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ORIGINAL PAPER

The Effects of the *Nobody's Perfect* Program on Parenting Resourcefulness and Competency

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Abstract We conducted an evaluation of *Nobody's Perfect* Program involving 71 participants from Peterborough County, Canada. Prior to the program, parents completed demographic information, along with self-report measures assessing the types of interactions with their children, parent resourcefulness, knowledge and use of resources, parent competency and self-efficacy, which were completed again after the program and at a two month follow-up testing. In comparison to parents not earning certificates, parents earning certificates were younger and more likely to have completed previous parenting programs. As well, parents earning certificates demonstrated and maintained an increase in parenting resourcefulness, warm/positive parent-child interactions, sense of parenting competency and satisfaction, and use of community resources. The more sessions parents attended, the better their parenting resourcefulness and warm/positive parent-child interactions on completion and at follow-up, and the less their angry and punitive parenting at follow-up. Parents who had attended parenting programs before had higher parenting resourcefulness scores at entry. They left the program with increased levels of parenting resourcefulness, better parent-child interactions, and more effective child management skills. A number of recommendations are suggested to help facilitators of the program enhance service delivery and improve parental outcomes.

Keywords Nobody's Perfect program · Parent self-efficacy · Parent resourcefulness · Child neglect · Child outcomes

Some of the main risk factors associated with child abuse and neglect are lack of parenting knowledge and skills, living in poverty, isolation and severe family dysfunction (e.g. spousal violence, maltreatment as a child) and deviant parental behaviors (e.g., substance abuse in the home, parental mental illnesses or criminality, hostile parenting style) (Crill Russell,

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2003; Landy & Tam, 1998; Trocmé et al., 2003). As well, very difficult child temperament, insecure child attachments, maternal depression, adolescent parenting, punitive parenting and low parental self-efficacy contribute to poor child outcomes (Landy & Tam, 1998). For instance, exposure to harsh and coercive parenting in childhood contributes to aggressive behavior, poor school performance, and choosing antisocial peers in adolescence (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000). And, low parental self-efficacy is connected to poor child socio-emotional development (Coleman & Karraker, 1997).

Moreover, having one risk factor may predict another. Low parental self-efficacy is related to poor child-rearing practices, parental anxiety, depression, and stress (Coleman & Karraker, 1997). Poor self-efficacy beliefs contribute to poor parenting practices, and increased maternal depression (de Montigny & Lacharité, 2005). Living with the stress of poverty may increase punitive behavior in parents (Collins et al., 2000). When multiple risk factors are present, the incidence of child problems increases and may be disproportionately larger than expected (Landy & Tam, 1998).

Child outcomes in the presence of risk factors may be moderated by protective factors that include: the child's personal attributes; warm, secure relationships; family and community support; and high parenting self-efficacy (Coleman & Karraker, 1997; Landy & Tam, 1998). Coleman and Karraker (1997) in a review of self-efficacy in parenting, for instance, found that high self-efficacy increases satisfaction in the parenting role, and reduces parental depression, frustration, resentment and feelings of failure. Feelings of maternal self-efficacy seem to moderate the effects of poverty, depression, and difficult infant temperament on child outcomes. An increase in knowledge about child development has been found to be associated with an increase in parental confidence (Crill Russell, 2003). This latter variable has been shown to be associated with an increase in knowledge, positive/warm parent-child interactions, and family functioning, and a decrease in punitive/angry parent-child interactions and ineffective child management (Oldershaw, 2002). Orthner, Jones-Sanpei and Williamson (2004) used the Family Strength Index to measure economic, problem-solving, communication, family cohesion, and social support strengths in low-income families with children. They found that higher scores on this index contributed to increased positive outcomes for families living in poverty such as having their own home, avoiding crime and violence, keeping children in school, and involving children in developmentally appropriate activities. The resilience of families in this study came most from their confidence in their problem-solving skills and abilities, and their ability to work together as a family unit when problems arose.

