studies show improvements with knowledge of resources, social supports, problem solving, parenting competence, parenting nurturing behaviours and positive discipline using means of pre, post tests and in some cases means of follow-ups (Skrypnik, Charchun, 2009, p.17).

There is a current evaluation on the effectiveness of NP on newcomers being conducted by Toronto Public Health. This study is using three of the tools mentioned above: the Knowledge and Use of Community Resources Scale, the Social Provisions Scale and the Parental Discipline scale. The pilot testing phase of this evaluation showed that participants in the study are taking anywhere from 30 minutes to 1 hour to complete these scales when English is not their first language. In contrast, participants in the studies that were co-authored by Chislett and Kennett took 15 minutes to complete the data collection tools (Chislett, 2015; personal communication).

There are validated scales for measuring the effectiveness of NP; unfortunately, none of the articles identified a single efficiency measure. On the other hand, efficiency measures were beyond the scope of the identified studies since their focus was to examine the impact of the program. The effectiveness measures used in these studies can be used as indicators in the NP PMS to measure effectiveness of the program. Furthermore, the best practices section in the field of performance measurement identified the development of conceptual framework as a critical piece to developing a PMS. Thus, the following section describes the conceptual framework for NP.

3.4 CONCEPTUAL FRAMEWORK

A conceptual framework aids the research process by providing a basis for understanding the phenomena being studied. In this project the phenomena being studied is the NP program. The framework in this section describes the theoretical basis for the parent education and support component of the program and how its theoretical basis interact with each other to produce the program's ultimate goal of improved parenting capacity to maintain child's health and well-being. The theoretical basis of this program is described because it helps to understand the way the program works to reach its ultimate outcome and because the client is interested in knowing the theoretical basis of the program. After this is described, a logic model, which is also a type of conceptual framework is shown because it is helpful with identifying indicators for the PMS.

3.4.1 THE THEORETICAL FOUNDATIONS OF NP

In order for a PMS to measure valid constructs that accurately describes the performance of a program, it is important to understand the theoretical basis of the program. Programs may be based on theories and/or change theories. That is, general theories that explain a phenomenon or the change mechanisms which explains the process by which individuals may change their behaviours. The environment we live in is so complex, thus, no single theory or theory of change is sufficient to explain the mechanisms by which individual's change their behaviour.

Therefore, many theories and theories of change contributed to the development of NP program. Some of the main theories and change theories that helped to form the foundations of NP program include: Ecology, Family Systems, Social Support, Self-Efficacy, Empowerment and Child Development (Mann, 2008, p.20; Kennett & Chislett, 2015, p.294-295). Kennett and Chislett (2015) also identifies theories of learning: mutual aid, andragogy, constructivism, and humanistic person-centered learning which influenced parenting education and support programs (p. 294-295). In addition Mann (2008) also identifies two of the same theories: andragogy and constructivism (p.22) as identified by Kennett and Chislett (2015). These learning theories are also apparent in the NP program.

ECOLOGICAL THEORY OF HUMAN DEVELOPMENT

The premise of Ecology Theory is that the environment we live in has an influence on us. That is, the culture, physical environment, quality of space, our families, and relationships all make a difference to our development. Both physical and psychosocial child development is affected by environmental factors in the neighbourhood, community and society (Evans, 2006, p.423). For example, if a child lives in a neighbourhood where parks have broken bottles, the pieces of glass can harm the child. The environment of the school they attend, the community they live in all impacts the child's outcomes.

In the NP program, participants learn about the impact of environment on children in the parent materials as well as through group discussions. There is an entire book devoted to safety which focuses on keeping children safe indoors, outdoors, recognizing hazards and preventing injuries. The social environment is also discussed in the program and the use of community services is encouraged. The tenets of this program, especially tenets 1, 5 and 6 are congruent with ecology theory.

FAMILY SYSTEMS THEORY

Systems theories generally suggest that an individual cannot be studied individually without their context. In the context of families, the relationships each member of the family holds with each other is important to the behaviour of the individual. Therefore, within a systems perspective, the interactions between the family members are an important determinant of child development. Moreover, parents transport experiences from their family of origin to their current families (Mann, 2008, p.21). For example, if children live in families where the parents are fighting with each other all the time, this will negatively impact the child's developmental pathway.

Therefore, the program encourages skill development in the area of building positive family relationships. This is accomplished through discussion of strategies to cope with challenging situations with children and other family

members. Strategies may include techniques to manage anger, stress and positive disciplining approaches. Recognizing the importance of family as a system, all caregivers are encouraged to attend the program. Moreover, NP encourages participants to reflect on their past experiences in childhood and how their experiences are contributing positively or negatively to their current parenting role.

SOCIAL SUPPORT

Theories relating to social supports indicate that when parents have good, supportive social networks, their families are cushioned from the impact of environmental and psychological stresses (Mann, 2008, p.21). According to this theory, social isolation leads to negative impact on the family. One of the goals of NP is to develop social networks. The largest impact evaluation of NP shows that NP does improve social support networks for its participants (Skrypnek & Charchun, 2009, p.18). This is no surprise since NP provides opportunities for participants to get to know each other and form supportive relationships that may extend well beyond the life of the program.

SELF-EFFICACY

Self-efficacy is one's belief of their own abilities to perform a task or cope with a situation successfully (Kendall, 2004, p.174). According to Bandura (1982) "perceived self-efficacy is concerned with judgements of how well one can execute courses of action required to deal with prospective situations" (p.122). Self-efficacy is influenced by two types of expectancies: efficacy expectation and outcome expectation (Bandura, 1978, p.141). It is the efficacy expectation that helps one determine whether or not to engage in the behaviour, how much effort to expend and how long to continue the behaviour despite potential difficulties. Outcome expectation is the belief that there will be some results for engaging in a particular behaviour (Bandura, 1978, p.141).

Nobody's Perfect program recognizes the value of self-efficacy theory and incorporated its concepts into the development of the program. This is seen with the objective "to improve participants' confidence and self-image as parents" (Atlantic Regional Health Promotion Committee, 1989, p.10). This objective recognizes that parents' sense of belief in their own abilities must be improved in order to achieve the ultimate societal goal of improved child outcomes. Nobody's Perfect is a strength based program building on parents' strengths to help parents achieve their goals. The method of delivery of NP promotes learning from experiences of one another for participants to compare and form their own judgements about their own abilities. The delivery of the program in a group setting allows for participants to encourage each other to parent and cope with stressful parenting situations. Moreover, the program assists parents to identify physical and/or emotional states that may be hindering their success and suggests resources that may help with their physical and/or emotional stressors. VanderPlaat (1998) said it best when she stated that NP's model is concerned more with building confidence in parents' abilities to access other services to help themselves than with transferring knowledge and resources directly to participants (p.84).

EMPOWERMENT

Empowerment ``is a process of increasing personal, interpersonal, or political power so that individuals can take action to improve their life situations`` (Gutierrez, 1990, p.141 as cited in Speers and Peterson, 2000, p.109). Feelings of empowerment for people differ from individual to individual and may change based on context and experiences (Zimmerman, 1995, p.585-586). There are three types of empowerment that come together to form the concept of psychological empowerment (empowerment at the level of the individual): intrapersonal, interactional and behavioural. Intrapersonal empowerment refers to the level of self-efficacy one is feeling about acting for themselves. Interactional empowerment refers to understanding the context of our environment and what behaviours can achieve our objectives (Zimmerman, 1995, p.589); whereas, behavioural empowerment pertains to the actions or activities undertaken by individuals to achieve their objectives (Speers & Peterson, 2000, p.109 & Zimmerman, 1995, p.598). This concept of psychological empowerment is evident in NP.

Nobody's Perfect program takes a participant-centred approach (Health Canada, 2000, p.6). This means that the participants at the program have a say in what takes place in the program. The participants decide on their goals for learning in the group. "Parents need to be equal partners in the program, they need to choose to voluntarily

participate, and the program needs to be based on needs and interests as they identify them" (Nobody's Perfect Administrative Manual, 1988, p.11). This allows participants to have control over their own learning. As discussed earlier the program is designed to improve the self-efficacy of clients, thereby improving the interpersonal realm of empowerment. Moreover, VanderPlaat (1998) states that the goal of NP is to "empower parents through the development of knowledge and skills that will enable them to manipulate their environment rather than be manipulated by it" (p.80). She further indicates that implementation of adult education principles in NP allows meeting of this goal in an empowering way (VanderPlaat, 1998, p.80). Not only that, the program also aids participants to understand their situation through reflection with the use of experiential learning cycle (ELC). Moreover, the program focuses on building skills for parents to take appropriate action when faced with challenging situations. This is accomplished through discussion and practice of potential actions that can alleviate their challenging situations.

HEALTH PROMOTION

Health promotion is a popular term in the world of public health. According to the Surgeon General's Report on Health Promotion and Disease Prevention in 1979, health promotion is keeping healthy people healthy by implementing individual and community interventions to maintain and enhance the state of well being (p.119). Although the concept of health promotion has been around for ages as evidenced by the Surgeon General's Report on Health Promotion and Disease Prevention (1979) as well as The Perspectives on the Health of Canadians (1974), otherwise known as the Lalonde Report, it was only clearly defined in 1986 in the Ottawa Charter for Health. According to the Ottawa Charter for Health, health promotion "is the process of enabling people to increase control over, and to improve their health" (WHO, 1986, p.2). Health promotion speaks to the idea that in order for people to be healthy, more than health is needed. That is, environment, social and personal characteristics impact health. The Ottawa Charter for Health Promotion states peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity are prerequisites for health (WHO, 1986, p.2). These factors are known as the social determinants of health. In recent times, more social determinants of health have been added and these include: healthy child development, health services, gender and culture (PHAC, 2011, October 11, p. Key Determinants). In order to secure the prerequisites for health, there are numerous strategies identified such as health education, healthy public policy, and reorienting health services (WHO, 1986, p.3).

VanderPlaat (1998) states that NP reflects the aspirations of the Ottawa Charter (p.75). Nobody's Perfect utilizes the health promotion strategy of health education to improve the health and well being of families. It does this by providing knowledge and skills for participants in the program so that the participants can influence social determinants of health. The ultimate goal is to improve the social determinant of child development for children in families attending the program. In the process of achieving this goal, the program also strives to improve other social determinants of health. For example, opportunities are provided for networking in this program through ice-breakers, group activities and snack time to improve the social supports for participants in the program. Furthermore, community resources are often shared and discussed. Typically, community food banks, organizations that can aid with housing, child care, legal aid, etc., are discussed and contact information and/or referrals are provided to the participants when needed.

Another determinant of health addressed by this program is health equity. In order to understand health equity, one must understand health inequity. Health inequity is the "differences in health outcome that are avoidable, unfair and systematically related to social inequality and disadvantage" (Gardner, 2008, p.4), and are a result of lack of access to social determinants of health (CSDH, 2008). These differences in health outcomes are avoidable since they are the result of how societies distribute resources and opportunities.

The NP program recognizes that there are differences with health outcomes within the population due to differing access to resources, and has targeted the NP program for people who are experiencing health inequities. As stated above, the NP program is designed for parents with poor access to social determinants of health such as education and income (Health Canada, 2000, p.3). By targeting populations experiencing health inequities this program aims

to improve social justice. The considerations given to the social determinants of health when NP was developed is evident in Tenets 4, 5, 6 and 8.

CHILD DEVELOPMENT

A child's development is complex. There is no one theory that explains child development. The literature describes many categories of theories that combine to explain child development. These include: ecological, behaviourist, cognitive, psychosocial, psychodynamic, maturation and information processing theories (NSW Office of Childcare, 2002, p.3). The basic principle to child development is that early experiences of children form the basis for their adulthood (Fox, Levitt & Nelson, 2010, p.9). For example, the attachment theory suggests that children who have positive attachments with at least one caregiver feels safe and secure enough to seek out new experiences and learn. Thus, it is important for children to experience positive environments, age appropriate stimulation, attachment with caregivers and be provided with age appropriate experiences for healthy development. All these factors determine outcomes for the child.

Many parent support and education programs encompass curriculum related to child development so that caregivers can understand the importance of early childhood experiences, normal growth and development, and activities and resources that can aid child development. The belief behind it is that if parents understand child growth and development, they will have realistic expectations for their children (Carter, 1996 as cited in Mann, 2008, p.20). Nobody's Perfect is no exception. NP has an entire book (Mind) devoted to child growth and development. It presents information on child growth and development based on the above categories of theories and encourages parents to interact with their children in age appropriate ways.

All the theories described above can impact a child's development. The environment the child grows up in, the relationship of the child with the family members as well as the relationship between all family members, the amount and quality of social supports, self-efficacy and sense of empowerment of the parent and the concepts in health promotion can impact a parents' capacity to parent. This in turn impacts the child's developmental outcomes. The theories that formed the foundations of NP and how they lead to program outcomes are identified in Figure 4.

3.4.2 THEORIES OF LEARNING

Besides the theories that influenced the program, there were many theories of learning that inspired the implementation model of NP. Not only do these theories reflect current best practices in terms of delivery of parent support and education programs, they also enhance the outcomes of the program (Mann, 2008, p.22). The theoretical basis for the implementation model of the program stems from andragogy, experiential learning cycle (ELC), constructivism, mutual aid, social learning theory and group development theory.

ANDRAGOGY (ADULT EDUCATION PRINCIPLES)

Andragogy is the art and science of helping adults learn (Knowles, 1980, p.43 as cited in Zmeyov, 1998, p.105). There are five key principles to adult education that is inherent to andragogy and prevalent in the literature as principles of adult education: (1) adults need to know why they are learning; (2) adults are motivated to learn by the need to solve problems; (3) adults' previous experience must be respected and built upon; (4) learning approaches should match adults' background and diversity; (5) and adults need to be actively involved in the learning process (Bryan, Kreuter, Brownson, 2009, p.558).

Adults need to know why they are learning. In order for adults to learn there must be a good reason. They need to realize they will need and use the learning. The NP program is a voluntary program for those seeking parenting knowledge and skills (Health Canada, 2000, p.4). In most cases, the participants in the program are committed to learning about how to improve their child's outcomes. Therefore, the parents who attend this program understand that they are learning to be able to foster their child's full developmental potential. Moreover, most parents who choose to come to the program are experiencing some challenges in either raising children or with the social determinants of health and are seeking knowledge and skills to deal with their challenges.

Adults are motivated to learn by the need to solve problems. Adults are realists and are motivated by the need to solve current problems and challenges and therefore are eager to apply new knowledge (Bryan, Kreuter, Brownson, 2009, p.560). This principle is widely seen in the NP program materials. The Behaviour book addresses behaviour challenges and depicts a method to solve problems, entitled the "problem solving method" (PHAC, 2016, p.28). The problem solving method depicted in this book is a simple version of the ELC. Facilitators of this program also use the ELC to work through participants' challenges throughout the program.

Adults' previous experience must be respected and built upon. This principle is heavily seen throughout the NP program. One of the key principles of NP is respect. Respect for people, respect for their values and beliefs as well as their cultures (Health Canada, 2003, p.iii). During the facilitation of the program, participants are encouraged to share their experiences and values. The use of the ELC also encourages participants to reflect on their previous experiences and build on them. Moreover, the training manual emphasizes the importance of recognizing the variety of experiences participants bring and building on the diversity during the trainings so that program facilitators can do the same during group sessions (Health Canada, 2003, p.iii-iv).

Adults need learning approaches that match their background and diversity. There are a great variety of learning styles by which adults learn. Therefore, the participants in the group are likely to require a variety of different learning tools to match their respective learning styles. The NP facilitator's guide recognizes these differences in adults and proposes that facilitators use a variety of different tools for learning to appeal to the variety of learning styles in the group (Health Canada, 2000, p.119-135).

Adults need to be involved in the learning process. Greater motivation for learning is achieved when adults share control over content and method of learning (Bryan, Kreuter and Brownson, 2009, p. 562). Nobody's Perfect recognizes participants as equal partners in the learning process. Nobody's Perfect facilitators conduct a needs assessment at the beginning of the group and allow participants to add or change their needs as the group progresses. They also develop their lesson plan for the sessions based on the needs assessment and develop objectives in each of the domains of learning: cognitive, psychomotor and affective. In NP language, these domains are called knowledge, skill and attitude (Health Canada, 2000, p.99). Furthermore, facilitators use a variety of different tools for learning that are appropriate for the group to achieve mutually agreed upon objectives.

These examples suggest that participants are at the heart of the program. These principles of adult education situates the adult learner at the heart of the learning process, which is inherent in NP as the participant-centered approach. This is evident in the facilitators guide, training manuals and administrative manual.

EXPERIENTIAL LEARNING CYCLE

The experiential learning cycle (ELC) was developed by Kolb in 1984 based on works of many scholars (Kolb, Kolb, Passarelli & Sharma, 2014, p.212-213). There are four stages in the ELC: (1) concrete experience, (2) reflective Observation, (3) abstract conceptualization and (4) active experimentation (Abdulwahed & Nagy, 2009, p.284). The ELC states that an experience (actual life experience or created experience) leads to reflection of the experience which can then yield one to make connections to theories or concepts based on the reflection of the experience. Once these processes have taken place, the lessons learned from that situation can be applied to another similar situation or one can simulate an experience to apply the strategies learned. In the NP program, the four stages of this cycle are termed: (1) experience, (2) notice, (3) relate, and (4) apply (Health Canada, 2000, p.19). Health Canada (2000) also depicts questions that prompt reflection by the participants for each of the four stages (p.18-19). Facilitators use the ELC to aid participants to reflect upon their experiences, to uncover the meaning of the experience and to devise potential strategies to handle similar situations in the future or simulate an experience through role play for clients to feel what it would be like trying the strategies in real life situations.

CONSTRUCTIVISM

Constructivism refers to learners actively absorbing information and constructing their own personal knowledge in the context of their cultural understandings and past experiences (Mann, 2008, p.22). This is consistent with adult education principles (andragogy) and experiential learning theory. A program that follows this theory "does not adhere to a strict curriculum" (Mann, 2008, p.23). Instead, provides active learning opportunities for participants to develop their own conceptions of their role with their children (Mann, 2008, p.22). Even though, the NP program has a set of books for parents, it does not force facilitators to follow the content within it. The program, instead, promotes the development of activity based learning plans tailored to the clients learning needs and builds upon the clients' knowledge and strengths. The use of ELC supports the realization of constructivism.

GROUP DEVELOPMENT THEORY

Group development theory outlines the different stages of group development. This theory states that when groups are formed, they have to go through different stages of development before they can work together to accomplish their goals. These stages are termed: forming, storming, norming, performing, and adjourning. These stages are described in *The Nobody's Perfect Training Manual* (Health Canada, 2003, p.182-183.). This theory is taught in the facilitator training so that the facilitators can identify the stage of group process that their group is at and implement appropriate activities based on the stages of group development. This theory aids the facilitator to support the group in a manner that is conducive to the participants' level of comfort with participating in group activities and working towards common goals.

MUTUAL AID THEORY

The mutual aid theory, developed by Kropotkin asserts that cooperation is a strategic choice (Caparros, Perea & Tazdait, 2010, p.103). The basic principle of this theory is that helping or cooperating with one another leads to survival. In the NP program, participants share their challenges with parenting and all participants work together to problem solve each others' challenges using the ELC. The belief here is that if a particular problem is solved by the whole group then all the members of the group will be able to deal with similar situations in the future. The concept of mutual learning can be seen in Tenet 2 of the program which eloquently points to the fact that group activities support the concept of mutual support, constructive peer criticism, and education (Atlantic Regional Health Promotion Committee, 1989, p.9). The objective of the program also makes reference to mutual support (Health Canada, 2000, p.6).

SOCIAL LEARNING THEORY

Bandura's social learning theory explains that it is possible for people to learn from one another by simply observing the behaviours of others' (Anderson & Kras, 2007, p.103). People observe what others are doing, what the outcome of that behaviour is and what rewards they receive for the behaviour and then decide if that behaviour is something that is suitable for them. Whether or not someone chooses to use the behaviour they observed depends on various cognitive factors as well as the behavioural and environmental factors.

In the NP program, parents vicariously experience the behaviours of other parents in particular situations and decide whether they need to change their behaviour. Whether they change the behaviour or not is dependent on efficacy and outcome expectancies and their own situation. For example, if a participant explained a situation in which their child pulled unsafe things from the cabinet and the parent ended up child proofing the house. Another parent in the group who is experiencing similar situation may think to child proof their house for the incentive of keeping their child safe.

PARTICIPANT-CENTERED APPROACH

Person-centered learning is a term that describes approaches to learning where the learner and 'teacher' are equal partners in the learning process. This is based on Carl Rogers' person-centered approach. Rogers believed that individuals had in themselves the resources needed to solve their own problems (Rogers, 1980, p.115 as cited in

Cornelius-White, Motschnig-Pitrik & Lux, 2013, p.10). He believed he should not be the one to tell people how to solve their problems since patients were capable individuals.

One of the main principles of NP is the participant- centered approach which is synonymous with Carl Rogers' concept of person-centered approach. Nobody's Perfect's philosophy is the same as that of Carl Rogers'. Nobody's Perfect believes that participants have strengths. Nobody's Perfect provides them with a safe place to showcase their strengths. The adult education principles, constructivism, and ELC place the participant at the center of learning. The program moreover, is concerned with enhancing those skills which can be used to help themselves (VanderPlaat, 1998, p.84). Figure 4 depicts the theoretical framework for NP. It shows how the theories of learning support and enhance the outcomes of the program.

