



## **PROGRAM REVIEW**

**Ardene Robinson Vollman, RN, PhD  
Health Consultant**

**Members of the Review Team:**

Lynn Corcoran, RN, MN  
Elaine M. Williams, RN, MEd

**With assistance from:**

Crystal Koch, BSc, MSc  
Sandra C. Tenove, RN, PhD

**Report prepared for  
Health Canada  
Population and Public Health Branch  
Childhood and Youth Division**

**March 31, 2001**



## ABSTRACT

A review of the 'Nobody's Perfect' Canada program was conducted through: 1) a meta-analysis of fifteen program evaluation reports, minutes of two national meetings, and a review of other literature; 2) the development and validation of a program logic model; and 3) ten key informant interviews. Evidence clearly supports the merit of the program in meeting its stated goals and objectives. Processes are consistent with the flexibility of the program design and the needs of the target group. Evaluations across Canada show that the program has considerable impact on parents and facilitators alike and, as a result, participants in the program are passionate and committed. Six broad recommendations resulted from the review, concluding that a single, nation-wide evaluation was not warranted. Provincial/territorial (local) evaluation is most appropriate because of the flexible nature of the program delivery. The findings of the meta-analysis demonstrated that the provincial/territorial coordinators were able to conduct high quality local evaluations that produced findings that were consistent across settings and across research methods used. Further, the expense of a national evaluation could not be justified since there is access to reliable and valid local data that could, in future, be collected strategically on a regular and ongoing basis through a network of provincial/territorial coordinators and the national office. Regular syntheses and dissemination of evaluation reports will assist with local program planning and revision and national policy setting. There is a need to develop a process for determining a strategic direction for evaluation and creating activities that can be supported and sustained over time. In order to meet the needs of all stakeholders, this direction needs to be founded on a program logic model and a consensus-based evaluation plan. For success, processes to: train evaluators; ensure consistency in data collection, organization, and analysis; build evaluation capacity at the local level; create a supportive network that uses technology effectively (and provides mutual support and aid) will need to be developed or enhanced.



## Executive Summary

The 'Nobody's Perfect' program, introduced in 1987 and now offered across Canada, is a parenting education and support program for parents of young children who face challenges such as isolation, limited education and reduced income.

Health Canada is a major sponsor and contributor to the 'Nobody's Perfect' program and as part of its mandate must assure that the financial expenditures are garnering substantive results. While many of the provinces and territories have conducted evaluations over the past 15 years, there is a perceived need for an evaluation that is national in scope and which might determine the effectiveness of the overall program in meeting its stated goals and objectives.

This review was undertaken to review existing evaluations and reports to determine the need for a national evaluation, the resources that might be required, the focus for evaluation and the methods to be employed. To this end, the Review Team conducted a meta-analysis of evaluation documents from fifteen existing programs and minutes from the national meeting. A Logic Model was designed for the 'Nobody's Perfect' program, program characteristics were detailed, the national 'Nobody's Perfect' evaluation framework was reviewed, and ten nominees from provinces, territories and the national office were interviewed. From this data, recommendations were drawn regarding the potential for a national evaluation.

The meta-analysis of evaluation reports revealed that numerous evaluations have been undertaken at the local and regional levels. These were seen to be of high quality and regardless of the methods employed, common results were found across programs. Specific observations were made in relation to program delivery that revealed a positive impact on parent behaviour and self-esteem.

From this document review, program characteristics were articulated that recognized the grassroots nature of 'Nobody's Perfect' programs in creating visible partnerships that reflect community needs and build on community strengths. These program characteristics formed the basis for the design of a Logic Model that was validated by stakeholders.

Interviews with provincial and national stakeholders provided insight regarding the need and preferences for a national evaluation. Participants struggled with the merits behind a national evaluation which might, on the one hand, encourage sustainable funding and highlight achievements and best practices across programs with the need, on the other hand, to decentralize evaluative efforts so that they might reflect the local culture and context of the participants. Some stakeholders strongly believed that enough evaluation had been done and that the issue was not one of defending the 'Nobody's Perfect' program but instead an issue of diffusion of information. The Review Team recognized that high quality evaluations were being undertaken and thus the place of evaluation in the 'Nobody's Perfect' mandate was being satisfied at the provincial and territorial levels.

Facilitators voiced a desire to build front-line capacity for evaluation that respects the diversity and regional variation in programming. The need for national support for facilitator-driven evaluations was evident. Facilitators reflected less support for a wide-



ranging evaluation activity on a national scope than for a targeted issue-specific approach that might be ongoing and offer formative data for program strengthening.

Parent involvement in evaluation was paramount in facilitator feedback. The most commonly expressed consideration was how to make an evaluation process sensitive, respectful and empowering for the parents. It was clear that a variety of methods must be used for data gathering and interpretation and that these methods must be matched to the local culture and context.

It was obvious to the Review Team that the 'Nobody's Perfect' program enjoyed passionate commitment from the people involved, be they parent participants, facilitators, coordinators or other community constituents. It was puzzling that there was little commitment on the part of some provincial agencies to fund these programs in any sustainable way. It was therefore recommended that a process be undertaken that might develop networks at all political levels to better attain sustainable resources for program support.

A caution was issued against evaluation for the sake of evaluation, particularly at the national level, recognizing the cost benefits of evaluation but also the collective need for accountability and evidence-based decision-making.

In recognition of the lack of merit for a national full-scale evaluation, the Review Team recommended that:

- A supportive network of provincial and territorial evaluations be developed and supported;
- A sequential, targeted evaluation process that uses a revised national 'Nobody's Perfect' evaluation framework be considered; and
- The Logic Mode be used to encourage discussion and sharing among program constituents.



## Table of Contents

<b>Abstract</b> .....	<b>2</b>
<b>Executive Summary</b> .....	<b>3</b>
<b>Background</b> .....	<b>6</b>
<b>Evaluation design</b> .....	<b>7</b>
<b>Results of the review process</b> .....	<b>8</b>
1.0 Meta-analysis of evaluation reports .....	8
1.1 Program delivery – impacts on parents .....	8
1.2 Program delivery – process issues .....	9
1.3 Program resources .....	9
1.4 Recruitment .....	10
1.5 Facilitator training .....	10
1.6 Funding and sustainability .....	10
2.0 Logic model .....	10
3.0 Program characteristics .....	11
4.0 National Evaluation Framework .....	12
5.0 Interviews .....	12
5.1 Evaluation process .....	12
5.2 Facilitators' perspectives .....	14
5.3 Facilitator perspectives on parental involvement in evaluation .....	15
5.4 Program logic model .....	15
5.5 Evaluation framework .....	16
5.6 Miscellaneous issues .....	17
<b>Recommendations</b> .....	<b>17</b>
1.0 Evaluation processes .....	17
2.0 Facilitators' perspectives .....	18
3.0 Parents' perspectives .....	19
4.0 Program logic model .....	19
5.0 Evaluation Framework .....	20
6.0 Linking to other opportunities .....	21
<b>Conclusions</b> .....	<b>21</b>
<b>Suggestions for strategic action</b> .....	<b>23</b>
<b>Appendices</b>	
APPENDIX A A synthesis of evaluations 1985 - 2000 .....	24
APPENDIX B Program Logic Model and article (Dwyer and Makin, 1997) .....	43
APPENDIX C Program Characteristics and Evaluation Strategies .....	53
APPENDIX D Evaluation Framework (1999) .....	56
APPENDIX E Scripts For Booking Appointments and Telephone Interviews .....	64
APPENDIX F Interview Summaries .....	68
APPENDIX G Criteria for Reviewing Qualitative Research .....	79
APPENDIX H Reflections on the Review .....	83
APPENDIX I Perspectives on partnerships (Scott and Thurston, 1997) .....	86
APPENDIX J A position paper by W.E. Thurston (1994) .....	94
APPENDIX K Evaluating health promotion programs .....	102



## Background

The 'Nobody's Perfect' program was introduced in 1987. Developed by Health Canada in partnership with the Health Departments of the four Atlantic provinces, it is now offered across Canada in 10 provinces and three territories. According to Health Canada's website

'Nobody's Perfect' is a parenting education and support program for parents of children from birth to age five. It is designed to meet the needs of parents who are young, single, socially or geographically isolated or who have low income or limited formal education. Participation is voluntary and free of charge. The program is not intended for families in crisis.

'Nobody's Perfect' is based upon the principles of adult education. It builds upon the lived experiences of the parents – on what they already know and do with their children. Actively engaging participants in the process, facilitators encourage parents to see each other as resources, sources of information, advice and support. Program materials are available in both official languages. Parents receive five easy-to-read books (that have been translated into other languages) that are used by facilitators to guide parents as they discover positive ways of parenting.

Across Canada, over 5000 community workers, parents and public health nurses have been trained as facilitators. Networks in each province and territory provide on-going support for facilitators and trainers. The program is supported by the federal government, health and social service agencies, nongovernmental organizations, and provincial/territorial governments as well as by private donations.

Health Canada is a major sponsor and contributor to the 'Nobody's Perfect' program. As part of its mandate, it must assure itself that the financial expenditures are garnering results. To this end, evaluation is a necessary component of the funding process. National coordination is provided jointly under contract to Health Canada by two non-governmental organizations: the Canadian Association of Family Resource Programs and the Canadian Institute of Child Health.

Many of the provinces and territories have conducted evaluations over the past 15 years. A meta-analysis of these reports is needed to determine key lessons learned, effective evaluation strategies, and recommendations for program improvements.

There is a perceived need for an evaluation that is national in scope, and determines the effectiveness of the program in terms of meeting its stated goals and objectives. Others believe there is adequate data in evaluations already completed to justify continuation of funding and to articulate evidence of success. This review will interview key national, provincial and territorial stakeholders to determine their opinions and preferences regarding a nation-wide evaluation strategy.



The objectives of this review are to explore:

1. what key stakeholders want a national evaluation to achieve;
2. what they are prepared to put into an evaluation in terms of resources;
3. where they see the starting point of an evaluation (i.e., with the processes of delivering the program or with the parents themselves); and
4. the evaluation methods with which they would be comfortable.

## Evaluation design

The Review Team first conducted an overview of what is known to date about the 'Nobody's Perfect' program. We reviewed evaluation reports provided to us by Health Canada. Fifteen (15) reports from the provinces and territories formed the basis for this review. We reviewed the notes from the national meeting and the evaluation framework that resulted from this consultation (1999). The report of this meta-analysis is located in Appendix A.

Next the Review Team designed a Logic Model for the 'Nobody's Perfect' Canada program based on the program documents provided by Health Canada and adapted it following comments from the National Office and the first two interviewees. The adapted Logic Model is located in Appendix B.

In the next stage, program characteristics were defined, based on documents provided, and possible evaluation strategies were suggested for each. The program characteristics and potential evaluation strategies are located in Appendix C.

The 1999 Denham-Gillespie document "A framework for a national Nobody's Perfect evaluation (proposed)" outlines six evaluation criteria articulated by a national coordinators' meeting:

1. All information sources need to be tapped;
2. The evaluation must be seen as important to those involved;
3. The evaluation process must be manageable and reasonable – there must be no undue burden on participants or resources;
4. Sensitivity to parents' situations is imperative;
5. The findings must be practical and useful; and
6. The evaluation framework must be replicable in the long term.

The above report proposed an evaluation framework that was formed by three concentric circles:

1. *Making a difference* - the degree to which the Program made a difference to parents and facilitators [outcome].
2. *Lessons learned* – qualities of most effective implementation models; effective monitoring and data collection systems; role of program coordination; and outreach strategies that work [process].
3. *Keeping on track* – philosophical basis of participatory evaluation and the Nobody's Perfect program itself [context].

The evaluation framework graphic is located in Appendix D.



In the fourth phase of this review, the Review Team scheduled interviews with provincial coordinators and others nominated by Health Canada and the National Office. All were contacted by telephone and e-mail to schedule interviews. A research assistant scheduled the interviews, which were conducted by two members of the Review Team. The interviewers were master's prepared public health nurses with experience in and/or knowledge of the 'Nobody's Perfect' program. In preparation for the telephone interviews, the research assistant sent the participants in a copy of the questions, the draft logic model, and (as needed) a copy of the evaluation framework (1999). The script and the questions are located in Appendix E.

Fifteen people were contacted and 10 interviews were conducted. Not all provinces were represented due to scheduling difficulties, refusals, and non-availability of nominees. Interviews were audio-taped and notes were taken as the interview proceeded. The tapes were reviewed afterwards to ensure the notes captured the salient points under each question. The principal evaluator also reviewed the audiotapes and the notes. An independent interviewer was contracted to translate the materials and conduct one interview in French and back-translate it for inclusion in the review. A summary of the interview data can be found in Appendix F. Two additional interviews were conducted with previous Health Canada consultants to 'Nobody's Perfect'.

In the next section, the findings from the review will be presented.

## **Results of the review process**

### **1. Meta-analysis of evaluation reports**

Since the inception of 'Nobody's Perfect', numerous evaluations have been done and reports compiled at a provincial, territorial, or regional level. In 1995 and 2000, Health Canada produced reports on the status of 'Nobody's Perfect' across the country including data from each province and territory.

For this review, a synthesis of evaluations to date was undertaken by the Review Team. The resulting document provides an analysis of the evaluation reports, from the field test in Atlantic Canada in 1985 to the Provincial and Territorial Status Report in 2000 (Appendix A).

We were impressed with the quality of the evaluations completed to date in the provinces and territories. Whatever methods were used, whatever approaches were taken, findings were corroborated in each of the reports.

#### **1.1 Program delivery – impacts on parents**

Social support, mutual support, and shared experience were emphasized by parents as a strength of the 'Nobody's Perfect' program (n=12). Parents learned about normal growth, development, and behaviour of children that helped them better understand their children (n=11). Parents reported impacts on their behaviours as a parent (e.g., increased patience, better communication skills) (n=10). Parents reported increased self-esteem and self-confidence (n=8).





Parents were satisfied with the 'Nobody's Perfect' program; the program met their needs (n=11).

Other findings that were found in single reports only, but merit some consideration, include the following points. Consideration might be given to changing the name of the 'Nobody's Perfect' program – no suggestions were given. An immigrant/refugee 'Nobody's Perfect' group felt challenged by adapting to a new culture, developing new ways of parenting, and language barriers. 'Nobody's Perfect' is capable of producing effects that may be personally very significant and worthwhile to parents within the scope of the program goals. However, the program is not of sufficient intensity to remedy all parenting and other social problems.

### 1.2 Program delivery – process issues

Some parents believed the 'Nobody's Perfect' target group definition was limiting and suggested a broader target group be considered (n=4); for example, parents who fall outside of the recommended guidelines, grandparents, babysitters, foster parents, etc. It is, however, a provincial prerogative to modify the criteria, even if National Office does not amend policy, so this should not exert a barrier to implementing changes to the target group locally. Several reports called for the 'Nobody's Perfect' program to be longer in duration than the recommended six weeks (e.g., up to eight or ten sessions) (n=11). In fact, many reports indicated the flexibility that was an inherent part of the program and reported sessions of up to twelve weeks duration for special circumstances. Both parents and facilitators appreciated the learner-centred adult education methods used in the 'Nobody's Perfect' program (n=8). Parents suggested that follow-up sessions after the completion of a 'Nobody's Perfect' program would be a positive adjunct to the program (n=6). Before the 1997 revision, suggestions were made to include more information on abuse (=4). Since 1997 this issue was not raised, indicating the 1997 revisions met the needs of the program.

### 1.3 Program resources

The 'Nobody's Perfect' books are an excellent resource; parents and facilitators found them helpful and easy to read (n=10). In fact, many reported that the 'Nobody's Perfect' books were read on an ongoing basis outside of group sessions (n=5). The 'Nobody's Perfect' books were revised and updated in 1997 by the inclusion of pictures and information reflecting Canada's diversity (e.g., cultural contexts, ethnicity, persons with disabilities). The Leader's Guide was viewed as a useful resource for planning and facilitating groups (n=4). Lack of available care for children and/or transportation were perceived as barriers to participation in the 'Nobody's Perfect' program (n=11). Funding for snacks and/or facility rental is important to the effective delivery of the 'Nobody's Perfect' program (n=7).

The following points were made with some intensity in single reports only. In terms of provision of child care, availability was not as much of a problem as the lack of input from parents as to who would be charged with looking after their



children. The telephone sticker was not a useful resource for those groups with participants that do not have access to a telephone.

#### 1.4 Recruitment

Recruiting the target population for the 'Nobody's Perfect' program can be a time-consuming and difficult process (n=10). Nevertheless, the target population is being recruited to the program (n=10). Personal contacts (e.g., phone calls, home visits) and agency referrals are the most frequently used methods of recruiting parents (n=10). It was noted that it might be beneficial to attract greater numbers of fathers to the 'Nobody's Perfect' program (n=4).

A single report raised the concern that the issue of court-ordered attendees needed to be examined.

#### 1.5 Facilitator training

More time may be needed for the 'Nobody's Perfect' facilitators training course (n=6). There is no clear preference regarding use of community-based professional (e.g., public health nurse, social worker) or parent 'Nobody's Perfect' facilitators (n=6). Co-facilitation of the 'Nobody's Perfect' program is a good strategy (either initially or ongoing) (n=7). Refresher or follow up training is needed to support 'Nobody's Perfect' facilitators (n=4). Facilitation of the program requires time, energy, and diplomacy; it is a job that requires compensation (n=4). It may be beneficial to screen 'Nobody's Perfect' facilitators prior to training (n=4).

One report recommended that the importance of completion and return of evaluation data must be emphasized in facilitator training.

#### 1.6 Funding and sustainability

Ongoing sources of funding are essential to 'Nobody's Perfect' (n=9). Lack of funding is a barrier to program delivery (n=5). Funding for program delivery comes from a variety of sources (n=4).

One report suggested that reliable contacts in rural communities must be cultivated to help in the coordination of 'Nobody's Perfect' programs. Another report stated that activity to increase public awareness is needed to garner support for the 'Nobody's Perfect' program. Further, it found that group parenting programs provide a cost-effective way of working with several parents at once.

## 2. Logic model

A program logic model is used to make a program ready for evaluation. It diagrammatically illustrates the relationship among the goals and objectives of the program, program activities, indicators of success and resources (Dwyer and Makin, 1997). In this logic model, both process and outcome indicators are presented thus allowing for ongoing program monitoring and identification of outcomes. The logic model serves the following purposes: it demonstrates the



structure of the program in a schematic form that is easy for funding agencies, planners and facilitators to understand; it shows how different facets of the program are linked; and it can be used to integrate program planning and evaluation activities.

While the logic model was developed first by the Review Team, stakeholders reviewed the model through an interview process. Through this process the model was amended and revised, wording was clarified, and consensus was reached that the model represented the program fairly and accurately.

The *goal statement* is a directional statement that specifies the mission and vision of the program and the ultimate outcome desired. The *target group* is clearly specified so that those eligible to receive the program are identified. *Components* are groups of activities that belong together conceptually, allowing program staff to identify which activities need to be implemented to achieve the outcome objectives. *Objectives* need to meet the criteria according to the acronym SMART: specific, measurable, achievable, realistic, and have a specified time frame. In this program logic model, the time frames remain unspecified, but we assume it is for the duration of the program (6 – 8 weeks). *Outcome objectives* specify the desired results of the program while *process objectives* specify the means to these ends. *Indicators* are derived from the measurable components of the objectives and are usually worded in terms of numbers or other benchmarks. Personnel, physical facilities, supplies and finances are often listed as *resources*

The logic model is located in Appendix B, along with an article from the Canadian Journal of Public Health (Dwyer and Makin, 1997).

### 3. Program characteristics

Thirteen characteristics of the program were derived from the program descriptions included in program documents, minutes, and reports.

1. Grassroots input is imperative for appropriateness, acceptability and accessibility of the program.
2. Facilitators need background in parenting, child health, development, and safety.
3. Standard instruments needed to measure inputs, processes and outcomes.
4. Evidence and ongoing monitoring required in order to set appropriate and realistic targets and benchmarks.
5. Program visibility lends credibility.
6. Partnership formation is imperative to success and sustainability.
7. Practice guidelines (e.g., manuals) and referral protocols are needed to ensure program consistency.
8. Community strengths must be capitalized upon.
9. Program delivery needs to be community-based and community oriented.
10. Facilitators need to be well informed about adult education facilitation process and community development as well as in the substantive content area
11. The program should be sufficiently long to address issues involved.