Landy and Tam (1998) used the first cycle of the National Longitudinal Survey of Children and Youth (NLSCY) data to examine the impact of parenting practices (positive parenting, hostile/ineffective parenting, and consistent parenting) and perceived social support by the parent on child outcomes in the face of parental risk factors such as low-income, depression, teenage parent, single parent family and low level education. They found positive parenting for children aged 4–11 years reduced the chances of the child having an emotional or conduct disorder or a relationship problem, or repeating a grade in school. It did not reduce hyperactivity. In fact, hostile parenting practices increased the odds of all negative outcomes by 1.4 to 5 times. Consistent parenting was associated with a reduced likelihood of hyperactivity, conduct disorder and relationship problems. Positive parenting for children aged 2–3 years was not associated with a reduction in problems, however, consistent parenting reduced chances of hyperactivity and aggression by over 50%. Hostile parenting was associated with increased emotional problems and aggressive behavior. Higher levels of social support was related only to fewer problems with relationships. The authors concluded that positive, along with consistent, parenting reduced most child problems at most ages.

Thomas (2004) used data from the first and second cycles of the NLSCY to examine the relationship between punitive parenting practices and children's physical aggression. This study found that children living in a punitive environment were more likely to behave aggressively, both at 2–3 years of age and at 8–9 years of age. Punitive parenting practices were found to predict co-existing aggressive behavior in children, regardless of the child's gender or region of residence. However, with a change in parenting practices, a change in children's aggressive behavior was found. When parenting changed from punitive in cycle one to non-punitive in cycle two, the child's aggressive behavior in cycle one changed to non-aggressive in cycle two, comparable to that of children with non-punitive parents in cycle one and with non-aggressive behavior in cycle one. Similarly, children whose parents' behavior became punitive at cycle two, went from non-aggressive in cycle one to aggressive behavior comparable to children whose parents had been punitive both times.

These findings that parenting practices are directly associated with child outcomes are affirmed by other studies. A study on families with children an average age of nine years (Patterson & Forgatch, 1995) supports the idea that early parent training therapy improves parenting practices which improves the outcome of antisocial children. A review of research showed a positive change in parenting practices is significantly associated with a positive change in child behavior, and school adjustment and academic achievement, and in infants, reduced avoidant attachment (Collins et al., 2000). When interventions are effective, gains tend to be long-term. Moreover, structural equation modeling studies indicate strong and direct associations between parenting practices and child outcomes, especially over time.

Service providers, seeking to improve child outcomes and decrease the incidence of child maltreatment, often promote education and support interventions for parents. Ideally, these interventions should increase parents' knowledge about child growth and development, parenting skills and parenting confidence; promote responsive, warm parent-child interactions; and help parents to feel supported in their parenting role (Crill Russell, 2003; Tucker, Gross, Fogg, Delaney, & Lapporte, 1998). Orthner et al. (2004) recommend that community support agencies endorse programs that promote family strengths, including communication, problem-solving, and parent education. To be effective, these authors believe that programs should be designed for low-income, low-literacy families; be sensitive to their life experiences; and offer assistance with any program fees, child care and transportation.

Coren, Barlow and Stewart-Brown (2003), in a review of 14 studies of the effectiveness of parenting programs (10 of which were group-based), found parenting programs for adolescent parents made a significant improvement in maternal and child outcomes such as maternal sensitivity and confidence, and infant responsiveness. Britner and Reppucci (1997) studied a parent education program for teen mothers, and found the program appeared effective in preventing child maltreatment, and participants showed a trend towards continuing education. Tucker et al. (1998) conducted a one-year post intervention study on parents with mildly difficult toddlers who had undergone behavioral parent training. They measured parenting self-efficacy, difficult child behavior, toddler temperament, parenting stress, and parent-child interactions. Findings were compared to pre, post and three month follow-up data. Short-term intervention outcomes (increased maternal self-efficacy, reduced maternal parenting stress, and improved maternal parenting skills) were maintained at one year. The study supported self-efficacy theory, finding an improvement in parental self-efficacy with improved parenting skills one year post-intervention.

MacLeod and Nelson (2000) examined the effectiveness of 56 programs using varied strategies to promote family wellness and prevent child maltreatment. Proactive interventions showed a positive effect at follow-up assessment and worked best with families of infants, whereas reactive interventions worked better with families of older children and showed

peak effects at post assessment. Interventions were more successful when participants came from a variety of socioeconomic settings rather than all being low-income. Generally, longer programs and programs with intense participant involvement, a strengths-based approach, and a social support component were most effective. As well, programs that began prenatally or at birth had more success. Most programs were very successful at promoting family wellness, but less successful at preventing child maltreatment. This may be due to a number of factors, including lack of long-term family observation data, low base rates of maltreatment, and less surveillance of maltreatment in control groups.