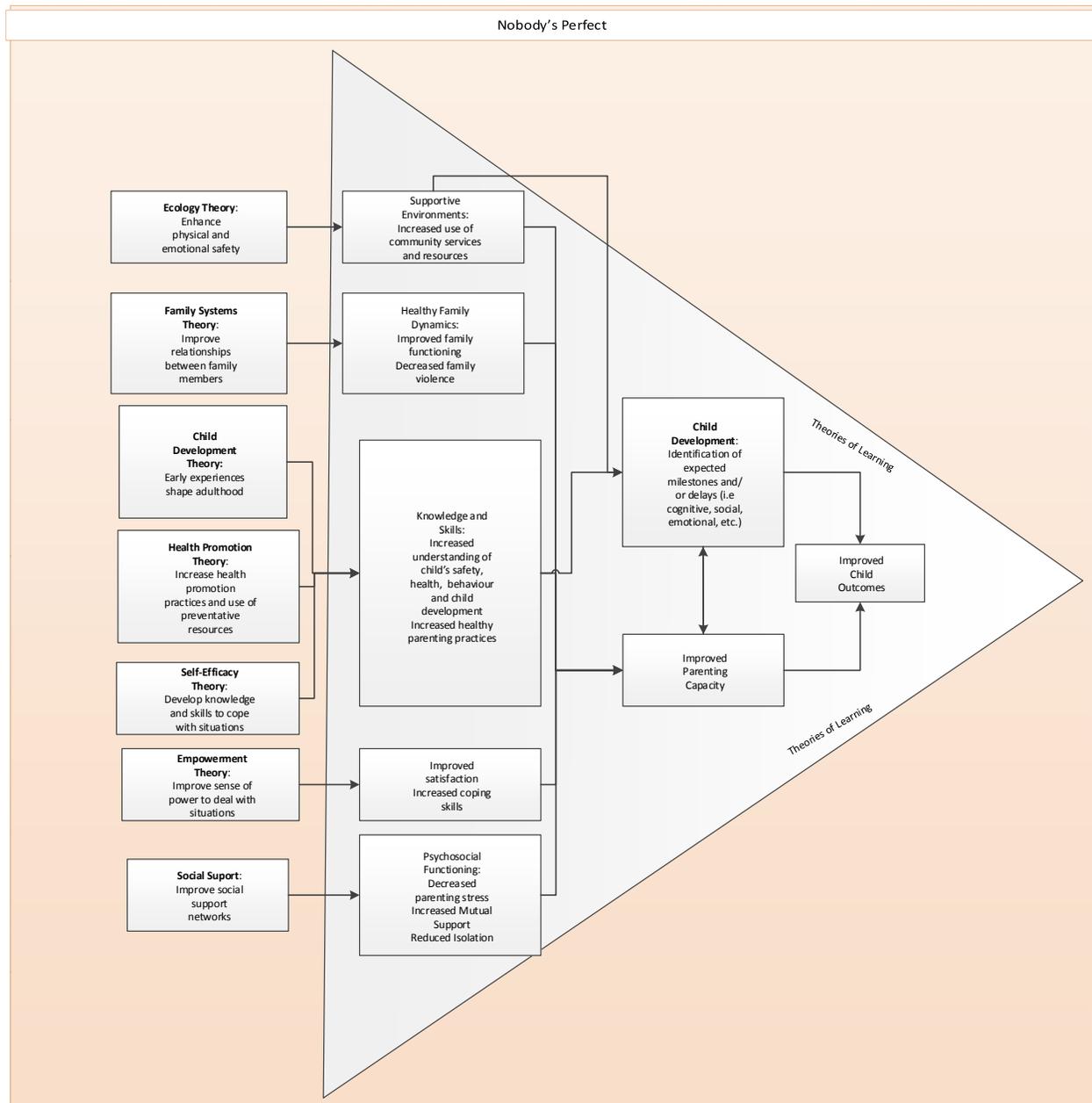


Figure 4. Theoretical underpinnings of Nobody's Perfect Program.

3.4.3 LOGIC MODEL

Logic models are pictorial representation of a program's theory (Funnel & Rogers, 2011, p. 34). Logic models explain the relationships between inputs, activities, outputs and outcomes of a program. Logic models do not; however, depict why activities produce the desired results (Main, 2012, p.13). Logic models are presented in many different ways: they may be bottom to top; top to bottom; left to right; inside to outside; outside to inside; and may use colour (Funnel & Rogers, 2011, p.252-253). There may also be variations with the categories used and the level of detail (Funnel & Rogers, 2011, p. 250; McDavid et al., 2012, p.50). Logic models should also be presented on a single page (Treasury Board of Canada Secretariat, 2010, p.5.2). There are also many different types of logic models such as pipeline, outcome chain, realist matrices and narrative (Funnel & Rogers, 2011, p.242-243). The federal government recommends the use of outcome chain logic model (Treasury Board Secretariat, 2010, p.5.0). The outcome chain logic model consists of the following elements: inputs, activities, outputs and outcomes (Treasury Board Secretariat of Canada, 2010, p.5.0). The template for this logic model is presented in Figure 5.

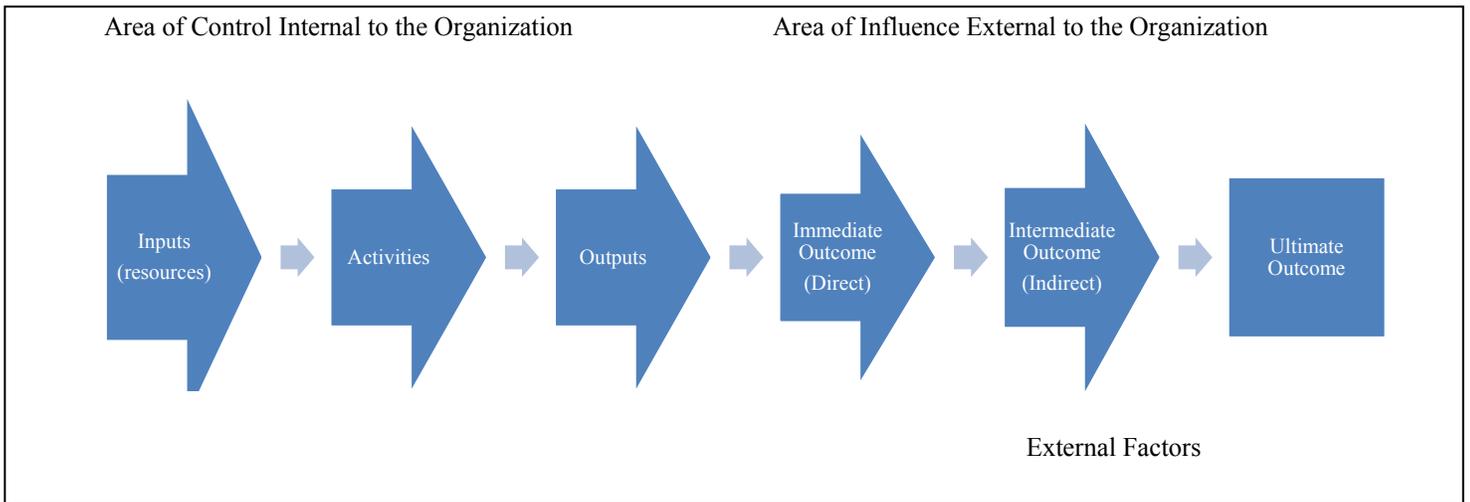


Figure 5. Treasury Board Secretariat of Canada's Results-Based Logic Model.

Adapted from Watson et al., (2004, p.3) and McDavid et al., (2013, p.84).

Inputs are the resources used for the activities of the program. Resources are the amount of money required to fund the activity, the number of staff and other resources such technology, facilities, equipment and knowledge (McDavid et al., 2012, p.52). All the required resources can also be changed into money amounts so that it can be used to compare outputs and/or outcomes with program costs (McDavid et al., 2012, p.53). For example, for a parenting program, program inputs would include the amount of money to buy program resources, the cost of child minding, the time required for staff to plan and facilitate the program, the cost of venue (if applicable), and any other resources and staff time used for the program.

Activities or implementation activities describe what needs to be done to achieve program outputs and outcomes (Treasury Board Secretariat of Canada, 2010, p.5.2). Activities may mean processes, strategies or action steps and they show the how of the program. In the case of NP, it is the health education provided in group or one-on-one sessions as well as the different levels of trainings and resources. Target populations are sometimes included in logic models. Targets describe the population of interest for the program.

Outputs stem from program activities. They are usually under the control of program staff (Poister, 2003, p.39). Outputs are usually easy to measure and are concrete and countable (McDavid et al., 2013, p.55). They include measures like the number of participants attending a group, the number completing the group, the number of groups completed per year, and number of facilitators trained. Good output measures themselves; however, do not mean

the program has the intended outcomes. The outcomes themselves must be measured to prove that the program has the intended outcomes.

Outcomes are the final results of the program. Alternately, outcomes are the impact the program has had on participants or the changes that has taken place as a result of participants attending the program. Outcomes are linked to program goals. Since outcomes may occur at various times, most logic models differentiate outcomes into three different categories: short-term, intermediate, and long-term outcomes (McDavid et al., 2013, p.53). Short-term (immediate) outcomes result directly from outputs. They may be things like changes in knowledge or skills. Intermediate outcomes are those impacts expected to occur as a result of the changes that have occurred at the short-term outcome level. These could be changes in behaviour which take longer to occur than changes in knowledge and or skill. The long-term or ultimate outcomes are those results that occur as a result of achievement of intermediate outcomes. These are higher level outcomes that reflect social impact (Treasury Board Secretariat of Canada, 2010, p.5.2).

The outcomes of the program stem from the goals of the program that are described above. The program outcomes can be impacted by environmental factors since no program functions outside of its environment. Thus, logic models must take into account the environmental factors that can influence program outcomes. Moreover, Poister (2003) states that psychological, physical, social, economic, financial or cultural factors may influence the outcomes of a program (p.38). Therefore, environmental factors should be considered when developing a program's logic and when analyzing and interpreting results. The demographic data collected can identify the environment or socio-economic factors that can impact outcomes.

ADVANTAGES

Logic models are a good way to represent a program's theory. They show causal linkages between the components of the logic model. They are a good way to communicate with stakeholders and to confirm that program theory and outcomes are reasonable and realistic (McDavid et al., 2013, p.78; Treasury Board Secretariat of Canada, 2010, p.5.1). Further, logic models aid to produce information that can be used for program monitoring, evaluation and decision making by ensuring that the performance measurement and evaluation strategy are consistent with the logic of the program (Treasury Board Secretariat of Canada, 2010, p.5.1). Lastly, a logic model can aid funders with understanding of the program resources, activities, outputs and outcomes (Main, 2012, p.21).

Logic models basically help explain the "if-then" relationships of program. If education is provided to parents of young children, then their knowledge and skills will increase. If their knowledge and skills increase, then their behaviours will change. If behaviours change, then there will be positive societal outcomes. This is the logic behind logic models.

LIMITATIONS

Logic models are not without challenges. It assumes a linear progression and is static. Programs; however, are not linear or static. Programs are dynamic and they rarely follow a linear relationship. Although intended outcomes are shown on a logic model, unintended outcomes are not (may be positive, negative or neutral). Even though an open systems concept is applied, the environmental factors change. Changes in external factors may cause changes to the outcomes. Lastly, a cause and effect relationship cannot be established, it only shows assumed relationships (Sundra, Scherer & Anderson, 2003, p.7).

PERFORMANCE MEASUREMENT LOGIC MODEL

Now that the basis of logic modelling has been described, a results chain logic model that is bottom up is used for the NP logic model. The NP logic model that is presented here was initially started by the PHAC and then modified

for this project. It translates inputs to activities to outputs and outcomes for NP. Figure 6 shows the logic model for NP depicting the relationships between the different components of the logic model.

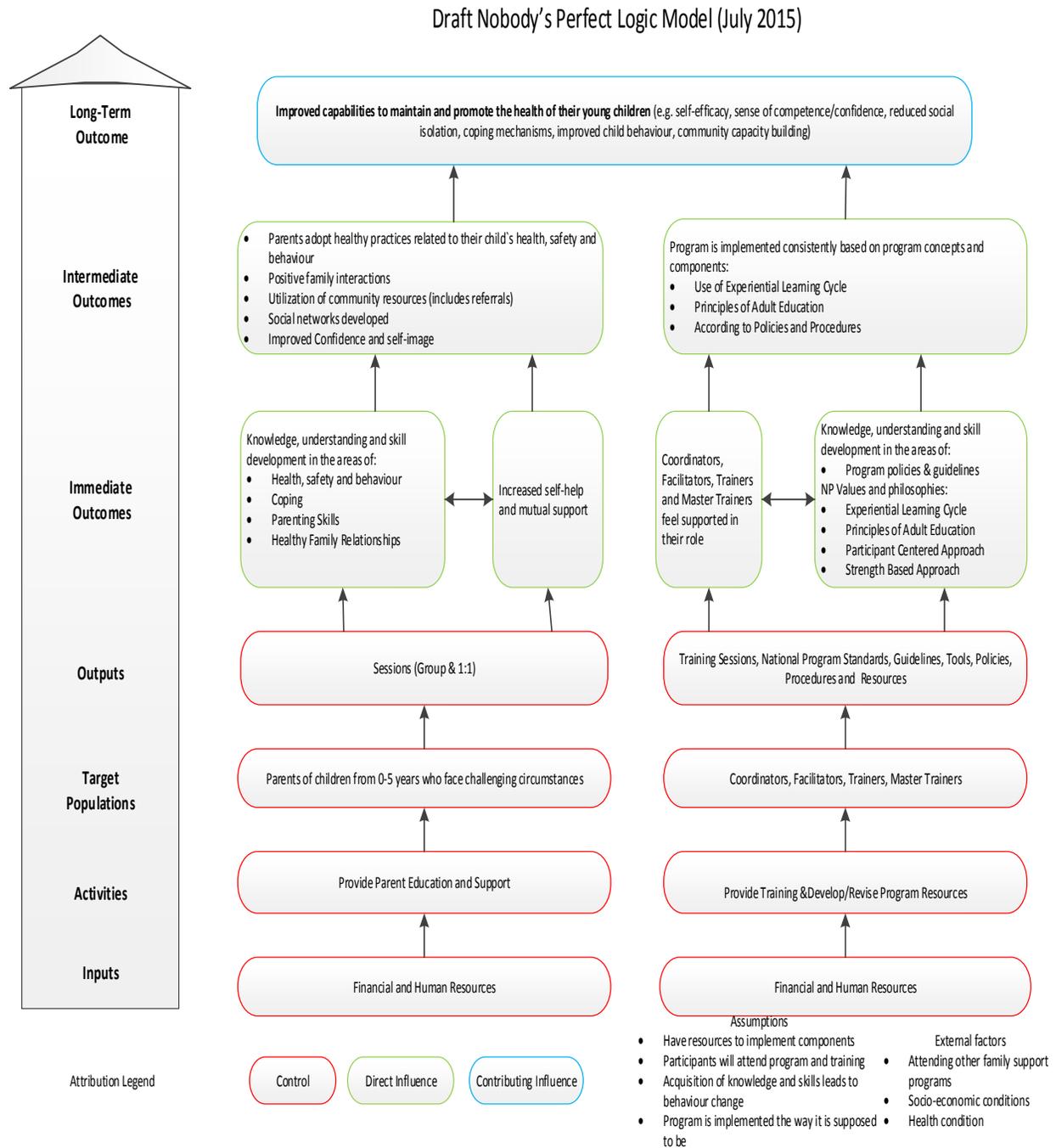


Figure 6: Nobody's Perfect Logic model

There are two distinct types of activities that form NP. First, is the parent education and support component that targets caregivers with children under the age of six. Second are trainings and program resources. The trainings and program resources are aimed at coordinators, facilitators, trainers and master trainers. Each of these activities leads to their respective outputs. The description of the logic model is divided to describe the parent education and support section separately from the training and program resource components.

PARENT EDUCATION AND SUPPORT

The logic model starts with inputs for NP-fiscal and human resources. Many types of inputs such as facilitator's time, program location, childcare, snacks, transportation, and program resources are needed to implement the program. However, to keep the logic mode simple, these inputs have been reduced to fiscal and human resources.

For the activity of parenting education and support, possible outputs are the number of programs, the number of clients attending programs, as well as demographic information of the participants.

These outputs will impact the immediate outcomes which are knowledge, understanding and skill development in the areas of health, safety and behaviour; coping skills, parenting skills, healthy family relationships; and increased self-help and mutual support for the parent education stream. Immediate outcomes for NP can be measured during the program to the end of the program since participants are expected to acquire knowledge and build on their skills throughout the program.

These immediate outcomes lead to intermediate outcomes that focus on behavioural changes for participants. For NP it is: parents adopting healthy practices related to their child's health, safety and behaviour. At the intermediate outcome level positive family interactions as well as development of social networks, improved confidence and self-image are expected. Moreover, caregivers are expected to access community resources if needed. Further, the assumption is made that there will be increased mutual supports and self-help skills for participants in the program. These intermediate outcomes are expected to occur at the end of the program to 6 months after the completion of the program. The intermediate outcomes indirectly support the long term outcome of the program.

The long term outcome of the program is to improve capabilities of parents to maintain and promote the health of their children between the ages of zero to five. This outcome basically speaks to improved parenting capacity. Nobody's Perfect assumes that if parenting capacity is improved then child outcomes will be improved (Figure 4). Improved child outcomes contribute to society in many ways. This would mean more children are ready for school, there is less crime and violence in society, and these children will lead healthier adult lives. The long term outcomes can occur anywhere from six months after completion of the program to six years of age of the child. The timelines provided here for long term, intermediate and immediate outcomes are flexible and can be revisited to determine feasibility.

TRAININGS AND RESOURCES

For the training and program resources component of the logic model, the inputs consists of location cost, snacks, trainers cost, training resources and any other costs incurred for training. The outputs will encompass the number of trainings, the number of individuals trained at the different levels of training. The number of revisions to program resources or the number of revisions to policies and standards can be counted as outputs. If there are new program resources or standards/policies these can be counted as well.

For the Training and program resource stream the outcomes are as follows: feelings of support, increased understanding and skill development in the areas of: program policies and guidelines, values and philosophies of the program such as the ELC and adult education principles. If the program is implemented the way it is meant to be implemented, then the outcome of the program will be realized.

The outcomes of the program are inevitably impacted by the contextual or environmental factors. According to the logic model, program implementers have most control at the input level and then the amount of control decreases as

one moves along the logic model to long term outcomes. The outcomes are influenced by many contextual factors surrounding the client (social determinants of health), current health status and the personality of the child. Moreover, the outcomes are also influenced by the way in which the program is implemented. If the program is implemented in the manner it is supposed to be implemented through the use of participant-centered approaches, the outcomes are more likely to be realized. Therefore, any PMS for NP must consider the process by which the program is implemented.

3.5 SUMMARY

Performance measurement has many advantageous and risks associated with it. Identified best practices in performance measurement help to mitigate the associated risks. Performance measures for NP can incorporate some of the generally accepted measures of effective parenting programs such as parenting self-efficacy, increased knowledge of child growth and development, parental competence, parenting skills and satisfaction. Further, the literature surrounding NP describes only outcome evaluation for the program. Nonetheless, these evaluations are helpful since evaluation and performance measurements are complementary approaches (McDavid et al, 2013, p.332; Treasury Board of Canada Secretariat, 2010, p. 2.1).

Moreover, a conceptual framework for NP based on its theoretical underpinnings and learning theories is presented. Subsequently, a NP logic model is shown to aid with the determination of key performance indicators. The next section outlines the methodology and methods used to engage stakeholders in the development of the PMS.

4.0 METHODOLOGY AND METHODS

This research project uses a mixed methods approach to answer the following research question: What are the most effective performance indicators to measure the Nobody's Perfect (NP) program? In addition to answering this question, the approaches and tools needed to measure the identified constructs as well as the resources needed to implement the system are also expected to be found using the methodologies described. Methods include focus groups with key stakeholders, online survey and document review. This section also describes the strengths, limitations and risks of this study.

4.1 METHODOLOGY

This research project is designed as a needs assessment to identify gaps with performance measurement for the NP program (McDavid et al., 2013, p.227). The needs assessment is intended to identify the gaps with the current and future desired states (Altschuld & Kumar, 2010, p.3). The data collection methods described below aids to fulfill this objective. It further helps to develop a performance measurement system (PMS) that is based on the needs of stakeholders.

4.2 METHODS

The data for this study was collected through focus groups, online survey and document review. Focus group is a form of interview where the interviewer facilitates group discussion with five to ten people (Trochim & Donnelly, 2008, p.210). The focus group enables deeper consideration of complex issues such as PMSs (Trochim & Donnelly, 2008, p.210). Focus group is used to engage stakeholders to understand the current state and desired future state of performance measurement. The online survey method was used because information needed to be collected from a large number of stakeholders and this is most efficiently accomplished through the survey method (Trochim and Donnelly, 2008, p. 119). The survey consists of both closed and open ended questions to determine the current and desired state of performance measurement for NP. The document review provided information about current instruments used to measure performance and to assess its suitability for future use.

4.2.1 SUBJECTS

The population for this study are NP provincial/territorial coordinators, master trainers, trainers, facilitators and administrators. According to PHAC there are about 5, 000 facilitators across Canada, 27 trainers, five master trainers and 14 provincial/territorial coordinators (PHAC, 2011, Who facilitates NP?; PHAC, 2014, p.1). There are no statistics related to the number of NP administrators. For the purposes of this study, NP administrators are individuals who may or may not be trained in NP, but have the responsibility at their agency to oversee the administration of the program. That is, those who may be responsible for budgets, performance measurement, and oversee the implementation of NP.

This project aims to gather input from as many stakeholders as possible since the project impacts everyone involved at every level of the program. The provincial/territorial coordinators are responsible for communicating information between Public Health Agency of Canada (PHAC) and NP facilitators, trainers and master trainers in their provinces/territories. They register newly trained facilitators and trainers. They are responsible for provincial data collection, collation and submission to the PHAC on a voluntary basis. They are members of the Provincial/Territorial Coordinating Committee and may be involved in sub-committees at the national level. They themselves may or may not be trained in any component of the program.

