

An Evaluation of the Nobody's Perfect Parenting Program in Ontario

**Irving Rootman, Michael Goodstadt, Nancy Weir,
Safoura Moazami, Victoria Barr , Gordon Walsh**

**Funded by the Health Policy Branch and the Public
Health Branch of the Ministry of Health**

December, 1998

Table of Contents

Introduction	4
Project Objectives	5
Parents' Evaluation of the Program	6
Methodology for Data Collection and Analysis.....	6
Development of Participant Questionnaire	6
Ethical Review Process	7
Sampling and Data Collection	7
Findings of the Evaluation	9
Description of Sample	9
Participants' Nobody's Perfect Sessions	10
Why Parents Took Part	11
Current Parenting Issues.....	11
Parent Books	13
Health and Safety Issues.....	13
Children's Behaviour and Emotional and Cognitive Growth.....	15
Social Support	17
Parents' Needs	18
Multicultural Issues	18
Facilitators' Evaluation of Nobody's Perfect.....	21
Methodology for Data Collection and Analysis.....	21
Development of the Facilitator Questionnaire	21
Sampling and Data Collection.....	21
Findings of the Evaluation	22
Description of Most Recent Series	22
Barriers for Parents	22
Supplementary Resources	23
Increasing the Number of Series	23
Recruitment	24
Problems Raised by Parents	24
Series Variations	25
Core Content Areas.....	26
Social Support	27
Suitability of Program for Participants	27
Cultural and Language Issues.....	29
Facilitators Impressions of Nobody's Perfect	30
Leaders' Abilities	31
Conclusions and Recommendations.....	32
Conclusions	32

Recommendations	32
References.....	33
Appendices	
List of Instruments Reviewed for This Evaluation	
Written Consent for Face-to-Face Interviews	
Comparison of Participant and Control Group on Social Support from Friends	
Ethnic Or Cultural Group	
Facilitator Questionnaire	
Parent Questionnaires	
Project Personnel	

Introduction

Nobody's Perfect is an educational program for parents of children from birth to age five, which has been offered in Ontario since 1988. It was designed to meet the needs of young, single, low-income, socially or geographically isolated parents or parents with limited formal education. The program uses adult education techniques and therefore is adapted to the unique needs of each group of participants. Nobody's Perfect was developed by the Atlantic Region Health Promotion Directorate and the four Atlantic Provinces' Departments of Health. The goal of the Nobody's Perfect program is to improve participants' capabilities to maintain and promote the health of their newborn to five-year-old children. In Ontario, it is delivered through over 300 agencies, including Public Health Units, Infant Development Programs, Children's Aid Societies, Community Health Centres and other social and health agencies (Nobody's Perfect Parenting Education Association of Ontario, 1996).

Nobody's Perfect program materials includes a Parents Resource Kit that contains five colourful books, written in plain language, a development chart for infants from 0- to 2-years-old, a growth chart for children from 2- to 5- years-old and a sticker for emergency telephone numbers. Supplementary materials include an invitation card, a poster, a game, a sticker and a T-shirt transfer. Also available are materials for the leaders: the Leader's Guide, a flip chart with 18 posters, a video, a promotional poster and a promotional brochure for describing the program to organizations.

The Nobody's Perfect Leader's Guide emphasizes a learner-centred approach. Core principals of a learner-centred approach include focusing the needs and interests of the learners, being non-judgmental and involving learners "in deciding what they want to learn and how they want to learn it" (Health and Welfare Canada, 1988, p. 15).

This evaluation was requested by the Public Health Branch and funded by the Health Policy Branch and the Public Health Branch of the Ministry of Health. The research was undertaken by the Centre for Health Promotion at the University of Toronto. The purpose of this study is to gain an understanding of the part Nobody's Perfect can play in the whole picture of supporting Ontario parents, to learn whether Ontario parents who participate in Nobody's Perfect increase their knowledge and skills about parenting, whether participants change their parenting behaviours and whether Nobody's Perfect increase Ontario participants' social support. We are also interested in knowing more about how the Nobody's Perfect program is being implemented in Ontario.

Project Objectives

The objectives of this project were to determine:

- whether Ontario parents who participate in Nobody's Perfect increase their knowledge of those parenting behaviours and skills which affect children's emotional, social and physical health.
- whether Nobody's Perfect in Ontario increase the parental skills and behaviours known to affect children's physical, emotional and social health.
- whether Nobody's Perfect increase Ontario participants' social support.
- how the Nobody's Perfect program is being implemented in Ontario.

Due to time restrictions, this research focused on short-term changes in parents taking the program, although it is important to remember that often "the most important consequences of caregiver-focused intervention will be seen much later in the families' lives" (Seitz & Provence, 1990, p.410).

The research team decided it would be helpful to include both process and impact components in the evaluation. "Failure to collect process data," was one of the key criticisms cited by Dembo, Sweitzer and Lauritzen (1985) in their review of group parent education programs. If a program is shown to be effective, process data enables people interested in a program to have a better understanding of what actually happens within the program.

Parents' Evaluation of the Program

Methodology for Data Collection and Analysis

Development of Participant Questionnaire

To develop a comprehensive instrument for the participating parents we undertook several steps. First we reviewed the relevant literature on effective parenting for the promotion of children's emotional, social and physical health. For example, Baldwin, Baldwin and Cole (1990) found that children who are otherwise at risk are less likely to develop problems if the parenting they receive is characterized by restrictiveness, clarity, vigilance and warmth. Another study found that supportive parenting - characterized by proactive teaching, calm discussion in disciplinary encounters, warmth, and interest and involvement in the child's peer activities, was predictive of children's behavioural, social and academic adjustment in both kindergarten and grade six (Pettit, Bates & Dodge, 1997). Next the instruments used in previous evaluations of Nobody's Perfect were studied. Some items from past evaluations were used. For example several items are from the Atlantic evaluation of Nobody's Perfect (VanderPlaat and Martell Consulting Services, 1988). The project team read journal articles that evaluated other parenting programs and when appropriate, located and ordered the instruments that were used in them. These instruments were reviewed (see a list of instruments reviewed in Appendix 1) and compared with Nobody's Perfect materials and objectives, as well as the objectives for this evaluation. The Nobody's Perfect parents books and leaders' guide were examined to ensure that the items we were considering were consistent with both the philosophy of the program and the information provided. Information from relevant literature on skills and knowledge important for parenting, as well as literature on the evaluation of parenting programs were examined. For example two items on safety was developed from a program to reduce home safety hazard and its evaluation by Paul, Sanson-Fisher and Redman (1994).

The questions on "Did Nobody's perfect affect the way you ..." were developed based on literature summarizing the most important parenting behaviours and from questionnaires developed by other researchers. Items from two standardized scales appear in the interview. The measure of perceived support is a shortened version of the Social Provisions Scale (Cutrona & Russell, 1987) that was used in the Ontario Better Beginnings, Better Futures project. The six questions on parenting practices which appear in the MIND/BEHAVIOUR section were adapted by Boyle from the Parent Practices Scale (Strayhorn & Weidman; Dodge, as cited in Human Resources Development Canada & Statistics Canada, 1995). Both these measures are being used in the National Longitudinal Survey of Children. Both quantitative and qualitative items were included to ensure a balanced view of the effects Nobody's Perfect might have on the participants. Items were designed to mesh with program objectives.

Next we developed the wording of the items to ensure they were easily understood by people of all educational backgrounds. Because the questions, as well as the responses, for closed-ended questions, would be read over the telephone to participants, the wording had to be especially understandable. The questionnaire was reviewed by the Clear Language and Design organization to ensure that the target

population for Nobody's Perfect would understand the questions. They made many sentences shorter and substituted simpler words.

The questionnaire was sent to three Nobody's Perfect facilitators from the Ontario Nobody's Perfect Committee for feedback. One facilitator added some specific examples for the question on safety issues outside the home. Finally the questionnaire was pretested with a group of Nobody's Perfect participants during their final class. We read through the questionnaire with them and for each item asked if it was easy to understand and if they could answer it. They suggested changes to the wording of two items. One person spontaneously said that the questionnaire covered everything that they had talked about.