12. There may be personal unintended outcomes achieved by parents beyond parenting knowledge and skill.
13. There may be unintended outcomes in terms of capacity building achieved by facilitators and by the agencies that sponsor the program.

There may be other characteristics articulated by program coordinators, facilitators, parents and community resources if the questions were posed to them. We did not do this in the context of this project. Suggestions on how these characteristics might be evaluated are included in Appendix C. These program characteristics formed the basis for the design of a program Logic Model that was subsequently validated by stakeholders and found to be reflective of program activities and intents.

#### **4. National Evaluation Framework**

An evaluation framework was proposed in November 1999 at the national meeting and is located in Appendix D. On initial review it was noted that 'inputs' and 'structures' are not addressed in the evaluation framework and that the terms used need to be clarified and defined. In addition, the "fit" of this framework with the logic model and the program itself needs to be assessed through interviews with stakeholders. Given that participants were subsequently able to provide only limited information on the National Evaluation Framework, the Review Team sought additional clarification from the National Office and those involved in the initial development of the framework. Findings will be reported in a later section of this report.

#### **5. Interviews**

A total of 10 interviews were conducted. Interview summaries are contained in Appendix F. The following discussion synthesizes the findings into broad themes according to the five questions asked. Not all interviews covered all the questions; some participants focused on certain aspects as a matter of preference. However, over all interviews, all aspects of all questions were addressed by several participants.

##### **5.1 Evaluation process**

Several tensions exist in the responses to this question and revolve around: the merit of a national-scope evaluation versus provincial reviews; how to honour the diversity of the provinces/territories and the diversity of programs within each versus the imperative to provide proof that the program as designed is effective and is meeting the desired goal; methodological and practical issues related to the target population (isolated, mobile, marginalized) regarding sampling, literacy, language and issues of trust; insider-outsider issues; and evaluation versus dissemination.

A common question raised is whether some form of national synthesis of provincial reports would satisfy the funding agencies. Almost all provinces are conducting or have recently conducted evaluations.



Diversity is the common characteristic among the programs offered across Canada. The strength of 'Nobody's Perfect' is in its flexibility and accommodation to the needs and concerns of each parent group. For example, in some provinces, the program is offered on a 1:1 basis for special circumstances rather than in a group format. At other times, the program will run for extended periods of time. To deliver the program as designed (without any adaptation to context) would dishonour this intent. An additional concern expressed is that there are "fugitive" programs being offered that are outside the coordination of the provincial/territorial sponsors; how and if data can be collected from programs that exist outside of official sanction is questionable.

Methodological issues include concerns about qualitative versus quantitative means of data collection. How an evaluation can capture the numbers and still convey the meaning the program has for participants is a question often posed. 'Nobody's Perfect' has a context and culture that has developed over time – an evaluation would need to be sensitive to this and to the close linkages among parent participants, facilitators, trainers and coordinators. A second concern is about sampling strategies and whether or not the target population would be accessible to the evaluators. It takes time to build trust among participants and facilitator; if this time is not available to the evaluator, will the data collected be an accurate representation? Some parent participants will have low literacy or do not speak either official language well enough to participate in an evaluation. In addition, many are mobile so immediate follow-up may be possible but longer-term access would be problematic. Facilitators require that evaluations be practical, doable and manageable within the context of regular activities, not an added burden to already time-stressed people.

There are tensions relating to diversity that are normal given the size and scope of the nation: insiders/outside; rural/urban; north/south; federal/provincial; central Canada/the rest of Canada; wealthy/poor. Such tensions underscore the need to be sensitive to regional issues and intra-provincial concerns as well as the national picture. In other words, a strategy that will work well in one area might fail in another. Another issue raised was the frequency of evaluations and their expense. Coordinators acknowledge the funding issues with respect to running and sustaining the program and worry that over-investment in evaluation will negatively impact programming opportunities which will, in turn, negatively impact the ability to achieve the stated objectives.

Some participants strongly believe that there has been enough evaluation done (and being carried out) and that the issue is not one of defending the program and articulating its effectiveness. Rather, it is an issue of sharing information and lessons learned. Reports from the various provinces and territories have not been well disseminated; people are hungry for success stories. They want to learn from each other. Stories such as this could challenge people to tell about what is going well, what is working, and what is not – in various contexts, cultures and circumstances. The people interviewed were passionately committed to the program and wanted to hear what others were doing so they could try out new ideas in their own settings.



## 5.2 Facilitators' perspectives

The overarching theme for facilitators was the desire to build capacity so that facilitators could appreciate the reasons and importance for ongoing monitoring activities. Facilitators' skills could be developed so that when they had questions, they would be able to collect data and suggest solutions on their own. As well, they could better contribute to provincial/territorial/regional evaluation activities.

The second theme related to "if we did a national evaluation" it would need to be user-friendly; concrete, clear and concise; fairly simple; appropriate and respectful of the contexts in which the program occurred; and support would be needed from provincial and national organizations. Further national level evaluation should not be annual but is preferred over a longer term such as 3-5 years.

There was a strongly expressed desire that the structures already in place to deliver the program be used for evaluation. There is a concern that evaluation will add to the time commitments and work loads of facilitators. There is a vigorously expressed need that evaluation be a natural part of the Nobody's Perfect process, not a burden to facilitators.

"One time" evaluations would be less helpful than ongoing contact that could track issues and address them formatively. Because of the tremendous diversity of programming among provinces, an evaluation that is national in scope might be less useful than well-disseminated local reports from which readers could cull fruitful ideas to try in their own jurisdictions. On the other hand, national benchmarks could assist in funding efforts, especially related to identifying potential sources of funding. Diversity relates to delivery models (group versus 1:1; community versus home; co-facilitation versus single facilitation), lengths of time facilitators have been active, different types of facilitators (public health nurses, social workers, community workers, parent graduates of the program, and also the "fugitive" facilitators that are not officially part of the system), and variations in the lengths of the program offered.

There was a preference expressed for more local level evaluations, supported by a national framework and a few common questions that could be rolled into a single report on a periodic basis.

There are more people trained as facilitators than are active. This is a concern to coordinators who want to know why they are inactive, and what the obstacles and incentives might be to reactivation.

Facilitators feel strongly that parents must be an integral part of any evaluation process and methods chosen need to be varied and sensitive to parental needs and abilities.



### 5.3 Facilitator perspectives on parental involvement in evaluation

The most commonly expressed consideration was how to make an evaluation process sensitive, respectful and empowering for the parents. Language, literacy, context, culture, ethnicity and trust issues need to be addressed; diversity needs to be respected and celebrated. Care must be taken to honour the contributions of parents and not swoop in, get information, leave and provide nothing in return.

Parents must be informed about what is in it for them to participate in an evaluation process and what will happen to the data. Consent could be requested at the outset of a session so that evaluation and quality assurance become a commonplace occurrence in the program.

In some urban jurisdictions where the population is very mobile, follow-up may be more difficult than in rural areas where the facilitators often have long-standing relationships with parent participants. These differences in access to the target population must be considered when planning an evaluation.

Consideration must be given to parental contexts – an evaluation must not burden them unduly. Therefore, it may be necessary to provide incentives in the form of child care, refreshments, and transportation, at a minimum.

It is clear that a variety of methods must be used; data collection strategies need to be matched to the participant parents. Further, parents should be given options among methods, and perhaps can help in the selection of which indicators or issues should be investigated.

### 5.4 Program logic model

Not being familiar with this approach to evaluation, the indicators often looked hard to measure although the relationship between objectives, activities and goals became clearer through discussion. For the most part, those interviewed found the proposed logic model to be helpful to detail program components and how the various activities fit with the stated goals and objectives. Some participants found the language of the logic model to be unfamiliar to them or too abstract. There was some confusion expressed regarding the separation of education and support and the indicators suggested for each. For instance, some wondered if self-esteem was a result of support or of education. Once it was clarified that cognition has knowledge, attitude and skill components, it was accepted that self-esteem did indeed “fit” in the education component.

Given that several participants criticized the language of the logic model stating it was incongruent with the language in the Nobody’s Perfect Leaders’ Manual, the Review Team prepared a second draft. This draft acknowledged the comments received and made appropriate amendments. As a result, more positive feedback about the substantive content of the model was received.

The utility of the logic model was seen as most relevant to planners, coordinators and (to a lesser extent) facilitators. Facilitators raised an issue about support and



personal learning needs in relation to using the logic model for program development and evaluation. It was seen to offer particular strengths in identifying the process and outcomes of Nobody's Perfect activities. The article by Dwyer and Makin (1997) that informed the development of the logic model is appended (Appendix B).

## 5.5 Evaluation framework

There were disappointingly few comments about the evaluation framework, considering many of the people we interviewed had been involved in its development. Many either could not locate it in their files, or could not remember it when we faxed it out to them. Since it had not been referred to in the time since the 1999 meeting, it was distant in their minds.

Once it was presented, there was consensus in its value but the terminology and the meaning of various components was ambiguous and not well understood. While a few individuals reported actively employing the framework to target evaluation retrieval, most found the model too difficult to understand, the terms being ill defined and the utility limited.

The Review Team found the framework to be static and not able to address the input and structures necessary to capitalize on the essential program process. Therefore, further interviews were undertaken to develop a more complete understanding.

It was noted in an interview with an author of a report to Health Canada (Appendix J) that the evaluation framework did not include a health promotion conceptualization that was viewed as essential to the Nobody's Perfect program design and helpful in conceptualizing the broadness of the health mandate necessary to meet the needs of the target group (Thurston, 1994). It was suggested that parent support programs (such as 'Nobody's Perfect') are designed to enable parents to increase control over and to improve their child's health and thereby fit with the health promotion mandate. Since Nobody's Perfect programs address issues such as justice and equity, build on parent strengths, enhance both self-help and mutual support and rely on intersectoral collaboration, the inclusion of a health promotion conceptualization in the framework might assist further visioning and support of the existing mandates. Many health promotion evaluation measures have been developed in Canada and these might have particular relevance for evaluation efforts being envisioned, especially at the national level.

Attempts were made to clarify the components of the proposed evaluation framework in an interview with a consultant involved in its conception, but little further information could be discerned. References were made to a participative evaluation philosophy and to a handbook to guide program evaluation available through Health Canada publications.





## 5.6 Miscellaneous issues

Even with the existing process in place for information distribution, information is still in demand. Information sharing is imperative to many people with whom we spoke. There is a felt need to create new, or better use existing, networks for sharing so that connections and relationships can be fostered. On the other hand, the list serve is not being well utilized by provincial coordinators. Telephone and electronic mail lists are circulated, but for some reason coordinators seem reluctant to contact each other. Considering that most of the facilitators are women, and they are overworked and underpaid (often juggling other job and family commitments), there is an overwhelming plea for support and mentorship that can be fostered by sharing experiences, anecdotes, and reports.

Recent evaluations of the Community Action Program for Children (CAPC) included information about 'Nobody's Perfect' since this fund supported programming in some regions. There are opportunities to link with this and other community programs (e.g., Healthy Children's Initiatives (0 – 6)). In many instances, coordinators have no budget for the 'Nobody's Perfect' program and can only support groups to apply for other funds. There is a role for coordinators to fill in developing networks and building capacity to better access the resources for success.

There is opportunity for parents to be involved in advisory and steering committees to lead the 'Nobody's Perfect' initiatives in their provinces/territories. The Yukon has had much success with this approach; others could learn from their leadership. Parental involvement could ensure the evaluation process is appropriate, accessible, affordable and acceptable.

There is a gap in follow-up of parents involved in 'Nobody's Perfect'. An opportunity could be created to develop a longitudinal study of the impact of the program on participants.

Regardless of whether or not a national evaluation is commissioned, all interviewees expressed that there is value in evaluation, regardless of where it is conducted, by whom it is carried out, or who participates. There is valuable information that results from evaluation. Simply put, there is a sentiment that if it is going to happen, get to work on it, keep it simple and sensitive to the variety of cultures and contexts involved, and ensure that facilitators and parents are appropriately involved and rewarded for their participation.

## Recommendations

### 1.0 Evaluation processes

There is an opportunity to effectively use the evaluations conducted in the provinces and territories to meet the accountability requirements of funding agencies. An argument could be made that to do otherwise would not be true to the program intents and



philosophical foundations (such as adult education, social justice, and capacity building principles). National office could advocate for this approach with and on behalf of the provinces/territories. The strength of this approach would be in demonstrating solidarity among the various stakeholders in the program. Periodic meta-analysis of evaluation reports could serve this purpose (e.g., every 5 years).

There is an expressed need for a national symposium of stakeholders in the 'Nobody's Perfect' program. To convene such gathering would allow coordinators, National Office personnel, Health Canada staff, politicians, Treasury Board representatives, facilitators, trainers and parents to congregate and share experiences that would highlight not only the hard data on the program but also the meaningful findings from experience and the further interpretation of evaluative findings. A further opportunity would be created to build capacity and commitment, to create a future vision for the program, and enhance the understanding of constituent members on the effectiveness of the program.

Every province/territory has monitoring forms used to collect activity information about the sessions that are offered. How these are collected, collated and analyzed is unclear and varies across Canada. Opportunity exists to build on this process by facilitating complete information gathering, enhancing compliance with submitting reports, and by doing national syntheses of the data. Further, information that is deemed important to a national "pulse-taking" could be added each evaluation cycle. A national evaluation steering committee (perhaps comprising delegates from a few provinces and territories with Health Canada and the National Office) may take the lead in this activity.

Qualitative methods have received criticism by reviewers of evaluation reports in the past. This is no longer the case. The Canadian Journal of Public Health (January/February 2001) has published a list of criteria for reviewing reports that have used qualitative methods (Appendix G). There is an opportunity to value a diversity of evaluation methods that mirrors the value placed on diversity of programming.

***Therefore, we recommend that***

***A variety of methods for evaluation and dissemination of reports be considered when making decisions about a national-level review of 'Nobody's Perfect' in Canada.***

## 2.0 Facilitators' perspectives

There is an opportunity through local, provincial/territorial, regional and national activities to build front-line capacity for evaluation. Tremendous social capital exists in terms of human resources and experience to create an evaluation system that respects and celebrates diversity and regional variation in program delivery.

There is less support for a wide-ranging evaluation activity on a national scope than for a targeted issue-specific approach that may be more ongoing. For example, there was substantial interest in an evaluation of training methods, success stories, incentives and obstacles for recruiting and retaining facilitators. This issue could be the focus of evaluation activities for one cycle, then attention could turn to the next most pressing issue for the program.



A strong message cautioning against add-ons to support evaluation was heard from those we interviewed. Adding burden to already over-committed facilitators and parents could threaten participation and cooperation, and compromise validity of any findings. Using the regular and accepted monitoring procedures already in place could address this concern.

***Therefore, we recommend that***

***A targeted approach be used in evaluation activities, and that evaluation activities be designed to create and build capacity in local contexts.***

### 3.0 Parents' perspectives

Parents represent an important source for feedback regarding the effectiveness of the program. Not only can parent satisfaction be an important indicator of success, parents have the capacity to be part of the decision-making process around evaluation. Parents ought to be partners in planning, data collecting and interpreting the findings from any evaluation process. There is an opportunity to increase parental empowerment through a process that is respectful, participatory and accommodating.

***Therefore, we recommend that***

***All evaluation activities within the 'Nobody's Perfect' program include processes that facilitate appropriate parental input.***

### 4.0 Program logic model

From the document review, the Review Team derived program characteristics (Appendix C) which capture the grassroots nature of nobody's Perfect programs in the creation of visible partnerships to deliver programs that reflect community needs, build on community strengths, address the recruitment of well prepared facilitators, develop program guidelines to ensure consistency, and establish standard evaluative measures. There may be further activities needed to test consensus around the program characteristics, since it was evident from the data that there are many perspectives about the broad conceptualization of the nature of the program. A core set of descriptors (with a glossary of definitions derived from discussion and the literature) will be needed if a national evaluation were to be commissioned. Such descriptors would serve to define indicators of success in an evaluation of Nobody's Perfect. Suggestions for evaluation and some possible indicators are included in Appendix C.

The program characteristics formed the basis for the design of a logic model that was validated by stakeholders. Although training might be required, it is suggested that the program logic model become part of the culture and context of Nobody's Perfect programs so that links between programmatic activities and outcomes can be enhanced. There is an opportunity to use the logic model to develop evaluation and program monitoring activities. As well, it can be used in training and in writing grant proposals for funding.



It was, however, not clear that the education component includes not only knowledge and the acquisition of skills, but also the acquisition of values and feelings of esteem and worth as people and as parents. There is opportunity to engage facilitators and trainers in discussions about how the components are inter-related. Neither component acts alone – education and support are reciprocal and mutually beneficial. Activities can address both education and support but indicators of success are more specific.

The program logic model can be viewed as a road map that will keep all users on track and will underpin future changes in activities to ensure they are philosophically and logically consistent with the stated goals, objectives and desired outcomes of 'Nobody's Perfect'.

***Therefore, we recommend that***

***The program logic model become a part of the culture and context of the Nobody's Perfect program and be used in as many forums as possible to articulate the program goal, objectives, components, activities and indicators of success. This model should be seen as a dynamic work in progress and subjected to regular scrutiny and revision as the program evolves over time.***

## 5.0 Evaluation Framework

An evaluation philosophy and a well-conceptualized framework can be important to program planners and evaluators. It should be consistent with the program logic model and respectful of the context and philosophy that underpin the program. There is an opportunity to revisit this framework to create a meaningful graphical representation for program stakeholders. The threat exists, however, that if participants do not accept and regularly use it, it will become meaningless and an impediment to the program.

Since the Nobody's Perfect program can be described as a health promotion initiative, there is much to be learned from evaluators in that field. There is a Canadian framework for health promotion program evaluation that originated in Alberta; it is included in Appendix K. It can serve as a starting point for discussion and development of a specific model for the Nobody's Perfect program.

***Therefore, we recommend that***

***A process be undertaken to develop a framework in consultation with program stakeholders and evaluation consultants. This process must ensure that the framework developed is accepted by consensus at the national and provincial/territorial levels and that protocols are in place that explicitly use the framework to plan and develop the program and its evaluation.***



## 6.0 Linking to other opportunities

The 'Nobody's Perfect' program enjoys passionate commitment from the people involved with it. However, it is clear that there is not the same level of commitment on the part of some provincial agencies to fund the delivery of this program. There is merit to exploring more explicit and direct connections with agencies and programs that might offer more secure and sustainable funding.

***Therefore, we recommend that***

***A process be undertaken to develop networks and build capacity at local, regional and national levels to better access sustainable resources for program support.***

In this report we have documented a critical review of program-related documents provided to us (or, in two cases, located by the evaluation team), proposed a program logic model and validated it with a nominated sample of people involved with the program, examined the proposed framework for evaluation, conducted interviews with nominees from the provinces and territories as well as the national office, and provided six recommendations for action.

## Conclusions

This review interviewed key national, provincial and territorial stakeholders to determine their opinions and preferences regarding a nation-wide evaluation strategy. There is an expressed need for an evaluation that is national in scope in order to meet accountability imperatives. The effectiveness of the program in terms of meeting its stated goals and objectives is in question; however, there has been much evaluation data collected over the past several years to provide evidence of success. Reflections on evaluation by the Review Team are located in Appendix H.

Why do a national evaluation of 'Nobody's Perfect'? Arguments in support of an evaluation that is national in scope claim that a standardized data collection process using standard instruments will generate data that are comparable across settings. This information can be used to make program improvements and to justify and/or solicit ongoing financial support. Key stakeholders want a national evaluation in order to definitively state the program makes a difference and that it is worth funding and supporting.

On the other hand, an evaluation of this nature will be very costly – depending on the methods and instruments used, the cost could be as high as \$750,000 or more. It would offer a “snapshot” that may soon be obsolete as programs are adapted over time, and may not be relevant to provincial/territorial programming issues. There are many determinants of parenting success and no single evaluation can determine the relative contribution of this program compared with other factors. Periodic syntheses of evidence from more local evaluations can be as powerful as statistics in substantiating a program's contribution and impact. Indeed, the opportunity to showcase regional



adaptations and flexibility to different groups of parents in a variety of situations is enhanced by using a synthesis approach.

We recommend that Health Canada adopt a conservative approach to evaluation that will offer more in terms of valuable information. We recommend that Health Canada support regular provincial/territorial reviews and disseminate the findings widely so that others can learn. Regular monitoring can be enhanced so that data important to the national context can be collected locally and forwarded for analysis. Limited federal funds may be better expended in a tailored and targeted fashion through provision of support to ensure quality evaluations are carried out, along with support for national strategies to disseminate the findings and enhance the uptake of new evidence into program decisions.