Nobody's Perfect master trainers model the delivery of the NP program. Master trainers train NP trainers who then train facilitators. Master trainers themselves may have been facilitators and/or trainers as well. Therefore, it is important to gather input from this group to ascertain their views on important indicators for the program as well as the different levels of trainings.

The trainers also play an important role in knowing and understanding important aspects of measurement for facilitator trainings and parenting program. They train facilitators and they themselves may have been facilitators as well. Therefore, they can also contribute to what may be important to measure for the parenting program.

The facilitators are critical to understanding what the participants realize from the program and what outcomes should be measured for the program. Facilitators are responsible for implementing the program in their communities. Facilitators are able to observe directly the impact the program has on participants. They are also more connected with what type of performance measures participants may be able to support. Lastly, the NP administrators may be able to provide direction as to what indicators are paramount from management and organizational perspective to measure for NP.

4.2.2 FOCUS GROUP

There are two focus groups in this study. The first focus group was conducted during the initiation stage of the project to understand the current state of performance measurement at the provincial/territorial levels and the expectations for future NP performance measurement. This focus group also gathered feedback related to the draft logic model. The participants for the focus group were provincial/territorial coordinators. The second focus group will take place after the completion of this report to obtain feedback on the recommendations of the report.

A recruitment email for both first and second focus groups were sent to the 14 provincial/territorial coordinators listed on the PHAC's website. Of the 14, seven volunteered to participate. A doodle poll with potential focus group dates were sent to the seven coordinators. Since there was no agreement between all of them on one particular date, focus groups were conducted on two separate occasions to allow for maximum participation. After determining the dates, the coordinators were sent semi-structured interview questions, draft logic model and information on how to attend the teleconference. A total of six coordinators were able to participate on the first set of focus groups. The researcher recorded the responses during the focus group. A thematic analysis was used to analyze the data in relation to the feedback for the logic model, current state and desired state of performance measurement. Then revisions were made to the logic model based on the feedback from the focus group.

4.2.3 SURVEY

An online questionnaire in both English and French was developed using Survey Monkey to gather input for the PMS from master trainers, trainers, facilitators and other stakeholders. Since the contact information for these individuals are not publically available, PHAC was asked to forward the online questionnaire recruitment email to master trainers. The provincial/territorial coordinators were requested to forward the recruitment email to trainers, facilitators and other stakeholders in their provinces/territories.

Due to the usage of snow ball sampling method response rates cannot be calculated; however, a total of 111 participated. Snow ball sampling method is when the researcher identifies people who meet the inclusion criteria and then asks them to identify others who meet the inclusion criteria (Trochim & Donnelly, 2008, p.50). The online questionnaire collected input from stakeholders related to the current state of performance measurement in their province/implementing organization and obtained input about important indicators for Nobody's Perfect PMS as well as the resources needed to implement a PMS at their organization.

The questionnaire also collected information related to contextual information such as the province/territory they worked in, their role related to NP and if they are measuring performance for NP. The qualitative data collected was analyzed through thematic content analysis (Trochim & Donnelly, 2008, p.151). The thematic content analysis uses the categories of input measures, output measures and outcome measures to categorize the data. The data is categorized into these themes and then arranged by the frequency of the items under each theme. The number of times each item was repeated was counted and listed.

4.2.4 DOCUMENT REVIEW

A total of eight participants emailed the researcher the tools they are using to collect performance data. These tools were reviewed by the researcher for consistency with what PHAC asks to be submitted on the Nobody's Perfect Program Annual Program Report, for consistency with each other and for validated tools.

4.3 RESEARCH PROJECT STRENGTHS, LIMITATIONS AND RISKS

There are many strengths and limitations to this project. This project identifies conceptual frameworks for NP which was not available before. This framework can be used to develop evaluation studies in the future. It uses a framework to develop and implement a PMS in order to minimize the risks associated with PMSs. It engages stakeholders in the development of the PMS which is identified in the literature as one of the main steps to successful PMS development and implementation. The methods used to collect data also allow for engagement of many stakeholders in the project. This project also aims to build a practical system using existing resources as much as possible; however, it is not without limitations.

There are also numerous limitations to this project. The limitations include the method and scope of the project. Due to the nature of focus groups, it is difficult to identify individual messages, focus group research is open-ended and cannot be predetermined, it may be challenging for some participants to speak openly in front of others (Gibbs, 1997, p.3-4). There are also a small number of participants in focus groups and this makes it challenging to generalize to all the provinces/territories. Especially for those provinces who did not have any participants provide input.

Even though, the survey method allowed for collection of data from many stakeholders, the response rates of surveys could not be calculated since snowball sampling method was used. Survey respondents are also subject to desirability bias (Trochim & Donnelly, 2008, p.123). That is, people generally don't want to seem like they do not know the answer therefore, they may write what makes them appear knowledgeable. Moreover, only a small number of individuals emailed the tools they are currently using to collect data. This makes it more challenging to use tools that are already being used by others and built on the current infrastructure.

It is evident that there are both strengths and limitations to this project. Furthermore, the risks associated with this project are minimal. An ethics application was submitted to and approved by University of Victoria's Human Research Ethics Board.

4.4 SUMMARY

A needs assessment methodology was used to identify gaps with performance measurement of NP. Both quantitative and qualitative data was collected through focus groups, surveys and document review to answer the posed research question. Moreover, usage of a normative framework to develop the PMS, engagement of stakeholders, and development of a practical PMS are all strengths of this study. Despite these strengths there are also limitations such as lack of generalizability, small sample size, snowball sampling and desirability bias. On the other hand, there are minimal risks to this project.

5.0 FINDINGS: CURRENT AND FUTURE STATE ANALYSIS

The findings from the focus group participants, the online survey and document review are described in this section. These findings show the current state of performance measurement for Nobody's Perfect (NP) as well as what the stakeholders envision for the future performance measurement system (PMS) for NP. Presenting the findings this way aids to identify the gaps. The findings start by reporting information on the population the data was collected from, followed by feedback about the logic model, parent support and education component, the training components, and resources. The parent support and education component and the training components are further divided into inputs, outputs, and outcomes.

5.1 GENERAL FINDINGS

There were a total of six provincial/territorial coordinators who participated in the focus group and 111 participated in the online survey. The table below depicts the percentage of respondents from each of the provinces/territories for the survey. Newfoundland and Labrador, Nova Scotia, Northwest Territories, Nunavut and Yukon had zero respondents. On the other hand, response from Ontario was overwhelming. Table 2 shows that 71% of the respondents were from Ontario. This means that the findings may be biased to what respondents from Ontario would like to see for the national PMS.

Table 2: Provincial/Territorial Participation Rates

Province/Territory	Percentage of Respondents
Alberta	5.5
British Columbia	0.9
Manitoba	6.4
New Brunswick	3.7
Ontario	70.6
Prince Edward Island	0.9
Quebec	0.9
Saskatchewan	11.0

The roles these respondents held in relation to NP in each of the provinces are identified in Figure 6. It shows that the majority of the respondents (88%) were facilitators. This is expected since there are many more NP facilitators than master trainers, trainers, coordinators or administrators (Figure 6). The respondents were able to select more than one response for this question since many facilitators may also be trainers, master trainers, coordinators or administrators. The number of total responses was 142 for this question which exceeded the total respondents (n=111). Thus, it was found and expected that some respondents do hold more than one role.

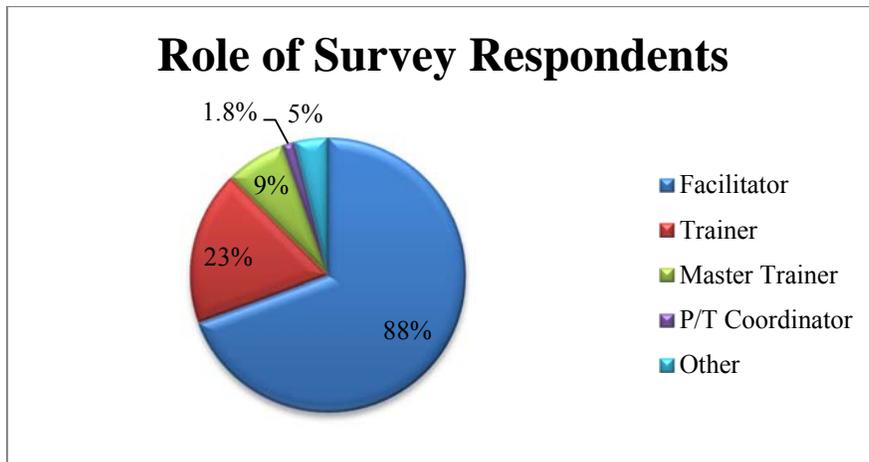


Figure 7. Role of survey respondents in relation to NP.

5.2 LOGIC MODEL

The logic model was emailed to the focus group participants prior to the focus group. During the focus group, the participants were asked to discuss general thoughts about the logic model; whether it is reflective of the components of the program; if the outputs and outcomes are appropriate; and if any changes were required to finalize the logic model. The participants stated that they are excited at the thought of NP having a logic model. Most thought that the logic model was displayed well and captured all components of the program. They also felt that it would be beneficial to have two separate logic models: one for program and one for training. They also commented that the training component builds training capacity and that community capacity should be an outcome for both the health education and training activities of the program. They were satisfied with the outputs and outcomes presented in the logic model. The changes they suggested were to create another logic model for training and to show community capacity building as an outcome for both streams of the logic model.

5.3 CURRENT STATE OF PERFORMANCE MEASUREMENT

The current state of performance measurement for the parent support and education and the training components are identified below. The questions asked during the focus group and online survey provided important information on what is currently taking place in the participants' provinces/territories with respect to performance measurement.

5.3.1 NOBODY'S PERFECT PARENT EDUCATION AND SUPPORT COMPONENT

Only one coordinator stated that they have a formal PMS in place at their organization to measure the parent education and support component of NP. All others said they do not have a formal PMS. When asked what they are measuring, they described mostly outputs such as the number of participants at programs and the number of groups. Some are also collecting demographic information. For the most part, the demographic information collected are those that the Public Health Agency of Canada (PHAC) asks for. This information; however, is being collected differently by different organization. The same is true for the output information. Different provinces are keeping track of different outputs.

Sixty-three percent of the survey respondents stated they do not have a PMS in place; whereas, 37% or 41 respondents do have a PMS. Of the 41 respondents who have a PMS, 71% answered the question of what indicators they are currently measuring for NP. The answers to this question are summarized in Table 3. The answers are categorized according to inputs, outputs, outcomes and others. According to Table 3, the inputs that are being measured include: tracking the resources used for the program, time required, childcare and transportation. The outputs currently being measured are the number of clients registered, number of clients confirmed, number of

clients attending the program, number completing the program, program retention and number of groups in other languages. Many identified using an attendance record to collect data and the information on this tool can be used to determine output data.

Besides the outputs numerous outcomes are also being measured. These outcomes are reflective of customer satisfaction, knowledge and behavioural changes. The indicators under the other category are information that provide context for the performance data, but cannot be considered performance information by themselves. That is the demographic information.

Table 3: Indicators currently measured for NP Parent Education and Support Component

Inputs	Outputs	Outcomes	Others
Resources Time Childcare Transportation	Attendance Information (12) # of clients registered # of clients confirmed # attending the program # completing the program program retention rates # of groups in other languages	Customer Satisfaction (7) Changes in parenting skills (2) Pre/post tests Impact on parenting strategies Confidence levels Joining other parenting groups What they are doing differently Changes in personal life skills Increased knowledge New tools parents have What topics parents found helpful Observation of participants	Participant profile/ Demographic information (6)

Sixty-three percent of the respondents answered the question of what tools they are using to measure the indicators from the previous question. The answers to this question ranged from verbal feedback to feedback forms to evaluation forms. Some of the respondents emailed the tools they are using.

A review of the tools showed that no single document that measured outputs or outcomes were the same. They did not ask the same questions or measure the same constructs. One document received was an Excel summary template for the collection of demographic and output data. This template was consistent with the information requested by the PHAC on the Nobody's Perfect Program: Annual Program Report which can be found in Appendix N.

One survey respondent also sent three validated scales that measure the outcomes of the program. These scales were the Knowledge and Use of Community Resources Scale, Parent Efficacy Scale and Parent Child Interaction Scale. These scales were discovered during the literature review and discussed above. All the other documents received were designed to measure customer satisfaction for the parent education and support component of NP. None of these scales were validated and they were not consistent with each other.

5.3.2 NP TRAININGS

When asked about current measurement for various levels of training during the focus group, only one coordinator stated that they had developed a tool to measure facilitator training. Everyone else in the focus group stated that they were not formerly measuring any indicators for facilitator or train the trainer trainings. They also stated that they felt it would be good practice to measure the trainings across the country by the same standards.

The same question was posed to the survey respondents; the answers from them are summarized in Table 4. There were no mention of any inputs in the data analysed for both the facilitator and train the trainer trainings. The measures consisted of outputs and outcomes. For the facilitator training, the respondents are keeping track of active facilitators (the number of facilitators who are implementing NP facilitator trainings), and the number of trainings completed for the year. The outcome indicators focus on customer satisfaction, knowledge, understanding and skills of facilitators as well as principles and philosophies of NP such as adult education principles, participant centered approach and confidence levels. Outputs for train the trainer training were not mentioned, the outcomes for the train the trainer training were similar to the outcomes for facilitator training. This included measuring the

knowledge, understanding and skills in the areas of adult education principles, key concepts of NP and customer satisfaction. Questions relating to master training were not asked in the survey since it is a self-study package that is submitted and reviewed at the national level and many stakeholders will not have much knowledge about this aspect.

Table 4: Indicators currently measured for Nobody's Perfect Trainings

Components	Outputs	Outcomes
Facilitator Training	# of facilitators active # of trainings completed per year # completed	Customer Satisfaction (3) Evaluation form Adult education principles Skills learned (3) knowledge learned Cultural competence Pre/post test related to adult learning principles, self-confidence How well the training transmitted the process of NP Readiness of participants to offer program in their communities ELC Participant Centered approach NP Principles
Train the Trainer Training		Evaluation of trainers after 4 day training Adult education principles Understanding of key concepts of NP Whether all topics were covered Knowledge of trainers Method of delivery Content Customer satisfaction Personal gains

5.3.3 RESOURCES

The question concerning current capacity and resources that are available to implement a PMS painted a grim picture. All but one province said they do not have the necessary resources to implement a PMS. When asked about the capacity, the focus group participants stated that they would be the primary resource for this project when the PMS is implemented. They do not have funds to hire staff for data entry, they are very busy and therefore for it would be a challenge to find the necessary time to implement and sustain the system.

5.4 FUTURE STATE OF A PERFORMANCE MEASUREMENT SYSTEM

Both the focus group and survey solicited information from participants about their desired PMS. The respondents' wishes for future PMS and resource requirements are presented in this section.

5.4.1 POTENTIAL INDICATORS FOR PARENT SUPPORT AND EDUCATION COMPONENT

When asked what the performance indicators for the NP parent education and support component should be, the answers from the focus group were vast. The answers are summarized according to the different categories of performance indicators in Table 5: inputs, outputs and outcomes. Input indicators were not identified. Output indicators identified are the number of participants; the number of groups; and the number of sessions attended. Focus group participants listed many indicators for outcomes and these are shown in Table 5 as well. Since there were many indicators for outcome for the parent education program, the researcher also asked the question of "Since resources are limited, what would be the top three indicators you would want to measure for the NP program?" The top three indicators chosen are: parenting skills, supports (personal and community) and self-efficacy. Demographic information also surfaced as one of the indicators to measure to see if the program is actually servicing its target population.

Table 5: Potential Performance Indicators for NP Parent Education and Support Component (Focus Group)

Outputs	Outcomes
# of participants # of groups # of sessions parents attended Demographic Information	Parenting skills Self-efficacy Personal and Community Supports Confidence level Behavioural changes in children Community Resource Utilization Self-help and mutual support Knowledge Child development

Bold=top 3 indicators for outcome measures

Sixty-four percent of the participants in the survey responded to the question of what should be measured for NP parent education and support component. Five outputs were stated by the participants: number of participants, number registered, number confirmed, weekly ratio of attendance and number of programs. A number of respondents also identified attendance. This is assumed to be referring to all the output indicators listed here. There were a myriad of outcomes listed by the participants. The top three outcomes included: parenting knowledge at 16%, customer satisfaction at 11% and parental confidence and skills tied at 10%. Top 15 indicators revealed in the survey are depicted in Table 6. The need to collect demographic profile of participants also surfaced in the survey results.

Table 6: Potential Performance Indicators for NP Parent Education and Support Component (Survey)

Outputs	Outcomes	Others
Attendance (9) # of participants (2) # registered #confirmed Weekly ratio of attendance # of program	Parenting knowledge (15) Customer Satisfaction (10) Parental confidence (9) Parenting skills (9) Changes in participants (7) (behavioural, values) Parental participation (5) Social supports (4) Self-efficacy (3) Understanding of normal development (3) Validation and support of learning (3) Resources (3) Decrease stressors (2) Access to community resources (2) Networking (2) Parental competence (2) Problem Solving (2) Isolation (2)	Program locations Participant profile (5)

5.4.2 POTENTIAL INDICATORS FOR TRAINING COMPONENTS

Indicators the focus group participants felt are important to measure for the different levels of training are listed in Table 7. They stated they are interested in knowing what supports are needed to implement all three levels of training. This includes the amount of time, finances and materials required to prepare and implement the training as well as education or training support needed by the trainers. There was no mention of any outputs to measure for the facilitator training or train the trainer training; however, they did mention that they wanted to know how many master trainers there were.

As far as outcomes are concerned, numerous outcomes were mentioned for all three levels of the training. These outcomes are listed in Table 7. These included measuring the knowledge, understanding and/or skill level of participants in the training related to the experiential learning cycle, adult education principles, participant-centered approach, NP principles and philosophies. The only place where there was a difference was at the level of the

facilitator training, where the coordinators felt that it was also important to assess the usefulness of the training materials provided during the training. Even though the other measures for all three levels of the training are the same, they felt that a higher level of knowledge, understanding and skills are needed as one goes from facilitator to master trainer. At the level of master trainer, they felt that master trainers needed to be experts in the program and its principles and philosophies.

Table 7: Potential Performance Indicators for Trainings (Focus Group)

Component	Inputs	Outputs	Outcomes
Facilitator Training	Supports needed for the facilitator training		ELC Adult Education Principles Participant Centered Approach NP Principles and philosophies Usefulness of the training materials
Train the trainer trainings	Supports needed for the train the trainer training		ELC Adult Education Principles Participant Centered Approach NP Principles and philosophies
Master Training	Supports needed for the master training	# of master trainers	ELC Adult Education Principles Participant Centered Approach NP Principles and philosophies

Participants completing the survey were also asked for their input related to potential measurements for NP facilitator training. Again, there was no mention of inputs. The respondents felt that the number of trained facilitators should be measured as output. The top three outcomes consisted of facilitation skills (26%), confidence to deliver program (20%), and the understanding and ability to implement program based on NP concepts and beliefs (18%). Measuring customer satisfaction was also noted by the respondents. A summary of the responses are depicted in Table 8.

Table 8 also shows the responses to indicators for train the trainer trainings. There was no mention of indicators for inputs, the only output measure mentioned was the number of participants at the training. Many respondents did mention quite a few outcome measures for the train the trainer training. The top three measures are advanced facilitation skills, NP values and beliefs, and trainee's knowledge. All of these indicators were tied at 14% of the responses.

Table 8: Potential Performance Indicators for Trainings (Survey)

Component	Outputs	Outcomes
Facilitator Training	# of trained facilitators	Facilitation skills (13) Confidence to deliver the program (10) Understanding and ability to do program based on concepts and beliefs of NP (9) Knowledge of the program (6) Problem solving (2) Customer Satisfaction (2) Ability to engage clients Communication skills Structure of program Create safe environment Knowledge of various topics Knowledge of other community resources Cultural competence Knowledge of child development
	Output	Outcomes
Train the Trainer Training	# of participants	Advanced facilitation skills (3) NP values and beliefs (3) Trainers Knowledge (3) Confidence (2) Content of program (2)

		Problem solving Ability to engage and share vision of NP Program Self-efficacy Skills Knowledge of adult education principles Understanding of learning styles Interpersonal skills needed for facilitation Cultural Competence
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5.4.3 RESOURCE REQUIREMENTS

The question about resource requirements to implement PMS led to answers like, money, time, people, and training. The focus group participants were keen on an electronic method to collect and analyze performance data. Many of the provincial/territorial coordinators felt that they did not have the time to enter performance data into a database or have the funds to hire someone, thus, a direct data entry system is preferred.

The provincial/territorial coordinators also identified that they are looking for leadership and resources from PHAC to support the implementation of the developed system. They were also very eloquent in saying that training is needed on the PMS and good communication between the PHAC, provincial/territorial coordinators and all organizations implementing NP in each of the provinces would be beneficial for the sustainability and maintenance of the system.

The survey respondents on the other hand identified the various components of PMS and financial resources as what are necessary to implement a PMS. Number one on the list are tools to collect performance data which was identified by 26% of the respondents. This was followed by staff time at 16%. Both financial support and online system were tied for third place at 8%. Training and support as well as many other resources were identified by the survey respondents. The survey respondents' answers are summarized in Table 9.

Table 9: Resources Needed to Measure Nobody's Perfect Performance

Resources
Evaluation tools /Measurement tool (16)
Staff Time/Dedicated staff (10)
Financial support (5)
Online system (5)
Training (4)
Research support (4)
Pretest/post test of parenting confidence and ability(4)
Participants' feedback (2)
Standard Database to collect data (2)
Facilitator gathering to share
Clerical support
Administration support
Pertinent information checklist for facilitators to follow
Standardized performance measuring system for facilitators
Evaluation from participants
Person to go to each parenting group and evaluate the facilitator
Expertise in developing tools
Information on why you need to measure performance and then work something out

Furthermore, the open survey section titled comments yielded interesting set of answers. Some of them were unrelated to the project at hand. Respondents shared some of their challenges with obtaining resources for the program, others shared challenges with the implementation models in their provinces/territories and/or municipalities. Some comments centered on some agencies having abandoned NP for other parenting programs. Most comments focused on the respondents' belief that the program positively impacts clients and their happiness

about a PMS being developed for this program. Many felt that a PMS for the program is long overdue. Some even expressed gratitude for working on designing a PMS for NP.