Ethical Review Process

We spent considerable time developing procedures to meet the standards of the University of Toronto Ethical Review Committee. The committee was particularly concerned that a respondent may reveal information that indicated s/he was abusing a child. Because Canadian law states that "A person who believes on reasonable grounds that a child is or may be in need of protection shall forthwith report the belief and the information upon which it is based to a society," the review committee felt it was important to have written consent from the respondent indicating that s/he knew that if s/he revealed this, the interviewer would have to report it. The phrase, "Your answers will be confidential, except if you told the interviewer something that made her believe a child is being abused, then the interviewer would have to report that," was inserted into the consent form.

The nature of the study and ethical issues (e.g., the right to not answer a question) were also explained in the consent form/letter. The consent form also told the participants that it was their decision whether or not to participate in the study, and their decision would in no way affect their involvement in Nobody's Perfect or their relationship with the organization that offered it. The consent form was translated into Farsi for the Farsi-speaking participants.

Sampling and Data Collection

This study focused on the Nobody's Perfect program in the six different geographic regions of Ontario: Central West, North West, North East, East, Central East, and South West. Sampling was done for each of these regions separately to ensure participants from all parts of Ontario were interviewed. Phone calls were made to regional representatives of the Nobody's Perfect Ontario Committee (also told them about the study - sent them a letter to tell them about the study) and where necessary district representatives so that each district within each region could be classified as very active or not very active based on how many Nobody's Perfect series they have provided in 1997. An active district and a less active district were randomly selected in each region. The district representative for each of the selected districts was contacted and asked for a list of agencies or facilitators offering Nobody's Perfect. One of these organizations was randomly selected. Then this facilitator was contacted and asked if she would agree to be interviewed and if she could contact at least 10 people who had participated in Nobody's Perfect and 10 who would be taking it in the future. This facilitator was sent a comprehensive package that contained:

- ◇ an introductory letter
- ◇ questions and answers facilitators may have (FAQ)
- ◇ copy of ethical approval
- ◇ standard form for the facilitator to read to parents approached in person (participant and control)
- ◇ consent forms for people leader had face to face contact with (participant and control)
- ◇ consent form/letter to mail to people (participant and control)
- ◇ stamped envelopes for sending to potential respondents
- ◇ stamped self-addressed envelopes for respondents to send to us

Using the materials in this package, program facilitators obtained the written consent of Nobody's Perfect participants to release their names and telephone numbers to the research interviewers. Where facilitators could not collect ten names, interviewers called two more agencies in the area/district to ask if they were currently offering a Nobody's Perfect group. If they were, that facilitator was sent a package. Because of this, respondents were not always in the groups provided by the facilitators that we interviewed. Respondents who agreed to take part in the survey by returning a letter to the study office, may have been parents who are more motivated, more organized or were more enthusiastic about the program than parents who did not return the letter.

After receiving their consent forms, Nobody's Perfect participants who were potential study participants were contacted by telephone and a mutually convenient time was arranged between the interviewer and the participant for a 30 minute interview.

Members of the Nobody's Perfect Coordinating Committee of Ontario report that as few as 50% of their participants have telephones. To offset the bias this presents to our sample, an additional 12 face-to-face interviews were conducted in both one northern and one southern Ontario community. A convenient time and place for the participant to meet with the interviewer was arranged by the leader. Prior to these interviews, written consent was obtained by the interviewer (see Appendix 3). In addition, one facilitator was able to arrange for us to interview parents without telephones at the health unit.

A further three face-to-face interviews took place in Toronto with Nobody's Perfect participants who speak a language other than English. Since one of the research assistants on the project spoke Farsi, this is the language in which these interviews were conducted. In order to conduct face-to-face interviews with Farsi-speaking parents who had participated in Nobody's Perfect parenting program in the past two years, over ten different health units were contacted. Finally, the names of three parents were obtained from a Farsi-speaking facilitator from one of the agencies, and arrangements were made to administer these interviews in Farsi at a local public school after getting written (and translated) consent from the parents. Each interview lasted one hour.

Findings of the Evaluation

Description of Sample

We interviewed a total of 76 respondents: 59 parents who had taken part in Nobody's Perfect (referred to as participants throughout) and 17 parents who were waiting to begin the program.

Table 1: Region where respondents live

Region	Number of Respondents
Central East	17
Central West	11
South West	14
East	14
North East	12
North West	9

Nobody's Perfect is designed for parents of children from birth to age five. It was designed to meet the needs of young, single, low-income, socially or geographically isolated parents or parents with limited formal education.

Description of Respondents:

- Five (6.6%) men and 71 (93.4%) women
- Average age 28. Median age 26 years
9.2% of respondents were under 20 years
32.1% of the respondents had been a teenager when their oldest child was born.
- Children ranged in age from 3 months to 17 years old. (For most questions on the interview, the respondents were asked to focus on their children aged five years and under)
- Number of children:
 - 42.1% had one child
 - 34.2% had two children
 - 23.7% had three or more children
- Almost equal numbers of respondents lived with a partner, as lived alone with their children:
 - 46.1% lived with a spouse or common-law partner (35)
 - 6.6% lived with one or both parents (5)
 - 3.9% lived with a friend (3)
 - 42.1% were single parents living alone with child/ren (31), and
 - 1.3% lived alone without child and visits twice a week (1).
- Few of the respondents were geographically isolated since most respondents had neighbours close by. Only five respondents' closest neighbour was one or more miles away.
- Education levels:
 - 24 (31.6%) had not graduated from high school;
 - 37 (48.7%) had some education beyond high school.
- Sixty-two respondents provided data on their incomes. Of these respondents, 62.9% had incomes of less than \$20,000 per year. Thirty-eight (50%) respondents reported that their only source of income was social assistance.

With the exception of the Farsi-speaking participants, interviews took place not more than ten months, and not less than one month, after parents finished their Nobody's Perfect

series. An average of five (4.94) months had elapsed. The interviews with the Farsi-speaking participants occurred 25 months after their series. Interviews with the comparison group were made any time before they started a Nobody's Perfect series. For comparison group parents in one location this was one hour before their series began.

Participants' Nobody's Perfect Sessions

All Nobody's Perfect participants had been involved in a group and not a one-on-one version, of Nobody's Perfect. Series had from 2 to 12 sessions, with an average of 7.2 sessions.

Table 2: Number of Nobody's Perfect Sessions in Respondents' Series

Number of Sessions	Frequency	Percent	Valid Percent
2	1	1.7	1.7
3	1	1.7	1.7
4	2	3.4	3.4
5	4	6.8	6.9
6	23	39.0	39.7
7	2	3.4	3.4
8	15	25.4	25.9
10	3	5.1	5.2
12	7	11.9	12.1
Missing	1	1.7	
TOTAL	59		

Respondents attended an average of 93.2% of their sessions.

All the parents who had participated in Nobody's Perfect felt that the other parents listened to them. One parent qualified her answer by saying that the other parents only listened when the leader had asked them to give their answers to questions one person at a time. All the parents who had participated in Nobody's Perfect felt that the leader had listened to them. All participants felt that the leader and group members were supportive.

Why parents took part

Program participants were asked what led them to take part in Nobody's Perfect and those on the waiting list were asked what led them to enroll in Nobody's Perfect.

Answers from both the participant and control groups are combined in the analysis.

Some parents gave several reasons and they were coded under several categories.

For 26 parents, Nobody's Perfect had been recommended to them by an agency or another program.

"It was recommended by the health unit," "the leader of another program suggested I take it," "I wanted to get my kids back: it was mandated by Children's Aid," "A health nurse came to my place and told me about the program," "It was part of the Brighter Futures Program."

Fourteen parents wanted to learn new information or knowledge about parenting:

"I wanted to learn new things besides spanking," "I wanted some advice and the opinions of other parents on health ... and behaviour problems of kids." Ten parents took the course because they had specific concerns about their child: "I was getting desperate for ways to handle my four-year-old," "My daughter has a lot of problems with temper tantrums," and "Because my son was being so clingy."

Seven parents took it to meet other parents.

"I thought it would be good to meet new people: I had just moved to the area. I thought it would be good to talk with other mothers about rashes and so on." "I wanted to interact with someone other than a baby," "I wanted to meet new people and see what methods they're using with their kids"

Six parents wanted to improve their parenting skills.