Some national level activities will need to be enhanced if a national evaluation is not carried out. The program logic model must be widely adopted and used explicitly at every level from designers to coordinators, facilitators and parents. An evaluation framework that is easily comprehended and consistent with the logic model needs to be developed and used as a guide for the development of monitoring tools, processes and analysis. A "tool kit" of resources for capacity building at the grassroots will need to be designed and resources collected. This "tool kit" will need to be easily accessible to all stakeholders. A forum for disseminating findings will need to be designed (e.g., newsletters, conferences, website, list serve), and periodic syntheses of provincial/territorial evaluations will need to be commissioned. Provincial/territorial stakeholders are prepared to support the development of a "tool kit" and share resources with the national office and Health Canada. However, they admit their contributions may not extend to the provision of funds.

There was no consensus on where evaluation should begin – some stakeholders had strong opinions regarding the primacy of programming, and were concerned that evaluation activities not interfere with program delivery efforts. Any evaluation activity needs to keep the impact on facilitators and parents in mind and find ways and means to enhance participation, cooperation and prevent the addition of burden onto these key people. It is also imperative that evaluation activities respect the diversity of participants and contexts in which the program is delivered; multiple methods, both qualitative and quantitative, must be encouraged to answer key questions. Process evaluation is needed to document the delivery of the program, but inputs and outcomes are also important to measure, and context needs to be addressed in all instances. Not every component needs to be evaluated in each evaluation activity. Targeted, strategic, and sequential steps can be taken over time to effectively, and cost-effectively, gather the information required to support decisions.

Whatever methods are chosen and wherever evaluation activities begin, stakeholders suggest that information, training and support will need to be available so that people involved can "do it right" and feel committed to the process. Without this, there will be less commitment to transferring new knowledge into practice. Additionally, evaluation findings need to be shared early and widely if they are to be meaningful. There is a large unmet need for validation and information expressed by stakeholders.

In conclusion, a single national level evaluation is not supported. Instead, periodic and ongoing more local evaluations are desired with regular national reviews of findings



completed and distributed. There is strong support for a strategic monitoring process that can serve to address common information needs. We have made a suggestion for the development of an evaluation tool kit to enhance evaluation capacity at local levels. It is imperative that a national plan for monitoring and evaluation be constructed that is based upon an agreed upon logic model and evaluation framework, and that a steering committee be struck to oversee these activities.

### **Suggestions for strategic action**

A strategic direction is needed that decides priorities collectively, at the national level, and articulates a longer-term plan of activities to address an agreed-upon direction. For instance, at a national meeting, coordinators and key program personnel could brainstorm issues and questions. These could then be grouped into broad theme areas, and an exercise could be used to get a rank ordering and a consensus on priorities. The product of this work could be a statement of strategic direction for evaluation.

Once the priority has been set, a working group could convene to propose a method that would be sent for expert review and costing. The product from this work could be an evaluation manual that details the steps to take, suggested training and preparation activities for local data collectors, and offers a way to prepare the collected data for analysis.

This evaluation manual could be disseminated to provincial/territorial coordinators who might then use it to supplement their local evaluation needs, on their own schedule (within a set time frame), and send the data to a central office for national collation and analysis. Coordinators would be able to analyze their local data for their own purposes in a timely fashion, but the central office would prepare a picture at the national level.

Supplemental provincial/territorial reports could be reviewed and meta-analyzed on a schedule that was agreeable to all - with the caution that information can become obsolete quickly, so the time frame should not be too broad. All information and reports should be shared widely in a timely way and there should be excellent and user-friendly networks of support (both instrumental and expressive) for coordinators to carry out their evaluation activities.

Key to the success of this strategy is that consensus-based decisions are taken that detail: what are the most important questions we have; who can answer them; how can we collect the information ethically and efficiently; what will we do with the information we receive; how can we get the findings out to the people that matter (parents, facilitators, funders)?

The benefit of the above strategy is that it would allow capacity to be enhanced at the local level without overwhelming the participants, encourage a collegial network of committed and supportive champions, foster the creative use of technology, and ensure at least part of every evaluation effort had a common component that could be used on a broader scale for decision making, program planning, program revision, and grant applications.



## **APPENDIX A**

# **'NOBODY'S PERFECT' CANADA A SYNTHESIS OF EVALUATIONS 1985-2000**





## **‘NOBODY’S PERFECT’ CANADA: A SYNTHESIS OF EVALUATIONS 1985-2000**

### **Introduction**

‘Nobody’s Perfect’ is a parenting education and support program for parents of children from birth to age five years. It is designed to meet the needs of parents who are young, single, socially or geographically isolated, or who have low income, or limited formal education. Participation in the program is voluntary and free of charge.

### **History of “Nobody’s Perfect”**

‘Nobody’s Perfect’ was developed in the early 1980s by Health Canada and the Departments of Health of New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island. The program was pilot tested in 1985 and introduced across Canada in 1987. Currently, ‘Nobody’s Perfect’ programs are offered in every province and territory. ‘Nobody’s Perfect’ parent materials were updated in 1997 and are published in French, English, and other languages.

### **History of evaluation of ‘Nobody’s Perfect’**

Since the inception of ‘Nobody’s Perfect’, numerous evaluations have been done and reports compiled at a provincial, territorial, or regional levels. In 1995 and 2000, Health Canada produced reports on the status of ‘Nobody’s Perfect’ across the country including data from each province and territory. This document is an analysis of the evaluation reports, from the field test in Atlantic Canada in 1985 to the Provincial and Territorial Status Report in 2000.

This document addresses two main topics. Firstly, themes emerging across the results and recommendations areas of the reports (1985-2000) according to the topics of program delivery, resources, recruitment, facilitator training, and funding/sustainability are presented. Some of the points have been noted and addressed by program planners; for example, based on previous program evaluation feedback, program materials were updated in 1997. Secondly, data specific to each individual evaluation report are identified. The strengths and concerns of each evaluation are examined. Included also is a section of comments NOT found across reports but deemed noteworthy in that they reflect the diversity, adaptability, and flexibility of the ‘Nobody’s Perfect’ program.

### **Method**

Fourteen reports provided by Health Canada and one report located by the evaluation team were reviewed using the framework specified above. Each report was read; the results and recommendations were summarized and then grouped into broad theme areas. As common themes were developed, reports were referenced accordingly. There were several interesting findings cited in single reports that have also been captured in a separate section.

### **Findings from the meta-analysis of evaluation reports**

#### ***Program Delivery - Impacts***

- Social support, mutual support, and shared experience were emphasized by parents as a strength of the ‘Nobody’s Perfect’ program.

References: 1, 2a/2b, 3, 5, 7, 8, 9, 10, 11, 12a/12b.

- Parents learned about normal growth, development, and behaviour of children that helped them better understand their children.



- References: 1, 2a/2b, 5, 7, 8, 9, 10, 11, 12a/12b.
- Parents reported impacts on their behaviours as a parent (e.g., increased patience, better communication skills).  
References: 1, 2a/2b, 5, 7, 8, 9, 11, 12a/12b.
- Parents reported increased self-esteem and self-confidence.  
References: 1, 2a/2b, 7, 8, 11, 12a/12b.
- Parents were satisfied with the 'Nobody's Perfect' program; the program met their needs.  
References: 1, 2a/2b, 3, 5, 7, 8, 10, 11, 12a/12b.

### ***Program Delivery - Process***

- The 'Nobody's Perfect' program should be longer in duration (e.g., up to eight or ten sessions).  
References: 1, 2a/2b, 3, 5, 6, 7, 8, 11, 12a/12b.
- The learner-centred/adult education methods used in the 'Nobody's Perfect' program was appreciated by parents and/or facilitators.  
References: 1, 5, 8, 9, 10, 11, 12a/12b.
- Follow up sessions (e.g., ongoing sessions, monthly meetings, or a reunion) after the completion of the 'Nobody's Perfect' program were suggested by parents.  
References: 1, 5, 7, 8, 12a/12b.
- Some parents believed the 'Nobody's Perfect' target group definition was limiting.  
References: 5, 7, 9, 11.
- Providing both parents and facilitators with more information on abuse may be helpful.  
References: 7, 11, 12a/12b.

### ***Program Resources***

- The 'Nobody's Perfect' books are an excellent resource (e.g., helpful, attractive, easy to use).  
References: 2a/2b, 3, 5, 8, 9, 10, 11, 12a/12b.
- The 'Nobody's Perfect' books were read on an ongoing basis outside of group sessions.  
References: 3, 5, 10, 12a/12b.
- The 'Nobody's Perfect' books could be improved by including pictures and information reflecting Canada's diversity (e.g., culture, ethnicity, persons with disabilities)\* [This informed the 1997 revisions].  
References: 3, 7, 11.
- The Leader's Guide was perceived as a useful resource for planning and facilitating groups.  
References: 3, 11, 12a/12b.
- Lack of child care and/or transportation are barriers to participation in the 'Nobody's Perfect' program.  
References: 2a/2b, 4a, 3, 7, 8, 9, 10, 11, 12a/12b.
- Funding for snacks and/or facility rental is important to the delivery of the 'Nobody's Perfect' program.  
References: 2a/2b, 8, 9, 11, 12a/12b.

### ***Recruitment***

- Recruiting the target population for the 'Nobody's Perfect' program can be a time-consuming and difficult process.  
References: 2a/2b, 3, 4a, 7, 8, 9, 10, 12a/12b.
- The target population is being recruited to the 'Nobody's Perfect' program.  
References: 2a/2b, 3, 4a/4b, 7, 8, 11, 12a/12b.
- Personal contacts (e.g., phone calls, home visits) and agency referrals are the most frequently used methods of recruiting parents to the 'Nobody's Perfect' program.



References: 2a/2b, 4a/4b, 5, 8, 10, 11, 12a/12b.

- It may be beneficial to recruit greater numbers of fathers to the 'Nobody's Perfect' program.

References: 4a/4b, 5, 8.

### ***Facilitator Training***

- More time may be needed for the 'Nobody's Perfect' facilitators training course.

References: 2a/2b, 3, 11, 12a/12b.

- There is no clear preference regarding use of professional (e.g., PHN) or parent 'Nobody's Perfect' facilitators.

References: 2a/2b, 3, 10, 12a/12b.

- Co-facilitation of the 'Nobody's Perfect' program is a good strategy (either initially or ongoing).

References: 2a/2b, 4a/4b, 7, 8, 9.

- Refresher or follow up training is needed to support 'Nobody's Perfect' facilitators.

References: 2a/2b, 7, 8.

- Facilitation of the 'Nobody's Perfect' program requires time, energy, and diplomacy; it is a job that requires compensation.

References: 2a/2b, 7, 11.

- It may be beneficial to screen 'Nobody's Perfect' facilitators prior to training.

References: 2a/2b, 7, 8.

### ***Funding/Sustainability***

- Ongoing sources of funding are essential to 'Nobody's Perfect'.

Reference: 2a/2b, 3, 4a/4b, 7, 8, 9, 10.

- Lack of funding is a barrier to program delivery.

Reference: 4a/4b, 7, 8, 10.

- Funding for program delivery comes from a variety of sources.

References: 4a/4b, 7, 10.

## **Noteworthy reflections from single reports**

### ***Program Delivery***

- Consideration might be given to changing the name of the 'Nobody's Perfect' program.

Reference: 7

- An immigrant/refugee 'Nobody's Perfect' group felt challenged by adapting to a new culture, developing new ways of parenting, language barriers.

Reference: 5

- 'Nobody's Perfect' is capable of producing effects that may be personally very significant and worthwhile to parents within the scope of the program goals. However, the program is not of sufficient intensity to remedy all parenting and other social problems.

Reference: 6

### ***Program Resources***

- In terms of child care, availability was not a problem. Rather, lack of input from parents as to WHO would be looking after their children was a concern.

Reference: 11

- The telephone sticker was not a useful resource for those groups with participants that do not have a telephone.

Reference: 11

**Recruitment**

- The issue of court-ordered 'Nobody's Perfect' attendees needs to be examined.  
Reference: 8

**Facilitator Training**

- The importance of completion and return of evaluation data needs to be emphasized in facilitator training.  
Reference: 7

**Funding/Sustainability**

- Reliable contacts in rural communities need to be cultivated to help coordinate 'Nobody's Perfect'.  
Reference: 8
- More public awareness is needed for the 'Nobody's Perfect' program.  
Reference: 10
- Group parenting programs provide a cost-effective way of working with several parents at once.  
Reference: 10

**Discussion**

It is interesting to note that there were common findings among the evaluation reports from the provinces and territories, as well as from the national reports, notwithstanding the variety of methods used and the time frames in which the evaluations were completed. This is important since decisions are being made about the need for a national evaluation and discussions about the methods required to carry out a "credible" study are being discussed. There is merit in qualitative targeted evaluations and there is merit in the larger quantitative evaluation methods. The key factor is the quality and rigor with which the study is implemented, and the budget dedicated to the project.

There are monitoring forms and other data collected already when any program runs. These need to be examined more closely for the option to add categories to the form. Facilitators complete forms every time they run a program; these forms need to be collected, collated, and analysed on the local, provincial, and national levels. Identifying information could be removed for the purposes of evaluation.

Participants in the program usually complete an evaluation of some sort; again, these could be collected, collated and analysed to determine if parents' needs are being met.

Reliable and valid instruments are available and were used in several of the evaluations reviewed. There was concern expressed, however, that their use may add burden to the facilitators (in terms of workload) and the parents (many of whom will have literacy or language problems).

Most regions across Canada chose a qualitative approach to evaluating "Nobody's Perfect". A wide variety of methods and instruments were used to collect data. Data were collected through 1:1 interviews, focus groups, surveys, and questionnaires. Extensive review of program documents and program monitoring data (e.g., parent recruitment questionnaires, participant evaluations, questionnaires from facilitators, facilitators' evaluation reports, log books completed by facilitators, reports by trainers, field notes, minutes of meetings, attendance records, questionnaires, annual reports, and program statistics) was also done. The people



involved in evaluations included parents, facilitators, trainers, community agency workers, and administrators.

In most instances, provincial coordinators worked with external reviewers who conducted high quality evaluations of the program delivered in the provinces and territories. No single evaluation framework was utilized, adding to the variety of approaches and methods used. Nevertheless, findings were remarkably similar. Since the design of the program is intended to be flexible and adapted to the needs of the client parents, it is noteworthy that such similar findings were generated from the diversity in the programming and in the reviews. This adds credibility to the findings, and provides a sense of confidence in the results.

### **Conclusion**

This analysis of existing reports will be used by the Review Team in the next phase of this project. It will provide the foundation to develop interview guides and probes about a process for evaluating the 'Nobody's Perfect' program nationally. In this way, lessons learned by the provinces and territories will inform future investigations.

A review of each evaluation report follows in the next section.



<p><i>Bevc, I., Love, A., Sinclair, C., &amp; Theodor, F. (2000, January). <u>West North York, Building brighter futures: Evaluation report</u>. Toronto, ON: Province of Ontario, Community Action Program for Children.</i></p>	
Province	Ontario
Time Period	September 1994 to June 1999
Purpose	To examine the extent to which the Building Brighter Futures (BBF) Project met its objectives during 1997-1999 (short term) and 1994-1999 (long term). 'Nobody's Perfect' is one of five programs within BBF Project
Method	<p>The following evaluation measures were used to evaluate 'Nobody's Perfect':</p> <ol style="list-style-type: none"> <li>(1) Parenting Stress Index The PSI-SF is a standardized instrument used to assess the levels of parenting stress experienced by parents; it was administered to parents attending 'Nobody's Perfect' from May 1995 to June 1999.</li> <li>(2) Rosenberg Self-Esteem Scale The RSES is a standardized measure used to assess self-esteem; it was administered to parents attending 'Nobody's Perfect' from May 1998 to June 1999. The PSI-SF and the RSES were administered twice, once within the first three weeks of the program and five months later.</li> <li>(3) Home Observation for Measurement of the Environment Inventory The HOME inventory is a standardized measure involving a brief questionnaire that is completed by an interviewer following a home visit with a parent and child; it assesses the parenting skills and home environment of families.</li> <li>(4) Final Review and Wrap-Up Notes Notes were completed by community parent 'Nobody's Perfect' facilitators and provided information regarding meeting the needs of parents, recruiting, characteristics of a successful group, positive outcomes and referrals.</li> <li>(5) Program Satisfaction Survey This survey was completed by parents at the end of the program; it measures the extent to which BBF provided parents what they wanted.</li> <li>(6) Follow Up Questionnaire This questionnaire was administered before and after participation in the 'Nobody's Perfect' program; it measured parents' and children's involvement in the community.</li> <li>(7) Participant Focus Group Two focus groups consisting of a total of 15 'Nobody's Perfect' parents were conducted from October 1998 to March 1999.</li> <li>(8) Service Request and General Intake Form. This form provided demographic data about program participants.</li> </ol>
Strengths	<ul style="list-style-type: none"> <li>• Use of qualitative and quantitative methodologies and multiple methods of data collection lends credibility and trustworthiness to the evaluation results.</li> <li>• Evaluation of the 'Nobody's Perfect' program within the larger context of the BBF Project offers a model for community collaboration and cooperation in meeting the needs of parents and children.</li> </ul>
Concerns	<ul style="list-style-type: none"> <li>• Considerable time, energy, and resources were likely necessary to implement an evaluation of this magnitude. (e.g., use of financial resources to: purchase three standardized tools, train research assistants, collate results).</li> <li>• Possible burden on parents (e.g., time and energy) to complete intake form, two standardized tools (pre- and post-), one survey, one follow up questionnaire (pre- and post-), and possibly participate in one home visit and a focus group.</li> </ul>



<p><i>Brochu, C., Denhez, L., Gauvin, L., &amp; Nadeau, D, (1993, October). <u>Le projet-pilote Quebecois "Y'a personne de parfait" Une intervention preventive visant a developper la competence parentale et a briser l'isolment social.</u> Gouvernement du Quebec, Ministere de la Sante et des Services Sociaux.</i></p> <p><i>Brochu, C., Denhez, L., Gauvin, L., &amp; Nadeau, D, (1993, October). <u>Summary of the evaluation report on the Quebec pilot project "Y'a personne de parfait" ("Nobody's Perfect").</u> Gouvernement du Quebec, Ministere de la Sante et des Services Sociaux.</i></p>	
Province	Quebec
Time Period	October 1989 to May 1990
Purpose	(1) To establish feasibility of implementing the program in Quebec and to give the Ministere de la Sante et des Services Sociaux (MSSS) indications about the conditions of implementing it in Quebec in a context of regionalization; (2) To evaluate the extent to which the program makes it possible: (i) to increase the parents' ability to seek the support they need as individuals and as parents; (ii) to establish mutual assistance and support among parents in the group."
Method	Qualitative and quantitative methodologies were used in this evaluation. (1) A qualitative approach using phenomenology involved the analysis of approximately 700 critical incidents gleaned from questionnaires, log books, evaluation reports, and minutes from meetings. Data were analyzed using an inductive process; it was coded and classified according to person (parent, facilitator, administrator/researcher) and dialectical factor (production-collaboration or inhibition-resistance). (2) The quantitative approach in this evaluation involved administration of the Social Network Questionnaire (adapted) to parent participants before, after, and four months following 'Nobody's Perfect' program. This questionnaire aims to measure six dimensions of support (material, physical, emotional, advice, positive feedback, accompaniment socially).
Strengths	<ul style="list-style-type: none"> <li>• Use of qualitative and quantitative methodologies and multiple methods of data collection lends credibility and trustworthiness to the evaluation results.</li> <li>• Aspects of social support were examined in great detail.</li> </ul>
Concerns	<ul style="list-style-type: none"> <li>• A copy of both the original and adapted version of the Social Network Questionnaire in an appendix would have added context as to questions posed to parent participants.</li> <li>• Considerable time, energy, and resources were likely necessary to execute an evaluation of this magnitude. This may be evidenced by the evaluation occurring October 1989 to May 1990 and the report being published in October 1993.</li> </ul>