5.5 SUMMARY

The findings of the focus group and survey highlighted that the stakeholders are very much interested in a PMS for NP. It illuminates the current gaps and provides a good view of what the stakeholders would like to see in a PMS for NP. They were quite eloquent in stating the key performance measures that should be measured for the various components of NP. It was evident that the stakeholders envision a PMS that incorporates measurements for outcomes. They are also conscientious of the limited resources available to implement the system and welcome any resources to support the implementation and sustainability of the system.

6.0 DISCUSSION AND ANALYSIS

The purpose of this project is to identify the most effective indicators to measure Nobody's Perfect (NP) program, the tools/approaches needed to measure these indicators and resources needed to implement the performance measurement system (PMS). The results presented above form the foundation for the development of a PMS for NP.

The focus groups and survey engaged stakeholders in the development of the PMS since stakeholder involvement is identified as a best practice and part of the steps in the 12 Steps to Designing and Implementing a Performance Measurement System. The results of the focus group and questionnaire were instrumental in identifying the current and desired states of performance measurement. This in turn, was used to identify gaps (Appendix O). The gaps identified showed that a PMS for NP is needed. The findings showed numerous indicators for the various components of NP that need to be measured. Consistent measurement tools and approaches; as well as resources are needed. Therefore, a PMS is developed using the normative framework for designing and implementing a PMS by McDavid et al., (2013) that was identified in the Performance Measurement Section.

6.1 NP PERFORMANCE MEASUREMENT PLAN

The following section outlines the process that was followed to develop the performance measurement plan and states the constructs and processes that can be used to measure the identified indicators for NP. The performance plan for NP is presented using the 12 Steps to Developing and Implementing a Performance Measurement System.

IDENTIFYING THE ORGANIZATIONAL CHAMPIONS OF THIS CHANGE

At the onset of the project stakeholders who have power and influence over this project were identified. The provincial/territorial coordinators were identified as stakeholders with most power and influence since they are in the best position to know what is happening in their provinces and have a realistic idea of what is possible to implement in their provinces/territories. Therefore, the provincial/territorial coordinators were invited to participate in the project through focus groups and online surveys. They were also given the opportunity to comment on a draft logic model.

The second most influential group of stakeholders are master trainers, trainers and facilitators. These individuals are vital to the implementation of the PMS, since they will play a critical role in implementing the system as well as have knowledge as to what indicators are important to measure for the various components of the NP program. Furthermore, the facilitators, trainers and master trainers are in the position to champion the PMS at their organizations. Not only that, they are a vital resource for aiding to develop constructs to measure the various components of the program. Moreover, they also have an important role in the data collection for the PMS. Therefore, they were also engaged to decide on the constructs of the system and provide their views on supports needed to implement the system.

UNDERSTAND WHAT A PERFORMANCE MEASUREMENT SYSTEM CAN AND CANNOT DO AND WHY IT IS NEEDED

A discussion related to this could have been beneficial at the onset of this project; however, having this discussion would have broadened the scope of this project and thereby extended the timelines for this project. It is hoped that the reading of this report by stakeholders will aid to understand what a PMS can and cannot do and why it is needed.

Moreover, a training session with provincial/territorial coordinators can be organized to discuss the risks and benefits to performance measurement and why it is needed. A PMS can aid decision making since decisions can be made based on evidence from the PMS. Organizations can use the collected performance information for continuous quality improvement and to challenge themselves to do better. Also, a discussion can ensue about the

main purpose for collecting the performance information. The Public Health Agency of Canada collects performance information for accountability purposes. Performance measurement for NP is voluntary and as such there will be no sanctions for negative results. Negative results can be analyzed to find ways to improve the process to meet targets for the next or following years. Organizations with negative results may seek support from the NP community. Both negative and positive results can support organizational learning. There are also no rewards associated with the system beyond the benefits of the PMS itself.

ESTABLISH MULTI-CHANNEL WAYS OF COMMUNICATING THAT FACILITATE TOP-DOWN, BOTTOM-UP, AND A HORIZONTAL SHARING OF INFORMATION, PROBLEM IDENTIFICATION, AND PROBLEM SOLVING

Information about this project was communicated by the Public Health Agency of Canada (PHAC) to the provincial/territorial coordinators. An email script explaining the project and recruitment for the focus groups were sent to the provincial/territorial coordinators. Moreover, an email script explaining the project and recruiting for online questionnaire was sent to coordinators, master trainers, trainers, facilitators and administrators. Stakeholders in this project had opportunities to communicate their thoughts and concerns in various ways. The email also included contact information for the researcher for any questions or comments related to the project. Moreover, the client was updated about progress of project or any challenges encountered which was shared at the Provincial/Territorial Coordinating Committee. A communication plan for the implementation phase of the project can be developed if the recommendations in this report are accepted.

CLARIFY THE EXPECTATIONS FOR THE USES OF THE PERFORMANCE INFORMATION THAT WILL BE CREATED

One of the interview questions focused on understanding the purpose of the national PMS. It became clear during the focus group that the participants would like the system to help them with program planning and for collecting necessary data to submit to the PHAC. The client on the other hand is primarily interested in the system for reporting purposes and would like to support the provinces/territories with their needs as well. These two purposes of PMS can cause friction. In order to minimize this friction, it is recommended that reports for performance improvements are separated from reports for performance reporting (McDavid et al., 2013, p.406). The provinces/territories can use the system for performance improvement and program planning and the PHAC can use it for public reporting to show accountability since these reports can be written separately.

It is hoped that the collection and reporting of performance information will ensure that the program is implemented in the most efficient way possible and based on its philosophies and principles. Moreover, it will provide credible information for funders and stakeholders. Most importantly, it will aid to identify areas for improvement. Of course, identifying the areas for improvement through the use of a PMS is not enough. In order for the system to be truly beneficial, strategies to improve the identified areas must be developed, implemented and analyzed for its effectiveness.

IDENTIFY THE RESOURCES AVAILABLE FOR DEVELOPING, IMPLEMENTING, MAINTAINING, AND RENEWING THE PERFORMANCE MEASUREMENT SYSTEM

This PMS is designed by a master's student. When resources are scarce it is common for students or ad hoc committee of managers, etc to develop the PMS (McDavid et al., 2013, p.348). The focus group participants stated that it would be a challenge to implement and sustain the PMS with the current resources. In contrast, 48% of the survey respondents felt that their organization currently has the capacity to measure performance and 24% are already measuring performance. Therefore, a total of 72% of survey respondents felt that their organization currently has the capacity to measure performance. Even though the majority of the individual organizations may have the capacity to implement a PMS, the capacity for provincial/territorial coordinators to collate their province's data beyond what they are already doing is not feasible.

Moreover, stakeholders had no trouble stating what resources are needed by them to implement and sustain the PMS. Money, staff time, training, and evaluation/measurement tools were the top four resources cited by focus group and survey participants. The measurement tools are developed as a part of this project. An estimate of the resources needed to implement and sustain the PMS is provided in Table 10. Training should be provided to understand the purpose of PMS and the details of this particular system. It is assumed that the PHAC can use these estimates to build a business case for funding of this project.

Table 10: Resource Needs for Implementation

Resources	Estimate Amounts
Project lead to implement project	200 Hrs
Database	\$6,000/year
Staff time to develop data base (i.e. enter measurement tools)	40 Hrs
Staff time to develop and implement training (Use train the trainer model initially then incorporate PM into NP trainings)	80 Hrs
Staff time to enter data (if direct data entry is not possible)	This depends on the number of participants (avg. 10 minutes/participant)
Staff time to analyze, write reports and communicate performance information	120 Hrs/year

The focus group participants also identified leadership as a requirement for the implementation of the PMS. The literature also identified the importance of leadership for the implementation and sustainability of a PMS. Leadership for this project can be provided by the PHAC and/or the Provincial/Territorial Coordinating Committee.

TAKE THE TIME TO UNDERSTAND THE ORGANIZATIONAL HISTORY AROUND SIMILAR INITIATIVES

The Public Health Agency of Canada has implemented PMS for other programs. Another national program that they have implemented a national PMS for is the Canadian Prenatal Nutrition Program (CPNP). These projects are also implemented by many organizations in provinces and territories across Canada. The difference between the CPNP performance measurement framework and the one for NP is that the CPNP programs are funded by PHAC and requires the submission of performance data for funding renewal. The Nobody's Perfect PMS would be a voluntary system, which may pose some challenges in terms of compliance from all provinces/territories. Even in its current form, there are numerous provinces voluntarily submitting performance data. Hence, it is believed that the development of the PMS will encourage more organizations to undertake performance measurement of the program. Performance measurement provides information needed by funders and allows organizations to showcase their work.

DEVELOP LOGIC MODELS FOR THE PROGRAM OR LINES OF BUSINESS FOR WHICH PERFORMANCE MEASURES ARE BEING DEVELOPED.

The logic model is described in the conceptual framework section and is presented in Figure 6. Based on feedback from the participants a separate logic model was developed for training because they are interested in seeing the various levels of training and the flow from master training to facilitator training. This detailed logic model for training is shown in Figure 8.

Draft Nobody's Perfect Training Logic Model (July 2015)

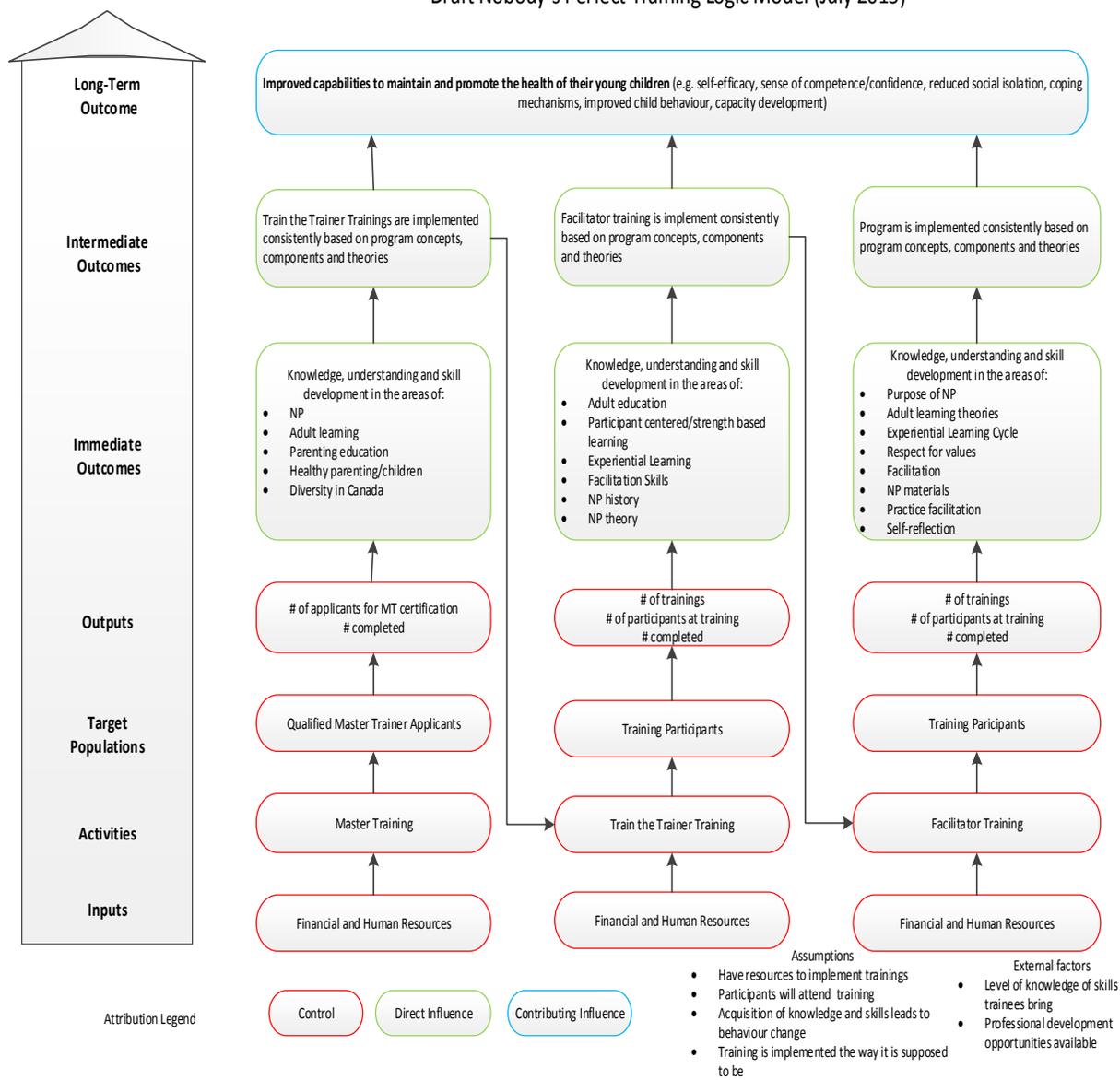


Figure 8: Draft Nobody's Perfect Training Logic Model

INVOLVE PROSPECTIVE USERS IN REVIEWING THE LOGIC MODELS AND CONSTRUCTS IN THE PROPOSED PERFORMANCE MEASUREMENT SYSTEM

Stakeholders were involved in validating the logic model through a focus group. Most thought that the logic model looked great and captured all components of the program. The participants did wonder if there could be two logic models: one for training and one for the entire program. They also commented that the training component builds training capacity and that community capacity should be an outcome for both the health education and training activities of the program. They stated that they would like to see clearer differentiation between the two streams of the logic model and they would like the logic model to show community capacity building as an outcome for both the education and training components of the logic model.

Based on feedback from stakeholders, the logic model was revised. Based on the logic model, the focus group and the survey, there are numerous key constructs identified for the different components of the program. The key constructs for the parent education and support component, and the training components are described below.

PARENT EDUCATION AND SUPPORT

Inputs. According to the literature it is good practice to keep track of inputs for programs (Hatry & Wholey, 1999, p.12-13). This will ensure that information is available to analyze the cost effectiveness of the program. Organizations can keep track of information such as staff time, monies spent on recruitment of participants, snacks for participants, transportation allowance and childminding costs as described in Appendix T. Appendix T shows the various inputs that can be measured for the parent education and support component. Even though these indicators did not surface in the focus group or survey, these indicators are important for determining the efficiency of a program by relating them to measures of outputs and outcomes.

Outputs. Outputs are easier to keep track of and less costly than outcomes. It is evident from both the focus groups and the survey that certain outputs are already being measured for NP. There is; however, no consistency with the outputs measured across Canada. The output measures that are important to measure are: number of participants, number of groups, number of sessions the parents attended, the number registered for the program and the number completing the program as shown in Appendix T under the outputs heading for the parent education and support component. These outputs can be recorded through an attendance record at the program.

The measure of how many completed the program poses some challenges. An existing definition of what is considered program completion for NP does not exist in any of the program manuals. The implementation of the PMS can aid to determine what threshold of attendance at the program is needed to realize the outcomes of the program which can then be used to determine the number of classes a participant needs to attend to have benefitted from the program. This number can be used as the number of sessions participants need to attend to be considered as completing the program.

In any case, performance measurement can measure the outputs that the stakeholders are interested in measuring and provide them with an indication of how many people they are servicing and who they are servicing. Another information that the stakeholders are interested in collecting and some are already collecting relate to the target population for the program-the demographic information. This is the information that provides context to the performance results. It answers questions like: Are the participants at the program actually the population for whom the program is intended? Are the participants a part of the target population? A demographic data collection tool is developed as a part of the PMS so that the same demographic information can be collected and analyzed across Canada.

Outcomes. Numerous outcome indicators have been measured during evaluation of NP program: knowledge and use of community resources, social supports, parenting stress, parenting problem solving, parenting efficacy, parenting discipline and nurturing behaviours. The literature also identifies numerous indicators to measure for prevention focused parenting programs: parenting capacity, knowledge of child development, parental

competence/self-efficacy, parenting skills and satisfaction with the program. The focus group participants stated that the top three indicators they are interested in measuring are: parenting skills, self-efficacy and personal and community supports. The online survey respondents stated parenting knowledge, parenting confidence and parenting skills as the top three indicators that they are interested in measuring for NP. A summary of the key performance indicators identified through the various methods are presented in Table 11.

Three indicators are clearly shown from these findings as important to measure for NP: (1) efficacy, (2) parental knowledge and (3) parenting skills. The logic model states confidence and self-image as one of the indicators, this is stated as parental efficacy in the NP evaluation literature and is stated as parental confidence in the prevention focused parenting program evaluation literature. The focus group stated this same construct as self-efficacy and the survey respondents stated it as parenting confidence. What is evident from this is that parenting efficacy is one of the key performance indicators to measure for the NP program. This point is also echoed by Bloomfield & Kendall, 2012, p.365).

Table 11: Outcome Indicators for Nobody's Perfect Parent Education and Support Component

Logic Model	NP Evaluations	Prevention Focused Parenting Programs	Focus Group	Survey
<ul style="list-style-type: none"> • Confidence and Self-Image 	<ul style="list-style-type: none"> • Parenting efficacy 	<ul style="list-style-type: none"> • Parental confidence 	<ul style="list-style-type: none"> • Self-efficacy 	<ul style="list-style-type: none"> • Parenting confidence
<ul style="list-style-type: none"> • Parenting skills 	<ul style="list-style-type: none"> • Parenting problem solving • Parental discipline • Parental nurturing behaviours 	<ul style="list-style-type: none"> • Parenting skills 	<ul style="list-style-type: none"> • Parenting Skills 	<ul style="list-style-type: none"> • Parenting skills
<ul style="list-style-type: none"> • Knowledge and skills related to health, safety and behaviour 		<ul style="list-style-type: none"> • Knowledge of child development 		<ul style="list-style-type: none"> • Parenting knowledge
<ul style="list-style-type: none"> • Self-help and mutual support • Social networks developed • Utilization of community resources 	<ul style="list-style-type: none"> • Knowledge and use of community resources • Social supports 		<ul style="list-style-type: none"> • Personal and Community Supports 	
		<ul style="list-style-type: none"> • Parental satisfaction with program 		<ul style="list-style-type: none"> • Satisfaction
<ul style="list-style-type: none"> • Coping skills • Healthy family relationships • Parenting Capacity 	<ul style="list-style-type: none"> • Parenting stress 	<ul style="list-style-type: none"> • Parenting capacity 		

Another important indicator to measure is parenting skills. In the NP evaluation literature, skills of parents related to problem solving, discipline and nurturing behaviours have been measured separately. These measures all can fall under the general umbrella of parenting skills. The logic model, the literature related to prevention focused parenting programs and stakeholders have all identified parenting skills as an important indicator to measure for NP.

The third important indicator to measure is parenting knowledge. This was not one of the top three indicators chosen by the provincial/territorial coordinators; however, they mentioned child development knowledge and knowledge in general as indicators to measure for NP. This was identified as an important indicator to measure by the survey respondents, logic model and the literature. Increasing knowledge and understanding of child's health, safety and behaviour is one of the objectives of NP. Therefore, it is reasonable that this be measured. According to the logic model, the immediate outcomes generally are related to developing knowledge and skills. Therefore, measuring parenting knowledge in NP is important to determine whether the program has been effective in meeting one of its immediate outcomes.

There is also congruency with some of the other measures identified in the logic model with the literature such as personal and community supports, parenting capacity, coping skills and satisfaction. Due to financial constraints only few indicators will be measured. Customer satisfaction stands out as very important as it was the second most popular indicator for measurement identified by the stakeholders who completed the survey. It is also identified as an important measure in the effective parenting program measurement literature. Therefore, customer satisfaction will also be a key performance indicator that is measured in the NP performance measurement system. The important indicators to measure for inputs, outputs and outcomes for the NP parent education and support component is identified in this section. These key performance indicators were determined based on the literature as well as the findings of this study. A detailed list of effectiveness and efficiency indicators are provided in Appendix P. Appendix P also shows the immediate and intermediate outcomes to measure for parent education and support program.

NP TRAININGS

Inputs. The input that was identified for all levels of training was the supports needed for the training. This can be anything from the time required to prepare and implement the training, cost of materials, cost of locations, and any other cost incurred for the planning and implementation of the training. Moreover, this could also include supports in terms of professional development or consultations that maybe needed in the process of developing and implementing trainings. The logic model presents a comprehensive list of inputs which can all be converted to money amounts. The measures of input for the three different levels of training is found in Appendix T.

Outputs. Although no outputs were identified by the focus group participants for both the facilitator and train the trainer training, the survey respondents identified the number trained as an important measure. The number of individuals trained to be a facilitator, a trainer or master trainer is important to know as it assesses the capacity for training and sustainability of the program. According to the survey respondents, the number of active facilitators, the number of trainings completed for the year and the number of people who completed the training are currently being measured. It is important to measure both the inputs and outputs since these can be compared to determine the efficiency of the trainings.

Outcomes. The outcome indicators for trainings will determine the effectiveness of the training. Numerous indicators were identified by the focus group and survey participants as well as the logic model. For all three levels of training, the provincial/territorial coordinators identified indicators related to the experiential learning cycle (ELC), adult education principles, participant-centered approach, NP principles and philosophies and usefulness of materials for the facilitator training as shown in Table 12. It must be noted that the ELC, adult education principles and participant-centered approach are part of the principles and philosophies of NP. This concept is stated as values and philosophies in the logic model. The provincial/territorial coordinators felt that the level of expertise in each of these measures should increase with each level of training. The survey respondents stated facilitation skills, NP

values and beliefs and knowledge are important constructs to measure for NP facilitator and train the trainer trainings.