Six people had friends who had recommended the program.

Six parents took the program or wanted to take the program because they wanted support:

"I was looking for support" "I wanted reassurance that I am doing the right thing" "I wanted to know that I wasn't the only one; that I wasn't alone."

Five parents took the course because they wanted to parent well:

"I wanted to parent differently than I was raised - I was abused," "I wanted to be a better parent."

Four parents thought Nobody's Perfect sounded interesting.

Eight parents took it or were interested in taking it for other reasons.

The majority of participants (53, 94.6%) reported that the leader asked them at the beginning what they hoped to get out of Nobody's Perfect. Eleven parents (64.7%) waiting to take Nobody's Perfect had already spoken with their leader about what they hoped to get out of Nobody's Perfect.

Current Parenting Issues

We asked parents whether they are having any challenges or problems with their children now and whether anyone in Nobody’s Perfect had talked about these challenges or problems.

83% of the control group were experiencing challenges at the time of the interview, as were 93% of participant parents. 46 (78%) of them had received information on their current challenges at their Nobody’s Perfect group, demonstrating the advantage of the flexible learner-centred approach. Some of the parents were experiencing challenges that had occurred since their group had ended, so the percentage of people agreeing to this statement would likely have been higher if they had been asked this item immediately after their series ended.

Table 3: Current Parenting Challenges

Challenge	N
‘behaviour’, specific misbehaviours (e.g. whining), ‘attitude’	14
discipline	11
won’t listen	11
sleeping/bedtime	10
eating	8
temper/tantrums/anger	8
sibling rivalry	5
climbing	4
toilet training	4
school	4
speech/language	3
other*	10

*“other” responses included teething, weaning, routines, power struggles, nightmares, and stepfamilies

These issues provide a good example of how child-rearing issues vary by age. In Nobody’s Perfect groups where parents have children of different ages, facilitators must cover issues relevant to all ages of children, so that everyone can learn from the program. Groups where parents have children of different ages have advantages and disadvantages. On the positive side, people learn about the stages ahead; on the negative side there is less time to focus on the current issues parents are facing. For some parents, the challenges they face now had been discussed in their groups even though their own children were at an earlier stage of development at the time of the program. Some parents referred back to the Nobody’s Perfect books as their child entered a new stage.

Only two parents reported that they do not use the information they received in Nobody’s Perfect. Fifty-four reported that they do and three people did not answer the question.

Parent Books

The five books that parents receive (or pay for) cover the core content areas of the program: body (growth, health and illness), safety (accident prevention and first aid), mind (social, emotional and intellectual development), behaviour (helping children behave, parenting strategies for misbehaviours, and common problems such as aggressive behaviour, bedtimes, biting and whining) and parents (addressing their own needs as well as those of their children).

We asked respondents whether they used any information from the Nobody's Perfect books.

78.9% of the parents had referred to one or more of the books. An overwhelming number of parents (31) had referred to the Behaviour book. The most widely used Behaviour topics were handling temper tantrums, dealing with discipline and punishment, and toilet training. Ten parents had referred to the Mind book.

Their comments included, "it is important to deal with your kids as individuals" and "I learned ways to communicate positively with children through play."

Six parents had used the Safety book and four specifically said that they used it for help childproofing their home. Six parents reported using the Parent book:

"I try not to get too frustrated -- I stay calm, count to ten and do not make an issue."

"In the Parent book I learned you can get upset and still love child; I had guilt feelings and the book helped me overcome them; I need 'Me' time and it's normal."

Eight parents mentioned using the Body book, for information on eating, washing, napping or dental concerns for example.

Four parents did not get the books, and for two of these parents the reason was that they had to buy them.

Twenty of the parents had used the development chart and twenty parents had used the growth chart that comes in the package with the books.

Health and Safety Issues

Our first question addressed what participating parents learned about the physical health and illness of children. We asked parents whether, after taking Nobody's Perfect, they had changed what they do to keep their children healthy and 33 (43%) replied 'yes'.

Of these parents, sixteen¹ (48%) were more aware of nutritious foods, such as fresh vegetables, fruits, dairy products and cereals and another two parents cited providing snacks. One of these parents found that giving her daughter snacks makes her happier. Two parents mentioned allowing treats every now and then and that treats widened child's perspective. Eleven parents (33%) made changes in their parenting behaviour that may enhance the emotional health of the child, namely spending more time with them, showing less anger, using more time outs, being more patient and understanding, and spanking less, giving more

¹ Parents often provided more than one example, so that answers may fall under more than one category.

choices and being consistent. There were also three examples of enhancing child's physical health such as sleeping, stopping son from taking bottle to bed with him, and not overdressing son. Two parents also emphasized more awareness of cleanliness in the home. Four parents provided answers that did not match the question.

There were no differences between the control group and the Nobody's Perfect participants on what they do when their children were sick. Most parents gave appropriate answers to this question, including giving acetaminophen, taking them to the doctor and comforting them.

Another question asked whether parents had learned anything new about safety during Nobody's Perfect and 31 (52.5%) replied that they had. Some parents (5 or 16.1%) mentioned the prevention of falls as an example. Six (19.4%) parents had adopted various safety measures, which included putting plugs in electrical sockets, placing gates on doors, and cutting cords on blinds. Three (9.6%) parents also mentioned learning safety measures to avoid burns. Five parents (16.1%) mentioned putting medicines, cleaning agents and other chemicals such as alcohol, toothpaste and mouthwash in a safe place. Four parents learned about things that can choke young children, for example balloons, puzzle pieces, grapes and peanuts. Dangerous and sharp objects such as glass were also mentioned by two parents. Three parents emphasized the importance of watching children at all times. Twelve parents provided various other examples.

When Nobody's Perfect participants were asked if they had made any changes to make their home safer, over half (34, 57.6%) said yes and all could provide one or more examples. The predominant safety measures taken by participants were installing safety gates (5), child locks (9) and socket plugs (7), and removing cords (7). Furthermore, 10 parents said that they now keep all medicine and cleaning agents out of sight or reach of children. Seven parents had put away fragile and dangerous objects such as scissors and knives. Small objects were the concern of two parents. Finally, eight other parents mentioned alternative examples such as "I am starting to get into the habit of turning pot handles in." Ten (58.8%) of the control group parents reported making changes to their home in the last few months. There is no statistically significant difference between the participating and control groups as to whether they had made home safety changes.

Safety measures outside the home was also probed among the participants. We asked parents, "Did you make any changes outside your home? Twenty-three (39.0%) of parents replied that they had. Some parents provided examples for this question and they included buying a baby gate, insisting on everyone wear seat belts, putting garden tools away, ensuring children wear bike helmets, and watching children with extra vigilance at other people's homes.

Children's Behaviour and Emotional and Cognitive Growth

We asked respondents who had participated in Nobody's Perfect seven questions on specific ways the program might have influenced their parenting in the area of children's behaviour and emotional and cognitive growth:

Did Nobody's Perfect give you ideas for activities to do with your children?

Did Nobody's Perfect help you understand why your child/ren act the way they do?

Did Nobody's Perfect influence

- the way you talk with your children?
- the way you show affection to your children?
- the way you play with your children?
- the way you encourage your children to be curious or to explore?
- the way you figure out how to handle your children's behaviour?

When parents responded yes to a question they were asked to provide an example.

The first of these questions asked whether Nobody's Perfect provided ideas for activities to do with their children. 36 (61.0%) said yes and of these 32 (88.9%) had had a chance to do some of them.

Examples of those activities were toys, games and crafts (17), reading, stories and ABCs (7), songs (5), entertainment (e.g., taking them for a walk) (5) and other (8) (e.g., activities for when he's having a hard time sleeping). Four parents could not remember an example.

Nobody's Perfect seems to have helped 54 (91.5%) of participating parents understand why their children act the way they do. Of these respondents, 90.7% could provide an example.

The most common examples were understanding behaviour as part of a stage of child development or normal development (15), understanding behaviour as a way for children to seek attention (7), understanding child's anger or temper tantrums (6), realizing child was jealous of a new sibling (5), realizing other specific reasons for misbehaviour not mentioned above e.g., tiredness, growth spurts, hunger, need to keep their own identity, being in a foster home, immigration (9), understanding another specific behaviour, for example sleeping, erratic behaviour, active behaviour (4), other (6), and one did not remember an example.