<i>Coles Associates Ltd. (1985, September). Executive summary report of the evaluation of the field test stage of 'Nobody's Perfect', a parenting program in the Atlantic region. Charlottetown, PEI: Atlantic Region Health Promotion Directorate.</i>	
Province	Newfoundland, New Brunswick.
Time Period	February 1985 to May 1985.
Purpose	"(1) To determine the extent of effort put forward in each locale, (2) To identify the extent of acceptance and use of the resource materials, (3) To identify the facility of implementation and types of problems, (4) To make comparisons of the efficacy of implementation techniques within and between projects, (5) To provide a first stage assessment of outcomes."
Method	Literature review, description of implementation procedures, measurement of opinions of facilitators and parent participants were used to answer four questions around recruitment and retention of the target group, usefulness of the program materials, methods of program recruitment and presentation, changes in attitude, knowledge, and skill of parent participants.
Strengths	<ul style="list-style-type: none"><li>• This document was a basic starting point in evaluation; it provided an initial context and baseline information for the field test of the 'Nobody's Perfect' program in a specific region.</li></ul>
Concerns	<ul style="list-style-type: none"><li>• A summary of findings from the literature review was not evident.</li><li>• The information outlined in the purpose appeared to exceed the information provided in the document, particularly in the areas of outcomes (change in parent participant attitude, knowledge, and skill).</li><li>• Inclusion of the evaluation tools (pre- and post-program questions) to parent participants in an appendix would help provide depth and scope to conclusions and recommendation arising from these tools. (However, this information may be beyond the scope of an executive summary).</li><li>• A section on facilitator training was included which was informative but, not mentioned in the purpose or evaluation questions section.</li></ul>





<i>Hayter, L., MacAulay, J., &amp; Walsh, P. (2000, April). 'Nobody's Perfect' provincial and territorial 2000 status report. Ottawa, ON; 'Nobody's Perfect' National Office, Health Canada.</i>	
Province	National
Time Period	1998-2000.
Purpose	To provide an overview of what is happening in each province and territory in the 'Nobody's Perfect' program and to present this information in an easily accessible format.
Method	Twelve provincial/territorial coordinators participated in in-depth telephone interviews. Coordinators also provided written materials to the project consultant for compilation; the written materials were reviewed by the coordinators and feedback was integrated into the final report.
Strengths	<ul style="list-style-type: none"><li>• This is a timely report integrating current information across Canada; it may serve as a vehicle for future visioning and program planning.</li><li>• This report was clearly written and presented; descriptive information was illuminated by use of tables.</li><li>• "Additional Comments and Insight" section in the full report highlighted individual differences between provinces and territories revealing specific strengths, concerns, and challenges.</li></ul>
Concerns	<ul style="list-style-type: none"><li>• Data were collected from one person in the coordinator position in each province. The interview data reflects the perception of this person which may be influenced by the length of time the person has occupied the position (e.g., "rookie vs. veteran").</li><li>• Inclusion of the questions posed in the in-depth interviews in an appendix in the full report may have provided additional background detail.</li></ul>



<i>Jolibois, G. (1997 October). 'Nobody's Perfect' Saskatchewan, Parent focus groups: Evaluation report. Saskatoon, SK; Saskatchewan Institute on Prevention of Handicaps.</i>	
Province	Four diverse communities within the province of Saskatchewan.
Time Period	Focus groups took place March 7 to March 19, 1997 to collect feedback from parents attending 'Nobody's Perfect' from 1992-1996
Purpose	"To ask past participants to provide feedback about the 'Nobody's Perfect' program, specifically relating to (i) what they liked about the 'Nobody's Perfect' program, (ii) what they expected to gain from attending the program, and (iii) what effect they thought the program has had on their parenting."
Method	Focus groups were held in four communities in Saskatchewan to capture the diversity of the 'Nobody's Perfect' programs delivered throughout the province. Forty-two parents (37 mothers, five fathers) from the following communities participated: (i) nine parents (seven mothers, two fathers) from an immigrant/refugee settlement agency, (ii) eleven First Nations mothers from a reserve in a rural area, (iii) eleven student parents (nine mothers, two fathers; one teen) attending a post-secondary education institution, and (iv) twelve aboriginal parents (eleven mothers, one father; seven teens) in a Northern community.
Strengths	<ul style="list-style-type: none"><li>• Opinions were solicited from a diverse (e.g., age, gender, ethnicity, place of residence) group of parents.</li><li>• A flexible approach to the focus group method was used to accommodate for time and language barriers (e.g., time barrier: answers to several focus group questions were written while waiting for other group members to arrive; language barrier: group of twelve was broken down into two groups of six to facilitate participation of parents with limited English language skills).</li></ul>
Concerns	<ul style="list-style-type: none"><li>• Parents had completed 'Nobody's Perfect' within the last one to three years (1993-1996); recall and perception of events may have been difficult and may have changed over time.</li><li>• Sample of parents chosen to participate had completed the 'Nobody's Perfect' program; it is possible that the mostly positive feedback collected in this evaluation was a reflection of the sample of keen parents.</li><li>• Focus group was the sole method of data collection. A diversity of data collection methods adds credibility and trustworthiness to evaluation results.</li></ul>



<i>Loney, E.A. (1993, May). An evaluability assessment of the 'Nobody's Perfect' program: Summary report to the Provincial Coordinating Committee. Saskatoon, SK: University of Saskatchewan, Department of Community Health and Epidemiology.</i>	
Province	Saskatchewan
Time Period	Unknown
Purpose	To determine how reasonable and feasible it would be to attempt an evaluation of the impact of 'Nobody's Perfect' on parent participants.
Method	Data were collected from interviews with key stakeholders; thirteen representatives from seven community agencies were interviewed. A review of program documents and program monitoring data were also done.
Strengths	<ul style="list-style-type: none"><li>• Possibly useful in laying the groundwork for an evaluation; offered some recommendations for consideration in the event of actually doing an evaluation</li></ul>
Concerns	<ul style="list-style-type: none"><li>• May have expended scarce resources (time, energy, funds, personnel) in a pre-evaluation phase that may have been otherwise directed toward an actual evaluation.</li><li>• Parents were not consulted in the process; the data reflects perceptions of professionals.</li></ul>



<i>MacLean Management Consulting Services. (1996, November). 'Nobody's Perfect': A parenting program; Alberta evaluation report. Edmonton, AB: Edmonton Social Planning Council.</i>	
Province	Alberta
Time Period	1994-1996
Purpose	To provide the Edmonton Social Planning Committee (ESPC) with information regarding the status, successes, and areas for improvement of the 'Nobody's Perfect' program in Alberta.
Method	The evaluation process began with review of program information, documents, and statistics. Interviews with stakeholders including parents (n=14), facilitators (n=18), trainers (n=3), one master trainer, area coordinators (n=17), and other professionals [advisory committee members (n=8), provincial coordinators (n=2), ESPC project managers (n=2)] were conducted. A summary of the results of these interviews was done. Lastly, a report summarizing findings and making recommendations was produced.
Strengths	<ul style="list-style-type: none"><li>• A variety of methods (interviews, review of program documents, and statistics) were used to collect data.</li><li>• A diverse group of stakeholders including parents were interviewed.</li></ul>
Concerns	<ul style="list-style-type: none"><li>• More of the stakeholders interviewed were in a professional or administrative position (n=50), rather than a parent role (n=14).</li><li>• Interviews with parents were about 20 minutes long; interviews with professionals were about 60 minutes long. The data more strongly reflects the views of professionals.</li></ul>



<i>Rainbow's End Consulting. (1997, January). The 'Nobody's Perfect' parenting program; Evaluation of the Yukon program for the period January 1, 1994 to December 31, 1996. Yukon Family Services Association.</i>	
Province	Yukon
Time Period	Information was gathered from November 20, 1996 to January 6, 1997 to evaluate the 'Nobody's Perfect' program for the time period of January 1994 to December 1996.
Purpose	
Method	Evaluation of the 'Nobody's Perfect' program in the Yukon included both formative and summative evaluation. Formative evaluation included collation of annual reports, program statistics, facilitator group information forms, and participant evaluations. Summative evaluation involved personal interviews or telephone interviews or focus groups with forty-two people (including program coordinator, steering committee, facilitators, parent participants) from nine Yukon communities.
Strengths	<ul style="list-style-type: none"><li>• Use of two evaluation methodologies (formative and summative) and use of multiple methods of data collection (interview, focus group, review of program documents and statistics) adds credibility and trustworthiness to the conclusions and recommendations reported.</li><li>• Diverse sample (parents, facilitators, program coordinator, steering committee members) was selected; parents were included in both formative and summative evaluation samples. This suggests a focus and value of the input from parents.</li><li>• Inclusion of the data collection tools in an appendix added context.</li></ul>
Concerns	<ul style="list-style-type: none"><li>• A brief descriptive summary at the end of the presentation of the data from the Facilitator Group Information Forms in the formative evaluation data would illuminate common themes emerging from the individual statements collected across geographic areas.</li></ul>



<i>Rootman, I., Goodstadt, M., Weir, N., Moazami, S., Barr, V., &amp; Walsh, G. (1998). An evaluation of the 'Nobody's Perfect' parenting program in Ontario. Ontario Ministry of Health, Health Policy Branch, Public Health Branch.</i>	
Province	Ontario - Six different regions: Central West, North West, North East, East, Central East, South West.
Time Period	1997-1998
Purpose	"...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' increases Ontario participants' social support."
Method	Seventy-six parents participated in telephone and face-to-face interviews; 59 of the parents had participated in the 'Nobody's Perfect' program and 17 of the parents (comparison group) were waiting to begin the program. Twelve facilitators participated in interviews; ten facilitators did telephone interviews, two facilitators completed written instruments.
Strengths	<ul style="list-style-type: none"><li>• A literature review preceding the provided background for and context around the evaluation process.</li><li>• A geographically diverse sample was obtained by recruiting participants (parents, facilitators) from six different regions in the province.</li><li>• Data were gathered from those directly involved at the grassroots level (parents, facilitators).</li></ul>
Concerns	<ul style="list-style-type: none"><li>• The comparison group was a considerably smaller sample (n=17) than that of the parents who had completed the 'Nobody's Perfect' program (n=59). This may lend less trustworthiness to the conclusions and recommendations reached in the report.</li></ul>



<i>The Development and Communication Project Group (TPG). (1996). <u>Program assessment and development study of 'Nobody's Perfect' Manitoba.</u> Government of Manitoba, Children and Youth Secretariat.</i>	
Province	Manitoba
Time Period	1986/87; 1989/90-1994/95
Purpose	To provide information for the Children and Youth Secretariat with the intention of soliciting its assistance and that of the Steering Committees to find a solution to avoid the loss of the 'Nobody's Perfect' program in Manitoba.
Method	This document is not solely focused on evaluation. Rather it is a compilation of information, including evaluation data, used to support the continuation of the 'Nobody's Perfect' program in Manitoba. There is a review of the literature regarding characteristics of successful parenting programs and background information on: the 'Nobody's Perfect' program, the 'Nobody's Perfect' program in Manitoba, evaluation of parenting programs, and evaluation models in B.C. and Saskatchewan. A final section addressed issues regarding the 'Nobody's Perfect' program in Manitoba.
Strengths	<ul style="list-style-type: none"><li>• Integration of literature review added context to findings.</li><li>• Inclusion of information regarding effective models of 'Nobody's Perfect' in other provinces in Western Canada (B.C., Saskatchewan) provided comparison with the Manitoba model; this information interfaced well into the issues and implications for the 'Nobody's Perfect' program in Manitoba.</li></ul>
Concerns	<ul style="list-style-type: none"><li>• S.W.O.T. (strengths, weaknesses, opportunities, threats) analysis information collected from survey of active 'Nobody's Perfect' facilitators. The results may reflect the views of a limited sample.</li></ul>



<i>VanderPlaat, M. (1991, December). The evaluation of the 'Nobody's Perfect' Pilot Project (Draft). Medical Services Branch Health and Welfare Canada.</i>	
Province	British Columbia, Saskatchewan.
Time Period	April 1991
Purpose	To evaluate the effectiveness of facilitator training and the process of parent groups for Native people. To evaluate program materials, barriers to program implementation, selection of community facilitators, parent attitudes toward the program, impact of the program on the community, and follow up issues.
Method	Twelve Native communities including six in Saskatchewan and five in B.C. participated in the process. Tools and techniques used to collect data included: facilitator questionnaire, participant focus group, and key informant questionnaires.
Strengths	<ul style="list-style-type: none"><li>• The recognition that the needs of Native people in rural communities in Saskatchewan and B.C. may be unique and investigating this at the level of parents, facilitators, and community leaders.</li></ul>
Concerns	<ul style="list-style-type: none"><li>• Generalizability: Should the results of this evaluation be applied to other Native communities in other parts of Canada? Should the results of this evaluation be applied to Native peoples residing in urban centers?</li></ul>





<p><i>VanderPlaat, M. (1989). 'Nobody's Perfect': Process and impact evaluation report. National Health and Welfare, Departments of Health in New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland, and Labrador, Atlantic Regional Health Promotion Committee.</i></p> <p><i>VanderPlaat, M. (1988). 'Nobody's Perfect': Executive summary of the process and impact evaluation report. National Health and Welfare, Departments of Health in New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland, and Labrador, Atlantic Regional Health Promotion Committee.</i></p>	
Province	New Brunswick, Nova Scotia, Newfoundland.
Time Period	October 1986 to June 1987
Purpose	(1) Process Evaluation focused on issues related to the program's operation and implementation, specifically reaching the target population, attendance and attrition, content and methods of program delivery, use of the Leader's Guide, facilitator satisfaction with training, and assessment of the Training Manual. (2) Impact Evaluation focused on the extent to which parents' needs/expectations were met; knowledge, understanding, attitude, and behaviour relating to their children's health, safety, behaviour was enhanced; confidence and self-image was improved; coping abilities were enhanced; self-help and mutual support increased.
Method	The impact evaluation involved a naturalistic approach incorporating visual aids with participant questionnaires to facilitate discussion around knowledge, attitude, and behaviour regarding primary concepts offered in 'Nobody's Perfect'. Open-ended questions regarding parents' use of program resources and satisfaction with the program and were also posed. The questionnaires were administered prior to (n=155), immediately following (n=101), and six months after (n=83) the program to determine short- and long-term impacts. The process evaluation involved collection of data from facilitators (post-training questionnaire, focus group, program log), trainers (focus group), and administrators (interview) to determine program delivery issues, training needs, and level of satisfaction with the Leader's Guide and Training Manual.
Strengths	<ul style="list-style-type: none"> <li>• The executive summary provided a succinct analysis of the full report.</li> <li>• Large sample sizes of parents were used in administering the questionnaires; the questionnaires endeavored to measure short-term (immediately after the program) and longer-term (six months after the program) impacts over time.</li> <li>• It is admirable that an evaluation project of this scope and depth was planned, implemented, and reported.</li> </ul>
Concerns	<ul style="list-style-type: none"> <li>• Considerable time, energy, and resources were likely necessary to execute an evaluation of this magnitude. This may be evidenced by the evaluation occurring October 1986 to June 1987 and the publication of the full report in 1989.</li> <li>• The amount of information contained in the full report is so detailed and separated into smaller parts that when immersed in it, it becomes difficult to conceive of the 'Nobody's Perfect' program as a whole.</li> <li>• A summary of the evaluation methodology of the process evaluation (involving facilitators, trainers, administrators) would have been a useful addition to the executive summary.</li> </ul>



## References

- (1) Bevc, I., Love, A., Sinclair, C., & Theodor, F. (2000, January). West North York, Building brighter futures: Evaluation report. Toronto, ON: Province of Ontario, Community Action Program for Children.
- (2a) Brochu, C., Denhez, L., Gauvin, L., & Nadeau, D. (1993, October). Le projet-pilote Quebecois "Y'a personne de parfait" Une intervention preventive visant a developper la competence parentale et a briser l'isolment social. Gouvernement du Quebec, Ministere de la Sante et des Services Sociaux.
- (2b) Brochu, C., Denhez, L., Gauvin, L., & Nadeau, D. (1993, October). Summary of the evaluation report on the Quebec pilot project "Y'a personne de parfait" ("Nobody's Perfect"). Gouvernement du Quebec, Ministere de la Sante et des Services Sociaux.
- (3) Coles Associates Ltd. (1985, September). Executive summary report of the evaluation of the field test stage of 'Nobody's Perfect', a parenting program in the Atlantic region. Charlottetown, PEI: Atlantic Region Health Promotion Directorate.
- (4a) Hayter, L., MacAulay, J., & Walsh, P. (2000, April). 'Nobody's Perfect' provincial and territorial 2000 status report. Ottawa, ON: 'Nobody's Perfect' National Office, Health Canada.
- (4b) Hayter, L., MacAulay, J., & Walsh, P. (2000, April). Summary: 'Nobody's Perfect' provincial and territorial 2000 status report. Ottawa, ON: 'Nobody's Perfect' National Office, Health Canada.
- (5) Jolibois, G. (1997 October). 'Nobody's Perfect' Saskatchewan, Parent focus groups: Evaluation report. Saskatoon, SK; Saskatchewan Institute on Prevention of Handicaps.
- (6) Loney, E.A. (1993, May). An evaluability assessment of the 'Nobody's Perfect' program: Summary report to the Provincial Coordinating Committee. Saskatoon, SK: University of Saskatchewan, Department of Community Health and Epidemiology.
- (7) MacLean Management Consulting Services. (1996, November). 'Nobody's Perfect': A parenting program; Alberta evaluation report. Edmonton, AB: Edmonton Social Planning Council.
- (8) Rainbow's End Consulting. (1997, January). The 'Nobody's Perfect' parenting program; Evaluation of the Yukon program for the period Jan. 1, 1994 to Dec. 31, 1996. Yukon Family Services Association.
- (9) Rootman, I., Goodstadt, M., Weir, N., Moazami, S., Barr, V., & Walsh, G. (1998). An evaluation of the 'Nobody's Perfect' parenting program in Ontario. Ontario Ministry of Health, Health Policy Branch, Public Health Branch.
- (10) The Development and Communication Project Group (TPG). (1996). Program assessment and development study of 'Nobody's Perfect' Manitoba. Government of Manitoba, Children and Youth Secretariat.
- (11) VanderPlaat, M. (1991, December). The evaluation of the 'Nobody's Perfect' Pilot Project (Draft). Medical Services Branch Health and Welfare Canada.
- (12a) VanderPlaat, M. (1989). 'Nobody's Perfect': Process and impact evaluation report. National Health and Welfare, Departments of Health in New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland, and Labrador, Atlantic Regional Health Promotion Committee.
- (12b) VanderPlaat, M. (1988). 'Nobody's Perfect': Executive summary of the process and impact evaluation report. National Health and Welfare, Departments of Health in New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland, and Labrador, Atlantic Regional Health Promotion Committee.



## **APPENDIX B**

# **'NOBODY'S PERFECT' PROGRAM LOGIC MODEL**



## 'NOBODY'S PERFECT' PROGRAM LOGIC MODEL

**Overall goal:** Parents will be capable of accessing the support and information they need to maintain and promote the health of their children 0-5 years of age.

**Target group:** Parents who are young, single, socially or geographically isolated or who have low income or limited formal education. Participation is voluntary and free of charge. The program is not intended for families in crisis.

<b>Program Components</b>	<b>SUPPORT</b>	<b>EDUCATION</b>
<b>Short term objectives</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Establish a group for mutual support development.</li><li><input type="checkbox"/> Increase self-help knowledge and skill.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Increased knowledge and understanding of children's health, safety and behaviour.</li><li><input type="checkbox"/> Increased coping skills.</li></ul>
<b>Long term objectives</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Increased opportunities to offer aid to other parents in Nobody's Perfect.</li><li><input type="checkbox"/> Improved self-help, information and assistance seeking behaviour.</li><li><input type="checkbox"/> Decreased sense of isolation in parenting.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Positive change in parenting knowledge and actions re: children's health, safety and behaviour.</li><li><input type="checkbox"/> Improved self-image as a parent.</li><li><input type="checkbox"/> Increased confidence in parenting skill and ability.</li></ul>
<b>Short term indicators</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Referred parents will enroll in Nobody's Perfect.</li><li><input type="checkbox"/> Parents will attend 75% of sessions.</li><li><input type="checkbox"/> Parents will be engaged in session activities.</li><li><input type="checkbox"/> Parents will be satisfied with group process.</li><li><input type="checkbox"/> Parents will be able to articulate sources for self-help and mutual aid.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Able to demonstrate learnings from each session.</li><li><input type="checkbox"/> Post-test scores greater than pre-test scores.</li><li><input type="checkbox"/> Appropriate responses to case study examples.</li><li><input type="checkbox"/> Reported use of coping techniques at home.</li></ul>
<b>Long term indicators</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Accepts assistance / advice from group members and facilitators.</li><li><input type="checkbox"/> Provides examples, ideas to group.</li><li><input type="checkbox"/> Actively seeks and accepts support and information from community resources.</li><li><input type="checkbox"/> Feels more connected to the community.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Consistently displays positive responses re: children's health, safety, and behaviour.</li><li><input type="checkbox"/> Views self as a good parent.</li><li><input type="checkbox"/> Is confident in ability to deal with new situations as children grow and develop.</li></ul>

*Continued . . .*

**Program Components****Program/ facilitator activities****SUPPORT**

- Recruitment of parents.
- Facilitation of sessions.
- Encouragement of parents.
- Environmental support for learning.