Nobody's Perfect (NP) is a national education and support program developed by Health Canada in the Maritimes in 1987, and is designed for parents who are young, single, socially isolated, geographically isolated, or who have limited formal education or income. NP helps parents of children up to five years of age to increase their parenting knowledge and skills, and promote the healthy development of their children. Parents may also learn life-skills such as budgeting, and stress and anger management, and are referred to community resources. Although principles of participant-centered adult education have always been followed, revisions to the NP Facilitator's Guide in 2000 outlined a new educational format based on the concept of *experiential learning*. Using this approach, facilitators are not teachers or experts, but orchestrate the learning process. They develop session plans which examine experiences, encouraging participants to relate their observations to their lives, problem-solve, and apply their learning. Several major evaluations indicate that NP participants increase their parenting knowledge, skills and confidence, utilize more community resources and supports, and feel less isolated (Wood Cantano, 2000; Health Canada, 2005).

This study was designed to determine if program completion improves parenting resourcefulness, parenting practices (including positive and warm parent-child interaction, hostile and punitive parenting, and ineffective parenting), confidence in the parenting role (including feelings of satisfaction and efficacy), and knowledge and use of community resources. It was anticipated that, as well as improving parenting confidence and practices, the experiential learning and problem-solving approaches used in the program would improve participants' learned resourcefulness. Learned resourcefulness refers to a person's skill-set of possible self-management strategies or responses to a situation, amassed from life experiences. When individuals experience a disruption, Rosenbaum (2000) believes that they attempt to respond with self-control behavior directed towards achieving a goal. In Rosenbaum's self-control model, the outcome is the result of the specific self-control behavior, and is affected by physiological and situational factors, the individuals' complement of learned resourcefulness skills and their cognitive analysis of the situation. In theory, NP's learning approach should promote parent resourcefulness and enhance analytical skills.

Method

Subjects

The 71 participants ranged in age from 16 to 47 years with a mean age of 26 years ($SD = 6.85$) and lived in the City of Peterborough or surrounding area. The majority identified with no ethnic or cultural groups, however, 3 identified themselves as native, 2 as half-native and 1 as black. Of the sample, 75% were female, 83% reported household incomes of $20,000 or less per year, 49% reported being single parents, 79% were primary caregivers of up to 3 children, 45% had completed at least secondary school education, 85% reported no difficulty reading, 39% had attended NP previously, and 42% had never attended a parenting program

of any type before this one. Although most had at least one child over 12 months of age, 23% had only one child less than one year of age.

Procedure

Demographic information was obtained by phone when parents registered for NP. At their first session of the program participants were informed about the study and completed ethical consent forms followed by the pre-test measures. Participants completing the pre-test were asked to complete the post-test measures at their final session, with follow-up testing taking place two months later. During most testing conditions, surveys were read out loud, but some participants having no difficulty reading preferred to work ahead. For completing all conditions, participants received a $10.00 grocery coupon.

In the NP program, topics are selected by parents and series can vary from 6 to 8 sessions. Of the 71 parents consenting to our study, 17 attended NP series having six sessions, 21 attended series having seven sessions, and 33 attended series having eight sessions, which were co-facilitated by different pairs of facilitators.

Measures

Unless otherwise indicated, participants rated the items of each scale from 1 (strongly disagree) to 4 (strongly agree). For all of the scales, a higher score or sub-score reflects more positive parenting practices. Scales obtained from other sources demonstrate acceptable validity and reliability, which can be obtained from the cited studies.

The Parent-Child Interaction Scale is a 13-item parenting behavior scale (Oldershaw, 2002) and, according to factor analysis, has 3 dimensions: 4 items assess positive/warm interactions, 5 items assess angry and punitive parenting, and 4 items assess ineffective child management. Each item is rated on a 6-point scale from 1 being never to 5 being always, and 0 being not applicable to me. Total scores can range from 0–65. Further information on this scale can be retrieved from http://www.ucalgary.ca/∼landru/adc/kids/k96-9a.htm#9.9.