Forty-five parents (76.3%) said that Nobody's Perfect influenced the way that they talk with their children.

The examples that parents provided include: talking more patiently and calmly (13), using less negative language or more positive language (8), talking in a more developmentally appropriate manner (8), yelling, shouting or screaming less (7), praising more (4), listening or understanding (4), explaining to child more (3):

"I take more time to explain things, and not just because I say so" and "When you're in a hurry, it's how you speak to them. You have to take your time and explain it to your child because your child doesn't see it your way."

Other parents reported swearing less (2), saying sorry to the child (2) and other (5). One person could not remember an example.

We asked whether Nobody's Perfect influenced the way parents show affection to their children and 17 (28.8%) said yes.

Five respondents said that since taking Nobody's Perfect they show more love to their children.

For example one parent said, "Nobody's Perfect gave me positive reinforcement that what I am doing is good, which in turn decreased the stress and pressure I felt, and I was able to be more positive and warm with my daughter."

Another parent said, "I was showing affection before but not enough. I emphasize this more with him now."

Other responses to this question were: giving more praise as a sign of affection (4), more cuddling and hugging (3), listening and understanding more (2), playing or singing with child (2) and other (2). Only one parent couldn't remember a specific example.

The next question addressed whether Nobody's Perfect influenced the way parents play with their children. 32 (54.2%) said that it had.

Seven parents said that they play with their children more often.

"I spend more time with them; paying attention just to them." "It reinforced how important play is and that it is to be done all the time. It's o.k. for parents to play."

Five parents talked about how they get down at their children's level to play now. "We learned to be down at eye level. I'm on the floor a lot more."

Five parents learned more about age appropriate activities.

"I try not to make them grow up faster than they are."

Three parents had added a more educational component to their play with their children. Another three parents let their children direct the play more. Three parents received specific information about toys, two parents read more to their children and two more encouraged different games and sports. Five parents provided other examples and one person could not remember a specific example.

Thirty-one (53.5%) of parents encourage their children to be curious or explore more after taking Nobody's Perfect.

Six parents reported being more relaxed about their children's explorations.

"It made me more relaxed: allowing them to try new things. I'm more tolerant."

Two parents received information about sexual curiosity, two parents found the program helped with the child wanting to be curious about foods. Two parents reported allowing their children to play in the mud. All but two parents could provide specific examples.

"If I see something interesting, I comment now. I talked about mushrooms with my kids." "Normally I wouldn't have taken her to a forest. I take her out and show her things and talk about the things around."

Fifty (84.7%) of respondents felt that Nobody's Perfect had influenced how they figured out how to handle their children's behaviour.

Eighteen parents said that they are more patient, calm or understanding.

"I don't yell as much, I try to redirect her and give her options." "I now understand why they do what they do and I am more tolerant and realize that they are trying."

Ten parents use Time Out now. Seven parents hit and spank less.

"I try not to hit. It's important to keep cool, to look for different ways to discipline... It helped me be more patient."

Five parents learned how to handle temper tantrums and two learned some practical alternative methods of discipline.

"I learned alternatives to giving into all their demands."

Two participants now yell less and two could not recall an example.

Both the control group and treatment group knew that children need love and attention. What Nobody's Perfect seemed to provide was help with the very specific issues that make parenting a challenge. Examples include temper tantrums, children "getting into everything" and specific toys to provide.

Social Support

One of the objectives of this study was to evaluate whether Nobody's Perfect increased participants' social support. Thirty-five (59.3%) of the participating parents had been in touch with other parents from their Nobody's Perfect group.

Four parents (12%) were in touch by phone, 14 (23.7%) saw each other in person and 16 (27%) kept in touch both by phone and in person. Of these parents, 31 (88.6% and 52.5% of all the participants) reported helping other parents by listening to each other or sharing information (29 parents), babysitting (11), toys (9) or baby clothes (6). Three parents provided another example of how they help each other.

For 35 (59.3%) of the participants Nobody's Perfect helped with feelings of loneliness or isolation that they had. Five (8.5%) of the participants were feeling lonely or isolated before the program, but Nobody's Perfect did not help. Eighteen participants reported not feeling lonely and isolated before Nobody's Perfect.

Almost all (94.9%) of the participating parents reported that they had been able to share their experiences raising children.

One mother added, "It was great that way... We got a lot out of talking to each other. Lots of ideas. Just knowing you're not the only one." Another parent said, "I guess I'm not as bad as I thought I was. You realize everyone goes through same thing."

For most items on the Social Provisions Scale there was no difference between the treatment and control groups. However, one item: "You have friends who help you feel safe, secure and happy" did show a significant difference between the treatment and control group. 93.2% of the participant group and 64.7% of the control group either

agreed or strongly agreed with this statement. (Pearson .020 - with caution due to low numbers in some cells because of small size of control group - see Appendix 5) We asked parents on the waiting list how important the opportunity to meet other parents at the Nobody's Perfect program was to them. For 11 parents (64.7%) it was very important, for 2 parents (29.4%) it was "sort of important" and for 1 parent (5.9%) it was not important. All of the control group looked forward to sharing some of their experiences raising children. One parent added that she looked forward to Nobody's Perfect, *"To know I'm not alone."*

Sixteen parents in the control group (94.1%) looked forward to having someone to talk with about parenting. When we asked the control group if they ever feel lonely or isolated, 94.1% answered yes.

Parents' Needs

One of the issues that Nobody's Perfect presents is that parents' needs are important too. To see if parents learned anything about their needs being legitimate we asked both treatment and control parents, "It's hard being a parent at times. What are some things parents need?" Table 4 summarizes their answers. Parents could mention more than one need.

Table 4: Parents' Needs

	Participant (N=58)	Control (N=18)
Time to self / time away from kids	38	15
Rest and Relaxation/ Less stress	7	2
Friends/ People to talk with	13	0
Support	16	4
Information about children, relationships, crises or community resources	8	1
Job/ Money	2	1
Other	1	0

Multicultural Issues

The three Farsi-speaking parents with whom we talked had immigrated to Canada two to six years ago. They had on average three children ranging from 18 months to 17 years of age. One parents children had been born in Canada. One of the parents had moved to Canada with her four children, and her spouse was still back in their home country. The other two respondents were here with their husbands. All three were well-educated.

When the three Farsi-speaking parents were asked what led them to enroll in Nobody's Perfect, two of the parents cited because of the very different cultural background, they wanted to learn about the principles of childrearing in a new society, namely Canada. The parent who had borne all three children in Canada wanted to learn about children in general. These parents also faced many different challenges as their children grew through different stages. One of the parents had lived through the war in her country before moving to Canada four years ago. Thus, three of her children were very fearful of loud noises, which they associated with bombs, and strangers in the street. In fact her

daughter was hysterical the first year and a support system helped her through. Another parent said that her daughter was crying and in turmoil. She stuttered and did not want to talk. However, the resource centre provided her with a speech therapist and she is much better now and the parent is relieved. The biggest challenge confronting the parent whose children were born here was problems with them not wanting to eat healthy foods. Otherwise, she seemed to have an overall more smooth transition and experience as a result of all three children growing up in this society.

All three parents had been given the five Nobody's Perfect books. One of the parents used the Safety book the most and also referred to the Parents book from time to time. One parent also used the Safety book most of all and glanced at the others. The third parent referred to both the Mind (how to treat children to ensure that they are happy children), and Body (how to wash them, foods to eat), books.

Perhaps, one of the most interesting questions that was raised to this group was, "How well did Nobody's Perfect fit with your culture's ideas about raising children?" Two parents stressed that back home, when children are being naughty, they could slap or spank them, whereas Nobody's Perfect always emphasized alternative strategies such as talking to children. Two parents also mentioned that in their culture, children are much more obedient, even as young adults, whereas here, children have a lot more freedom and are exposed to everything from an early age. "Here children are even given 'help' numbers to complain about their parents' behaviour." Therefore, she concluded that here the parent must learn to be a child's friend, and yet be able to maintain some control.