**EDUCATION**

- Teach, using adult education principles.
- Facilitate session discussions and problem-solving.

**Resources**

- Infrastructure for recruitment and registration.
- Physical facility.
- Child care.
- Finances.
- Refreshments.
- 'Nobody's Perfect' materials.

- "Nobody's Perfect" materials.
- Supplies.
- Telephone and other contact resources.



## Using a Program Logic Model that Focuses on Performance Measurement to Develop a Program

John J.M. Dwyer, PhD,<sup>1</sup> Susan Makin, MEd<sup>2</sup>

### **Abstract**

*A program logic model is used to make a program ready for an evaluation. It diagrammatically shows the relationships between the objectives of the program, program activities, indicators, and resources. This article describes an expanded logic model that has a greater focus on measurement of program performance. The expanded logic model specifies both outcome and process indicators, whereas other logic models only show service delivery indicators. Also, this article describes how the expanded logic model was used to develop a bicycle safety program. A workgroup established program boundaries and reviewed documents early in the process of developing the logic model. The workgroup developed the logic model which was subsequently reviewed by other stakeholders. The workgroup continually assessed the plausibility of the logic model. Challenges and advantages in using the logic model are discussed.*

There has always been a need to evaluate public health programs, however, in recent years, as financial and human resources have become more limited, program evaluation has become increasingly more important. It is no longer sufficient to simply indicate "how much" we do something, evaluation must now include both the ongoing monitoring of programs and identification of outcomes.

This article presents a strategy that public health professionals can use during program planning to prepare their new or established programs for an evaluation. The first author's version of a program logic model that has a greater focus on performance measurement is described. How the second author used this logic model to develop a bicycle safety program is discussed as a case study.

### **Overview of the logic model**

A logic model is a diagrammatic representation of a program.<sup>2</sup> It is also referred to as an evaluability assessment (i.e., assessing whether the program is evaluable) or a feasibility analysis (i.e., assessing whether it is feasible to evaluate the program). The logic model depicts the relationships between the objectives of the program, program activities, indicators, and resources.<sup>2-4</sup>

A logic model is useful for various reasons. First, it schematically describes a program to stakeholders such as public health staff, board of health members, community partners, and funders to clarify how the program is structured.<sup>5</sup> Staff have some rationale for their program but the logic or theory underlying the program may be implicit. A logic model makes the implicit theory explicit.<sup>6</sup> Second, a logic model shows how different facets of a program are linked.<sup>3,4</sup> For example, it lists the activities that need to be implemented to achieve specified outcome objectives. Third, it is used to integrate program planning and evaluation.<sup>2</sup> For example, program planning includes developing program objectives and activities. Program evaluation includes specifying measurable objectives and identifying or developing indicators to determine whether

1. Education and Research Division, North York Public Health Department

2. Public Health Nursing Division, North York Public Health Department

**Correspondence and reprint requests:** John Dwyer; Program Evaluation Specialist, Education and Research Division, North York Public Health Department, 3100 Yonge Street, North York, ON M2N 5V7, Tel: 416-395-7686, Fax: 416-395-7691 E-mail: THU-JD@city.north-york.on.ca



the objectives have been met and the activities have been implemented as intended. A logic model lists objectives, activities, and indicators, which facilitates accountability.

Logic models have been applied to a variety of programs.<sup>7-9</sup> Figure I shows the expanded framework or template for a logic model, and includes several improvements to previous logic models. First, it specifies program goals and differentiates these from outcome objectives. Goals are written in broad terms to provide a general rationale for the program, whereas objectives are written as quantifiable statements. The second revision relates to the positioning of outcome objectives. Other logic models position outcome objectives at the bottom,<sup>2,3</sup> corresponding with the notion of an if-then relationship between activities and desired end results (i.e., if these activities are implemented, then these outcomes will be achieved). This sequence could lead to activities determining which outcome objectives are set. In contrast, the expanded logic model positions outcome objectives near the top to emphasize the appropriate sequence of first stating the desired outcomes and then specifying which activities need to be provided to achieve these outcomes. The outcome objectives should drive the program activities rather than activities driving the desired outcomes. The third revision relates to performance measurement. Previous logic models do not include outcome indicators.<sup>2,3</sup> For example, Rush's and Ogborne's model only includes indicators of service delivery.<sup>2</sup> In contrast, the expanded logic model has a greater focus on performance measurement in that both outcome and process indicators are specified.

The arrows show the relationships among the elements in the logic model. The logic model framework is flexible; the general layout of the logic model can accommodate most programs but some minor changes can be made to deal with unique characteristics of programs. For example, the logic model might show more than one target group, resources for each component, and a more complex structure of arrows to profile the program. Also, if you consider macro-level programs to include comprehensive programs such as injury prevention and micro-level programs to include sub-programs such as a bicycle safety program or a playground safety program, then it may be easier and more practical to develop a logic model for micro programs. Often, the complexity of macro programs (e.g., different target groups, components, and outcome objectives) makes it very challenging to develop a detailed yet easy-to-understand logic model for a macro program.

### **Case study**

The application of the expanded logic model to a health department bicycle safety program illustrates the usefulness of this planning tool. Initially, two public health nurses responsible for developing a program to promote the use of bicycle helmets by school-age children met with the first author for consultation on how to evaluate this program. It became apparent that the evaluation objectives had not been clearly articulated. This led to questions about the structure of the program. The development of a logic model was chosen as a strategy to provide a framework to develop the program, integrating program evaluation into the program planning process.

### **Process to develop the logic model**

There are various approaches to developing a logic model.<sup>3-5</sup> A shortened version of Smith's comprehensive approach<sup>5</sup> was used in this case and is described below.

## **METHOD**

A small workgroup comprised of the two authors and three public health nurses was formed. In contrast to a single person developing the logic model, a small workgroup allows for greater stakeholder involvement, the opportunity for open negotiation of program objectives, greater commitment to the final conceptualization of the program, and increased likelihood to accept and utilize the evaluation results.

The workgroup established boundaries for the program to ensure the development of a feasible program that could be realistically implemented. For example, limits related to available staffing, budget, and time commitment were identified.



The workgroup identified and reviewed key documents to help them better understand the structure of the program. The documents included the pending Province of Ontario bicycle helmet legislation, a board of health report and departmental strategic plan that called for a program to address childhood head injuries, a bicycle safety promotion literature review, and an informal survey of existing programs. Discussion with teachers, parents, and children provided valuable information.

### **Developing the logic model**

Once the relevant information was gathered, only a couple of meetings were necessary to actually develop the logic model. The first author adopted the role of consultant/facilitator, guiding the workgroup to develop the bicycle safety logic model (see Figure 2) which included the elements described below.

#### *Program goal*

The workgroup specified the goal, which is a directional statement, as "To decrease incidence and severity of bicycle-related head injuries in North York." It was acknowledged that this program alone could not be solely accountable for achieving this goal and was, in fact, one of a number of factors that could contribute to this goal.

#### *Target groups*

The target group is the persons or organizations who are to receive the program. This group may be defined on the basis of demographics such as age, sex, income, ethnicity, health characteristics, and geographical location. The primary target group was grade 4 and 5 students attending public and separate schools in North York. Parents play a key role in promoting health behaviours of children in that age group (e.g., purchasing the helmet; requiring that they wear it), so the program also targeted parents.

#### *Program components*

Components are groups of program activities that appear to belong or go together conceptually.<sup>2</sup> Each component is given a label to define that collection of activities. For example, program activities might be organized on the basis of strategies such as marketing, advocacy, and education components. Specifying components makes it easier for staff to later identify which activities within each strategy need to be implemented to achieve the outcome objectives, and makes the logic model easier to understand. The primary health promotion strategy for this program was education. Both school-based education (i.e., classroom education and school events) and community-based education were specified as components.

#### *Outcome objectives*

The following criteria for well-written objectives were discussed: (a) objectives should be realistic; (b) objectives should not be double-barrelled (i.e., the statement should not consist of two or more separate objectives); (c) objectives should be specific and unambiguous; (d) objectives should have purposeful or meaningful standards; (e) objectives should have a time frame, if appropriate; and (f) objectives should be measurable, as much as possible.

Outcome objectives are the desired end results of the program. The long-term outcome objective specified for the students and parents was the same, namely, "To increase bicycle helmet use among children in North York." The short-term outcome objectives for the students related to knowledge about the role of helmets in preventing head injury, skills to select and wear helmets, attitudes about using helmets) and bicycle safety behaviour. The short-term outcome objectives for the parents related to intention to purchase helmets for their children.

#### *Outcome indicators*

Indicators were specified for each outcome objective. These indicators, which were in the form of percent of students or parents, were derived from the wording of the objectives. Taking the time to develop measurable objectives makes it easier to identify indicators.





### *Process objectives*

The relationship between process and outcome objectives is analogous to the "means to the ends". Process objectives, which are sometimes referred to as implementation objectives, specify the activities that need to be implemented to achieve the outcome objectives. Process objectives that included action phrases such as to provide, to deliver, and to liaise were specified.

### *Process indicators*

Indicators for each process objective were identified. Once again, the indicators were derived from the wording of the objectives.

### *Resources*

Personnel, physical resources, and finances may be listed as the resources required to implement a program. However, given that many of these were established at the outset of the project, the workgroup listed only the required program materials.

### **Seeking feedback from stakeholders**

Department managers and public health nurses who would be implementing the program reviewed the bicycle safety logic model and provided feedback.

### **Assessing plausibility of the logic model**

The workgroup examined the plausibility of the logic model during the process of developing it. To assess plausibility, the members considered some questions suggested by Smith<sup>5</sup> and Riitmsn<sup>3</sup>:

- Are the components/activities well defined?
- Are the objectives clearly stated and measurable?
- Are the type and amount of activities sufficient to achieve the desired outcomes?
- Are the causal linkages in the logic model plausible?
- Are the type and amount of resources sufficient?
- Is the research methodology (e.g., research design; validity and reliability of indicators) adequate?

The program described in the logic model was implemented in the spring of 1995. The planned strategies and the evaluation were carried out without complication. A modified version of the program is being continually implemented, evaluated, and revised.

### **CONCLUSION**

There are, of course, some challenges in developing a logic model. Program planners must be prepared to invest the time required to work through the process. Also, negotiating and writing measurable objectives may not be a simple task. However, the advantages outweigh these challenges. First, the logic model integrates program planning and evaluation. It encourages stakeholders to think about evaluation when planning the program. Second, the outcome objectives drive the program activities in the expanded logic model. This ensures that the "horse" (i.e., goal and outcome objectives) comes before the "cart" (i.e., activities) during program planning. Third, the group process to develop the logic model helps key stakeholders to share a common understanding of the program. Fourth, it provides a rational, organized way to profile the program to management, boards, community partners, and implementation staff.

In summary, this article describes the framework for an expanded logic model that has a greater focus on performance measurement and describes the process for developing such a logic model by illustrating its application to a bicycle safety program. This application demonstrated that the logic model is an effective tool to integrate program planning and evaluation.



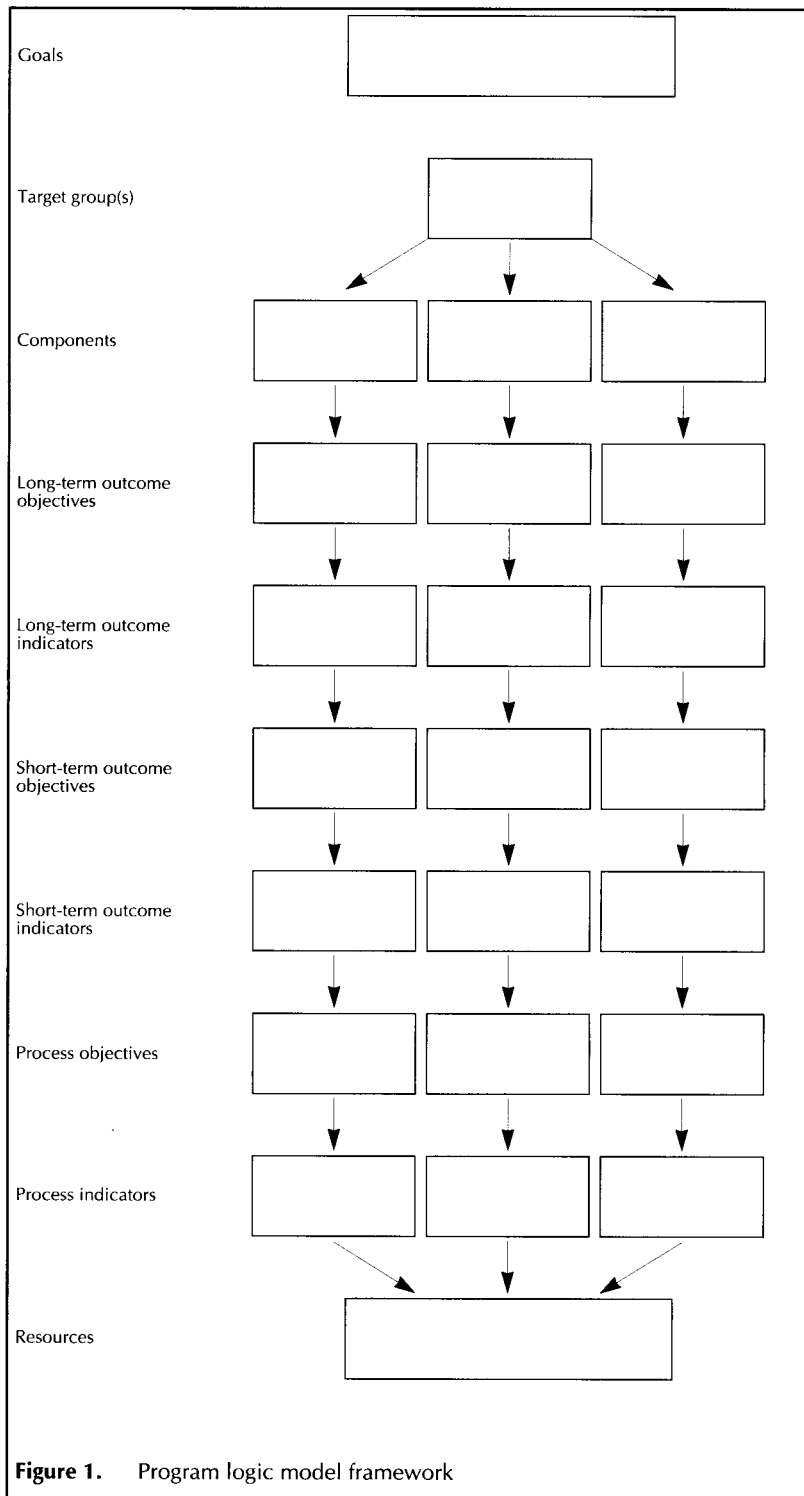
## **REFERENCES**

1. Dwyer J. Applying program logic model in program planning and evaluation. *Public Health and Epidemiology Report Ontario* 1996;7:38-46.
2. Rush B, Ogborne A. Program logic models: Expanding their role and structure for program planning and evaluation. *The Canadian Journal of Program Evaluation* 1991;6:95-106.
3. Rutman L. *Planning Useful Evaluations: Evaluability Assessment*. Beverly Hills, CA: Sage Publications, 1980;208pp.
4. Wholey JS. Evaluability assessment: Developing program theory. In: Bickman L (Ed.), *Using Program Theory in Evaluation, New Directions for Program Evaluation*. San Francisco, CA: Jossey-Bass, 1987:77-92.
5. Smith MF. *Evaluability Assessment: A Practical Approach*. Norwell, MA: Kluwer Academic Publishers, 1989;220pp.
6. Bickman L. The functions of program theory. In: Bickman L (Ed.), *Using Program Theory in Evaluation, New Directions for Program Evaluation*. San Francisco, CA: Jossey-Bass, 1987;5-18.
7. Mercer SL, Goel V. Program evaluation in the absence of goals: A comprehensive approach to the evaluation of a population-based breast cancer screening program. *The Canadian Journal of Program Evaluation* 1994;9:97-112.
8. Meeres SL, Fisher R, Gerrard N. Evaluability assessment of a community-based program. *The Canadian Journal of Program Evaluation* 1995;10:103-21.
9. Walker SG, Walker CR. The process of developing a program evaluation of a community policing initiative. *The Canadian Journal of Program Evaluation* 1992;7:25-42.

Reprinted from the Canadian Journal of Public Health, 88(6), 421-425.

Received: March 8, 1996

Accepted: June 1, 1997



**Figure 1.** Program logic model framework

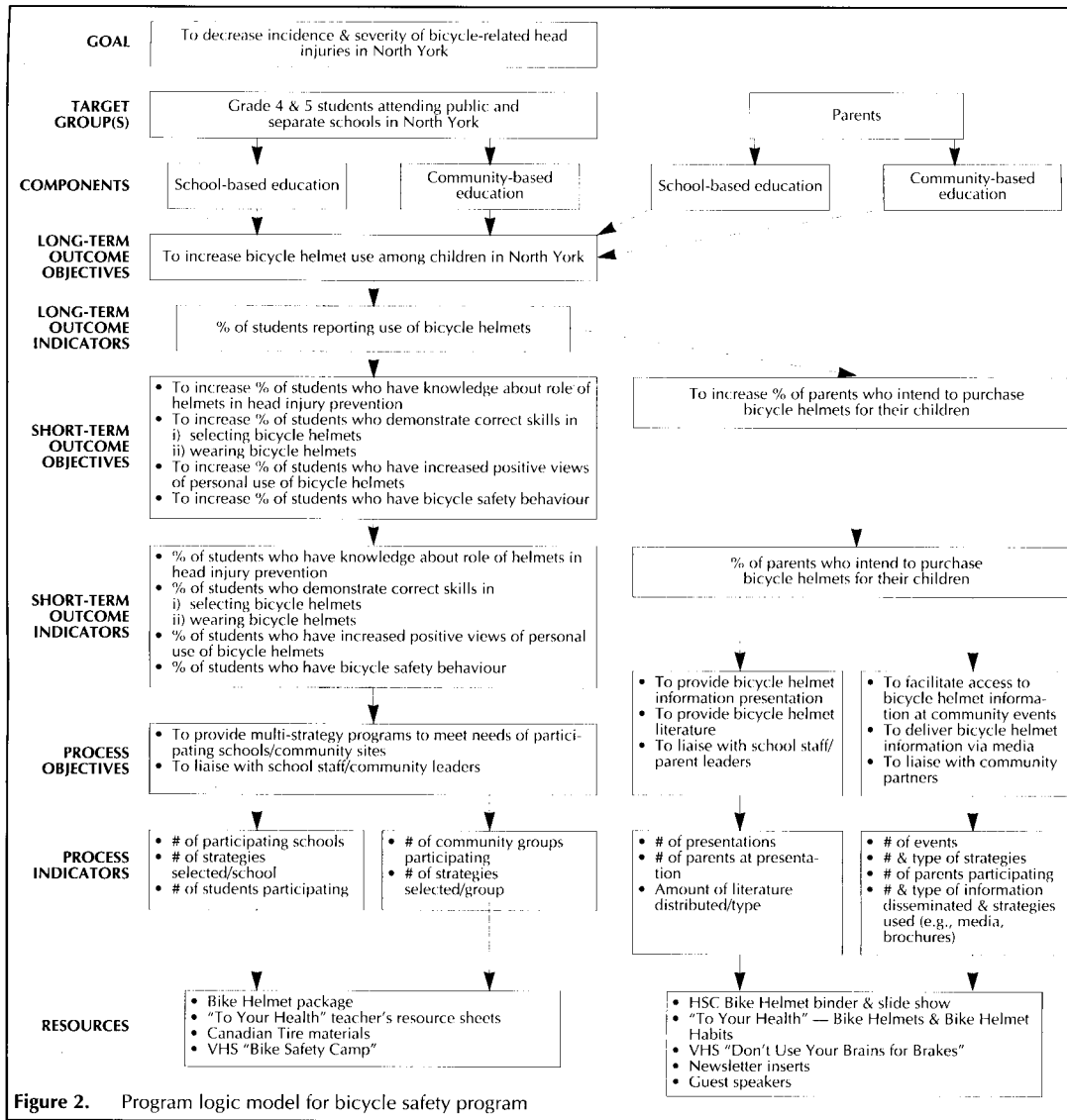


Figure 2. Program logic model for bicycle safety program



## **APPENDIX C**

### **'NOBODY'S PERFECT'**

### **PROGRAM CHARACTERISTICS**

### **AND**

### **POTENTIAL EVALUATION STRATEGIES**



## Program characteristics

The purpose of this list is to detail the properties of the “Nobody’s Perfect” program. These characteristics have been drawn from various program documents and descriptions. By outlining the properties, suggestions for appropriate evaluation can be meaningfully articulated. It is presented below to illustrate how valued characteristics can be assessed across programs and jurisdictions if these were questions asked in future evaluation efforts. Statements of each program characteristic, an evaluation focus and suggestions for questions for each are detailed below. These are not exhaustive, but provide a beginning for discussion.