The 33-item Parent Resourcefulness Scale assesses the extent to which parents use positive self-statements (e.g., "When I am upset with my children, I tell myself to calm down before I lose my temper."), problem-solving strategies (e.g., "When my child has a problem, I help him/her find ways to do it on his/her own."), delay of immediate gratification (e.g., "I [rarely] bribe my children to get them to do what I want."), among other self-control strategies to cope with the demands of parenting (Walker, 1990). Using a 5-point scale, parents indicate the extent to which they agree with each statement (0 = not applicable to me, 1 = strongly disagree to 4 = strongly agree). Total scores can range from 0–132.

The 11-item Knowledge and Use of Resources Scale was developed specifically for this study, to assess parents' knowledge and use of the general array of family resources and supports located within the community (e.g., "I know how to get help with housing or landlord problems," "I take my child to places in the community, like the zoo, skating rinks, or playgrounds, where we can enjoy ourselves, free of charge," and "I don't know which agencies can help with my child's behavior."). Total scores can range from 11–44.

Total scores on the 12-item Parenting Sense of Competence Scale (Ohan, Johnston, & Leung, 2000) can range from 12–48. Factor analysis reveals two dimensions: parental efficacy (6 items such as, "If something is troubling my child, I can usually figure out what it is.") and parental satisfaction (6 items such as, "It's hard to know whether you're doing a good job or a bad job as a parent.").

In contrast to the self-efficacy dimension of the Parenting Sense of Competence Scale, the 11-item Parent Efficacy Scale assesses the extent to which parents believe that they have the general ability to overcome the stressors of being parents (e.g., "Often I feel that I'm being controlled by my children.") and was developed specifically for the present study. Total scores can range from 11–44.

Results

Comparing those earning certificates to those not earning certificates

Based on session attendance, only 55% ($N = 39$) earned certificates. Of those earning certificates, 27 completed the pre, post and follow-up conditions. Only 2 participants not earning certificates completed all of the study's test conditions.

As shown in Table 1, age and the completion of previous parenting programs were the only variables found to predict receipt of certificates. Younger parents were more likely to earn certificates, $t(69) = 2.29$, $p = .02$, as were parents who had completed previous parenting programs, $t(69) = -2.34$, $p = .02$.

Gains made by participants earning certificates

To determine the gains made by participants earning certificates and completing all aspects of the study ($N = 27$), a series of one-way within subjects ANOVAs were completed on the pre, post and follow-up scores of the five scales and their sub-scale dimensions for these parents. Significant differences were revealed for the Parenting Sense of Competence (total score), $F(2,52) = 3.80$, $p = .03$, and (sub-scale, Sense of Satisfaction), $F(2,52) = 3.90$, $p = .03$, Parent Resourcefulness, $F(2,52) = 6.42$, $p = .003$, Parent-Child Interactions (sub-scale, Positive/Warm Interactions), $F(2,52) = 4.62$, $p = .01$, and Knowledge and Use of Resources, $F(2,52) = 8.24$, $p < .001$. As illustrated in Table 2, Newman Kuels post hoc tests showed a significant increase ($p < .05$) in scores for all of these variables after completing the program, and these gains were retained two months later at follow-up.

The effect of attendance

Table 3 provides the bivariate correlations between session attendance with the five scales and their sub-scale dimensions at pre, post and follow-up conditions. No significant relationships were revealed at pre-test, but, at post-test, we found that parents attending more sessions were more likely to have higher parenting resourcefulness scores and higher warm/positive parent-child interaction scores. These significant relationships were maintained at follow-up, but, as well, we observed that participants attending more classes were more likely to report less angry/punitive parent-child interactions.

Because prior attendance at parenting programs (including NP) was related to earning a NP certificate in our study, we wanted to see how this variable related with the five scales and subscales at the various testing intervals. We observed that parents attending more prior parenting programs were more likely to endorse having higher parenting resourcefulness scores at both pre and post testing conditions. Prior program attendance was also associated with higher total parent-child interaction scores and higher effective child management scores at the post testing condition. These and the other correlations are shown in Table 3. Regarding the demographic variables, we further found that parents attending more prior

Table 1 Means (*M*) and standard deviations (*SD*) of selected variables comparing parents not earning NP certificates to those earning certificates