Overall, all three parents were very pleased with the Nobody's Perfect program and the friendly and supportive nature in which it was conducted. The general consent was that such a program not only provided useful information about parenting, but also gave parents the opportunity to share their problems with one another and help to adapt. In fact, it appeared that all three parents had established a very good friendship with each other as a result of the Nobody's Perfect group.

All parents participating in the study were asked, "Other than Canadian, what ethnic or cultural group(s) do you belong to?" Thirty-two respondents identified themselves as having other cultural roots (see Appendix 5 for details). Parents who did not describe themselves as 'just' Canadian were asked, "How well did Nobody's Perfect fit with your culture's ideas about raising children?" Five parents (excluding the Farsi-speaking respondents) provided an answer to this question. Nobody's Perfect was consistent with their values, with the exception of spanking. One parent said, "I wish they emphasized not hitting more, but generally it fit well." Another parent said, "except for the part on spanking - Nobody's Perfect said that spanking was terrible - it fit well" with her culture's belief about raising children. A third parent also stressed that Nobody's Perfect was big on not spanking and that most people are raised up believing in spanking. "Otherwise, it was pretty good." One parent said, "Some people disagreed. Everyone voiced their opinions. No one shot you down for what you say. They ask you questions, see if that's the way you want to raise the kids." Finally, one parent said, "Oh yes, we joked about discipline."

We spoke with one woman who trained facilitators for Native parent groups. Barbara Angeconeb uses a combination of approaches: part Nobody's Perfect and part *Raising the Children*. She includes in her training many issues related to the Native Canadian's experiences that affect parenting. One example is the influence of residential schools and the subsequent loss of some parenting skills because these parents were away from their own parents so much.

Barbara has adapted the program to be more congruent with Native Canadian culture:

- parent groups work with an elder from the community in the group
- groups include a spiritual component: they open with a smudging ceremony and close with a prayer
- the program uses a community development approach and builds on the skills in the community
- the program is made more holistic and includes all ages of children.

Ms. Angeconeb did conduct an evaluation of the train the trainer process and found only one in four of the leaders were now facilitating groups. There are three main barriers to facilitating. Firstly, the leader must be part of the community and have a certain position in that community. Secondly, leaders need to be comfortable in their role. Lastly, some facilitators found that they did not have the necessary funds.

She finds that the training is a growth experience for the leaders and they needed to look at their own histories and their own parenting styles. She hopes two videos will be developed for Native Canadian facilitators. One would have sample groups so that people can model the facilitation of a session. This video would include examples of group process that affect the facilitator's role. The other video would show examples of parent-child conflict, and parents could use their new problem solving skills to think of solutions to these conflicts.

Facilitators' Evaluation

Because of the important role that facilitators play in conducting the Nobody's Perfect programs, we thought it appropriate to interview a sample of them. They also were an important source of data for a process evaluation of Nobody's Perfect.

Methodology for Data Collection and Analysis

Development of the Facilitator Questionnaire

The 36-item interview schedule for the facilitators (see Appendix 6) was developed with information from many sources. Some of the items were developed from recommendations from a critique of group parent education evaluations written by Dembo, Sweitzer and Lauritzen (1985). They suggested the question "What problems do the parents raise in class regarding the program?" Their article suggested the questions on how the facilitators modified the program and whether certain parents benefit more from the program than others. We asked about number of days of training because of feedback from the Nobody's Perfect Ontario Committee. Other items were developed to provide an overview of what Nobody's Perfect actually looked like as it was implemented.

Sampling and Data Collection

We interviewed 12 facilitators. There were two from each of the six different regions in the province: Central East, Central West, East, North East, North West and South West. To select the facilitators, districts within each region were chosen randomly, then the district representative was contacted and asked for a list of facilitators and finally a facilitator was randomly chosen from each of these lists. If a facilitator had led only one series, we randomly chose another. The interviews with facilitators were conducted between July and September of 1998. They were conducted by telephone and each lasted 45 minutes to one hour, except for two facilitators who mailed their answers to us.

The 12 facilitators who participated in this study, worked for a variety of agencies that offer Nobody's Perfect: health units (5), Child Development Program (1), family centres (2), CAP-C programs (2), Better Beginnings (1) and a children's centre(1).

Facilitators had completed their training an average of five years ago and the number of years ranged from one to nine. However one facilitator had not completed Nobody's Perfect training and data from her co-facilitator was entered for these two questions. Their training had lasted an average of 3.29 days. The facilitators in our survey were quite experienced. They had facilitated an average of nine series and this ranged from two to 25 series.

Findings of the Evaluation

Description of most recent series

Facilitators were asked specific information about the most recent series that they had run. Each session lasted an average of 2 hours. Seven of the 12 (58%) of the facilitators said their sessions lasted two hours. The range was from 1.5 to 6 hours. One leader had offered it in 3 sessions as a workshop with 2 hours the first evening, 4 hours the second day and 6 hours the third day. Series had an average of 6.8 sessions, with a range of 3 to 12 sessions.

Two of the facilitators had led their last Nobody's Perfect series by themselves and the rest had co-facilitated it with someone. For one public health nurse it was the first time co-facilitating and she felt it was a helpful method for preventing burn-out because providing Nobody's Perfect can be emotionally demanding. Co-facilitation also means that if, during a session, one parent needs one-on-one extra support, one of the facilitators can provide that while the other continues to lead the group. Three of the facilitators co-facilitated with a public health nurse, the rest co-facilitated with a staff member from another organization (e.g., Babies Best Start, Great Beginnings, Developmental Services, Brighter Futures).

Facilitators were asked whether they were able to provide child care, transportation and a snack for participants for the last series that they conducted. For this series, 92% were able to provide babysitting for participants. Babysitting had been offered but not required in the remaining group. Sometimes children of the participating parents were together and sometimes they were offered a mini-program with a craft or other activity. Transportation was provided in 83% of the groups. In the remaining 17%, participants had car-pooled. Transportation was provided by providing bus tickets, taxi chits, finding volunteer drivers, through their own agency or through Child and Family Services or the Children's Aid Society. In all but one of the groups at least coffee was provided to the Nobody's Perfect participants. In nine groups a snack was offered as well. This snack offered an opportunity for parents to connect with each other and to feel nurtured.

Barriers for Parents

We asked facilitators about the barriers for parents enrolling in or attending Nobody's Perfect. Leaders chose from a list of barriers and the following table shows the ones that that they chose most often.

Table 5: Barriers Identified by Facilitators

Percentage of Facilitators	Barrier
75%	parent do not recognize own needs
67%	parents often have family crises and major stressors
58%	parents do not want others to know they are having problems
50%	parents are not ready for a group
50%	parents are not motivated to attend
42%	agency does not have the resources to offer more Nobody's Perfect
33%	parents dislike groups
33%	parents do not have transportation
33%	seasonal changes and weather

Two other barriers were mentioned by facilitators. One barrier was that parents may feel that someone is making a negative assessment of their parenting. "Parents feel someone is making a judgment about them 'why are you asking me?' They feel insulted ...One parent told me, 'I almost didn't come because I was feeling bad that I was asked.'" Another facilitator mentioned that because the target population often moves frequently, it is often difficult to contact people.

Supplementary Resources

Several supplementary resource materials are available to facilitators of Nobody's Perfect. These include a safety game, T-shirt transfer, invitation card and a Nobody's Perfect sticker. We included a question on the use of these supplementary items and found one or more of these were used by 42% of the respondents. Optional items were felt to enhance the program because it "makes it more of a legitimate program" and the invitation cards are "nicer than a notice from the computer." The invitation card reinforces the date and time for parents. In many cases there was not enough money for these optional items.

Two facilitators mentioned that parents had to buy their own Nobody's Perfect Resource Kit and one said that parents must pay a little for the books. One group photocopied the books and another leader mentioned doing this in the past and found parents felt less positive about the photocopies than the attractively coloured books. Funding is an issue.

Increasing the Number of Series

Seventy-five percent of facilitators would like to see more Nobody's Perfect series run in their area. In one area many new facilitators had just been trained, so in fact there would be. The barriers to offering a greater number of series of Nobody's Perfect included: lack of resources, including transportation (2), access to an appropriate space (1), child care (2), time (2) and especially staff (9). "There are so many demands on

staff time.” “It’s a lot of preparation time.” Two facilitators said a barrier to offering more Nobody’s Perfect series was that they wanted to offer other programs as well: “We offer a potpourri of programs”, “We also offer How To Talk So Kids Will Listen and STEP [Systematic Training for Effective Parenting].”