1. Grassroots input is imperative for appropriateness, acceptability and accessibility of the program.
  - Process evaluation: How are participants’ perspectives acquired and considered in planning and delivering this program?
2. Facilitators need a solid background in parenting, child health, development, and safety.
  - Process evaluation: How are facilitators recruited, trained, monitored and supported?
3. Standard instruments are needed to measure inputs, processes and outcomes.
  - Input evaluation: Demographic data on participants; costs borne by the sponsoring agency(ies); advertising and support costs.
  - Process evaluation: Monitoring form for processes and activities that take place during sessions. Reflective journals by facilitators.
  - Participant pre-test and post-test development regarding key knowledge and affective domains.
4. Evidence and ongoing monitoring required in order to set appropriate and realistic targets and benchmarks.
  - Surveillance to determine average attendance rates, pre-post test scores, degree of adherence to the program as planned and developed.
5. Program visibility lends credibility.
  - Process evaluation: Observation and surveillance to determine the visibility of the program. Interview key stakeholders and community members for degree of program recognition.
6. Partnership formation is imperative to success and sustainability.
  - Process evaluation: What partnerships have been formed to carry out the program? How long have they been in place? What are their characteristics, contributions (see Scott & Thurston, CJPH, 1997 – Appendix I)
7. Practice guidelines and referral protocols are needed to ensure program consistency.
  - Outcome evaluation: Are these protocols in place?
  - Process evaluation: Description of the local development and dissemination processes. Utilization of the protocols. Satisfaction of participants and providers with the processes.
8. Community strengths must be capitalized upon.
  - Community assets mapping; resource utilization; comparative research.
9. Delivery needs to be community-based and community oriented.
  - Descriptive comparative research
10. Facilitators need to be well informed about adult education facilitation processes and community development as well as in the substantive content area.
  - Have partnerships been considered to widen the scope of support for the sessions?



- Examine the train the trainer model; scores on trainee pre- and post-tests; peer/supervisor appraisal of performance on a standard form.
11. The program should be sufficiently long to address the issues involved.
- Outcome evaluation: Parental surveys; provider surveys.
  - Process evaluation: Evaluation of each class by parents – open-ended questions, confidential, satisfaction, plus ideas for improvement.
12. Personal unintended outcomes may be achieved by parents beyond parenting knowledge and skill.
- Outcome evaluation: Participants; providers; stakeholders through qualitative interviews or survey.
13. Unintended outcomes for facilitators and by the agencies that sponsor the program may be achieved in terms of capacity building.
- Outcome evaluation: Facilitators; community and agency stakeholders through qualitative interviews or surveys.



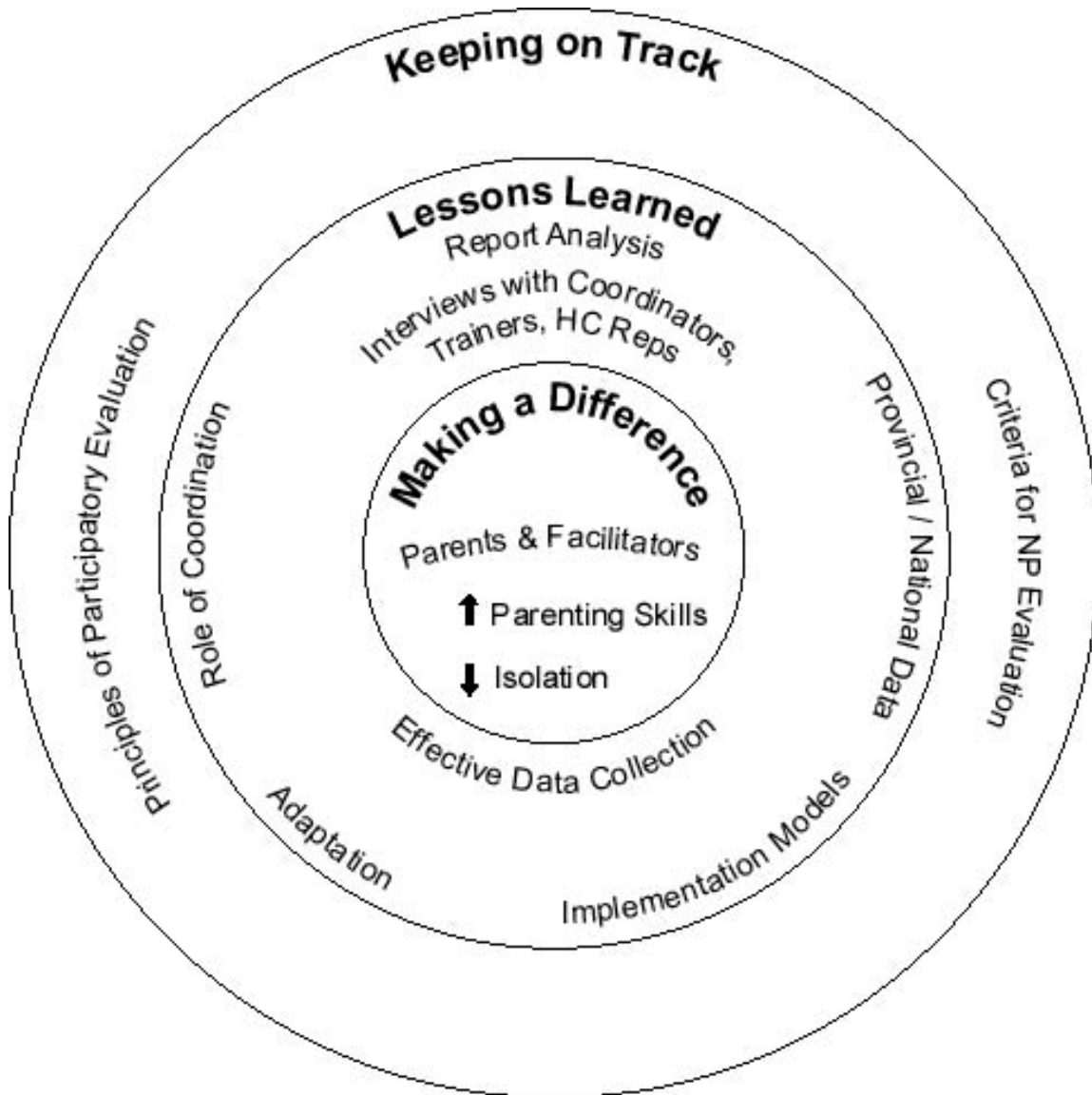
**APPENDIX D**

**EVALUATION FRAMEWORK**

**(1999)**



Evaluation Framework Model developed at the October 21-23, 1999 Coordinators' Meeting facilitated by Denham and Gillespie Associates, Ottawa, ON.





## **A Framework for a National Nobody's Perfect Evaluation (Proposed)**

Denham and Gillespie Associates, Ottawa, ON.

### **Introduction**

This report outlines a national evaluation framework that has been developed in collaboration with the provincial/territorial Nobody's Perfect coordinators, the national office of the Nobody's Perfect Program, the national office of CAPC and the evaluation analyst for Aboriginal Head Start. The framework proposed in this report was enthusiastically approved by all of the above representatives. This is a proposed framework. The final scope of the evaluation will be determined by the resources that are made available by Health Canada for the implementation of the evaluation.

### **Background**

Since the mid 90's many of the stakeholders associated with Nobody's Perfect have expressed the need for a national evaluation. This framework is informed by the lessons learned from the previous attempts to develop and implement a national evaluation. As well, background information used to guide the development of this proposed framework drew on information and evaluation needs identified by provincial and territorial Nobody's Perfect coordinators and funders at a workshop held on October 22 and 23, 1999 and through the review of all available reports dating back to 1993. The list of reports and materials reviewed is presented in Appendix 1.

The framework is based on the model presented in Health Canada's, *Guide to Project Evaluation: A Participatory Approach*. The principles that ground Health Canada's participatory evaluation model (see Appendix 2) closely reflect the values underlying Nobody's Perfect. This compatibility was key to building universal support for this proposed framework and will be advantageous during the implementation phase.

### **Criteria used to shape the evaluation framework**

The following criteria were developed after reflecting upon the lessons learned from the previous attempt to carry out a national evaluation. Some of the difficulties with the previous attempt suggest a lack of a clear focus that made sense to Nobody's Perfect coordinators, evaluation expectations that exceeded the resources available, frustration with lack of progress and confusion about who the evaluation was to serve. As a result, these criteria have been developed to provide the lenses through which the proposed framework is viewed to ensure that the evaluation can be implemented.

- **Need to get information** from parents, facilitators, trainers, coordinators. These are the people who know the most about how Nobody's Perfect is really working.
- **Need to give something.** (recognition, training, honorarium, child care). There must be a demonstrated valuing of the time and information given to the evaluation.. Ultimately this means that evaluation itself is seen as important.
- Process must be **manageable**. The evaluation design must fit within the type and amount of resources that are actually available. A Cadillac model on a Volkswagon budget is not appropriate. In addition the resources put into evaluation must appear to be reasonable in light of the resources that are actually made available to the Nobody's Perfect Program itself.



- Process must be **sensitive to parent's situations**. Non-intrusive, non-intimidating methods for collecting information must be core to the evaluation.
- Information collected must be **practical and useful**. There is a lot of information that would be interesting to collect, however identifying the information that is really required and the information that will get used is the key.
- The framework that is developed should be one that lends itself to being **easily repeated** (sustainable) over the years to continuously build a body of useful knowledge that can be used by all stakeholders to continually strengthen the NP program.

### **Proposed Evaluation Framework**

The framework model, as illustrated in the graphic in Appendix 3, is developed around three concentric circles. The inner and middle circles represent the types and sources of information that should be collected. The outer circle represents the principles and criteria that will be used to guide the decision making affecting the design and implementation of the evaluation process.

This model is designed so that it can be used at different points over a number of years. The three circles – Keeping on Track, Lessons Learned and Making a Difference - remain constant. The topics to be focused on, the specific questions to be asked and the outcome measures to be used can change thus reflecting the dynamic nature of Nobody's Perfect and the different evaluation needs that may arise over time.

#### **Inner Circle - Making a difference**

This circle represents information that comes from the people at the heart of the program - the parents and group facilitators. The evaluation questions to them are to determine the "the difference that Nobody's Perfect made to the lives of parents and young families". The specific evaluation questions will be focused on determining the extent to which Nobody's Perfect contributes to decreased isolation of participants and to developing positive parenting skills. The scope of the evaluation will be limited to a snapshot period, using a focus group approach in selected sites across the country.

#### **Middle Circle - Lessons Learned**

The information collected in this circle will come from analysis of existing documents and NP co-ordinator reports. The learnings would be further developed through guided telephone interviews with NP provincial co-ordinators, trainers and key provincial contacts in CAPC/CPNP and Aboriginal Head Start.

Some of the learnings that need to be documented in this part of the evaluation include:

What are the qualities of the most effective implementation models?

What up-to-date provincial and national data is available on the program?

(e.g. # of facilitators trained, # of books distributed, # of parents involved etc. )

Identify the most useful quantitative data to collect on the program in future and determine the most effective collection system.

What have we learned about the role of co-ordination in the program?

(e.g. resourcing issues, amount of time allocated for co-ordination, role of the steering committee and the difference coordination makes to the strength of the program )

What are some of the ways that the NP program has been adapted and how has this impacted on the integrity of the program?

To what extent is the target population being reached? What are some of the outreach strategies that work?

#### **Outer Circle – Keeping on Track**

This outer circle identifies the principles of participatory evaluation (Appendix 1) and the evaluation criteria that are the reference points for keeping the NP evaluation moving ahead in a manner that is respectful of participants, action focussed and positive. These two tools will be



used to guide decision making related to what is done and how it is done throughout all aspects of the evaluation.

### **Methodology: Using Five Evaluation Questions to Organize the Information**

The Nobody's Perfect evaluation framework was developed using the practical and straightforward participatory evaluation process in Health Canada's, *Guide to Project Evaluation: A Participatory Approach*. The five key evaluation questions that are central to the Guide will be used as an organizing tool for reporting the information that is collected through the evaluation. The following section makes the link between the five evaluation questions as presented in the Guide and the proposed NP evaluation framework.

#### **1. Did we do what we said we would do?**

The responses to this question will provide an overview of the work done nationally in Nobody's Perfect and provide the quantitative data on the program. (Middle circle of NP evaluation framework.)

#### **2. What did we learn about what worked and what didn't work?**

Participatory learning focuses on success, learning and action. Finding out what worked well in the implementation of Nobody's Perfect and what didn't work well practices this principles. (Middle circle of NP evaluation framework.)

#### **3. What difference did it make that we did this work?**

The responses to this question measure a project or program's success in changing knowledge, attitudes, skills and behaviour (outcome measures). In the NP evaluation framework the change that is being assessed is what difference Nobody's Perfect made to the lives of parents and young families. (Inner circle of NP evaluation framework) More specifically, the evaluation will focus on measuring outcomes related to reducing isolation and developing positive parenting skills. A small working group of parents who have completed NP and NP facilitators will work with the evaluators to develop the success indicators that will be used to measure outcomes related to reducing isolation and developing positive parenting skills.

#### **4. What could we do differently?**

Using learnings from past work to inform and change future work is a key part of participatory evaluation. The Lessons Learned section of the NP evaluation framework will provide information to answer this question. (Middle circle of NP evaluation framework.)

#### **5. How do we plan to use the evaluation findings?**

Participatory evaluation includes ways to use the evaluation results throughout the project as well as at the end. In the NP evaluation, useful information and learnings that emerge from the data collection will be synthesized and passed back to participants for comments and reflection on an ongoing basis. The final evaluation report will include recommendations on how to use the evaluation findings to contribute to and strengthen the planning and implementation of future NP program activities.

### **Methods for collecting the information**

Different methods will be used to collect the information required for the two inner circles of the framework. The methods that have been selected fit within the criteria outlined above.

#### **Inner Circle –Making a difference**

- A snapshot approach that is built from the information gathered by the evaluator/facilitators is suggested. The process would consist of two series of focus groups; one involving parents who are in or have completed NP at different times over



- the past years and another series of focus groups involving active, trained but non-active, and past facilitators.
- A focus group for parents in the morning and a focus group for facilitators in the afternoon would be planned in each selected community site. The number and size of sites will be determined by the resources available.
  - The evaluators will work with provincial/territorial coordinators to identify which communities in Canada could and would like to volunteer to organize and host focus groups. An identified NP person in each selected site would work with evaluators to ensure diversity among participants and respect for local needs. The possibility of interviewing parents exposed to NP but who never followed through will be explored with key contacts. The evaluators will design and facilitate the focus groups. Community, parent and facilitator selection will be guided by the need to balance being practical with the need to reflect the diversity of family and community situations that exist throughout Canada.
  - Skills training on participatory evaluation should be built into the process at the community level wherever focus groups are planned and where organizers would like this to happen. This would promote capacity building and leave evaluation skills behind in the community.
  - To encourage participation and to respect the principles of NP, costs for transportation, food treats, child care and honorariums for parents and facilitators (not employed by an agency) will be used.

The rationale for suggesting a snapshot, focus group approach includes:

- the acknowledgement of the difficulty of reaching and involving parents and facilitators when a previous link with evaluators does not exist,
- the lack of “on the ground” resources that supports a comprehensive national approach ,
- the reality of the diverse implementation structures and processes that exist in the provinces and territories which demands an evaluation process that is flexible,
- the compatibility with NP principles eg, importance of group learnings, creating comfortable environments to support parent participation,
- the consistency of information collection (same facilitators)

The reasons for measuring outcomes related to reducing isolation (geographic, social, emotional) and increasing positive parenting skills are several. Reducing isolation links directly to one of the determinants of health identified in Health Canada’s strategy to improve the health of Canadians i.e. social supports. For this reason it seems timely to measure the extent to which NP contributes to improving social supports and connectedness for parents and families that are isolated socially and/or geographically.

Several of the objectives of the NP program are directly aimed at increasing positive parenting skills and increasing mutual aid. Decreasing isolation is the process by which NP attempts to achieve these objectives. The two identified outcome measures then form a relevant focus for developing appropriate success indicators against which to measure NP.

### **Middle circle – Lessons learned**

Information will be gathered from already existing evaluation reports and through guided telephone interviews with key individuals. By using existing material we can build a collective body of knowledge about lessons learned without adding additional stress to frontline workers and coordinators. Interviews with key personnel will be designed to draw on knowledge that they have gained through personal experience and information that is readily available. Telephone interviews rather than written responses to questionnaires are suggested because of past experience with both by NP people and the evaluators. The evaluators will do the telephone interviews to increase the likelihood of consistency and to open the possibility of sharing information to support NP as the material is gathered.



### **The Final Report – Enhancing Usefulness**

The goal is to present the information in a format and style that actively contributes to NP stakeholders moving the learnings to action. This means that the final report will be in plain language, use point form and lists whenever possible rather than long paragraphs and will when possible and appropriate present information in a way that is “ready to use”. Some of the possible ways to present information in a readily usable way include: designing designated pages to be photocopied and used as training or marketing tools; outlining activities that provide various stakeholders with a process for using the evaluation learnings to help in their own planning activities.

The information will be organized to answer the five key evaluation questions listed above.

### **Observations/Recommendations**

1. Through the process of reviewing material and working with NP provincial/territorial co-ordinators and regional representatives, two messages came through loud and clear and should be listened to if a national evaluation of Nobody’s Perfect is to be successful.

- **Get on with the work.** People need the evaluation information now so don’t want a long, drawn out evaluation process.
- **Keep it simple.** A huge, expensive evaluation process is not wanted. It would put demands on co-ordinators, facilitators and parents that are unrealistic considering their already very their limited resources.
- **Ensure meaningful parent input** in the development of the project.

2. **Training issues.**

We would recommend that training, because of it’s scope, be dealt with in a more in-depth study separate from the Nobody’s Perfect evaluation proposed in this report. However, information related to training will emerge through this proposed evaluation. The information that does come forward through the focus groups and interviews with facilitators and trainers will be captured, synthesized and reported.

The Nobody’s Perfect training for group facilitators is one of the major strengths of the program and there is a need to continue to build a body of knowledge to inform the process. The upcoming release of the new Facilitators Guide and the development of the revised Trainers Guide could provide an opportunity to further this knowledge and get information to answer some of the following questions:

What is the most effective way to retain trained facilitators?

What are the different training models being used across the country and what are their challenges and benefits?

Does the format and length of NP sessions make a difference to changing parent’s knowledge, attitudes, skills and behaviour? How is this information used in training?

What is the most effective outreach strategies to reach families at risk and how do relevant techniques get incorporated into trainings?

### **Appendix 1: Principles of participatory evaluation\***

- Participatory evaluation focuses on learning, success and action.
- The evaluation must be useful to the people who are doing the work that is being evaluated.
- The evaluation process is ongoing and includes ways to let all participants use the information from the evaluation throughout the project, not just at the end.
- Recognition of the progression of change – knowledge, attitudes, skill and behaviour – is built into the evaluation.,



- The project sponsors are responsible for defining the specific project evaluation questions, the indicators of success and realistic timeframes.
- Participatory evaluation makes it possible to recognise shared interests among those doing the work, the people the work is designed to reach, the project funders and other stakeholders.

\*Taken from Health Canada's *Guide to Project Evaluation: A Participatory Approach*.