Variables	Did not earn certificate			Earned certificate			*t*	*p*
	M	*SD*	*N*	*M*	*SD*	*N*		
Gender	1.66	.48	32	1.82	.39	39	−1.59	.12
Age	28.00*	8.18	32	24.36*	5.08	39	2.29*	.02*
Income	2.77	1.07	30	3.00	1.36	39	−.77	.44
Education	3.59	1.27	32	3.82	1.34	39	−.73	.47
Reading	2.78	.55	32	2.82	.45	39	−.33	.74
One baby only	1.19	.40	32	1.26	.44	39	−.68	.50
Primary caregiver	1.09	.89	32	1.15	.78	39	−.30	.76
Single parent	1.44	.50	32	1.54	.51	39	−.84	.40
Previous parenting programs	.66*	.70	32	1.33*	1.51	39	−2.34*	.02*
Sense of competence-pre	34.36	5.16	32	35.05	5.42	39	−.55	.59
Efficacy-Pre	17.98	2.50	32	18.55	2.37	39	−.99	.33
Satisfaction-Pre	16.38	2.98	32	16.50	3.48	39	−.16	.88
Parent Efficacy-Pre	33.97	4.95	32	35.37	4.60	39	−1.23	.22
Parenting resourcefulness-pre	83.31	19.86	32	79.30	23.03	39	.78	.44
Parent-child interactions-pre	45.15	12.18	32	43.97	14.54	39	.36	.72
Warm/positive-Pre	16.84	3.00	32	16.95	3.52	39	−.13	.89
Angry/Punitive-Pre	17.25	5.70	32	16.59	7.18	39	.42	.67
Ineffective Management-Pre	11.05	5.49	32	10.44	5.80	39	.46	.65
Knowledge of resources-pre	32.77	4.80	32	33.30	5.02	39	−.45	.65

Note. Gender: 1 = male, 2 = female; Age: in years; Income: (household/year) 1 = none, 2 ≤ $10000, 3 = $10000–20000, 4 ≥ $20000–30000, 5 ≥ $30000–40000, 6 = more than $40000; Education: (maximum) 1 ≤ primary completion, 2 = completed primary school, 3 = some secondary school, 4 = completed secondary school, 5 = some post-secondary school, 6 = completed post-secondary school; Reading: (difficulty) 1 = a lot, 2 = some, 3 = none; One Baby Only: (has only 1 child, a baby < 1 yr of age) 1 = no, 2 = yes; Primary Caregiver: # children in your care; Single Parent: 1 = no, 2 = yes; Previous Parenting Programs: # parenting programs, including NP, previously attended.

*$p < .05$.

parenting programs were more likely to attend more sessions in our NP program ($r = .25$), be female ($r = .27$), be younger parents ($r = -.25$) and be parents having at least one child older than 12 months ($r = -.28$).

Discussion

Parents earning NP certificates in our study demonstrated and maintained a significant increase in parenting resourcefulness, warm/positive parent-child interactions, sense of parenting competency and satisfaction, and knowledge of and use of community resources. Because parents were registered for programs having anywhere from 6 to 8 sessions, it was not surprising to find session attendance to be a key determinant to improved outcomes. The more sessions parents attended, the better their parenting resourcefulness and warm/positive

Table 2 Means (*M*) and standard deviations (*SD*) of pre, post and follow up results for the five scales and their sub-scale dimensions for participants earning certificates and completing all test conditions ($N = 27$)

Scale	Pre		Post		Follow-up	
	M	*SD*	*M*	*SD*	*M*	*SD*
Parenting sense of competence	34.19	5.49	36.54*	5.30	36.27*	4.33
Sense of efficacy	18.54	2.39	19.32	2.42	19.41	2.29
Sense of satisfaction	15.65	3.46	17.22*	3.34	16.86*	2.39
Parent efficacy	34.99	4.61	35.89	4.02	36.22	4.59
Parenting resourcefulness	80.46	20.56	85.88*	20.69	88.82*	19.02
Parent-child interactions	43.61	12.95	44.69	11.88	45.63	11.06
Warm/positive parenting	17.78	2.44	18.63*	1.31	19.00*	1.30
Angry/punitive parenting	16.18	6.61	16.07	6.58	16.07	5.56
Ineffective child management	9.66	5.83	9.99	5.87	10.56	6.16
Knowledge and use of resources	33.92	4.87	37.13*	4.17	36.48*	4.19

*$p < .05$.

parent-child interactions on completion and at follow-up, and the less their angry and punitive parenting at follow-up. Equally interesting, parents who had attended parenting programs before (including NP) had higher parenting resourcefulness scores at entry and better session attendance. They left the program with even higher levels of parenting resourcefulness, better parent-child interactions, and more effective child management skills.