Between these stakeholders there is some divergence at first glance on what each of them felt are important to measure for the trainings; however, the ELC and adult education principles and participant- centered approaches are part of the philosophy and beliefs of NP. Therefore, the construct that is deemed most important to measure for all levels of training is the philosophies and principles of NP. Another construct identified in the survey is facilitation skills for both the facilitator training and train the trainer training. This is also an important aspect for NP which aids the participant-centered approach.

Moreover, the survey also identified knowledge of the program as one of the measures. An assumption is made that this is referring to the history of the program as well as the philosophy of the program. These are consistent with what is depicted in the logic model. The logic model also shows the feeling of support felt by facilitators, trainers, and master trainers of NP as an important measure. Therefore, the training indicators to measure includes: feelings of support, values and philosophies of NP (adult education principles, participant-centred approach, strength based approach and ELC), and facilitation skills.

The logic model also states the knowledge, skill and understanding in the area of program policies and guidelines. This aspect will not be considered in this paper since it did not surface as an important indicator from the stakeholder groups.

The discussion above concentrated on the immediate outcomes. The intermediate outcomes of the trainings are truly realized when the trainees implement the level of training they have been trained for effectively. The immediate outcome of the training can be measured at the end of the training; whereas, the intermediate outcome should be measured when those who have been trained are implementing their respective level of training. For example, in a train the trainer training, the immediate outcomes can be measured by collecting and analyzing data from the participants at the training who are becoming trainers. In order to assess the intermediate outcomes of the train the trainer training, performance data needs to be collected when these newly trained trainers implement facilitator training.

Table 12: Training Outcome Indicators identified in the logic model, focus group and survey

Component	Logic Model	Focus Group	Survey
Facilitator Training	<ul style="list-style-type: none"> NP Values and Philosophies <ul style="list-style-type: none"> -Experiential Learning Cycle -Adult Education Principles -Participant-Centered Approach -Strength Based Learning Facilitators feel supported in their role Program policies and guidelines 	<ul style="list-style-type: none"> NP Principles and philosophies <ul style="list-style-type: none"> - Experiential Learning Cycle -Adult Education Principles -Participant-Centered Approach Usefulness of the training materials 	<ul style="list-style-type: none"> Concepts and beliefs of NP Facilitation Skills Confidence to deliver program Knowledge of program Problem solving
Train the trainer trainings	<ul style="list-style-type: none"> NP Values and Philosophies <ul style="list-style-type: none"> -Experiential Learning Cycle -Adult Education Principles -Participant-Centered Approach -Strength Based Learning Trainers feel supported in their role Program policies and guidelines 	<ul style="list-style-type: none"> NP Principles and philosophies <ul style="list-style-type: none"> - Experiential Learning Cycle - Adult Education Principles - Participant Centered Approach 	<ul style="list-style-type: none"> NP values and beliefs Advanced facilitation skills Trainers knowledge Confidence

Effective trainings at all levels enable the program to be implemented the way it was designed to be implemented (program fidelity). If program is implemented in the way that it was designed to be implemented, the outcomes of the program will be achieved. The ultimate outcome for the trainings as well as the parent education and support component is improved capabilities (increased parenting capacity) to maintain and promote the health of young children (child outcomes). The outcome indicators for facilitator training are outlined in Appendix Q. This appendix shows the immediate, intermediate outcomes, its indicator and data sources. It also outlines the efficiency indicators for the facilitator training as well. Similarly, appendices R and S depicts the immediate, intermediate and efficiency measures for train the trainer and master training.

MEASURE THE KEY CONSTRUCTS IN THE PERFORMANCE MEASUREMENT SYSTEM

PARENT EDUCATION AND SUPPORT

Input. Measuring of input can be completed by keeping track of spending with budget logs. All organizations have a budget system in place and this can be used to keep track of the spending for the program. If budgets are not program based, spending for NP can be tracked separately for use during efficiency analysis.

Output. From the focus groups and survey it is clear that some data is already being collected for output indicators such as the number of people attending the program and the number of groups per year. Whatever tools agencies are using to collect the output data, they may continue to do so since it is less costly to use already existing data sources.

A tool was also developed for the facilitators to summarize the output data called the Nobody's Perfect Facilitator Program Summary Form (Appendix U). This form collects information for each of the completed programs and makes submission of performance information easier for organizations. This tool will provide a consistent way to submit data to the provincial/territorial coordinators so that the provincial/territorial coordinators can collect and submit provincial/territorial information to the PHAC. The output information can also be analyzed with input information to determine efficiency measures such as amount of monies spent per participant, amount spent per group, etc.

Demographic Information. Some provinces are also collecting demographic information to give context to their results. Appendix V shows the demographic data collection tool that was developed for organization to collect demographic information from participants in the program. This tool was developed based on the information that PHAC would like submitted to them on an yearly basis, demographic tool in the UpStart Parent Survey and the Tri-hospital + TPH Health Equity Data Collection Research Project Report (Wray et al., 2013).

Outcomes. Since NP has had outcome evaluations, it is more efficient to use the tools that were used in the outcome evaluations to measure program outcomes. These tools are discussed under the literature review section. If all possible indicators are measured using these tools, it can take a long time to complete the pre and post tests, it would take time away from the program and be burdensome to the participants.

In order to decrease respondent burden and reduce the time taken away from the program, the UpStart Parent Survey can be used. This survey is only completed once since it incorporates a post-test, retrospective pretest design. According Benzies, et al., (2013b) this survey took 15 minutes to complete (p.8) and 98% of the subjects who completed the survey rated it as easy to average for ease of completion (p.12). As stated above, this survey measures many of the indicators that are important to measure for NP. This scale measures parenting knowledge and skills about health, safety, behaviour and growth and development. It also measures parental efficacy, emotional health, social support, parenting stress, family functioning and satisfaction. These are all constructs that were identified in the logic model and by the stakeholders as important measures for NP. The satisfaction section of the scale uses both quantitative and qualitative data collection methods. It is also preferable to collect both types of

data as qualitative data can support the quantitative data. It even measures community supports with the questions ``I know who to call and where to go in the community when I need help`` and ``I know where I can get answers to my parenting questions`` (Benzies et al., 2013b, p.24). The UpStart Parent Survey has a manual available on-line on how to administer and analyze the tool ([http://www.nobodysperfect.ca/_uploads/PageContent/documents/2013%2004%2015%20UpStart%20Parent%20Survey%20Users%20Manual%20FINAL%20\(1\).pdf](http://www.nobodysperfect.ca/_uploads/PageContent/documents/2013%2004%2015%20UpStart%20Parent%20Survey%20Users%20Manual%20FINAL%20(1).pdf)). Therefore, the UpStart Parent Survey can be used to measure the key performance indicators for NP.

TRAININGS

Inputs. Inputs for trainings can be tracked with budget logs. The total amount of monies and staff time spent on as well as the resources required can be calculated. This information can be used with the information from outputs to calculate the efficiency of the trainings.

Outputs. In order to keep track of the outputs and inputs of trainings, a Training Summary Form was developed (Appendix W). This summary form asks the trainer to complete information related to inputs as well as the number of registrants for the training and number completing the training. It also assesses the level of support felt by the trainers to implement the training.

Outcomes. Even though tools are available to measure NP parent education and support component, tools are not available to measure the training component of the program. In order to measure the outcomes of the training component of the program, tools were developed. Appendices X to BB shows the tools that can be used to measure the indicators for facilitator training; Appendices CC to EE show the tools that were developed to measure the train the trainer trainings; Appendix FF show the tool that was developed to measure the master training. These tools were designed using Likert format scale so that comparisons of means can be made between post-test and retrospective pretest. A post-test/retrospective pretest design is recommended instead of the traditional pre/post test since there is evidence in the literature that suggests with traditional pre/post test designs participants tend to overestimate their knowledge and skills during pretests (Nimon, Zigarmi & Allen, 2011, p. 23). Nimon et al., (2011) further noted that it is better to separate the post-test and the retrospective pretest (p.23). They state this because placing the post and retrospective pretest side by side may lead to effort justification and bias the results. Therefore, the same questions for the pre and retrospective pretests are placed on separate paper so that they can be administered separately. The post-test can be handed out first and then collected back. Once post-tests are collected, the retrospective pretest can be distributed for completion. Since the post and pre tests are being decoupled, a code is required for matching the responses from the same individuals to see what changes have occurred as a result of attending the training.

For facilitator trainings measurement tools were developed to measure the identified indicators including customer satisfaction. These tools include: (1) Facilitator Training Knowledge and Skills Questionnaire post-test (Appendix X) and retrospective pretest (Appendix Y) and (2) Facilitator Experience Questionnaire (Appendix Z). The Facilitator Training Experience Questionnaire measures whether the facilitator training is being implemented based on the principles and philosophies of NP. Measuring intermediate effectiveness of facilitator training means measuring if the program is being implemented based on its philosophies and principles. Therefore, intermediate outcomes for facilitator training will be measured by asking participants at the groups to provide feedback related to principles and philosophies of the program. This can be accomplished by participants completing a weekly feedback questionnaire (Appendix AA) as well as a final questionnaire asking the same questions (Appendix BB). The weekly questionnaire is to help facilitators to improve their skills based on feedback from participants at the group. The final feedback questionnaire is what will be used to measure whether the program is being implemented the way it is meant to be. The results of this questionnaire can be analyzed to see how effective the facilitator trainings have been in conveying the philosophies of the program and the skills need to implement the program based on its principles. Measuring the immediate outcomes of facilitator training will show if the train the trainer training was effective.

For train the trainer training, the Trainers the Master Trainers train are in the best position to indicate whether they have been taught the philosophies and principles of NP. A Train the Trainer Knowledge and Skills Questionnaire post and retrospective pretest (Appendices CC and DD) and Train the Trainer Experience Questionnaire was developed to assess the effectiveness of the training (Appendix EE). The effectiveness of this training will indicate the immediate outcomes for train the trainer trainings and the intermediate outcomes for the master training.

In order to assess the effectiveness of master training, a Master Training Assessment/Experience Questionnaire is shown in Appendix FF. This questionnaire encompasses both the post and retrospective pretests on the same sheet because it is a self-study package and no one will be around to collect the post-test and then distribute the retrospective pretest.

Questions that yield qualitative data are also asked for each level of training since both quantitative and qualitative measures are important for performance measurement. These questions are: What I learned? What practices I would change as a result of the learning? What I would like to learn more about? The answers to these questions can be used to substantiate the quantitative data. It can also be used to decide if changes to the training are needed to incorporate what participants are saying they would like to learn more about. The answers to these questions will support performance improvement. This aspect is incorporated in the training experience survey for each level of training. Lastly, the level of support felt by the trainers is assessed on the Training Summary Form since it is identified as a construct in the logic model.

RECORD, ANALYZE, INTERPRET, AND REPORT THE PERFORMANCE DATA

PARENT EDUCATION AND SUPPORT

Performance data measured by organizations should be recorded in a coherent manner. Organizations may use attendance tracking forms and other existing tools. The summary data can be tracked and submitted as per provincial/territorial procedures. Since all provinces/territories will collect data using the same tools or at least the same information, a database can be created to store provincial/territorial performance information.

In order to assess the performance, targets are also needed. Each province/territory can set their own targets. The national targets can then be decided based on the provincial/territorial targets. Analysis can also be made to see if the program met, exceeded or underperformed with respect to targets. Targets for the number of program can be decided based on the budget and staffing for the program. One can also develop targets related to the number of participants they expect to service in the program for the year. Another analysis that can be performed is to see trends over time. How many programs are implemented each year can be tracked to see if the number of programs are increasing or decreasing. The number of participants attending the programs each year can be tracked to see if there are increases, decreases or stagnation with the numbers. One can also calculate the retention rates at programs. Lastly, the results can be analyzed to see if the program was implemented within budget.

The outcomes measured can be analyzed using means or averages of the results. Because the parenting knowledge and skills subscale and the parenting experience subscales are using Likert scales, the average on each scale can be calculated. The averages of post-tests can be compared to the averages of retrospective pretests to see if there have been improvements with indicators such as parenting knowledge, parenting skills and self-efficacy. Ideally, there should be improvements from the pretest scores to the post-test scores. A participant should have a higher post-test score than a pretest score if the program is effective.

Moreover, the satisfaction subscale can be averaged in the first year to provide a benchmark average to try to exceed the following year. The qualitative components of the satisfaction survey or the 3, 2, 1 questions and comments from the participants can be used to buttress the quantitative information. The answers to these questions can be analyzed using thematic analysis. The analysis of the answers will identify ways to improve the program.

TRAINING

Similar to parent education and support component, the input information collected can be used to determine if the training fell within budget constraints. The output information can be used to see if targets for the training have been achieved; whereas, the effectiveness of the trainings can be measured using the measurement tools that are identified in appendices Z-HH. The measurement tools for the training components also use a Likert scale, and therefore can be analyzed using averages of post and retrospective pretests to determine if there are improvements with the constructs measured. These instruments have not been tested to determine its reliability and validity. Therefore, it is recommended that these instruments first be piloted and tested for reliability and validity before wide spread use. In the meantime, if organizations do not have something valid that they are already using they may use these tools. The performance information collected with the various tools should be reported. The Public Health Agency of Canada can produce reports yearly and the provinces/territories can decide how often they would like to analyze and produce their own reports.

The success of performance measurement regimes not only depends on careful development and implementation, but also on the type of care given during reporting phase (AGA, 2012, p.93). Performance measurement reports need to be written so that it is credible. These reports must be viewed as being credible by the stakeholders. There are numerous criteria against which performance reports can be measured to determine its credibility. The Office of the Auditor General of Canada (OAG) developed a model to assess the credibility of performance reports in 2002. The model by the OAG includes five criterions to assess the performance reports with: organizational context, and strategic outcomes, performance expectations, performance outcomes, performance information is credible and balanced and use of performance information (OAG, 2002, p.6.27). This is the model that is used to evaluate performance reports against in the federal government. Therefore, it is wise for the PHAC to follow the criterion developed by OAG when writing performance reports so that the report can be deemed credible.

12. REGULARLY REVIEW FEEDBACK FROM USERS AND, IF NEEDED, MAKE CHANGES TO THE PERFORMANCE MEASUREMENT SYSTEM

It is essential to receive feedback from the users of the system since contextual factors change. Even if there are no changes to the contextual factors, the appropriateness of the PMS is more visible after implementation. Thus, feedback from users is important to assess the appropriateness of the PMS as well as any unintended consequences associated with it. Therefore, a tool to collect feedback about the system from its users was developed for both the parent education and support components (Appendix GG) and the training components (Appendix HH). These questionnaires can be sent to system users and feedback analyzed and appropriate action steps taken based on feedback.

6.2 SUMMARY

This section used the 12 Steps to Designing and Implementing a Measurement System to develop a performance measurement plan for NP. The information collected from the focus group, online survey, document review literature review and the logic model informed the contents of the system. The consultation with the stakeholders ensures that the system is based on the needs of the stakeholders and allows for stakeholder buy-in to the system. Both the technical/rational perspective and political/cultural perspectives were followed when the PMS was developed to mitigate the risks associated with development and implementation of PMS.

7.0 OPTIONS TO CONSIDER AND RECOMMENDATIONS

This project's aim is to determine the most effective indicators to measure the NP program along with the sub goals of determining the data collection tools/approaches needed to measure the performance indicators and the resources needed to implement and sustain the developed system. The literature review, the logic model of the program along with findings of the stakeholder consultations were utilized to develop the options and recommendations in this report.

7.1 OPTIONS TO CONSIDER

Based on the findings of the report, the client can consider the following options: (1) maintain status quo, (2) adopt three-tiered performance measurement system (3) conduct further research and (4) adopt three-tiered performance measurement system for parent education and support component and conduct further research. The benefits and challenges of each of these options are considered in this section.

OPTION 1: MAINTAIN STATUS QUO

Maintaining the status quo means leave things as they are or do nothing. Sometimes organizations may choose to do this since they have vested interest in maintaining the status quo (Bardach, 2012, p.107). If this option is chosen, the current state of NP performance measurement will continue. The client will only receive performance information from only those who are currently voluntarily submitting performance data. The information currently being collected and submitted by some of the provinces/territories focus on outputs only. The outcomes of the program are currently only measured when there is an evaluation. It is evident that stakeholders are very much interested in measuring outcomes for the program on a continual basis. Therefore, if status quo is maintained, the needs of the stakeholders will not be met. Moreover, effectiveness of the training components of the program has never been evaluated. Thus, this information will not be available at all, unless a performance measurement system (PMS) is implemented. On the other hand, maintaining status quo will not require additional fiscal resources.

OPTION 2: ADOPT THREE-TIERED PERFORMANCE MEASUREMENT SYSTEM

There are numerous indicators that can be measured for the parent education and support component of the program. The entire list of performance indicators is presented in Appendix T. Measuring of all these indicators; however, is unrealistic for reasons stated above. It was also evident that many organizations are collecting some performance data, mostly output data. It was also clear that organizations have differing capacity to implement and sustain a PMS. Recognizing this fact, the recommended PMS has three tiers. The first tier can be implemented nationally; whereas the second and third tiers can be implemented by only those provinces and territories with capacities to do so. The three-tiered PMS consists of:

- Level 1: Inputs, Outputs & Demographics;
- Level 2: Level 1 + Immediate Outcomes; and
- Level 3: Level 2 + Intermediate Outcomes.

LEVEL 1: INPUTS, OUTPUTS & DEMOGRAPHIC INFORMATION

Most organizations are also already collecting input and output data. The inputs identified above, the costs related to parent education and support component as well as trainings should be tracked by organizations implementing NP programs and trainings. Besides inputs, the outputs that can be measured for the parent education and support component as well as the trainings are listed in Appendix Q. These outputs are easier to track and less time consuming as these can be tracked with secondary sources of data. It was evident from the findings that most organizations are already measuring some output indicators. In order for a comparison to be made across Canada and for the collation of national data, the same output indicators need to be collected by all provinces/territories

implementing the program. Further, when resources are scarce, it is also common for performance measurement indicators to consist of outputs (McDavid et al., 2013, p.349).

It is also common for many non-profit and governmental organizations to collect demographic information on clients they are servicing. Therefore, the collection of this data also should not pose too much of a challenge. In order to ensure that the same data is being collected by everyone a demographic data collection form was developed. If organizations have their own demographic data collection forms, they may continue to use their forms if the form collects the same data or modify it to ensure that all of the data on the demographic data collection form is collected.

LEVEL 2: LEVEL 1 + IMMEDIATE OUTCOMES

The second level of performance measurement system build on the first level by adding indicators related to the immediate outcomes of the program. This can be accomplished by using the Parenting Knowledge and Skills, and Customer Satisfaction subscale of the UpStart Parent Survey. This survey can be administered at the parent education and support program as a paper and pencil version or can be emailed to clients after the completion of the program. If paper and pencil versions are used, then resources will be needed for data entry. If an electronic version is sent to the clients, the need for data entry is eliminated; however, the response rate may be reduced if there are no incentives for survey completion.

For the trainings this means measuring the immediate outcomes of the training using the knowledge and skills scales developed in this paper. Again, the survey can be administered as a paper and pencil version or electronically after the completion of the trainings. Likewise, if a paper version is used, there will be a need for data entry resources. If an electronic version is used, the need for data entry is eliminated.

LEVEL 3: LEVEL 2 + INTERMEDIATE OUTCOMES

In addition to the performance indicators measured in level 2, level 3 adds intermediate outcome indicators. The intermediate outcome for the parent education and support component can be measured through the Parent Experience subscale of the UpStart Parent Survey. The intermediate outcomes of the trainings can be measured by measuring the respective training experience questionnaire. For the training and parent education components the paper versions or electronic versions can be used.

The adoption of three tiered PMS would allow organizations to implement only the level of PMS for which they have capacity. This would reduce the need for resources to implement Level 2 or Level 3 of the system nationally. There are still costs involved with this system; however, the cost would be much less than what is needed for all provinces/territories to implement level 2 or 3 of the system. This would meet the needs of the stakeholders and since stakeholders can determine the level of the system that they are able to implement, it means they are more likely to comply.

OPTION 3: CONDUCT FURTHER RESEARCH

A third option for the client is to do further research before implementing a PMS. One of the areas where research is beneficial is related to the tools to measure the effectiveness of the trainings. The tools developed have not been validated. Therefore, validation of these tools will ensure that these tools are measuring the aspects of the training that it should be measuring.

Another area where further research is beneficial relates to the capacity of each organization to implement the PMS. Now that a potential system is developed, it will be easier for organizations to identify gaps in their capacity to implement each level of the system. This information can be used by the client to determine which resources are required from them in order to implement and sustain the different levels of the system.

OPTION 4: ADOPT THREE-TIERED PERFORMANCE MEASUREMENT SYSTEM FOR PARENT EDUCATION AND SUPPORT COMPONENT AND CONDUCT FURTHER RESEARCH

Another potential solution to the current challenge is to implement the three-tiered PMS for the parent education and support component while conducting further research for training components. Further research related to resources for performance measurement as well as validating the tools developed in this report for the training components. This option will meet the needs of stakeholders in terms performance measurement for parent education and support component while allowing PHAC to validate the performance measurement tools developed for training components so that the developed system does not fall into the trap of common challenges with performance measurement. The research aspect may be costly here. In order to reduce the cost burden for further research, PHAC can consider partnership with post secondary institutions to test the reliability and validity of the scales developed.

7.2 RECOMMENDATIONS

Option 4 is recommended since stakeholders identified the need for PMS and because there are many benefits to performance measurement. A PMS will enable organizations implementing the program to identify its efficiency and effectiveness. It aids with program planning and identifies areas for improvements. It also supports future evaluations for the program and allows the client to publicly report on this health promotion program. Implementing the three-tiered system for parent education and support component will ensure sustainability of the system, since organization can choose which level of the system they are able to implement and sustain based on their current resources. In the event that PHAC chooses option four, a potential implementation plan is presented in Table 13.