**APPENDIX E**

**SCRIPTS FOR BOOKING APPOINTMENTS**

**AND TELEPHONE INTERVIEWS**





## BOOKING APPOINTMENTS

Hello, my name is Crystal Koch. I am calling to book a telephone appointment with you for the Nobody's Perfect evaluation project being undertaken by Health Canada. You will have been informed of this initiative by Patricia Walsh and have been introduced to the one of the interviewers (Lynn Corcoran) via teleconference call in January.

Interviews will likely be approximately 20 - 30 minutes in length; you will be sent via fax or e-mail (whichever you prefer) the list of questions and the logic model developed for the program. You should have the evaluation framework developed in 1999 in your files, but if not, we can send that to you in advance of the interview as well. You should have these close at hand when you are interviewed.

I am scheduling interviews for the weeks of March 5<sup>th</sup> and 12<sup>th</sup>. I have some times available. Can you indicate which would be most convenient for you? Lynn would like to call you at 0600 (ish - anywhere from 0530 - 0630 is OK; she needs to be off the phone by 0700) Mountain Time, which will be ----- your time. (NF 3.5 hours - 0930; confirm the time with the others)

[If you schedule one for 0530, you can schedule a second if needed on the same morning]

X  
X

Elaine will be doing calls between [time and time] on the following dates:

X  
X

Will you be at this number? I will ask Lynn/Elaine to reach you at (Area Code) Number + extension. Is that correct?

I will send you the materials and a confirmation of the time we have arranged for the interview. If you need to make any changes to this interview time, please call Lynn at (ac) #/ Elaine at (ac) #.

Thank you!

Send them a follow-up e-mail or fax with the following information (see above):

RE: Nobody's Perfect evaluation initiative

Day, date and time of the call (their time)

Number Lynn/Elaine will reach them at

The questions; the logic model

Lynn's number / Elaine's number in the event they cannot be available as scheduled.

How to contact me if they need information - e-mail is still the best!! DO NOT GIVE OUT MY CELL NUMBER!!



Confirmation letter

Dear [name]

Re: Nobody's Perfect Evaluation

Your interview is scheduled for [day, date, time, time zone]  
[name] will be your interviewer. If you become unavailable please call [ac+p#] the day before to re-schedule. Thank you.

The purpose of this interview is to glean your opinions for a national level evaluation of the Nobody's Perfect Program. We are sending you the questions in advance along with a draft of the program logic model that outlines the goal, objectives, and indicators of success as derived from program documents. You have, in your files, the evaluation model developed at a 1999 coordinators' meeting. Please have these documents at hand when we interview you.

The interview should last approximately 20 – 30 minutes. The questions we will ask are:

What is your vision of an evaluation process for the Nobody's Perfect program?

Think of one or two of your key Nobody's Perfect facilitators. What might a useful and manageable evaluation look like for them?

Think of one or two groups of parents. What is reasonable for them to contribute to an evaluation of the Nobody's Perfect program?

Do you have any comments about the draft logic model? The 1999 evaluation framework?

Other comments?

Information you provide will be used to recommend next steps for a national evaluation. Your thoughtful comments are appreciated.

If you think of something you forgot to point out in the interview, please e-mail [xxx@yyy.com](mailto:xxx@yyy.com) or call Ardene Robinson Vollman at (ac) # before March 21, 2001.

Thank you.

Crystal Koch  
Research Assistant



## Interview guide

1. **What is your vision of an evaluation process for the Nobody's Perfect program?**
  - 1.1 Are there certain qualities you believe the evaluation should reflect (e.g., ease of administration / implementation; cost-effective, time efficient etc.) Please explain.
  - 1.2 What are the areas of the program you believe need to be evaluated (e.g., program delivery; recruitment; facilitator training; funding/sustainability, etc.)
  - 1.3 What are the evaluation needs of your specific province / territory / region?
  - 1.4 How might these needs be reflected in the evaluation process?
  - 1.5 Do your evaluation needs differ from others across Canada? How?
  - 1.6 How are your evaluation needs similar to those of the rest of the country?
  
2. Think of one or two of your key Nobody's Perfect facilitators. **What might a useful and manageable evaluation look like for them?**
  - 2.1 What methods would the evaluation involve? (e.g., questionnaire, survey, focus groups)?
  - 2.2 Who would participate in the evaluation (e.g., parents, facilitators, agency contacts, provincial coordinators)?
  - 2.3 Is there (should there be) an incentive for participation in the evaluation?
  - 2.4 What data needs to be collected and collated (e.g., program delivery, recruitment, facilitator training, funding / sustainability, outcomes, activities)?
  - 2.5 Who do you think should organize and conduct the evaluation?
  - 2.6 How often should an evaluation be done?
  - 2.7 How might the provincial / territorial / regional Nobody's Perfect organizational body support the evaluation?
  - 2.8 How might the National Office support the evaluation?
  
3. Think of one or two groups of parents. **What would be reasonable for them to contribute to an evaluation of the Nobody's Perfect program?**
  - 3.1 What barriers exist for parental involvement?
  - 3.2 What might encourage the participation of parents?
  - 3.3 What advice do you have for evaluators who are trying to access parents' perspectives on the program and its impacts on them.
  
4. **Do you have any comments about the draft logic model?**
  - 4.1 Is the language clear and understandable?
  - 4.2 Does it "fit" with how you see the program?
  - 4.3 What, if any, changes might you suggest?
  - 4.4 Who do you think would use this logic model? How?
  
5. **Do you have any comments regarding the 1999 National Evaluation Framework?**
  - 5.1 Do you recall being a part of its development?
  - 5.2 Tell me how you use it in your present work with the program?
  - 5.3 Are there any changes or adaptations you could suggest?
  
6. **Any other comments?**

Note: Interviewees will get the logic model and questions (bold face only; not the probes) with their confirmation letter. They will be asked to locate their copy of the evaluation framework and have all documents at hand for the interview.



## APPENDIX F

### INTERVIEW SUMMARIES



## INTERVIEW SUMMARIES

### 1. WHAT IS YOUR VISION OF AN EVALUATION PROCESS FOR 'NOBODY'S PERFECT'?

Should address program delivery - the WAY the program is delivered and the QUALITY of the delivery; evaluate who is NP being marketed to (at large or to one type of parent); NP seemed well organized and managed when it started - now?

It is very difficult to have a national vision for NP - different places, different methodologies, philosophical differences - evaluate: multicultural adaptations to NP; long term impacts (e.g., 5 years later); support for facilitators - disparity in the number of trained to number of active facilitators; TYPE of facilitator (e.g., PHN, community worker, parent); sustainability and support of NP. - The support needed from the national office of NP includes: evaluation coordinator, sharing of best practices, sharing research information, facilitator of the evaluation. - See it not as ONE evaluation but, more like a process - See it as a National Evaluation Plan or Tool Box (there are choices!!!) - multiple pieces - many ways to capture information - "building, expanding, sharing" knowledge about NP.

An evaluation of NP must be done in CONTEXT - service delivery if DIFFERENT in each province - this is a challenge - areas for evaluation: recruitment (look at court orders to attend NP); role of fathers; "it's about DELIVERY" - make the evaluation more about process than content.

Evaluation needs to be a participatory process - a tool for rejuvenating the NP spirit - evaluate: what is working, what is not working, what NP means to parents - do a series of community based evaluations - selected sites more easily done - fundamental problems: no coordination from the provincial government; no time to nurture NP; quality control. [Province] is different because it is very rural and people have a hard time getting together - it is similar because we have the same parenting issues as other Canadians.

VISION - many partners - ongoing - not onerous - fun - measuring short and long term impacts - reflect the principles and practices of NP - PROCESS pieces are important - evaluate: what facilitators think (challenges, pleasures of NP); impact of training on facilitators in their general work (teaching using principles of adult education); whether having a provincial coordinator makes a difference; take a good look at funding - putting on the program is expensive - who all pays for what - where are the costs coming from? What is everybody contributing?

Vision in terms of (i) Outcome - must withstand rigorous review of research methodology - (ii) Process - how is NP run so outcomes can be attributed to NP as it is designed.

Parents, facilitators, provincial coordinator would all have an active role - time efficient, cost effective, prevention - evaluate: recruiting of facilitators, facilitator trainings, prevention value, program delivery.

Certain qualities evaluation should reflect: Indicators that are "do-able", concrete, attainable - If too broad in scope, never gets looked at - Evaluation should look at the "meat and potatoes" as to who does the program which is the facilitators. Evaluation speaks to connecting with facilitators; parents are also important to include.

Areas of program that need to be evaluated. No specific areas, but all areas mentioned (program delivery, recruitment, training, funding sustainability) need to keep areas as underlying thought when evaluating.

Specific evaluation needs - Small jurisdiction, lack of Nobody's Perfect programs - Need consideration in evaluation process re: the smaller jurisdictions - Limited funding, no sponsors in



area - Dynamics different; is advocate for the region; there are issues re: logistics for the distance you cover - Need to look beyond [issues] from [urban] areas

Needs differ across Canada: Don't have [funding] sponsors; small communities and diverse needs and infrastructure. Range from [urban center] to very small communities - Coordinator struggles with evaluation program that is small and inconsistent.

Not much follow-up as to what happens to facilitators after training - High turnover of staff - Need support after training - High needs community loses some trained people - Coordinator could think of two facilitators that were trained that are "active" in their programs. This jurisdiction has more trained facilitators, but are they active?? Could they be of help? These less active facilitators live in community and have an understanding of the community, but they may not have an understanding of the "bigger picture"

Need to sell and market Nobody's Perfect programs in other areas if they (staff) can make it successful in the region. Keen Public health nurse in (city) committed to program but limited in the area she can travel

How are evaluation needs similar to those of the rest of the country? Program and principles of NP are standardized - Some commonalities between needs of groups in (city) and in (province/territory) e.g., low income, education, but the environment is different - evaluation needs indicators adapted to their jurisdiction.

So many differences between how the programs are run between the provinces and the different territories - There are differences in terms of person coordinating these types of programs has the time to do it effectively. There are other places where it is an add-on to an already very busy job.

So what the coordinators know in terms of what is happening in the different territories and provinces really varies; so that the level that the program runs in the different territories varies as well. So in some places it's really running well and in other places it's not really happening. I always struggle then with a National evaluation and what that could entail when we're not on equal footing.

There's time that I think of individual evaluations that are done in individual regions; e.g., Yukon has done two - very valuable for them. Give us information that we really need to run the program here.

I think a National evaluation would have merit, but how much of that is going to have an impact on how we are delivering the program here. What is the impact on the parents involved, the parents that are being parented by these parents; local programming. Evaluations done for each of the provinces or territories might be more valuable than a National evaluation that may not address the specifics in the different areas; it's too big and they're too different

If we do go ahead with a National evaluation program then it has to be manageable, it has to give those involved information that's practical and useful. Also, I assume that evaluation will need to meet the needs of funders: accountability issue. Needs to meet the needs of all involved. Needs to meet the goals, objectives of the program. Also what is the program accomplishing?

Facilitators - how are they being supported in the program and what are some of the best practices out there? They are important as they run the programs

Are we reaching the target group? Short and long term impacts: What is the impact on parents and impact on the children that are coming to the groups.



Therefore a National evaluation needs to be something that is really manageable. Maybe we should be focusing on two key areas as opposed to everything because there's so much more you can look at. There's people in the region using the funds in the most effective way; financial accountability, but not sure if that's necessary in a National evaluation.

Leads me back to: would pulling together in one document all the evaluations of the different regions, would that be the better way to go? Difficult to make a national evaluation pertinent to different regions. For example, in (province) here we do not stick to the target group. We allow any parent from birth to five to take the program. We're not limiting it to isolated parents or young, so our groups are quite diverse. There you've already got a "confounding" variable. I'm sure there will be variations in all the provinces and territories.

Wondering also how available the data is in terms of what is happening out there and numbers and how that will impact a National evaluation. Not sure if financial accountability should be included. One of the key things is to reflect upon is whether the goals and objectives are being met. The goals of the Nobody's Perfect program nationally should somehow be incorporated into the National evaluation e.g., Is it improving people's knowledge of child development? Is it decreasing isolation? I think that's really important

Would be interesting to know: How is the facilitator training happening in different regions and territories, how long is it, what's being developed, recruitment, how is that happening and is that being improved in any way?

And this is where I struggle, pinpointing, what should be covered and what should be left out because everybody can provide useful information. And when we do an evaluation here in (province), we cover everything. However, in (province), it's a lot easier because I have a really complete picture of everything, cause we're small and I can monitor things better. So I think it would be easy for us to include that, whereas in other provinces it would be more difficult because they are much larger and things that are happening are known whereas there's little knowledge of what's happening in some other areas.

Qualities an evaluation should reflect: useful, practical, manageable, sensitive, respectful to parents.

Past four years we've had 2 evaluation programs done in (province). We had recommendations and we're acting on them, so program running well in that respect. What I would find interesting about a National evaluation: What is happening in other territories and provinces, what are they trying out? What's working and what's not? What great ideas that we could possibly try out here? Local evaluations in (province), already know that things are working there.

Most regions, in terms of how programs are managed, evaluations done locally are fine. What they would like to see in a National evaluation: Is it making a difference? What happens in the beginning to now—compare to groups who haven't been exposed to NP program. Has there been a change in groups who have taken program?

This provides data for provincial coordinators to support/provide rationale for their program e.g., Indicators nationally -% of parents who have increased self esteem, % of children getting better grades, better structure etc. This is stuff that we in (province) can't do ourselves; stuff that's interesting for us.

We can tell locally what is running well, what we really want nationally, is, Is it making a difference? Locally, (province) does receive evaluation information from their local evaluations in terms of more short term evaluation: are their programs running well, are parents satisfied to some more longer term evaluations such as making a difference measured within two year framework versus something more long term that is 10 years down the road. What they would be



interested in would be measuring something more long term where they would not have the time, ability or funding.

On a daily basis over a long time period, N.P. program coordinator has a good idea of some of the long-term impact that their programs have made from personal observations of parents continuing on with programs when their children are older. But a National program would provide more in depth evaluation, long term especially in terms of the question, will we continue to get our funding and how will we get our funding? We don't really need anything that evaluates whether our programs are running regionally, it's more that how are we going to use the evaluation to prove something to funders such as Ministers.

Needs to cover whole nation, takes into consideration the uniqueness of each province, but capture national information. Needs to be simple, short period of time. Comes from different sources - Diversity of sample: Parents, facilitators, coordinators, trainers, possibly agencies. Cost should be reasonable, not expensive

Areas of program that need to be evaluated: several pieces, training not consistently done across Canada- need to look at quality assurance. Parents-evaluating feelings about parenting, support received. Funding -In [province] funding is sporadic, some provinces have consistent funding in place, others have coordinators dedicated to program. Need to look at the effects of this.

Evaluation needs of your province? Piece on parents missing, never interviewed parents on a large provincial scale. Funding in (province) might be over in 1-2 months. Would like to see an evaluation of seeing the differences between a Nobody's Perfect program that compares the differences between a program that delivers the program using a one-on-one approach where a facilitator would go into the home and facilitate program individually versus the traditional Nobody's Perfect program which delivers program through a group approach. What are the advantages and disadvantages of a N.P. program that delivers a one-on-one approach versus group and does the one-on-one program hold true to N.P. principles? Would parents benefit from nothing versus a one-on-one?

Found in rural areas difficult to recruit parents for group sessions so run individual approach programs. However, the question of parenting classes in groups is important in terms of decreasing isolation.

Two new home visiting programs that have been running in (province) for past two years where trained facilitators implement N.P. programs on individual mandate. Questioning whether this was a good decision or not as finding their numbers for program have increased. Wondering if they are heading in right direction. Haven't looked at evaluating formally these H.V. programs

Evaluation needs differ? Generally no. More commonalities. Although funding is sporadic.

## **2. FACILITATORS' PERSPECTIVES ON USEFUL AND MANAGEABLE METHODS**

"I don't know" - facilitators need support - need to know how they can keep the right way - there is no network for facilitators - there is no provincial coordinator - this is a problem.

User-friendly design - evaluate: capacity building – e.g., seeing a parent go from a participant to a facilitator to making the decision to go back to school (as a result of NP); number of trained facilitators; number of parents attending. - NP National Office could: provide a history, give a cross Canada perspective, articulate their challenges, provide a research assistant for data collection.

Regional evaluation - selected sites - organized as an event - planning committee needed - a national evaluation person needed to link with region - a pre-evaluation session needed for





context -could be a focus group - National Office would have the framework -ideally there would be a parent advisory committee.

Tool - pre-test/post-test - "It's obvious, everyone does this" - hire someone to do the evaluation - get feedback from parents at 6 months, 1 year, 5 years - should be easy - should be an incentive - there are consent issues.

Pre and post-tests - look carefully at questions asked - keep tests as short as possible - group observation could also be done.

Concise - encompassing - Evaluate: program delivery, recruiting, whether or not people formed a supportive group (from the facilitators' viewpoint - could do an email questionnaire to all facilitators), number of classes (6 or 8 or more), whether or not child care, transport, food needs to be provided - National Office needed for consultation, final gathering spot for information, dissemination of findings. USE the structures already in place to support the evaluation (National and provincial bodies).

Evaluation that is concrete, clear and concise; Methods of evaluation-Because of small jurisdiction, should use a combination of methods such as: Interview Process: to collect lot of [in depth] info; Face to face contact with parents, especially ESL parents very important. At least have telephone interview if not face to face; Questionnaire: concern re: return rate.

It would be interesting to look at piece of questionnaire or interview that looks at length of time facilitators involved in program, e.g., Quite new people involved in their program versus facilitators with several years of experience. Interesting to evaluate each perspective.

Focus groups NOT suitable as numbers so low and travel costs for evaluators to travel is so expensive; less "bang for your buck"

Who would participate? Parents, facilitators, provincial coordinator - Don't have any agency contacts.

Incentive for participation; Yes important. From facilitator point of view. Incentive for parents is for the evaluation process to be simple. Need support for parents in evaluation process. Facilitators are connecting link to parent groups; will get better response to evaluation. "Southerners" or "outside group" coming into evaluate the quality of evaluation will be different. "Southerners" can be unwelcome or intimidating to community groups.

What data needs to be collected? Funding: As provincial coordinator, there is no Nobody's Perfect funding - Relies upon community groups to apply to larger regional funding sources, e.g., Healthy Children Initiative 0-6 years provides funding to certain wellness programs e.g., FAS programming.

Program delivery activities and training: Lots of people using the Nobody's Perfect books, but people not necessarily trained. Limited funding for books. How do you evaluate this? e.g., 5 facilitators formally trained but 15 "others" using books in community without formal training. Where and how are they getting the books? Need data re: tracing sources of funding. One Public health nurse providing classes but out of her own agency time as part of her job. [Review Team termed these "fugitive programs"]

Data re: adaptation of program delivery: What are people doing? How do facilitators adapt the content, process of particular groups they are dealing with? e.g., Cultural factors, family on the land. Need data on sustainability and outcomes: What is the impact of a 6-12 week program? How many people do we impact? What are the outcomes for parents in the home: e.g., things



that are part of them that they are consciously doing. What made a difference for parents? Behaviour? Books? Are we really hearing from the parents?

Interesting to look at the outcomes nationally.

Who should organize and conduct evaluation - A combination of key players: facilitators and parents in cooperation with outside evaluators.

Need to look at process jointly with group of evaluators contracted along with key players in the region; e.g., a sampling of 5 facilitators to work with contractors on evaluations.

Facilitators need to feel comfortable. Can't be intimidated by evaluators. As much as evaluation is positive/supportive, can be a "fearful" thing - "Now we are going to evaluate something". Not putting pressure on facilitators in terms of workload. Lots of these people are juggling full-time work.

How often should an evaluation be done? Overall program evaluation (large scale) is not needed frequently. Have evaluation tools beyond what they're using now; have facilitators use tools that collect information each year. Collection of ongoing data (outcomes) on smaller scale each year with parents then leading into larger 5<sup>th</sup> year evaluation.

How might the provincial/territorial/regional Nobody's Perfect organizational body support the evaluation? Do "leg work" helping facilitators: who can they phone, where are the contacts? How can we prepare "Southern" evaluators to be prepared to what they might walk into? Need connecting link between front line, local facilitators and outside evaluators.

How might the National Office support the evaluation? Need overall direct link to National office. Needs to facilitate group of evaluators to people in the region that in turn will help connect to others within the jurisdiction.