Table 3 Correlations between session attendance and previous parenting program attendance with the five scales and their sub-scale dimensions at the various testing conditions

Variable	Session attendance			Previous program attendance		
	Pre $N = 71$	Post $N = 37$	Follow-up $N = 29$	Pre $N = 71$	Post $N = 37$	Follow-up $N = 29$
Parenting sense of competence	.01	−.07	.05	.12	−.25	.06
Sense of efficacy	.07	−.03	.10	.14	−.20	.18
Sense of satisfaction	−.03	−.08	.00	.09	−.24	−.07
Parent efficacy	.13	.11	.11	.03	−.01	−.09
Parenting resourcefulness	−.01	.36*	.37*	.37*	.36*	.34
Parent-hild interactions	.03	.28	.36	.18	.39*	.24
Warm/positive parenting	.08	.36*	.43*	.17	.25	−.04
Angry/punitive parenting	.01	.24	.39*	.22	.30	.18
Ineffective child management	.02	.21	.22	.09	.42*	.30
Knowledge and use of resources	.01	.09	.19	.21	.27	.02

*$p < .05$.

The improvement in parenting resourcefulness is arguably the most important gain of all, as it equips parents to deal with problematic child-rearing situations which will undoubtedly arise, and it implies an improvement in problem-solving skills and self-management strategies and responses which can be applied to other disruptions in their lives. The improvement in warm/positive parent-child interactions is an important gain, providing a protective factor in a child's life (Landy & Tam, 1998). Any reduction in angry and punitive parenting is also encouraging. Results from a Canadian survey by Oldershaw (2002) indicated that only 38% of a normative sample of parents reported infrequent use of angry and punitive parenting, so there seems to be a cultural norm to contend with.

Parenting self-efficacy was not significantly improved by completing the program. NP encourages each group of parents to choose topics by consensus. There is no curriculum or core-topics that are covered. Instead, a wide selection of possible topics is suggested and choices must fit within the time-frame provided. Unfortunately, parents may not choose topics wisely. Parents of six-month olds, for example, may want to learn about toilet training instead of about promoting attachment or developmental stages. This freedom of approach can sabotage the development of self-efficacy, as a parent may avoid, or the group may not select a topic that addresses the very challenges which brought the parent to the group in the first place. As a result, missed opportunities or inappropriate topic choices may contribute to decreased feelings of parenting self-efficacy.

Based on our study, several recommendations should be considered to improve outcomes. First, the program should strive to ensure that parents cover topics most helpful to their individual situation. Second, the program should consider the feasibility of holding longer series. Because gains are connected to session attendance, it is anticipated that series of 10–12 sessions would likely improve outcomes even more. Third, the program should investigate ways to improve session attendance. Only 55% of the parents in our study actually earned certificates. Fourth, facilitators should use session plans that incorporate information about effective child management, and provide opportunities for situation-specific skill-building practice to boost feelings of parenting efficacy. Fifth, facilitators should be aware that participants who attend parenting programs repeatedly are reasonably good at problem-solving, know about community resources, and have good parent-child interactions. Facilitators should allow them opportunities to share their experiences and knowledge, and to showcase their parent-child interactions and resourcefulness. Finally, information about the negative effects of angry and punitive parent-child interactions on child outcomes should be made available to parents.

Several limitations of the design include the lack of a control group (due to resource constraints). A larger sample and longer follow-up period would also be desirable. Ideally, the study would have been conducted over a period of several years, in several jurisdictions. Also, we used only self-reports when measuring parenting, instead of including observation. Parents, wishing to appear in the best possible light, may respond based on what they know they should do, and not on what they actually do.

Limitations aside, the NP program in Peterborough County and City appears to be providing positive outcomes for parents who attend sessions. These findings and recommendations will help stakeholders to enhance service delivery and advocate on behalf of the program.

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