Table 13: Draft Implementation Plan for Option 4

Phases	Task	Timeline
Pre-Planning	Funding Proposal	April -June 2016
	Project Acceptance	July 2016
	Stakeholder Consultation	September 2016
	Develop Communication Plan	October 2016
	Develop Training Plan	October 2016
Implementing	Develop National Performance Measurement Database	November - December 2016
	Implement Communication Plan	January 2017
	Training Plan Implementation	February 2017
	Implement Level 1 of the system	April 2017
	Collect feedback, analyze and make changes accordingly	December 2017
	Implement level 2 (for those agencies who have capacity)	March 2018
	Collect feedback, analyze and make changes accordingly	September to Oct 2018
	Implement level 3 (for those agencies who have capacity)	March 2019
Collect feedback, analyze and make changes accordingly	October 2019	
Monitoring & Controlling	Feedback	December 2017, October 2018, October 2019
	Revise and problem solve challenges	December 2017, October 2018, October 2019
Closing	Closing report to funders and stakeholders	March 2020

The implementation and sustainment of the developed performance measurement plan rests on three important factors. First is commitment of funding. Second is the creation of national online database for NP performance measurement. Third is the incremental implementation of the system. In addition to implementation of PMS for parent education and support component, a research project also needs to be developed for further research into the training components.

Develop a business case to secure implementation and sustainability funding for the developed performance measurement system. It is evident from the findings of this report that resources are scarce at the provincial levels for implementation and sustainment of the system. Therefore, funding needs to be secured based on the cost estimates in Table 10. Resources are absolutely critical for implementation and sustainability of the PMS. At the very least, funding for online database is critical for implementation of the developed PMS.

Create a national online system. A web based tool such as Fluid Survey can be used to collect and analyze performance information. An online data collection method reduces the amount of resources needed for data entry and allows for timely analysis of performance information. Moreover, it will allow for national data to be housed on the same database and can support NP evaluations. The provincial/territorial coordinators also preferred an online system and the survey respondents also preferred an online system.

Implement the performance measurement system incrementally. First, Level 1 of the system should be implemented and assessed for effectiveness. Once feedback is received from level 1 of the system, any revisions to the system should be made and level 2 of the system should be adjusted accordingly and implemented by organizations that have the capacity to do so. The same process should follow before implementation of level 3 of the system.

7.3 SUMMARY

Four options are presented: (1) maintain status quo, (2) implement a three-tiered PMS, (3) conduct further research and (4) implement three-tiered PMS for the parent education and support component while conducting further research for the training components. Based on the risks and benefits of the four options, option 4 is recommended since it meets the current needs of the stakeholder to measure performance for NP while conducting further research so that a scientifically valid PMS can be implemented for the training components of the program. Although, there are costs associated with performance measurement; it is argued that the costs outweigh the benefits of the system. Further, if a three-tiered system is implemented, the organizations implementing the system can determine which level of the system they have the capacity for thereby reducing the cost burden for the client.

Moreover, in order for the PMS to be successful there are three critical factors that must be in place: funding, national online system and incremental implementation. Funding is needed to develop the resources needed for the system; a national database is required to ensure timely and consistent collection of performance information. Lastly incremental implementation will allow for identification of challenges with the system.

8.0 CONCLUSION

The aim of this project was to develop a performance measurement system for Nobody's Perfect program. This included identifying the most effective indicators to measure performance, the tools/approaches and resources needed to implement and sustain the system. In order to complete these tasks, the literature was reviewed to determine best practices in performance measurement, the indicators that have been measured for Nobody's Perfect as well as indicators that show effectiveness of parenting programs in general. The program theory and logic model was presented to support the development of indicators for the performance measurement system. Furthermore, focus groups and online surveys were used with stakeholders to determine gaps in existing practice.

The findings of study showed that there are numerous gaps that needed to be filled to reach the desired state of performance measurement by stakeholders. The findings identified the need for performance measures for all components of the program: parent education and support and trainings. A performance measurement system was developed using the 12 Steps to Designing and Implementing a Performance Measurement System by McDavid et al., (2013). Although stakeholders are keen on measuring outcomes for the program, it is evident that the resources to be able to measure all levels of outcomes are scarce. Therefore, a three-tiered performance measurement system is recommended for the parent education and support component while doing more research for the training components.

The three-tiered system allows for collection of inputs, outputs and demographic information at the first level. Based on the findings, all organizations should have the capacity to implement performance measurements at this level. The second level adds immediate outcome measurements to Level 1 and third level adds intermediate outcome measurements to Level 2. It is also recommended that organizations with capacity to implement Level 2 and Level 3 may do so. If the Public Health Agency of Canada is interested in measuring Level 2 and/or Level 3, they will have to provide the necessary resources for organizations without capacity to be able to collect and input the necessary data for those levels.

Each level of the system also requires tools and approaches to collect the data. For each indicator in the system, tools and approaches to collect the data are also identified. All the potential tools to measure the outcomes of the parent education and support component are validated in the literature. The recommended tool to measure the constructs identified by stakeholders as important is the UpStart Parent Survey and it is designed to be administered as a post-test, retrospective pretest.

The tools to measure the trainings components of the program were developed during this project; however, these have not been tested for reliability or validity. The assessment of knowledge and skills learned in the training is designed as a post-test, retrospective pretest; the experience questionnaire is administered once at the end of the training sessions.

Although, this project developed a performance measurement system for Nobody's Perfect, these systems are costly to implement, sustain and have unintended consequences. Hence, it is important to ensure that there is enough funding to implement and sustain the system as well as monitor and receive feedback from users to determine the effectiveness of the system and the occurrence of unintended consequences of the system.

Moreover, few provinces/territories did not participate in either the focus groups or the surveys. Since these provinces/territories did not participate, it is challenging to determine if the developed system is conducive to these provinces/territories. Another challenge rests with the measurement tools developed to measure the training components. Since these tools have not been validated, it may not measure the constructs it is meant to measure and fall into one of the risks to performance measurement. Therefore, the Public Health Agency of Canada could benefit from further examining: (1) the relevance of performance measurement system to all provinces/territories; (2) the

validity and reliability of the tools developed for training components; and (3) resource requirements to implement level 3 nationally. Due to these reasons, option 4 is recommended.

In conclusion, performance measurement is increasingly viewed as an indispensable management tool for governments to reduce costs while becoming more effective and efficient (Agocs, 2005, p.10). Therefore, option 4 is recommended. Performance measurement; however, is complex and has numerous limitations. The NP performance measurement system was developed using the identified best practices in performance measurement literature to mitigate some of the challenges to developing and implementing a performance measurement system. Even then, only implementation will show the effectiveness of the system and therefore, it is critical to monitor and evaluate the effectiveness of the system.

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APPENDICES

[Agency/Program Logo here]

UpStart Parent Survey - Early Childhood



Today's date: _____ # of sessions / classes attended: _____

Thank you for taking the time to fill out this survey. Your answers are important to us. They will help us make our program better.

1. Parenting Knowledge and Skills:

On a scale of 1 to 7, where 1 is strongly disagree and 7 is strongly agree, please rate the following statements about parenting knowledge and skills. Circle the number that best describes your experience. Rate each statement twice – first thinking about how you are **TODAY**, and then how you were **BEFORE** you started the program. If the topic wasn't covered, fill in the circle under "not covered".

		Today								Before this program							
		Strongly Disagree				Strongly Agree				Strongly Disagree				Strongly Agree			
a.	I am aware of how children change as they learn and grow.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
b.	I do things with and for my child to help him or her learn.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
c.	I know how to discipline my child without hitting or spanking.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
d.	I know how to set clear limits for my child.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
e.	I can get my child to cooperate without yelling.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
f.	I make time to play or talk with my child.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
g.	I know how to keep my child healthy.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
h.	I know how to keep my child safe.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
i.	I know why it is important to read to my child every day.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
j.	I know how to handle the everyday challenges of things like sleep, toileting, food dislikes, etc.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
k.	I know how my relationship with my child impacts his or her development.	Not covered ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	

2. Your Experience as a Parent:

On a scale of 1 to 7, where 1 is strongly disagree and 7 is strongly agree, please rate the following statements about your experiences as a parent. Circle the number that best describes your experience. Rate each statement twice – first thinking about how you are **TODAY**, and then how you were **BEFORE** you started the program.

	Today							Before this Program								
	Strongly Disagrees							Strongly Agree			Strongly Disagree			Strongly Agree		
a. I have confidence in my parenting skills.	1	2	3	4	5	6	7	1	2	3	4	5	6	7		
b. I feel positive in my role as a parent.	1	2	3	4	5	6	7	1	2	3	4	5	6	7		
c. I know who to contact in the community when I need help.	1	2	3	4	5	6	7	1	2	3	4	5	6	7		
d. I know where I can get answers to my parenting questions.	1	2	3	4	5	6	7	1	2	3	4	5	6	7		
e. I have someone to talk to when I need support.	1	2	3	4	5	6	7	1	2	3	4	5	6	7		
f. I am able to manage stress.	1	2	3	4	5	6	7	1	2	3	4	5	6	7		
g. I know ways to meet my family's needs with the money and resources that I have.	1	2	3	4	5	6	7	1	2	3	4	5	6	7		
h. My emotional health is good (that is, I do not feel anxious, depressed or irritated).	1	2	3	4	5	6	7	1	2	3	4	5	6	7		
i. I know how to speak up for what my family and children need.	1	2	3	4	5	6	7	1	2	3	4	5	6	7		
j. I feel supported by my partner in my parenting (if you parent alone, please check "does not apply").	Does not apply ○	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
k. In our family, we take the time to listen to each other.	1	2	3	4	5	6	7	1	2	3	4	5	6	7		

2. Your Experience in This Program:

For the next statements, please think back on your time in this program. Fill in the circle that best describes your experience.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
a. I was welcomed and respected in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I was listened to in this program and my concerns were understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I was asked what I thought about the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My thoughts about the program were taken seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I was encouraged to think about how the information applied to my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I received information in this program that was useful to my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I would recommend this program to a friend or relative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Please share:

<p>3 things I learned from this program:</p>	<p>2 things I have done differently because of this program:</p>	<p>1 thing I still have a question about:</p>
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i. What changes would you suggest to make this program better?

If you have any other comments or questions, please write them on the back of this page.

Appendix B Summary of Evaluations

Study	Methodology/Methods	Measures
Skrypnek, B.J & Charchun, J. (2009). An evaluation of the Nobody's Perfect Parenting Program	<p>Quantitative</p> <ul style="list-style-type: none"> • Pretest, post-test with non-equivalent wait list comparison group • 6 month follow-up <p>Qualitative</p> <ul style="list-style-type: none"> • Participant Focus group • Facilitator Questionnaires 	<ul style="list-style-type: none"> • Knowledge and Use of Resources Scale • Social Provisions Scale • Parenting Daily Hassles Measure • Social Problem Solving Scale • Parenting Sense of Confidence Scale • Parent Behaviour Checklist • Parental Discipline Checklist
Chislett, G., & Kennett, D.J (2007). The effects of the Nobody's Perfect program on parenting resourcefulness and competency.	<p>Quantitative</p> <ul style="list-style-type: none"> • Pretest, post-test; no comparison • 2 month follow-up 	<ul style="list-style-type: none"> • Parent -Child Interaction Scale • Parent Resourcefulness Scale • Knowledge and Use of Resources Scale • Parenting Sense of Competence Scale
Chislett, G., & Kennett, D.J. (2012). The benefits of an enhanced Nobody's Perfect parenting program for child and welfare clients including non-custodial parents.	<p>Quantitative</p> <ul style="list-style-type: none"> • Pretest, post-test; no control group • 2 month follow-up <p>Qualitative</p> <ul style="list-style-type: none"> • Focus group 	<ul style="list-style-type: none"> • Parent-Child Interaction Scale • Parent Resourcefulness Scale • Knowledge and Use of Resources Scale • Parenting Sense of Competence Scale • Parent Efficacy Scale • Self-Control Schedule
Chislett, G., Kennet, D.J., & Olver, A.L.S. (2012). A reappraisal of the Nobody's Perfect program.	<p>Quantitative</p> <ul style="list-style-type: none"> • Pretest, post-test; no comparison • 2 month follow-up 	<ul style="list-style-type: none"> • Parent -Child Interaction Scale • Parent Resourcefulness Scale • Knowledge and Use of Resources Scale • Parenting Sense of Competence Scale

Appendix C Knowledge and Use of Community Resources Scale

The following set of statements is about services in your community.		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.	I know which agencies/organizations can help me 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 which agencies can give it to me free of charge.						
4.	If I need help with budgeting or money problems, I know which organization 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 which organization to call or go to for help.						
8.	I know which organizations offer free recreation for my child.						
9.	I am NOT able to get the help I need from organizations in the community.						
10.	I know which organizations to go to for child care if I need it.						

Appendix D Social Provisions Scale

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

Appendix E Parenting Daily Hassles Measure

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 happened to you. Then on a scale from 1 to 5 (1=no problem or no 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									
	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 needs.						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

Appendix F Social Problem Solving Scale

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 the 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 making decisions about 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.					

Appendix G Parenting Sense of Competence Scale

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 my 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 like I am more like 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 am 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 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.						

Appendix H Parental Nurturing Behaviours Scale

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.	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 your 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 your child 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?					

Appendix I Parental Discipline Checklist

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 to this behavior. How do you react? In this set of questions please 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.....? Check ✓ how often you would respond in that way.	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					

Appendix J Parent Child Interaction Scale

The following questions have to do with things that your child does, and ways that you react to him or her. For each statement indicate how often you would react this way, and circle your response. Your choices are:	Not Applicable	Never	Rarely	Sometimes	Often	Always
1. How often do you praise your child by saying something like "Good for you!" or "What a nice thing you did!" or "That's good going!"?						
2. How often do you get annoyed with your child for saying or doing something he or she is not supposed to do?						
3. How often do you raise your voice, scold or yell at your child when he or she breaks the rules or does things that he or she is not supposed to?						
4. How often do you and your child talk and play with each other, focusing attention on each other for five minutes or more just for fun?						
5. When your child breaks the rules or does things that he or she is not supposed to, how often do you ignore it, do nothing?						
6. How often do you tell your child that he or she is bad or not as good as others?						
7. How often do you and your child laugh together?						
8. How often does your child get away with things that you feel should be punished?						
9. How often do you use physical punishment when your child breaks the rules or does things that he or she is not supposed to do?						
10. How often is your child able to get out of a punishment when he or she really sets his or her mind to it?						
11. How often do you do something special with your child that he or she enjoys?						
12. How often when you discipline your child does he or she ignore punishment?						
13. How often do you get angry when you punish your child?						

Appendix K Parent Resourcefulness Scale

<p>The following set of statements deal with feelings, thoughts, and behaviours that parents commonly experience because of demands of parenting.</p> <p>For each statement put a check ✓ in the column that shows how much you agree or disagree with the statement.</p>	Not Applicable	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I often have difficulty controlling my children.					
2. I immediately express my concerns to my children when they place unreasonable demands on me.					
3. If I don't understand things about my child's development, I am not afraid to ask for help from my doctor.					
4. I often get confused about what is expected of me as a parent.					
5. I often become upset or lose my temper when my behaviour is questioned by my children.					
6. I usually figure out a way to make time for myself every day.					
7. I often have difficulty finding positive behaviours to praise in my children.					
8. When my children and I disagree, I frequently look for ways to compromise.					
9. I often feel that my relatives or friends think that I am not a good parent.					
10. I find it difficult to focus on the positives about being a parent.					
11. I seldom become impatient or angry when my children do not do what I am asking them to do.					
12. When my child has a problem, I help him or her find ways to do it on his or her own.					
13. I usually have adequate time to spend with each child on a daily basis.					
14. Household demand often interferes with my ability to cope with my children.					
15. I often feel powerless when my child has a temper tantrum.					
16. I don't know how to discipline my children without spanking them.					
17. When I am upset I tell myself to calm down before I lose my temper.					
18. I rarely need others to tell me that I am a good parent.					
19. I often bribe my children to get them to do what I want.					
20. I try to immediately praise my children for good behaviour.					
21. I often let my children work out disagreements among themselves.					
22. When possible, I give my children choices.					
23. I accept my children's feelings.					

<p>The following set of statements deal with feelings, thoughts, and behaviours that parents commonly experience because of demands of parenting.</p> <p>For each statement put a check ✓ in the column that shows how much you agree or disagree with the statement.</p>	Not Applicable	Strongly Agree	Agree	Disagree	Strongly Disagree
24. I often tell my children repeatedly to stop whining.					
25. We have regular family meetings to discuss problems.					
26. I tend to lecture my children.					
27. I usually listen to my children's side of the story.					
28. Almost every night I argue with my children about bedtime.					
29. When I need a babysitter, I usually tell my children at least one day ahead of time.					
30. I usually allow my children to choose what they want to wear.					
31. When my child has a temper tantrum in the store, I usually buy what my child wants to keep him or her quiet.					
32. When I'm having a bad day with my children, I often tell myself that tomorrow will be better.					
33. When I am very angry at my children, I usually leave the room to give myself a chance to calm down.					

Appendix L Parent Efficacy Scale

The following statements deal with being a parent. For each statement please indicate the extent that you agree or disagree, and check mark your response. Your choices are:	Strongly Disagree	Disagree	Agree	Strongly Agree
1. It's hard to know whether you're doing a good job or bad job as a parent.				
2. I would make a good role model for a new parent to learn how to be a good parent.				
3. I feel like I am doing a good job as a parent.				
4. If something is troubling my child, I can usually figure out what it is.				
5. My talents and interests are in other areas, not in being a parent.				
6. I know what I need to do to be a good parent.				
7. Parenting issues leave me feeling drained and exhausted.				
8. Being a parent is as satisfying as I expected.				
9. I believe I have all the skills necessary to be a good parent to my child.				
10. Being a parent makes me tense and anxious.				
11. It's really difficult to decide how to parent my child.				
12. It seems like I am so busy as a parent that I never get anything done.				

Appendix M Self-Control Schedule

The following statements describe someone's thinking and behaviour.		Very Unlike Me	Rather Unlike Me	Somewhat Unlike Me	Somewhat Like Me	Rather Like Me	Very Much Like Me
For each statement put a check ✓ in the column that indicates the extent to which you felt it applies to you.							
1.	When I do a boring job, I think about the less boring parts of the job and about the reward I will receive when I finish.						
2.	When I have to do something that makes me anxious, I try to visualize how I will overcome my anxiety while doing it.						
3.	By changing my way of thinking, I am often able to change my feelings about almost anything.						
4.	I often find it difficult to deal with my feelings of nervousness and tension without outside help.						
5.	When I am feeling depressed, I try to think about pleasant events.						
6.	I cannot help thinking about mistakes I make.						
7.	When I am faced with a difficult problem, I try to deal with it in an orderly way.						
8.	I usually do what I am supposed to do more quickly when someone is pressuring me.						
9.	When I am faced with a difficult decision, I prefer to put it off even if I have all the facts.						
10.	When I have a hard time paying attention to my reading , I look for ways to increase my attention.						
11.	When I plan to work, I remove everything that is not related to my work.						
12.	When I try to get rid of a bad habit, I first try to find out all the reasons why I have the bad habit.						
13.	When an unpleasant thought is bothering me, I try to think about something pleasant.						
14.	If I smoked two packages of cigarettes a day, I would need outside help to stop smoking.						
15.	When I feel down, I try to act cheerful so that my mood will change.						
16.	If I carried the pills with me, I would take a tranquillizer whenever I felt tense and nervous.						
17.	When I am depressed, I try to keep myself busy with things I like.						
18.	I tend to put off unpleasant tasks even if I could do them right away.						
19.	I need outside help to get rid of some of my bad habits.						
20.	When I find it hard to settle down and do a task, I look for ways to help me settle down.						

The following statements describe someone's thinking and behaviour.							
For each statement put a check ✓ in the column that indicates the extent to which you felt it applies to you.		Very Unlike Me	Rather Unlike Me	Somewhat Unlike Me	Somewhat Like Me	Rather Like Me	Very Much Like Me
21.	Although it makes me feel bad, I cannot help thinking about all sorts of possible disasters.						
22.	I prefer to finish a job that I have to do before I start doing things I really like.						
23.	When I feel physical pain, I try not to think about it.						
24.	I think highly of myself when I am able to overcome a habit.						
25.	To overcome bad feelings when I have failed, I often tell myself that it is not a disaster and I can do something about it.						
26.	When I felt that I am too impulsive, I tell myself to stop and think before I do anything.						
27.	Even when I am terribly angry at someone, I consider my actions very carefully.						
28.	Facing the need to make a decision, I usually find out all my choices instead of deciding quickly without thinking it over.						
29.	Usually, I do things I really like to do even if there are more urgent things to do.						
30.	When I realize that I can't help being late for an important meeting, I tell myself to keep calm.						
31.	When I feel pain in my body, I try to think about something else.						
32.	When I am faced with a number of things to do, I usually plan my work.						
33.	When I am short of money, I decide to record all my expenses in order to budget more carefully in the future.						
34.	If I find it difficult to keep my mind on a task, I divide it into smaller parts.						
35.	Quite often, I cannot overcome unpleasant thoughts that bother me.						
36.	When I am hungry and have no chance to eat, I try to turn aside my thoughts from my stomach, or to imagine that I am satisfied.						