Recruitment

Fifty percent of the leaders found it “somewhat difficult” to recruit people for Nobody’s Perfect and 50% found it “not at all difficult.” Three facilitators mentioned that recruitment can be made more or less difficult depending “on whether the person sees that they need to make changes”. On average, 12 parents had been recruited for the most recent series that these facilitators had led. An average of seven parents had remained at the last session. This was the usual drop-out rate for 90% of the facilitators (two did not know what the usual drop out rate was). One reported that they usually lose two or three people during the sessions. Three facilitators spontaneously mentioned that you need to recruit at least twice as many as you hope will finish the class. Few parents drop out between the first and last class. Two facilitators mentioned that “there is more problems with parents who sign up to actually show up rather than the recruitment process itself”, and another said “once you get parents to attend one session ... it’s not a problem.”

The fact that few people dropped out between the first and last class is a good indicator of the success of the program. In a study by James and Etheridge (1978 as cited in Dembo et al.) they found a high drop out rate when the “parent educators attempted to proceed through material without regard for the needs, interests, and ability of the participants.”

Some of the facilitators shared their recruitment strategies. Facilitators recruit through other agencies (e.g., Children’s Aid Societies, Family and Children’s Services), other programs within their own agencies (e.g. prenatal classes, CAP-C programs) , through home visits, self-referrals, in malls, at toy-lending libraries, or at a community centre. Parents may also be mandated by the court to take a parenting program.

Problems Raised by Parents

Five facilitators had parents raise problems in class regarding the program. The most common problems were: a) not having enough time to cover everything (2 leaders) and b) having one or two people monopolize or control the group and the other participants “are too shy to say anything” or “get fed up” (2 leaders). One challenge for facilitators is ensuring that all parents get a chance to speak about their experiences.

Series Variations

We tried to determine the ways that the series that these facilitators offered differ from what is in the Leader's Guide. Some leaders (33%) were even more responsive to the parents' ideas for the program than the leaders' guide proposes. They were more willing to omit some topics or include new topics than the guide suggested.

"I let the parents direct the content of the groups."

Twenty-five percent of the leaders do not use all five Nobody's Perfect books. Answers to the question "What are some ways that one series has differed from another for you?" varied widely. Two thirds of the leaders replied that each group varied depending on the participants in it.

They are all different. The people make a difference. It differs if it is a pre-organized group... We modify the program depending on the parents' needs and the ages of their children.

We were interested in learning how facilitators determine parents' needs and interests. This is important for a learner-centre approach. The leaders used a variety of strategies.

Two leaders worked with the parents already and so had some ideas from these past experiences. One leader conducted home visits. One leader had people referred with specific needs. Before the first session, five leaders distribute a needs assessment for parents to write in their answers. One leader interviewed parents individually at the first class about their needs. Eight leaders talked with parents the first class to develop the agenda. Techniques for this can vary, for example: group brainstorming, developing wish lists or putting up a list of suggestions from which a reticent group can choose. Three leaders mentioned that they remained open to modifying the content throughout the series: "I'm willing to change as we go along." The program is adapted to the unique needs of each group of participants.

Ninety-two percent of the facilitators said they are usually able to cover most of the needs and interests of the parents during the series. To ensure that needs are met, leaders use a variety of techniques:

- work one-to-one with parent if necessary
- receive telephone calls from parents during the week between sessions
- make other resources available (sometimes photocopying them), for example if parents need more in-depth information
- send people more information if necessary
- follow up with brief workshops on single topics
- send parents to additional outside classes (e.g. First Aid, toy-making workshop), and
- encourage parents to take it again (in this agency many take it two or three times).

At their last series, facilitators reported that the following needs and interest were not covered:

- adult depression
- attention deficit hyperactivity disorder (ADHD) in children
- speech disorders
- growth and development
- fathers' issues
- mind, and
- safety.

Core Content Areas

The five books that parents receive in the resource kit suggest five main topics for the program. These topics may or may not be covered in a Nobody's Perfect group depending on the needs and interested of the parents who attend. We were interested in which of these topics received the most and the least attention. The Behaviour was referred to the most (88%) and the Body and Safety books were referred to the least by the facilitators we interviewed.

We also asked leaders "what aspects of parenting did you focus on the most?" Again leaders said behaviour (75%).

"There is always more you can talk about on behaviour" and that the parents "could have discussed discipline for days."

Discussions on behaviour and discipline included how to be consistent, behaviour management techniques, time out, use of choices, and age appropriate discipline. Parents' needs (33%) was also an important topic.

"One thing they really enjoyed was the Parents book. It was the first time that many parents had thought about their own needs. They realized if you're not taking care of yourself, how are you going to be able to take care of others?"

Two leaders focused on stress and parenting (17%), two focused on age appropriate behaviours (17%), one focused on anger management, one focused on problem-solving, one focused on the parent-child relationship and one focused on children with attention deficit disorder.

Facilitators were asked about the topics they covered that are not mentioned in the Nobody's Perfect books, and seven facilitators provided examples. These eight topics were:

- temperament
- child sleeping with parent
- school expectations
- cooking ideas, supermarket tour
- relationship between couple (communication, sexuality, housekeeping)
- birth control, and
- issues around addictions while parenting.

Social Support

One goal of Nobody's Perfect is to "increase self-help and mutual support among parents." Facilitators had many ideas on what helps parents in a Nobody's Perfect group to form the friendships that could be the basis for mutual support.

58% (7) thought that having common interests, concerns and situations and children of the same age facilitated friendships. One facilitator reported that they try to set up groups with women who have much in common: try not to mix sole support parents and parent with partners, try to have groups with same aged children and similar aged parents. 58% (7) felt that having a coffee and snack break allowed time for socializing and thus facilitated friendships to form. In one group, the parents make a snack for the children and themselves and being in the kitchen together helped parents become acquainted. Another tactic, used by 42% (5) of the leaders, is to include some activities that facilitate friendship. These include: small group discussions (especially with others who have common characteristics and concerns), games where parents work together, ice breakers, or having a party at the end. Other methods that individual facilitators noted include:

- making the setting feel relaxed and social
- making parents feel comfortable with other members in the group
- facilitation methods: helping parents listen to each other
- modelling open communication
- helping parents realize that they're not alone
- pointing out to parents which kids played well together, and
- people carpooling to and from the group.

Facilitators (N=8) estimated that on average five sessions of Nobody's Perfect were needed for parents to establish friendships. Four facilitators mentioned that parents often know each other (at least each other's face) before the group and Nobody's Perfect can help a friendship to develop from those acquaintances. However one leader provided an example of where half the group had already developed a strong clique and the other group members felt left out.

"There is such a fine line between having a support, self-help group and an education/information group. The facilitator must find the balance. The key is to do both: to build in a support component."

Suitability of Program for Participants

We were interested in knowing how well facilitators thought Nobody's Perfect worked for parents in the target group. Eighty-three percent of the facilitators thought it worked very well or quite well for parents with limited formal education. One facilitator thought the program was overwhelming for someone with very limited literacy.

Eighty percent of the facilitators thought that Nobody's Perfect worked quite well or very well for young parents. One leader qualified this by saying that young parents need to

have their own group, another said Nobody’s Perfect does not work well with very young, 15- and 16-year-old, parents.

For parents with low income, 73% of the facilitators thought the program worked very well or quite well. Of those facilitators with experience with geographically isolated parents, 50% thought the program worked very well or quite well. One facilitator qualified her response by saying that the program had to be offered close to where the parents live.

73% thought that Nobody’s Perfect worked very well or quite well for parents who are socially isolated. Two facilitators qualified their answers by saying that it works well when they are able to encourage parents enough to attend the first session. “It’s hard to get them to come out because of a general mistrust of agencies, people, neighbours”, but “once you get parents to attend one session, they’re hooked.”

We asked facilitators about the characteristics of parents for whom Nobody’s Perfect works well. Their answers are shown in the following table.