Appendix N Nobody's Perfect Program Annual Program Report

NOBODY'S PERFECT PROGRAM

Annual Program Report (insert year)



Province/Territory: _____ Date: _____

Coordinator: _____

Funded by: _____

Facilitators*/Trainers*/Master Trainers*

	Number Active		Number Trained this Year	
	English	French	English	French
Facilitators				
Trainers				
Master Trainers				

Nobody's Perfect Program Demographics

Nobody's Perfect Program	Total Number of Programs Offered
Across the Province/Territory	
To Aboriginal* Parents/Caregivers	
To Newcomers/Immigrants* Parents/Caregivers	
Group Programs*	
Individual Programs*	
Average length of Programs	# of sessions ____ over ____ # of weeks
Average length of Sessions* (# of hours/week)	

How many Nobody's Perfect Programs were offered at: (Please check all that apply)

<input type="checkbox"/> CAPC Project (Community Action Program for Children)	<input type="checkbox"/> On-reserve
<input type="checkbox"/> CPNP Project (Canada Prenatal Nutrition Program)	<input type="checkbox"/> Family Resource Centre
<input type="checkbox"/> AHS Project	<input type="checkbox"/> Newcomers/Immigrant Project
<input type="checkbox"/> Public Health Department	<input type="checkbox"/> Other: _____

Participant Demographics

Total # of Nobody's Perfect Program Participants		
Characteristics of Participants		
Average Age		
	Number of Participants	
Aboriginal		
Gender	Female:	Male:
Low Income		
Low Level of Formal Education		
Newcomer/Immigrant		
Single Parent/Caregivers		
Young Parents/Caregivers		
Socially Isolated Parents/Caregivers		
Geographically Isolated Parents/Caregivers		

Program Characteristics

How many programs were offered in these languages (Only include languages that were actually used in program delivery and not all languages spoken by staff.)		
– English	– Farsi	– Mandarin
– French	– Gujarati	– Punjabi
– American Sign	– Hindi	– Somali
– Amharic	– Inuktitut	– Spanish
– Arabic	– Kirundi	– Tamil
– Cantonese	– Korean	– Vietnamese
– Chinese	– Lingala	– Other _____

Over the past year, what would you say was your province's/territory's greatest success in relation to Nobody's Perfect?

Over the past year, what would you say was your province's/territory's most difficult challenge?

Additional Comments:

 (Coordinator Signature)

 (Date)

THANK YOU FOR SHARING YOUR EXPERIENCES AND EXPERTISE!
 Please submit by _____ to:
 Cathy Ryan
 Division of Children, Seniors and Healthy Development
 Public Health Agency of Canada
 Email: catharine.ann.ryan@phac-aspc.gc.ca
 Fax: (613) 960-6987

Glossary of Terms

Term	Definition
Nobody's Perfect Program	A series of Nobody's Perfect sessions with the same group of participants. Typically lasts 6-8 weeks.
Session	The individual gatherings of participants. Typically 2 hours in length and held on a weekly basis.
Group Program	A series of sessions that are offered to more than one participant at a time.
Individual Program	A series of sessions that are offered to a single person.
Aboriginal	The descendants of the original inhabitants of North America. The Canadian <i>Constitution</i> recognizes three groups of Aboriginal people — Indians, Métis and Inuit. (AANDC)
Low Income	Refers to participants/families that are living below the low income cut-offs (LICOs). (StatsCan) For LICO levels in your area, go to: http://www.statcan.gc.ca/pub/75f0002m/2009002/tbl/tbl-2-eng.htm
Low Formal Education	Highest level of education is less than high school (unless the participant is younger than 18 years of age). (Statscan)
Single Parent	Persons with children who were never married, or who are separated, divorced, not currently living with a legal or common-law spouse, or widowed. (StatsCan)
Young Parent	A parent who is under the age of 24 years. (United Nations definition of youth)
Socially Isolated	A person/group who does not maintain in contact or communication with others for a variety of reasons such as mental health issues,
Geographically Isolated	A person/group who is not able to participate in because of their physical location - this could be because there is no access to public transportation, the internet, or services provided in their area.
Newcomer/Immigrant	A person who has moved to Canada from another country and has lived here for less than ten years.

Appendix O GAP Identification Summary: Nobody's Perfect Performance Measurement

Current State	Future State	Gap Identification
Voluntary Only outputs measured	Measure outputs as well as outcomes	Common outputs and outcomes need to be identified
Inconsistent measurements	Consistent indicators for measurement for all components of NP	Develop indicators for measurement
Inconsistent measurement tools and approaches	All measurements for NP across Canada uses same tools and approaches	Consistent tools and approached need to be identified
Many provinces not submitting data	All provinces submit data	Develop a system that encourages collection and submission of performance data
No resources devoted to performance measurement	Resources are available for performance measurement	Develop funding proposals to implement and sustain the system
No formal measurements of training effectiveness	NP trainings are measured	Develop measures for trainings

Appendix P Performance Indicators for Nobody's Perfect Parent Education and Support Component

Effectiveness	Indicator	Data Source/Collection Methods
Immediate Outcomes		
Knowledge, understanding and skill development in the areas of: <ul style="list-style-type: none"> • Health • Safety • Behaviour • Growth and Development 	Percentage of participants reporting increased knowledge, understanding and skill development in area of health, safety, and behaviour	UpStart Survey (post/retrospective pretest)
Parenting skills	% of participants reporting improved parenting skills	Parenting Knowledge and Skills subscale of the Upstart Parent Survey (post/retrospective pretest)
Customer Satisfaction	% of participants reporting satisfaction with the program	Satisfaction subscale from the UpStart Parent Survey (post only)
Intermediate Outcomes		
Self-Efficacy	% of participants reporting improved confidence and self-image	Parenting Sense of Competence Scale (pre/post intervention questionnaire) Parental Efficacy Scale (pre/post intervention questionnaire) UpStart Parent Survey (post/retrospective pretest)
Efficiency		
Program Cost	Amount of money spent totally for NP per year	Budgets and attendance records
Session Cost	Amount of monies spent per session	Budgets and attendance records
Participant Cost	Amount of monies spent per participant	Budgets and attendance records
Group Cost	Amount of monies spent per group	Budgets and attendance records
1:1 Cost	Amount of monies spent per 1:1 program	Budgets and attendance records

Frequency: The above indicators can be measured every time a parent education and support program is planned and implemented.

Person Responsible: The facilitators are responsible for keeping attendance, program administrations or the person at the organization with budgeting authority can keep track of monies spent on program. Facilitators can administer and collect the surveys at the groups.

Appendix Q Performance Indicators for Facilitator Training

Immediate Outcome	Indicator	Data Source/Collection Methods
Purpose of NP	% of trainees reporting increased understanding of purpose of NP	Facilitator Training Knowledge and Skills Questionnaires (post test/retrospective pretest)
Adult Education Principles	% of trainees reporting improved knowledge , understanding and skills related to adult learning theories	Facilitator Training Knowledge and Skills Questionnaires (post test/retrospective pretest)
Experiential Learning Cycle	% of trainees reporting improved knowledge, understanding and skills related to Experiential Learning Cycle.	Facilitator Training Knowledge and Skills Questionnaires (post test/retrospective pretest)
Respect for values	% of trainees reporting respect for values.	Facilitator Training Knowledge and Skills Questionnaires (post test/retrospective pretest)
Facilitation	% of trainees reporting improved understand, knowledge and skills related to facilitation.	Facilitator Training Knowledge and Skills Questionnaires (post test/retrospective pretest)
NP Materials	% of trainees reporting knowledge of NP materials	Facilitator Training Knowledge and Skills Questionnaires (post test/retrospective pretest)
Self-Reflection	% of trainees reporting awareness of self-reflective practice	Facilitator Training Knowledge and Skills Questionnaires (post test/retrospective pretest)
Satisfaction	% of trainees satisfied with facilitator training	Customer Satisfaction subscale from NP Facilitator Training Experience Questionnaire
Intermediate Outcome		
Adult learning theories	% of program participants who agree with statement relating to adult learning	Adult Learning Sub-scale from NP Participant Final Feedback Questionnaire
Experiential Learning Cycle	% of program participants who agree with statement relating to Experiential Learning Cycle	Experiential Learning Cycle subscale from NP Participant Final Feedback Questionnaire
Respect for Values	% of program participants who agree with statement relating to Respect	Respect subscale from NP Participant Final Feedback Questionnaire
Facilitation	% of program participants who agree with statement relating to Facilitation	Facilitation subscale from NP Participant Final Feedback Questionnaire
NP Materials	% of participants who agree with knowledge of NP materials	Facilitator Training Knowledge and Skills Questionnaires (post test/retrospective pretest)
Efficiency		
Training Cost	Amount of money spent in total for NP training per year	Budgets and training records
Individual Training Cost	Amount of monies spent per training	Budgets and training records
Participant Cost	Amount of monies spent per participant	Budgets and attendance records

Frequency: These indicators can be measured every time a facilitator training is implemented.

Person Responsible: The Trainer can collect the effectiveness data and the coordinator of the training can collect the efficiency data.

Note: The indicators for training encompasses the results of the study as well as the objectives for the training identified in the Nobody's Perfect Training Manual.

Appendix R Performance Indicators for Train the Trainer Training

Immediate Outcome	Indicator	Data Source/Collection Methods
Adult learning theories/Participant-Centered Approach	% of trainees reporting improved knowledge , understanding and skills related to adult learning theories/participant-centered approaches	Train the Trainer Training Knowledge and Skills Questionnaire, Adult learning theories/participant centered approach subscale (post test/retrospective pretest)
Experiential Learning Cycle	% of trainees reporting improved knowledge, understanding and skills related to Experiential Learning Cycle.	Train the Trainer Training Knowledge and Skills Questionnaire, Experiential Learning Cycle subscale (post test/retrospective pretest)
Facilitation	% of trainees reporting improved understanding, knowledge and skills related to facilitation.	Train the Trainer Training Knowledge and Skills Questionnaire, Facilitation subscale (post test/retrospective pretest)
NP History	% of trainees reporting knowledge of NP history	Train the Trainer Training Knowledge and Skills Questionnaire, NP history subscale (post test/retrospective pretest)
NP Theory	% of trainees reporting awareness of NP theories	Train the Trainer Training Knowledge and Skills Questionnaire, NP theory subscale (post test/retrospective pretest)
Satisfaction	% of trainees satisfied with facilitator training	Train the Trainer Training Knowledge and Skills Questionnaire, Satisfaction subscale (post test/retrospective pretest)
Intermediate Outcome		
Adult learning theories	% of facilitator training participants who agree with statement relating to adult learning theories	Facilitator Training Experience Questionnaire Adult Learning subscale
Experiential Learning Cycle	% of facilitator training participants who agree with statement relating to Experiential Learning Cycle	Facilitator Training Experience Questionnaire Experiential Learning Cycle subscale
Respect for Values	% of facilitator training participants who agree with statement relating to Respect	Facilitator Training Experience Questionnaire Respect subscale
Facilitation	% of facilitator training participants who agree with statement relating to Facilitation	Facilitator Training Experience Questionnaire Facilitation subscale
NP Materials	% of facilitator training participants who agree with knowledge of NP materials	Facilitator Training Experience Questionnaire NP Materials subscale
Efficiency		
Training Cost	Amount of money spent totally for NP training per year	Budgets and training records

Individual Training Cost	Amount of monies spent per training	Budgets and training records
Participant Cost	Amount of monies spent per participant	Budgets and attendance records

Note: The indicators for training encompasses the results of the study as well as the objectives for the training identified in the Nobody`s Perfect Training Manual.

Frequency: These indicators can be measured every time a facilitator training is implemented.

Person Responsible: The Trainer can collect the effectiveness data and the coordinator of the training can collect the efficiency data.

Appendix S Performance Indicators for Master Training

Immediate Outcome	Indicator	Data Source/Collection Methods
Adult learning theories/Parent education (includes: participant centered approach and experiential learning cycle, facilitation skills)	% of trainees reporting improved knowledge , understanding and skills related to adult learning theories/parent education	Master Training Assessment Questionnaire, Adult learning theories/parent education subscale (post-test/retrospective pretest)
Healthy Parenting/Healthy Children	% of trainees reporting improved understanding, knowledge and skills related healthy parenting and healthy children	Master Training Assessment Questionnaire, Healthy Parenting/Healthy Children subscale (post-test/retrospective pretest)
Diversity in Canada	% of trainees reporting knowledge of Diversity in Canada	Master Training Assessment Questionnaire, Diversity in Canada education subscale (post-test/retrospective pretest)
Intermediate Outcomes		
Adult learning theories	% of facilitator training participants who agree with statement relating to adult learning theories	Train the Trainer Training Experience Questionnaire, Adult learning/parent education subscale
Healthy Parenting/Healthy Children	% of facilitator training participants who report knowledge of Healthy Parenting/Healthy Children principles	Train the Trainer Training Experience Questionnaire, Healthy Children/Healthy Parenting subscale (post-test/retrospective pretest)
Diversity in Canada	% of facilitator training participants who agree with statement relating to Diversity in Canada	Train the Trainer Training Experience Questionnaire, subscale (posttest/retrospective pretest)
Efficiency		
Training Cost	Amount of money spent in total for NP master training per year	Budgets and training records
Participant Cost	Amount of monies spent per participant	Budgets and training records

Frequency: These indicators can be measured every time an individual goes through the Master Trainer certification Process.

Person Responsible: The Public Health Agency of Canada can collect the data necessary for both effectiveness and efficiency indicators.

Note: Performance indicators for Nobody’s Perfect Master Training were determined using the results of the study as well as the contents of the Nobody’s Perfect Master Trainer Preparation Manual.

Appendix T All Potential Measures for NP

Input	Output	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Parenting Education and Support				
<ul style="list-style-type: none"> • Childminding • Facilitators program and planning time • Program resources • Transportation Resources • Snack • Location cost • Recruitment time and costs • Other costs <p>All can be converted to money amounts</p>	<ul style="list-style-type: none"> # group programs # of 1:1 programs # of session # of participants # completing program # of NP groups # in target population # of sessions parent attends # registered 	<ul style="list-style-type: none"> • Improved knowledge, understanding and skill development in the areas of: <ul style="list-style-type: none"> Health, safety, behaviour and child growth and development • Coping skills • Parenting skills • Healthy family relationships • Self-help and mutual support 	Parents adopt healthy practices (behaviour changes) related to their child's health, safety and behaviour: <ul style="list-style-type: none"> • positive family interactions • utilization of community resources • social networks developed • improved confidence and self-image 	Improved capabilities to maintain and promote the health of young children
Facilitator Training				
<ul style="list-style-type: none"> • Location Cost • Snacks • Trainers Cost (Preparation and implementation time) • Training Resources • Other costs <p>All can be converted to money amounts</p>	<ul style="list-style-type: none"> # of trainings # of participants at trainings # completing training # facilitating program 	Knowledge, understanding and skill development in the areas of: <ul style="list-style-type: none"> • Purpose of NP • Adult learning theories • Experiential Learning Cycle • Respect for values • Facilitation • NP materials • Self-reflection 	Implement parenting program based on: <ul style="list-style-type: none"> • Purpose of NP • Adult learning theories • Experiential Learning Cycle • Respect for values • Facilitation • NP materials 	Improved capabilities to maintain and promote the health of young children
Train the Trainer Training				
<ul style="list-style-type: none"> • Location cost • Snacks • Cost of trainers (preparation and implementation time) • Training resources • Other costs <p>All can be converted to money amounts</p>	<ul style="list-style-type: none"> # of trainings # trained # implementing facilitator training 	Knowledge, understanding and skill development in the areas of: <ul style="list-style-type: none"> • Adult education • Participant centered/strength based learning • Experiential Learning • NP history • NP theory • Facilitation Skills 	Implement facilitator training based on: <ul style="list-style-type: none"> • Adult education • Participant centered/strength based learning • Experiential Learning • Facilitation Skills • NP history • NP theory 	Improved capabilities to maintain and promote the health of young children
Master Training				
<ul style="list-style-type: none"> • Training Resources • Time required to complete self study package • Time of training and standardization committee • Other costs <p>All can be converted to money amounts</p>	<ul style="list-style-type: none"> # of applicants for MT Certification # of qualified applicants # implementing train the trainer training 	Knowledge, understanding and skill development in the areas of: <ul style="list-style-type: none"> • NP values and philosophies (Adult learning, Parenting education) • Healthy parenting/children • Diversity in Canada 	Implement train the trainer training based on: <ul style="list-style-type: none"> • NP values and philosophies (Adult learning, Parenting education) • Healthy parenting/children • Diversity in Canada 	Improved capabilities to maintain and promote the health of young children

Notes: This table was developed based on the logic model and the objectives in each of the training manuals for Nobody's Perfect: Working with Nobody's Perfect- A Facilitator's Guide, Nobody's Perfect Training Manual, and Master Trainer Preparation Manual.

Facilitator Program Summary Form

Section A: Please complete this form after each parenting program series you deliver and return it to the
please complete sentence

Province/Territory: Choose an item.

Nobody's Perfect Program was offered at: Choose an item.

Name of Organization Implementing Program:

Address:

City:

Postal Code:

Series Dates: 8/5/2012 To 8/30/2012 Day: Choose an item. Time: Choose an item.

Section B:

PROGRAM INFORMATION

Was the series: delivered to a group delivered one on one

Total number of **participants** at series?

How many **registered for** the series?

How many **sessions** were held?

Number of **male** participants:

Average **length** of sessions (#hrs/week)

Number of **female** participants:

What **language(s)** was the series offered in?

Average **Age**:

Indicate language of **interpretation** (if used):

Section C: If demographic data collection tool was not completed, please complete section below.

Total number of Nobody's Perfect Program participants who shared the following:

Financial difficulties	#####	Aboriginal	Low Education
Geographically Isolated		Single Parenthood	Young Parenthood
Newcomers (<10 years)	#####	Socially Isolated	

Section D:

Please indicate program successes:

Please indicate program challenges:

Comments:

Glossary of Terms

Term	Definition
Nobody's Perfect Program	A series of Nobody's Perfect sessions with the same group of participants. Typically lasts 6-8 weeks.
Session	The individual gatherings of participants. Typically 2 hours in length and held on a weekly basis.
Group Program	A series of sessions that are offered to more than one participant at a time.
Individual Program	A series of sessions that are offered to a single person.
Aboriginal	The descendants of the original inhabitants of North America. The Canadian <i>Constitution</i> recognizes three groups of Aboriginal people — Indians, Métis and Inuit. (AANDC)
Low Income	Refers to participants/families that are living below the low income cut-offs (LICOs). (StatsCan) For LICO levels in your area, go to: http://www.statcan.gc.ca/pub/75f0002m/2009002/tbl/tbl-2-eng.htm
Low Formal Education	Highest level of education is less than high school (unless the participant is younger than 18 years of age). (Statscan)
Single Parent	Persons with children who were never married, or who are separated, divorced, not currently living with a legal or common-law spouse, or widowed. (StatsCan)
Young Parent	A parent who is under the age of 24 years. (United Nations definition of youth)
Socially Isolated	A person/group who does not maintain in contact or communication with others for a variety of reasons such as mental health issues,
Geographically Isolated	A person/group who is not able to participate in because of their physical location - this could be because there is no access to public transportation, the internet, or services provided in their area.
Newcomer/Immigrant	A person who has moved to Canada from another country and has lived here for less than ten years.

Notes: Adapted from Toronto Public Health's Series Summary form and Public Health Agency of Canada's Nobody's Perfect Program Annual Program Report Form.

This form can be submitted by the facilitator implementing the program to the provincial coordinator. If the facilitator is working for an organization where they implement many NP programs per year; the organization may want to collect and compile the data from all programs and submit one form to the provincial coordinator. The provincial coordinator can compile all the data and submit to PHAC in the annual program report form. If demographic data is collected, section C and the average age from section B does not have to be completed.

Appendix V About You and Your Family:

Please tell us a bit about you and your family. It helps us know how to plan our program for the parents to meet everyone's needs.

1. Is this the first parenting program you have taken? Yes No
 If No, what other programs have you taken?

2. Why did you sign up for this parenting program?
- I wanted more information about child development. Yes No
- I wanted to meet other parents. Yes No
- I wanted to be a better parent. Yes No
- I am having a problem with my child. Yes No
- I was told I had to take a parenting class. Yes No
- Other (please explain):

3. How old are you? under 18 18-24 25-29 30-39 40-50 over 50
4. What is your gender? Female Male Intersex Trans (male to female) Trans (female to male)
5. What is your marital status? Single Common law Divorced/Separated Married Widowed
6. Number of adults in your household? _____ Number of children living with you? _____
 Please tell us the age and gender of each of your children (if more than 6, write on back):

Currently pregnant <input type="radio"/>	Child 1 Age ____ M F	Child 2 Age ____ M F	Child 3 Age ____ M F	Child 4 Age ____ M F	Child 5 Age ____ M F	Child 6 Age ____ M F
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7. What is your relationship to the child (ren) you are attending the program for?
 Mother Father Grandparent Other Family Member Other Prefer not to Answer
8. What is the highest level of education you have completed?
 Elementary School or less High School College/University Graduate
9. What is your total household income before taxes last year?
 \$0-\$29,999 \$30,000-\$59,000 \$60,000-\$89,000 \$90,000-\$119,000
 \$120,000-\$149,000 \$150,000 or more Don't Know Prefer not to Answer
 Including yourself, how many people does your family income support? _____

10. Where you born in Canada? Yes No

11. If you were not born in Canada, how long have you lived in Canada?
 Less than 1 year 1-5 years 6-10 years more than 10 years

12. What is the language you speak most often at home? French English Other _____

13. What race or ethnicity do you identify with the most?

<input type="radio"/> 1. Asian-East (e.g., Chinese, Japanese, Korean)	<input type="radio"/> 2. Asian-South (e.g., Indian, Pakistani, Sri-Lankan)
<input type="radio"/> 3. Asian-Southeast (e.g., Malaysian, Filipino, Vietnamese)	<input type="radio"/> 4. Black-African (e.g., Ghanaian, Kenyan, Somalian)
<input type="radio"/> 5. Black-North American (e.g., Canadian, American)	<input type="radio"/> 6. Black-Caribbean (e.g., Barbadian, Jamaican)
<input type="radio"/> 7. First Nations-Non-Status	<input type="radio"/> 8. First Nations-Status
<input type="radio"/> 9. Indian-Caribbean (e.g., Guyanese with origins in India)	<input type="radio"/> 10. Indigenous/Aboriginal not included elsewhere
<input type="radio"/> 11. Inuit	<input type="radio"/> 12. Latin American (e.g., Argentinian, Chilean, Salvadorian)
<input type="radio"/> 13. Metis	<input type="radio"/> 14. Middle Eastern (e.g., Egyptian, Iranian, Lebanese)
<input type="radio"/> 15. White/European (e.g., British, Italian, Portuguese, Russian)	<input type="radio"/> 16. White/North American (e.g., Canadian, American)
<input type="radio"/> 17. Mixed heritage (e.g., Black-African and White-North American) (Please specify) _____	<input type="radio"/> 18. Other _____

Note: The demographic information can be collected by facilitators administering this questionnaire at the groups or these can be electronically sent to clients to complete where feasible.

Nobody's Perfect Training Summary Form

Section A: Please complete this form after each training you deliver and return it to the

please complete sentence

Province/Territory: Choose an item.

Type of Training: Choose an item.

Name of Organization Implementing Training:

Training was offered at:

Address:

City:

Postal Code:

Trainers:

Training Dates:

Section B:

Training Information

Number of Registrants for Training:

Number Completing Training:

Amount of Time Required for Training Preparation:

The Cost of Resources for Training:

(i.e., materials, location, etc.)

Section C:

Trainer Feedback

I felt supported to implement this training

I had the necessary resources to implement the training

Did the number

Please indicate training successes:

Please indicate training challenges:

Comments:

Section D:

Registration of Choose an item.

Name of Registrant	Name of Organization	Address of Organization	Telephone Number	Email Address

Appendix X Facilitator Training Knowledge and Skills Post Test Questionnaire

The following statements relate to your learning in this training. Please indicate with a check mark the extent to which you agree or disagree with the following statements.	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly agree
Nobody's Perfect (NP)						
I am aware of the purpose of the NP program.	<input type="checkbox"/>					
I know the target population for NP.	<input type="checkbox"/>					
I understand the history of NP.	<input type="checkbox"/>					
I am aware of NP theory.	<input type="checkbox"/>					
Adult Learning						
I am aware of adult education principles.	<input type="checkbox"/>					
I am capable of incorporating the participant-centered approach into my programs.	<input type="checkbox"/>					
I know how to build on participants' strengths.	<input type="checkbox"/>					
I know how to support participants to encourage self-learning.	<input type="checkbox"/>					
I know how to support participants to encourage self-help.	<input type="checkbox"/>					
Experiential Learning Cycle						
I know what strategies to use to problem solve with participants.	<input type="checkbox"/>					
I know how to use the experiential learning cycle.	<input type="checkbox"/>					
I know how to use the needs assessment to develop lesson plans.	<input type="checkbox"/>					
Facilitation						
I am aware of the tools for learning.	<input type="checkbox"/>					
I know how to facilitate.	<input type="checkbox"/>					
I know how to create a safe environment for participants.	<input type="checkbox"/>					
I know how to empower group members to participate.	<input type="checkbox"/>					
I know how to foster an environment where participants' learn from each other.	<input type="checkbox"/>					
Respect						
I am aware of the importance of respecting participants.	<input type="checkbox"/>					
I am aware of the importance of respecting participants' values.	<input type="checkbox"/>					
I know how to be respectful of participants.	<input type="checkbox"/>					
I know how to conduct a needs assessment.	<input type="checkbox"/>					
NP Materials						
I am aware of NP program materials.	<input type="checkbox"/>					
I know how to use NP program materials.	<input type="checkbox"/>					
Self-Reflection						
I am aware of the importance of self-reflection.	<input type="checkbox"/>					
I know how to self-reflect.	<input type="checkbox"/>					

Appendix Y Facilitator Training Knowledge and Skills Retrospective Pre-Test Questionnaire

The following statements relate to your learning in this training. Please indicate with a check mark the extent to which you agree or disagree with the following statements.	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly agree
Nobody's Perfect (NP)						
I am aware of the purpose of the NP program.	<input type="checkbox"/>					
I know the target population for NP.	<input type="checkbox"/>					
I understand the history of NP.	<input type="checkbox"/>					
I am aware of NP theory.	<input type="checkbox"/>					
Adult Learning						
I am aware of adult education principles.	<input type="checkbox"/>					
I am capable of incorporating the participant-centered approach into my programs.	<input type="checkbox"/>					
I know how to build on participants' strengths.	<input type="checkbox"/>					
I know how to support participants to encourage self-learning.	<input type="checkbox"/>					
I know how to support participants to encourage self-help.	<input type="checkbox"/>					
Experiential Learning Cycle						
I know what strategies to use to problem solve with participants.	<input type="checkbox"/>					
I know how to use the experiential learning cycle.	<input type="checkbox"/>					
I know how to use the needs assessment to develop lesson plans.	<input type="checkbox"/>					
Facilitation						
I am aware of the tools for learning.	<input type="checkbox"/>					
I know how to facilitate.	<input type="checkbox"/>					
I know how to create a safe environment for participants.	<input type="checkbox"/>					
I know how to empower group members to participate.	<input type="checkbox"/>					
I know how to foster an environment where participants' learn from each other.	<input type="checkbox"/>					
Respect						
I am aware of the importance of respecting participants.	<input type="checkbox"/>					
I am aware of the importance of respecting participants' values.	<input type="checkbox"/>					
I know how to be respectful of participants.	<input type="checkbox"/>					
I know how to conduct a needs assessment.	<input type="checkbox"/>					
NP Materials						
I am aware of NP program materials.	<input type="checkbox"/>					
I know how to use NP program materials.	<input type="checkbox"/>					
Self-Reflection						
I am aware of the importance of self-reflection.	<input type="checkbox"/>					
I know how to self-reflect.	<input type="checkbox"/>					

Appendix Z NP Facilitator Training Experience Questionnaire

The following statements relate to your experience in the training sessions. Please indicate to what extent you agree or disagree with the statements with a check mark.	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly agree
Adult Education/Participant-Centered Approach						
The use of variety of tools for learning helped to enhance my learning.	<input type="checkbox"/>					
The training built on my previous knowledge and skills.	<input type="checkbox"/>					
I had many opportunities to participate in the training.	<input type="checkbox"/>					
I have opportunities to practice skills in the training.	<input type="checkbox"/>					
Experiential Learning Cycle						
I was able to share my experiences in the training.	<input type="checkbox"/>					
I learned from experiences of other trainees.	<input type="checkbox"/>					
Members in the training supported each other to solve problems.	<input type="checkbox"/>					
Facilitation						
I felt safe to participate.	<input type="checkbox"/>					
I felt respected throughout the training.	<input type="checkbox"/>					
My thoughts and ideas were respected.	<input type="checkbox"/>					
My questions were answered.	<input type="checkbox"/>					
The discussions and interactions were helpful.	<input type="checkbox"/>					
I had opportunities to get to know other trainees.	<input type="checkbox"/>					
I felt this training enhanced my skills to facilitate NP program.	<input type="checkbox"/>					
Customer Satisfaction						
I was welcomed in this training.	<input type="checkbox"/>					
I was listened to in this training.	<input type="checkbox"/>					
I was asked about what I thought of the training.	<input type="checkbox"/>					
My thoughts about the training were taken seriously.	<input type="checkbox"/>					
I would recommend this training to others.	<input type="checkbox"/>					

What I learned?

What practices I would change as a result of this learning?

What I would like to learn more about?

What changes would you suggest to make this training better?

Additional Comments:

Appendix AA NP Participant Weekly Feedback Questionnaire

Session _____ of _____

The following statements relate to your experience in Nobody's Perfect sessions. Please indicate to what degree you agree or disagree with the statements with a check mark.	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly agree
Adult Learning						
The session built on my previous knowledge and skills.	<input type="checkbox"/>					
I was able to share my experiences in the session.	<input type="checkbox"/>					
My questions were answered.	<input type="checkbox"/>					
The session was based on the identified learning needs of the group members.	<input type="checkbox"/>					
Experiential Learning Cycle						
I learned from experiences of other parents.	<input type="checkbox"/>					
Members in the group supported each other to solve problems.	<input type="checkbox"/>					
The session made me think about my own situation.	<input type="checkbox"/>					
Respect						
Group agreements were developed.	<input type="checkbox"/>					
I felt respected throughout the session.	<input type="checkbox"/>					
My thoughts and ideas were respected in the session.	<input type="checkbox"/>					
Facilitation						
The discussions and interactions were helpful.	<input type="checkbox"/>					
I had opportunities to get to know other members in the group.	<input type="checkbox"/>					
The whole group participated in the discussions.	<input type="checkbox"/>					
I felt safe to participate in the session.	<input type="checkbox"/>					
The different activities in the session helped me learn.	<input type="checkbox"/>					

Additional Comments:

Appendix BB NP Participant Final Feedback Questionnaire

Session _____ of _____

The following statements relate to your experience in Nobody's Perfect sessions. Please indicate to what degree you agree or disagree with the statements with a check mark.	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly agree
Adult Learning						
The program built on my previous knowledge and skills.	<input type="checkbox"/>					
I was able to share my experiences in the program.	<input type="checkbox"/>					
My questions were answered.	<input type="checkbox"/>					
The program was based on the identified learning needs of the group members.	<input type="checkbox"/>					
Experiential Learning Cycle						
I learned from experiences of other parents.	<input type="checkbox"/>					
Members in the group supported each other to solve problems.	<input type="checkbox"/>					
The program made me think about my own situation.	<input type="checkbox"/>					
Respect						
Group agreements were developed.	<input type="checkbox"/>					
I felt respected throughout the program.	<input type="checkbox"/>					
My thoughts and ideas were respected in the program.	<input type="checkbox"/>					
Facilitation						
The discussions and interactions were helpful.	<input type="checkbox"/>					
I had opportunities to get to know other members in the group.	<input type="checkbox"/>					
The whole group participated in the discussions.	<input type="checkbox"/>					
I felt safe to participate in the program.	<input type="checkbox"/>					
The different activities in the program helped me learn.	<input type="checkbox"/>					

Additional Comments:

Appendix CC Train the Trainer Training Knowledge and Skills Post Test Questionnaire

The following statements relate to your learning in this training. Please indicate with a check mark the extent to which you agree or disagree with the following statements.	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly agree
Nobody's Perfect History						
I am aware of NP history.	<input type="checkbox"/>					
Nobody's Perfect Theory						
I am aware of Nobody's Perfect theories.	<input type="checkbox"/>					
Adult Education/Participant-Centered Approach						
I understand the principles of adult education.	<input type="checkbox"/>					
I know how to create learning activities based on participants' needs.	<input type="checkbox"/>					
I am capable of incorporating participant-centered approach into facilitator trainings.	<input type="checkbox"/>					
I am able to recognize the different types of learning styles.	<input type="checkbox"/>					
I know how to build on participants' strengths.	<input type="checkbox"/>					
I am aware of the importance of respecting participants.	<input type="checkbox"/>					
I am aware of the importance of respecting participants' values.	<input type="checkbox"/>					
I am aware of the importance of practising skills during training sessions.	<input type="checkbox"/>					
Experiential Learning Cycle						
I understand the experiential learning cycle.	<input type="checkbox"/>					
I have used the experiential learning cycle.	<input type="checkbox"/>					
I am comfortable using the experiential learning cycle.	<input type="checkbox"/>					
I am able to convey to others how to use the experiential learning cycle.	<input type="checkbox"/>					
Facilitation						
I understand the importance of facilitation.	<input type="checkbox"/>					
I am able to convey facilitation concepts to others.	<input type="checkbox"/>					
I know the variety of tools to use to enhance learning in NP.	<input type="checkbox"/>					
I know how to create a safe environment.	<input type="checkbox"/>					
I know how to empower participants to engage in discussions.	<input type="checkbox"/>					
I know how to foster an environment where participants' learn from each other.	<input type="checkbox"/>					

Appendix DD Train the Trainer Training Knowledge and Skills Retrospective Pre-Test Questionnaire

The following statement relate to your learning in this training. Please indicate with a check mark the extent to which you agree or disagree with the following statements.	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly agree
Nobody's Perfect History						
I am aware of NP history.	<input type="checkbox"/>					
Nobody's Perfect Theory						
I am aware of Nobody's Perfect theories.	<input type="checkbox"/>					
Adult Education/Participant-Centered Approach						
I understand the principles of adult education.	<input type="checkbox"/>					
I know how to create learning activities based on participants' needs.	<input type="checkbox"/>					
I am capable of incorporating participant-centered approach into facilitator trainings.	<input type="checkbox"/>					
I am able to recognize the different types of learning styles.	<input type="checkbox"/>					
I know how to build on participants' strengths.	<input type="checkbox"/>					
I am aware of the importance of respecting participants.	<input type="checkbox"/>					
I am aware of the importance of respecting participants' values.	<input type="checkbox"/>					
I am aware of the importance of practising skills during training sessions.	<input type="checkbox"/>					
Experiential Learning Cycle						
I understand the experiential learning cycle.	<input type="checkbox"/>					
I have used the experiential learning cycle.	<input type="checkbox"/>					
I am comfortable using the experiential learning cycle.	<input type="checkbox"/>					
I am able to convey to others how to use the experiential learning cycle.	<input type="checkbox"/>					
Facilitation						
I understand the importance of facilitation.	<input type="checkbox"/>					
I am able to convey facilitation concepts to others.	<input type="checkbox"/>					
I know the variety of tools to use to enhance learning in NP.	<input type="checkbox"/>					
I know how to create a safe environment.	<input type="checkbox"/>					
I know how to empower participants to engage in discussions.	<input type="checkbox"/>					
I know how to foster an environment where participants' learn from each other.	<input type="checkbox"/>					

Appendix EE Train the Trainer Experience Questionnaire

The following statements are about your experience in the training. Please read the statements and indicate the extent to which you agree or disagree with these statements with a check mark.	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly agree
Adult learning/participant-centered approach						
The training built on my previous knowledge and skills.	<input type="checkbox"/>					
I felt empowered to participate in the training.	<input type="checkbox"/>					
This training role modeled the philosophies of NP.	<input type="checkbox"/>					
I felt safe to participate.	<input type="checkbox"/>					
A variety of tools of learning was used in the training.	<input type="checkbox"/>					
I learned from experiences of other trainees.	<input type="checkbox"/>					
I had opportunities to get to know other trainees.	<input type="checkbox"/>					
I felt this training enhanced my skills to train NP facilitators.	<input type="checkbox"/>					
Members in the training supported each other to solve problems.	<input type="checkbox"/>					
My thoughts and ideas were respected.	<input type="checkbox"/>					
My questions were answered.	<input type="checkbox"/>					
The discussions and interactions were helpful.	<input type="checkbox"/>					
Diversity in Canada						
I felt respected throughout the training.	<input type="checkbox"/>					
I was able to share my experiences in the training.	<input type="checkbox"/>					
My cultural values were respected in the training.	<input type="checkbox"/>					
I know how to be respectful of others' cultural values and beliefs.	<input type="checkbox"/>					
Healthy Parenting/Healthy Children						
I am aware of the key issues of early childhood	<input type="checkbox"/>					
I am aware of the strengths of healthy families.	<input type="checkbox"/>					
I am aware of the key components of healthy parenting.	<input type="checkbox"/>					
Customer Satisfaction						
I was welcomed in this training.	<input type="checkbox"/>					
I was listened to in this training.	<input type="checkbox"/>					
I was asked about what I thought of the training.	<input type="checkbox"/>					
My thoughts about the training were taken seriously.	<input type="checkbox"/>					
I would recommend this training to others.	<input type="checkbox"/>					

What I learned?

What practices I would change as a result of this learning?

What I would like to learn more about?

What changes would you suggest to make this training better?

Additional Comments:

Appendix FF Master Training Assessment/Experience Questionnaire

The following statement relate to your learning in the Master Training. Please indicate with a check mark the extent to which you agree or disagree with the following statements.	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly agree
The Nobody's Perfect Program						
I am aware of the history of the Nobody's Perfect Program.	<input type="checkbox"/>					
I am familiar with the different implementation models across the country.	<input type="checkbox"/>					
I am aware of the 3 NP core resources.	<input type="checkbox"/>					
Adult Learning and Parent Education						
I know how to conduct a needs assessment.	<input type="checkbox"/>					
I know how to create learning objectives.	<input type="checkbox"/>					
I know how to design/plan a program.	<input type="checkbox"/>					
I know how to create learning activities based on participant's needs.	<input type="checkbox"/>					
I know how to incorporate learning activities into the overall program design.	<input type="checkbox"/>					
I am familiar with the concepts of program evaluation.	<input type="checkbox"/>					
I am familiar with the principles of adult education.	<input type="checkbox"/>					
I have experience with, and I am comfortable using the experiential learning cycle.	<input type="checkbox"/>					
I am capable of including the participant-centered approach into my training.	<input type="checkbox"/>					
I am able to recognize different learning styles and personality types.	<input type="checkbox"/>					
I am able to give genuine, constructive, authentic feedback.	<input type="checkbox"/>					
I am able to be respectful of participants' values and beliefs.	<input type="checkbox"/>					
I am able to role model program principles.	<input type="checkbox"/>					
I know how to build on participants' strengths.	<input type="checkbox"/>					
Healthy Parenting/Healthy Children						
I have a basic understanding of the key issues of early childhood.	<input type="checkbox"/>					
I am aware of the six strengths of healthy families.	<input type="checkbox"/>					
I am aware of the key components of healthy parenting.	<input type="checkbox"/>					
I would feel comfortable discussing the effects of different parenting styles.	<input type="checkbox"/>					
I am familiar with and use these effective communication skills	<input type="checkbox"/>					
Diversity in Canada						
I am able to use resources that reflect the many types of diverse families served by the NP program.	<input type="checkbox"/>					
I use plain universal language approach in my trainings.	<input type="checkbox"/>					
I am aware that the person assuming the parenting role may not be the biological parent.	<input type="checkbox"/>					
I believe I am culturally competent in working with individuals from a culture other than my own.	<input type="checkbox"/>					
I am comfortable in intervening in an appropriate manner when I observe others engaging in culturally insensitive or prejudicial behaviour.	<input type="checkbox"/>					

What I learned?

What practices I would change as a result of this learning?

What I would like to learn more about?

What changes would you suggest to make this training better?

Additional Comments:

Appendix GG Performance Measurement System Feedback Form (Parent Education and Support)

Which level of the performance measurement system are you implementing?

What performance indicators are you measuring from the performance measurement plan?

What tools are you using to measure these indicators from the performance measurement plan?

Are you doing direct data entry or using the paper version?

How much time is this taking to implement in groups?

How much staff time is involved to collect and input data into database?

Are there any unintended consequences?

What would you suggest to improve the system?

Appendix HH Performance Measurement System Feedback Form (Trainings)

What level of performance measurement system are you using?

What indicators are you measuring?

What tools are you using?

Are you using direct data entry or using the paper version?

How much time is this taking to implement in trainings?

Are there any unintended consequences?

What would you suggest to improve the system?

Appendix II Appendices Sources

Appendix/Title	Source
Appendix A: Upstart Parent Survey	K. Benzies. (August 16, 2015) Personal Communication
Appendix C; Knowledge and Use of Community Resources Scale	Skrypnek, B. J., & Charchun, J. (2009). <i>An evaluation of the nobody's perfect parenting program</i> . (Appendix A, p.5). Ottawa, ON: Canadian Association of Family Resource Programs. Retrieved from http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=917 .
Appendix D: Social Provisions Scale	Skrypnek, B. J., & Charchun, J. (2009). <i>An evaluation of the nobody's perfect parenting program</i> . (Appendix A, p.6). Ottawa, ON: Canadian Association of Family Resource Programs. Retrieved from http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=917 .
Appendix E: Parenting Daily Hassles Scale	Skrypnek, B. J., & Charchun, J. (2009). <i>An evaluation of the nobody's perfect parenting program</i> . (Appendix A, p.7). Ottawa, ON: Canadian Association of Family Resource Programs. Retrieved from http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=917 .
Appendix F: Social Problem Solving Scale	Skrypnek, B. J., & Charchun, J. (2009). <i>An evaluation of the nobody's perfect parenting program</i> . (Appendix A, p.11). Ottawa, ON: Canadian Association of Family Resource Programs. Retrieved from http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=917 .
Appendix G: Parenting Sense of Competence Scale	Skrypnek, B. J., & Charchun, J. (2009). <i>An evaluation of the nobody's perfect parenting program</i> . (Appendix A, p.12). Ottawa, ON: Canadian Association of Family Resource Programs. Retrieved from http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=917 .
Appendix H: Parenting Nurturing Behaviours Scale	Skrypnek, B. J., & Charchun, J. (2009). <i>An evaluation of the nobody's perfect parenting program</i> . (Appendix A, p.9). Ottawa, ON: Canadian Association of Family Resource Programs. Retrieved from http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=917 .
Appendix I: Parental Discipline Scale	Skrypnek, B. J., & Charchun, J. (2009). <i>An evaluation of the nobody's perfect parenting program</i> . (Appendix A, p.10). Ottawa, ON: Canadian Association of Family Resource Programs. Retrieved from http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=917 .
Appendix J: Parent Child Interaction Scale	G. Chislett. (August 11, 2015). Personal Communication
Appendix K: Parent Resourcefulness Scale	G. Chislett. (August 11, 2015). Personal Communication
Appendix L: Parent Efficacy Scale	G. Chislett. (August 11, 2015). Personal Communication
Appendix M: Self-Control Scale	G. Chislett. (August 11, 2015). Personal Communication
Appendix N: Nobody's Perfect Program Annual Report	K. Bennett (2015). Personal Communication