Table 6: Characteristics of Parents for Whom NP Works Well

Number of facilitators (percent)	Characteristics of Parents
4 (33%)	Able to admit that they have learning to do
3 (25%)	Open to change and new ideas
3 (25%)	Willing to share
3 (25%)	Comfortable being in a group
2 (17%)	Not in crisis
2 (17%)	“Nobody’s Perfect would work for pretty much anybody”

Issues around parents taking Nobody’s Perfect because of an order by a court or a Children’s Aid Society (CAS) came up spontaneously at some point in seven of the interviews with facilitators. Their comments have been drawn together here. The parents who attend Nobody’s Perfect because of a court or CAS order are sometimes nervous, defensive, angry, negative, unwilling to participate or very quiet. They may be reluctant to share information. They may say, ‘I have to be here, I don’t have any choice’.

“These parents spend time convincing you they know the answers. And they often do.”

“Sometimes they are so angry that they can’t focus on parenting.”

Leaders used several strategies to help make Nobody’s Perfect work for these parents. One leader tried to help the parents see that they do have choices. She asks them why they are attending the program and when they say “Because Children’s Aid says I have to, to get my kids back”, she says “then you are choosing to get your kids back” and they realize they do have a choice. Another leader found that it was necessary to decrease parents’ defensiveness in the first few sessions if the program is going to be

helpful. Another facilitator helped lessen these parents' anger by emphasizing that everyone needs help with parenting and no one is judging them. Another facilitator recommended doing one-on-one Nobody's Perfect first and then have some parents become ambassadors with others who have been CAS-ordered.

Often court-ordered parents are less open to changing their parenting behaviours. Because Nobody's Perfect is a learner-focused program with issues suggested by the parents, it may be difficult to carry out the program as recommended by the leader's manual if parents do not see a need for the program. It may be helpful to think of these parents according to a Stages of Change model developed by Prochaska, DiClemente and Norcross (1994). Court-ordered parents would likely be at a precontemplation stage with no intention to change behaviour in the next six months. However, some motivation to change comes through these parents' knowledge that they must attend course to keep or regain custody of their children.

The next issue about which we asked facilitators to respond was whether Nobody's Perfect worked for all the different stages of children's development, given that it is recommended for parents with children from birth to 5 years old.

Nobody's Perfect is designed for parents of children up to age five.

27% of facilitators felt that Nobody's Perfect worked very well for all the different stages. Twenty-seven percent felt it worked quite well, 36% felt it worked pretty well, and 9% felt it did not work too well. Some facilitators qualified their answers. Several facilitators mentioned that the program did not work well if the parents had children of disparate ages because people with small babies have different issues from parents with toddlers and preschoolers. The parents of infants cannot relate to the discussions of temper tantrums and other toddler/preschooler issues.

It was "hard if only one or two in group have older children."

"We offer Nobody's Perfect for 0 to 1 year olds with our teen mothers. Our Nobody's Perfect groups are for 1 to 5 because parents have different issues with 0 -to 1-year-olds. It works fine for both groups, just not together."

"We try to group parents by age of child, for example have all parents with toddlers. With infants you need to focus on infant issues."

Another facilitator led groups with parents of infants and older children, but divided the parents into small groups for discussions based on the age of the children. Finally one facilitator felt that the wonderful message of nurturing children and helping them to feel safe, secure and loved applied to every age.

Cultural and Language Issues

Only 25% of the facilitators had had Nobody's Perfect participants who had difficulty understanding English. To facilitate this one leader was able to offer participants a Nobody's Perfect close by in their own language (French). One facilitator co-facilitated

with someone who spoke Chinese and translated some of the handouts and another facilitator took extra time to explain ideas and support the person.

When we asked whether Nobody's Perfect conflicted with any of the parents' cultural beliefs we envisioned receiving answers that were philosophical or spiritual. We agreed with Alvy (1987, p. xiii) that "when you take on the task of designing parenting programs, you are operating in very sensitive areas. Parent training deals directly with how individuals and groups rear their children, and it is through child rearing that many of our most cherished personal, religious, and cultural values are transmitted. Choosing to focus on parent training is a choice to confront our society's most personal and possibly most important activity."

However, the most common cultural belief that was contravened was a belief in spanking. Three facilitators mentioned how they cope with the spanking issue; they talk openly, remain understanding, explain how children learn and have additional speakers on the topic. Other cultural issues that emerged included circumcision, family beds, Christmas celebrations, nursing preschoolers and "in some cultures men discipline children and women don't." Eight respondents (66.7%) had not encountered conflicts with any parents' cultural beliefs.

Facilitators Impressions of Nobody's Perfect

Nobody's Perfect uses a learner-centred approach. This approach is described in the Leader's Guide as one that includes 1) involving parents in deciding what they want to learn, 2) creating a friendly, safe and non-judgmental atmosphere, 3) encouraging discussion 4) creating learning activities which enable parents to understand their situation and solve some of their own problems, 5) being prepared to change the session plan to suit the needs and interests of parents, and 6) encouraging self-help and mutual support (Health and Welfare Canada, 1988). When we asked facilitators how well they liked the learner-centred approach, they unanimously replied enthusiastically: "very, very well", "very much", "it is non-threatening", "I really like it, it increased parents' sense of control, empowerment, increased ability to be respectful of themselves", "Unless you approach topics people like they won't jump in and get involved," and "I like it because I honestly don't think parents can make much change without peer support and learning from each other"

In general, facilitators had a favourable impression of the program. Overall 58% of the facilitators liked the content of Nobody's Perfect "Very Well" or "Quite Well"; 42% liked it "Pretty Well." Eighty-three percent of the facilitators like the format of Nobody's Perfect "Very Well" or "Quite Well." Ninety-two percent of the facilitators liked the philosophy of Nobody's Perfect "Very Well" or "Quite Well."

When we asked facilitators about the challenges of delivering Nobody's Perfect their answers differed greatly. Some talked about the juggling act involved, how they had to strike a balance between having a support group and providing information; balancing "meeting individual needs" with "getting groups to bond well", and directing information to illiterate and higher educated parents in same group.

For some the biggest challenge was time and energy: to recruit participants, to find sponsors, space, volunteers for child care and a room, to fundraise and having enough time with the parents to have an impact.

Other challenges were keeping parents consistent in attending and keeping their interest, finding other materials to supplement Nobody's Perfect and working with people who are in crises.

Other comments included:

“my energy level has to be up”

“I have to practice all those great things I preach, like stress management”

“motivating people and getting people to commit”

“it's challenging and emotionally taxing”

“a co- facilitator would be extremely helpful”

Leaders' Abilities

It is difficult to determine whether the changes that respondents reported in the respondents' survey are a result of the content of Nobody's Perfect or the extent to which change is the result of the leaders' 'natural ability' or skills (see for example Jacobson, 1985; Lambert, 1989 for a discussion of these issues). Statements from facilitators, such as, “they [the parents] start to feel more comfortable in the group...” gave the interviewers the distinct impression that these were very skilled leaders. It is impossible to determine, without doing an observational study, how much the success of the program depends on the leaders.

Conclusions and Recommendations

Conclusions

The new program from the Ontario tri-ministries project, Healthy Babies/Healthy Children, is focusing on families at risk, defined as those with economic and social risk factors, infant health risks and parent health risks. It is likely that these parents would meet the criteria to participate in Nobody's Perfect. Information from this evaluation could prove useful to those establishing Healthy Babies/Healthy Children programs.

Nobody's Perfect Ontario committee is very knowledgeable about Nobody's Perfect and how it is implemented and could offer information to the Healthy Babies/ Healthy Children programs.

Recommendations

- ⇒ Continue to encourage facilitators to encourage the social support aspect of the Nobody's Perfect program
- ⇒ Continue the focus on the needs and interests of parents (the learner centred approach)
- ⇒ Whenever possible series should include extra sessions on children's behaviour
- ⇒ Develop special groups for court-ordered parents, perhaps with some modifications of the program to allow for parents who are less receptive to learning and less willing to change. A modified Nobody's Perfect program could draw on the experience of facilitators who have worked with parents who were mandated to be there
- ⇒ Recognize special issues that parents bring to the group: past abuse, poor anger management, depression
- ⇒ Encourage Nobody's Perfect conferences where experienced facilitators can share their strategies for recruitment and handling difficult groups provide opportunities for facilitators to meet and share strategies
- ⇒ Provide facilitators the support they need to run Nobody's Perfect: time, emotional support (e.g. two facilitators), and money for additional resources
- ⇒ Support the Nobody's Perfect Ontario newsletter which provides support for facilitators
- ⇒ Ensure parents receive free books
- ⇒ Encourage Health Canada to continue its role in publishing the materials
- ⇒ Provide funding ongoing evaluation of the program (money for data collection, mailing, analysis, data entry). The Nobody's Perfect Ontario committee has begun regularly collecting data on the programs and they need financial assistance to have it analyzed.
- ⇒ Ensure funding for transportation, child care, and rooms for the process of the Nobody's Perfect programs.
- ⇒ Ensure funding for facilitators
- ⇒ Seek a province-wide sponsor for the Nobody's Perfect program.

References

- Alvy, Kerby T. (1987) *Black Parenting: Strategies for Training* Irvington Publishers, New York
- Baldwin, A., Baldwin, C., Cole, R. (1990) Stress-resistant family and stress resistant children In Rolf, J., Masten, A.S., Cicchetti, K. Neuchterlein and S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology* (pp. 257-280). New York: Cambridge University Press.
- Cutrona, C., Russell D. (1987) The provisions of social relationships and adaptation to stress. *Advances in Personal Relationships*, 1: 37-67.
- Dembo, M., Sweitzer, M, Lauritzen, P. (1985) An evaluation of group parent education: Behavioral, PET, and Adlerian Programs *Review of Education Research*, 55: 155-200.
- Health and Welfare Canada (1988) *Nobody's Perfect - Leader's Guide*. Ottawa: author.
- Human Resources Development Canada & Statistics Canada (1995) *National Longitudinal Survey of Children: Overview of Survey Instruments for 1994-95 Data Collection Cycle 1*, Ottawa: Government of Canada.
- Jacobson, N. (1985) Family thereapy outcome research: Potential pitfalls and prospects. *Journal of Marital and Family Therapy*, 11: 149-158.
- Lambert, M. (1989) The individual therapist's contribution to psychotherapy process and outcom. *Clinical Psychology Review*, 9: 469-485.
- Nobody's Perfect Parenting Education Association of Ontario (1996) *1996 Annual Report*. Huntsville: author.
- Paul, C., Sanson-Fisher, R. Redman, S. (1994) Preventing accidental injury to young children in the home using volunteers.
- Pettit, G., Bates, J., Dodge, K. (1997) Supportive parenting, ecological context and children's adjustment: A seven-year longitudinal study. *Child Development* 68(5): 908-923.
- Seitz, V., Provence, S. (1990) Caregiver-focused models of early intervention In. Meisels, S. & Shonkoff, J. (Eds.) *Handbook of Early Childhood Intervention*, Cambridge University Press: New York.
- VanderPlaat, M., Martell Consulting Services Ltd. (1988) *Nobody's Perfect: Process and impact evaluation report*. Ottawa: Canadian Communications Group - Publishing.

Appendix 1: List of parenting instruments considered for this evaluation

Alabama Parenting Questionnaire

Shelton, K., Frick, P., Wootton, J. (1996) Assessment of parenting practices in families of elementary school-age children *Journal of Clinical Child Psychology* 25:317-329.

Child Abuse Potential (CAP) Inventory

Milner, J. (1986) *The Child Abuse Potential Inventory Manual* (2nd ed.). Webster, NC: Psytech.

Cleminshaw-Guidubaldi Parent Satisfaction Scale

Guidubaldi, J., Cleminshaw, H. (1985) The development of the Cleminshaw-Guidubaldi Parent Satisfaction Scale *Journal of Clinical Child Psychology* 14:293-298.

Home Observation for Measurement of the Environment (HOME) Inventory

Caldwell, B., Bradley, R. (1984) Available from Centre for Research on Teaching and Learning, University of Arkansas at Little Rock, 2801 S. University Ave., Little Rock, AR 72204.

Knowledge of Child Development Inventory (KCDI)

Larsen, J., Juhasz, A. (1986) The Knowledge of Child Development Inventory *Adolescence* 21(81):39-54.

Maternal Expectations, Attitudes And Belief Inventory

Rickard, K. Graziano, W. Forehand, R.
available from ASIS/NAPS, Burrows Systems, 248 Hempstead Turnpike, West Hempstead, NY, 11552

Parent-Child Play (PCP) scale

Dunst, C. (1986) Family , Infant and Preschool Program, Western Carolina Center, Morganton, North Carolina, 28655 (secured from the developer)

Parent Means-End Problem Solving Instrument

Bryant, D., Wasik, B. (1988) *Manual for the Parent Means-End Problem Solving Instrument*

Parental Attitude Research Instrument (PARI)

Schaefer, E., Bell, R. (1958) Development of a parental attitude research instrument *Child Development* 29:339-361.

Parental Authority Questionnaire

Buri, J. (1991) Parental Authority Questionnaire *Journal of Personality Assessment* 57:110-119.

Parental Strength and Needs Inventory

Strom, R., Colledge, N. available from ASIS/NAPS, Burrows Systems, 248 Hempstead Turnpike, West Hempstead, NY, 11552

Parenting Daily Hassles (PDH) Measure

Crnic, K., Greenberg, M. (1990) Minor parenting stresses with young children. *Child Development* 61: 1628-1637

Parenting Scale

Arnold, D. O'Leary, S. Wolff, L., Acher, M. (1993) The Parenting Scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment* 5:137-144.

Parenting Stress Index

Abidin, R. (1983) distributed by Pediatric Psychology Press, 320 Terral Road West, Charlottesville VA 22901

Parents Beliefs Survey (PBS)**Perception of Parental Efficacy (POPE) scale**

Luster, T. Dept of Family and Child Ecology, Michigan State University, East Lansing, Michigan 48824-1030 (secured from the developer)

Single Parenting Questionnaire (SPQ)

Stolberg, A.L., Ullman, A.J.

National Auxilary Publications, Microfiche Publications

P.O. Box 3513, Grand Central Station, New York, New York, USA, 10163-3513

Appendix 5

Participant Group or Control Group BY “Have Friends That Help You Feel Safe, Secure And Loved”

Count Row Pct Col Pct Tot Pct	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	Row Total
PARTICIPANTS	2 3.4 40.0 2.6	2 3.4 40.0 2.6	24 40.7 80.0 31.6	31 52.5 86.1 40.8	59 77.6
CONTROL	3 17.6 60.0 3.9	3 17.6 60.0 3.9	6 35.3	5 29.4	17 22.4
Column Total	5 6.6	5 6.6	30 39.5	36 47.4	76 100.0

<u>Chi-Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	9.74268	3	.02088
Likelihood Ratio	8.29664	3	.04026
Linear-by-Linear Association	7.78810	1	.00526

Minimum Expected Frequency - 1.118

Cells with Expected Frequency < 5 - 4 of 8 (50.0%)

Number of Missing Observations: 0

Appendix 6

Ethnic or Cultural Group	N	%
FRENCH CANADIAN	10	13.2
IRISH	5	6.6
AFGHAN	3	3.9
SCOTTISH	3	3.9
BRITISH	3	3.9
MEXICAN	1	1.3
NATIVE	1	1.3
UKRAINIAN	1	1.3
JAMAICAN	1	1.3
AMERICAN	1	1.3
GREEK	1	1.3
ITALIAN	1	1.3
GERMAN	1	1.3

Appendix 8: Project Personnel

The personnel for this evaluation project:

Principal Investigator Irving Rootman

Project Supervisor Michael Goodstadt

- responsible for supervision of the project, including overseeing research design (sampling and data collection procedures) and conduct of research

Research Coordinator Nancy Weir

- responsible for locating appropriate instruments, item development, liaising with health units and provincial coordinating committee, coordinating personnel, writing up final report,

Research Assistants Victoria Barr, Safoura Moazami

- responsible for locating appropriate references from the literature, conducting telephone interviews and face-to-face interviews, entering data

Data Analysis Gordon Walsh

- responsible for analyzing the quantitative data and for assisting the coordinator in interpreting the results