46 active facilitators and coordinator has regular contact with them and any of them would be willing to participate in any way. Locally, have used focus groups as method of evaluating facilitators in terms of facilitators giving feedback, so they are used to that approach. That approach is sometimes better than a questionnaire or something over the phone. Focus groups are manageable. Doesn't want hours of facilitators' time involved in evaluation. 2-3 hours is manageable and agreeable to that. A lot of their jobs are quite busy so can't take up great deal of time.

Parents & facilitators - Not sure if a focus group mixed with both groups would work. Have a very mixed group of parents as don't recruit from target groups. Some parents may or may not feel comfortable. May be better to run separate groups of parents and facilitators. Focus groups for parents could work, but giving parents an option might be a better way to go as to how they would want to participate. And there may be some facilitators who may want to do it individually.

Regionally in (province) they already know this information from their own evaluations in terms of what parents and facilitators think. There are only a couple of regions that they could think who have done their own evaluations locally, but most have not.

In terms of National evaluation a "one time" thing isn't an interest to Coordinator. Continuous evaluation more helpful. Need standardized questions across the board where the same questions are being asked annually and compiled. Something that is simple e.g., one page questionnaire; demographics, how parents feel about parenting skills, it would be interesting to see commonalities across different demographic groups.



Incentives? –For parents an honorarium, to say thank you would be important. Facilitators - may get expensive if numbers high. Needs to be manageable to follow the philosophy of program.

How often should an evaluation should be done? Difficult to answer. (Province) did two evaluations three years apart worked well there. Not sure how to answer question as it depends on the scope/purpose of evaluation as huge undertaking. Wouldn't want a National evaluation to be done every two years. Would be too much.

Results may determine frequency. Check in a year may be valid if you need to make some changes based upon previous program adjustments required

Have an evaluation steering committee. Evaluations are a necessary part of programming. Steering committee would be supportive of evaluation; see value in this. Steering committee is the body looking that would oversee an evaluation and would look at the recommendations and what will be followed through on and how and so on. Very hands-on committee - not an advisory committee. Not just a sounding board; they would be very supportive.

National office support? Hard to know until you know what evaluation is about. Would play a key role as well. Body that has an overall view across Canada; brings a different perspective from individual regions. What do they need to know to effectively run a National program?

Finding out what keeps parents interested. What happened to parents dropping out of classes. Need to be fairly simple-Questionnaire-most appropriate and simple; Focus groups - may get more diverse response -time commitment-people may not be as honest with responses -might get them to open up more

Who would participate? All of them in different ways: One process for parents -one for facilitators

Incentives? Not big demand on facilitators' time. Covering costs - travel, lunch. Honorarium not necessary.

What data needs to be collected or collated? Confidence level of facilitators; if training prepared them enough; ongoing support; what worked for them. Piece of information from parents what worked for them. Recruitment of parents. Individual versus group session

Who should organize /conduct evaluation? should be same person throughout nationally - not to have each province have their own organizational group - same group of people organizing for all provinces in relation to piece for N.P. facilitators - Outside group of evaluators coming in would be positive in that it would not involve someone from within that would have a vested interest; it would be more consistent.

Frequency? Every 3-5 years ideally but not sure if a National evaluation will ever happen.

How might Provincial, Territorial/regional NP organizational body support the evaluation? Cooperating in terms of contributing to resources, information about the evaluation and information dissemination, help in setting up focus groups; logistics behind it.

National office support? Lobbying to actually have it happen-information needed; someone to help support the process. Funding for resources so that it's not an added cost for each province. Hiring someone to do it.



### 3. REASONABLE EXPECTATIONS FOR PARENTS' CONTRIBUTIONS TO AN EVALUATION

"I don't know" - evaluate what parents can take from the program - evaluate what are the QUALITIES of the parents attending NP.

Parent as partner NOT parent as object when doing evaluation - use non-obtrusive methods - the process is more important.

Need parent input in any aspect - look at a variety of tools - could use a focus group, interview - whatever is done - child care and transportation need to be provided - look at getting a RANGE of different parents.

Indicators could be shaped by parents - CAPC evaluations, learned a lot from the process - focus group, questionnaire (oral, written), home observation, parent report - things to consider with the evaluation process: someone needed to support the family, not a stranger.

1:1 interviews or as a group - in a group would be like the NP shared experience - people may not be as frank - hard to do something rigorous.

Parents will be more keen to participate in an evaluation if they know it will be helpful to others - concerns include: high risk families nervous if they feel they are being judged, fear of authorities, fear of child welfare, ESL, level of literacy.

Could be a one time (focus group) or ongoing thing (brainstorming session at the completion of a series of sessions) with 6- 10 parents in a group.

In terms of parents who are presently involved or have been involved the interview method or discussion would be most effective.

Evaluation would need to be very short in terms of time and energy.

Families are already maxed, in crisis. Find a way to get info without putting onus on them; not adding another thing for them to do.

Written questionnaire very limiting: need to consider literacy level.

Need to collect info with them. In (province), they get parents to fill out question that asks them if they would like to be involved in an evaluation process so that the (province) already has a list/permission for participants in an evaluation study.

In (province), parents fill out questionnaire. Last year, evaluator contacted parents who have attended over the years and after time period after class has elapsed.

Need to ask questions to parents as to how long ago did they take a group program? How much information did they use from class? How did they use the books? How long a period of time before parents used skills from class?

I'm hesitant to ask a great deal of time of parents. Could provide an honorarium. Sensitivity to questions asked and given options as to how they would like to participate.

Not a great time, energy commitment. Fairly easy process. Childcare in place - some incentive-providing lunch or something.



Not sure which format would work best but need to consider literacy level. Need to keep simple; not many forms.

#### 4. DRAFT LOGIC MODEL FEEDBACK

"I have no big problem with the logic model." " Why are we going there again?" The long term follow up and facilitator pieces are important.

It is a start - hard to follow - Support part is OK - Education part - be careful of long term outcomes - link short and long term outcomes - overall goal - soften it as it is, it is holding NP up to a standard change to "Parents will be capable of accessing the information and support they need to maintain and promote the health of their children aged 0-5 years."

The indicators look hard to measure - parents should shape the indicators - How do you measure the "can do" feeling? - How could you claim causality? - not sure about the overall goal and "able to articulate learnings" pieces...

"Increased confidence" and "improved self image" may go better with support than education - Language an issue - session instead of class, parent instead of participant or enrollee - see the current Leader's Guide to align the language.

Language issues.

"I like it" "It's short, concise, concrete, clarifies expectations...for example, clearly spells out the short term indicators, objectives..." Program indicators, "it fits" "Nothing not helpful" Likes "check off boxes" " I think it works depending upon how far it goes and who it's for... Not for the parents."

Helpful tool. May be more difficult for an abstract thinker.

Needs to be clarification of definitions; e.g., indicators and objectives.

Found model a little difficult to understand - points are relevant/appropriate/accurate to the NP program.

Found set up confusing especially in terms of if someone not familiar with program. Depends upon form the evaluation takes as to what is addressed and which components are more important.

Not familiar with this type of model. Can't give much input.

Easy to use; generally looks fine.

Some words need to be clarified e.g., Teach –word goes against what is used in N.P. Could be changed to "facilitate" instead. Need to look at semantics especially for those doing the evaluation. Need to be careful with wording especially with parents e.g. Post-test, pre-test. Applicability-thinks this model can be used.

#### 5. 1999 EVALUATION FRAMEWORK FEEDBACK

We were onto a good framework.

Keep it as manageable as possible - break it down at the regional level - language issue (English/French) in terms of translation and meanings of words - "making a difference" - this is too specific - needs to be more dynamic.



"I don't think that way"; "It doesn't speak to me". "Making a difference"? Needs more detail regarding exactly how things will happen.

She wasn't familiar with framework; had to really look at it to follow through Might be a real challenge as to what it is really saying to us - Depends upon the audience: it might be a real challenge as to what it might be saying to us here in terms of interpretation and understanding

The framework works its way out so we're gaining information right from the heart of it (parents and facilitators) and then we're working our way out to interviews with coordinators, reps, trainers and then what we do with that information is the criteria for continuing evaluation.

This model can work for any audience if an explanation is given with it so that it is understandable and not just a bunch of words

Going to the audience and being aware of the acronyms in the model is important. Explanation of model, terms of reference, adaptation of model are important to keep in mind. Clarity of model/framework - Not jargon and understandable for everybody including trainers, facilitators and parents. At some level everyone is going to understand some level or one of these rings in framework

Other question to ask is: whether it matters if each level/group understands the "outer shell" to the model. Depends upon what's needed: if I'm a parent, and I understand the middle/inner level and that's all I, as an evaluator really believe that as a parent you really need to think about, then the outside shell doesn't really connect.

Changes to framework required? Putting yourself into the shoes of parents; need to ask the question, what happens to all the information; it's great doing it, but parents may say, so what are you going to do with it (their information) What does it matter? How does it connect?

The model works; nice and simple and can be tailored to audience. To tailor to specific audience using different words, but mean the same kinds of things. Can change phrases; some flexibility in adjusting to audience appropriateness.

It has been sometime since they've looked at it. Depends upon what you're looking at in terms of a national evaluation program as to what would work in relation to evaluation program model.

No comments; looks good

Has been a while since she looked at framework. Was involved in meeting with other coordinators in helping to develop model. No revisions or changes suggested

## 6. OTHER COMMENTS

An evaluation of parent supports in (province) captured information about NP - a study of the 50 CAPC projects in (region) Canada captured information about the value of NP - How can we use already existing evaluation information or link onto projects that are already funded and in place (CAPC)? Look outside of NP to get evaluation data.

(Region) Canada has had real dedication to make NP happen - loss of provincial coordinator in (province) is not good - provincial coordinator provides a focused effort for NP - NP = materials + process = the program.

Credibility is an issue. A more informal evaluation may not achieve the credibility we need. Could use parents waiting to get into NP as a control group. Would love to capture some of the parents' voices.



## **APPENDIX G**

### **CRITERIA FOR REVIEWING QUALITATIVE RESEARCH**

**Draft #2 November 2000**

**Canadian Journal of Public Health  
Ottawa, Ontario**



Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Title of Article:</b>
--------------------------

<b>Significance of the study to public health practice</b>	
Population group	
Practice discipline	
Principles of public health	

<b>Research question</b>	
Explicitly stated	
Conceptually sound (i.e., fits the context and the issue; makes sense)	
Linked to literature/practice/theory	
Appropriate for qualitative methods	

<b>Selection of participants in the study</b>	
Unit of research clearly specified (e.g., individuals, families, collectives, children)	
Explicit criteria for participant selection	
Descriptive profile of participants	
Biases in selection articulated	
Theoretically justified	





<b>Research method</b>	
Method stated and defined (e.g., grounded theory, phenomenology, ethnography, etc.)	
Sensitivity of method to answer question	
Definitions included	
Limitations considered	
Participant-researcher relationship	

<b>Data collection</b>	
Activities clearly described (e.g., interviews, focus groups, observation, etc.)	
Limitations of data collection considered	
Participant-researcher relationship	
Processes and decisions documented	
Data description (e.g., transcripts, audio-tapes, videotapes, field notes, reflexive journals)	

<b>Analytic process</b>	
Systematic procedures are described	
Description of emergent themes, concepts, categories	
Strength of evidence for and against arguments	
Trustworthiness of data checked (e.g., detailed and thorough data review, audits, member checking, triangulation, etc.)	
Member-checking; interpretations comprehensible and demonstrably emerge from the data	
Data are presented (quotations, field notes)	
Researcher's position clearly stated	



<b>Presentation of results</b>	
Context of the study is clear	
Range of evidence clear and sufficient	
Distinction between evidence and interpretation	
Clear demarcation between participants' voice and researcher's voice	
Findings discussed with reference to existing theoretical and applied literature	
Credible and appropriate results	
Provides insight into human or social processes	
Avoids language that implies generalization to the population	

<b>Ethical issues adequately considered</b>	
Reviewed by Research Ethics Board prior to conducting research (Tri-Council guidelines)	
Confidentiality, anonymity addressed	

**Additional Comments (Please continue on the back of this page or add a separate sheet):**

**Reviewer's Recommendation:**

- Publish as is with minor revisions
- Address flaws before publication; follow-up review recommended
- Not recommended for publication



# APPENDIX H

## REFLECTIONS ON THE REVIEW



## Overarching review questions

**Process:** Did we do what we said we would do?

By comparing the program as designed with the program as delivered, we can learn about the efficacy of the program. We can assess the degree to which the facilitators adapted the program to meet the needs of the participants, and their rationale for the adaptations.

The challenge with this is that it is the nature of the program to be flexible and adaptable to the needs and contexts of the participants. Some people suggest the program rarely, if ever, runs entirely according to the specified plan. How then can a quasi-experimental evaluation be designed? The best case scenario would be to be as rigorous as possible, whatever the design, and let readers of the final report determine if there are lessons to be learned that can be transferred to their contexts. The descriptions of the activities and responses to interventions would need to be rich and thick to allow the stories to be fully comprehended.

**Outcome:** Did we achieve what we wanted to achieve?

By assessing the degree of parental change in terms of knowledge and skill related to child health, safety and behaviour, we can determine the effectiveness of the program as delivered. This can be achieved through satisfaction surveys, self-report, pre- and post-tests, standardized measures of self-esteem, etc.

The challenge in this instance is the vulnerability of the parents involved in the program. Some may be too stressed by external factors to be able to fully participate in an evaluation. Further, time, literacy and language may be factors that impinge upon data collection. Any instrumentation would need to be developed so that it is culturally sensitive and not biased to traditional Western values.

On the other hand, we found several instruments that have been successfully used in Canada and have good reliability and validity. These could be used in select situations.

How much time should elapse in order to be confident in the stability of any gains achieved? With this mobile population it may be difficult to measure long-term outcomes. Should these people continue in the next level of programming (e.g., Ready or Not) there may be an opportunity to assess the impact of Nobody's Perfect on their parenting and their interest in continuing in parenting support programs.

**Input:** What did it cost in dollars, time, personnel, and other resources to achieve the outcomes desired?

Each cost has a consequence – by tracking the costs an assessment can be made regarding the economic viability of the program. Further, the cost-benefit of an evaluation can be assessed. If nothing can be gained from a national approach in light of the high quality provincial evaluations, then the need for an expensive national evaluation is obviated. A meta-analysis and a wide diffusion of findings can accomplish the tasks of informing other program planners, evaluators and facilitators of the quality of the strategies used. As well, it could provide those that fund the program the accountability data required for decision-making.

**Context:** It is important to remember that the context of each program may be unique.

Rather than focus on the uniqueness of each provincial/territorial program, we need to examine the commonalties so that decisions can be made on evidence that can be generalized (to some degree) across offerings. The program has a set of core values and



activities that are common across populations and jurisdictions; the delivery by different facilitators, however, cannot be 'controlled' in the scientific sense.

On the other hand, would it be of benefit to conduct a randomized control study in some part of the country? The "evidence" would be stronger from a scientific perspective, but would it honour the principles of the program in terms of flexibility and responsiveness?

Based on the above, the Review Team recommends evaluation begin with a process evaluation in which the participants are key informants (coordinators) from the provinces and territories. Questions for this evaluation component are based on the second circle and are detailed below:

1. What are the characteristics of the most effective programs in your province/territory?
2. When programs are not as successful as hoped, what are the causes?
3. How can the program be more effectively monitored?
4. Does the monitoring form need to be revised? If yes, can you suggest some modifications you would find helpful?
5. What is the rate of return on the monitoring forms? How can this be improved?
6. Where do these forms go and how are they analyzed?
7. Tell me about outreach strategies that are effective.
8. What is the most important role of the program coordinator? What are other key roles?

To re-focus these informants on the inner circle, refer to the Logic Model and ask the following questions regarding the inner circle – making a difference:

1. What methods of facilitation are most effective in reducing parents' sense of isolation?
2. What methods are most effective in transmitting information and advice?
3. How are parental coping skills and knowledge measured?
4. How do you measure improved confidence and self-image as a parent?
5. How do you monitor help-seeking behaviours?

In a follow-up study, participants themselves could be surveyed with similar questions. Other methods might include focus group, case study, in-depth interviews with "alumni"; among others.



## **APPENDIX I**

### **PERSPECTIVES ON PARTNERSHIPS**

**Scott and Thurston (1997)  
Canadian Journal of Public Health, 88(6)**



## A Framework for the Development of Community Health Agency Partnerships

Cathie M. Scott, MSc, Wilfreda E. Thurston, PhD

### Abstract

*The purpose of the study reported in this paper was to generate substantive theory regarding the development of effective partnerships among community agencies working with vulnerable populations. Ethnographic interviews were conducted and analyzed by applying the constant comparative method of qualitative analysis. This information was supplemented with data from the participants in two workshops, three manuscript reviewers, and relevant literature. Analysis of the data resulted in the emergence of a framework that outlines elements of partnerships. This framework furnishes the foundation for discussions of partnership configuration and partnership development. The results of this study provide basic guidelines for the formation of effective partnerships, and show that there is no single way to develop and structure such collaborative initiatives. Further studies are required in other substantive areas to advance the emergence of a formal theory of partnerships.*

Addressing complex societal issues requires that stakeholders work together to explore the disparate perspectives.<sup>1</sup> There is widespread recognition of the need for partnerships to ensure the effective development and delivery of services and supports that contribute to health.<sup>2-4</sup> Interdependence among sectors that influence the health of populations has made this critical. In Canada, emphasis has been placed upon the need for intersectoral action to effectively address the broad determinants of health,<sup>5-7</sup> despite strong support for the development of community partnerships, however, there is little published literature regarding the evolution and structure of these partnerships.

Although people from many community groups and organizations are espousing the need for partnerships,<sup>5, 8-11</sup> they may not be speaking the same language. For example, some people actually mean cooperation when they say partnerships.<sup>12</sup> This article will use Barbara Gray's<sup>1</sup> description of "collective strategies" to define partnerships. According to Gray, collective strategies are inspired by a shared vision of a need and include the development of agreements to address a problem and bring the vision into reality. Collective strategies involve the establishment of a referent organization, which functions to regulate relationships and activities, appreciate emergent trends and issues, and provide infrastructure support.<sup>1, 13</sup>

The purpose of this study was to generate substantive theory regarding the development of effective partnerships among community agencies working with vulnerable populations. The community agencies that participated in the study included government health services and private, non-profit agencies that provide services related to health.<sup>14</sup>

## METHODS

The paucity of published literature and theory relating to this substantive area made a qualitative study using grounded theory<sup>15</sup> the most appropriate method. Theoretical sampling<sup>15</sup> was used to identify interview subjects and interview content. Ethnographic open-ended interviews<sup>16</sup> were conducted with eight individuals who were currently involved in interorganizational partnerships.

---

Department of Community Health Sciences, The University of Calgary

**Correspondence and reprint requests to:** Dr. W.E. Thurston, Department of Community Health Sciences, The University of Calgary, 3330 Hospital Dr. N.W., Calgary, AB, T2N 4N1, Tel: 403-220-6940, Fax: 403-270-7307, E-mail: thurston@acs.ucalgary.ca



These individuals represented a cross-section of positions within the agencies, ranging from executive directors to front-line workers. The partnerships were between agencies providing health services to people with special needs (e.g., individuals with HIV/AIDS; children and adults with disabilities; representatives of First Nations). Informants were asked to describe a partnership in which they had participated. They also identified and ranked the essential elements of "successful partnerships". "Success" and "failure" were contextually defined by each informant.

Interviews were transcribed verbatim and, using the constant comparative method of qualitative analysis,<sup>15</sup> each statement was coded and compared with other statements that had been assigned the same code. Groups of coded segments were constructed according to similarities in the statements to form categories. This information was then shared and supplemented by data from the participants of two workshops, three manuscript reviewers, and relevant literature. Definitions for categories were formulated and reformulated during the data collection and analysis process, which resulted in greater depth and clarity.

**RESULTS**

Analysis of the data resulted in the emergence of a theoretical framework that outlines the partnership framework (elements of partnerships), configuration, and development. Each are discussed below.

***The partnership framework***

Six categories that became evident early in the data collection and analysis process describe the partnership framework: external factors, domain, partnership characteristics, partner characteristics, communication, and operations. Table I provides broad explanations of each of the categories.

Table 1 Partnership Framework				
Categories	Properties	Dimensions		
External factors	Administrative	Organizational		
	Service provision	Individual Community		
Domain	Recognition	Funders Community	Partners Personnel	
	Support	Vulnerable group		
Partnership characteristics	Groundwork	Research	Activities	
	Organizational structure	Administrative	Operational	
	Resources	Funding Personnel Material	Space Time	
		Representation	Areas	Characteristics
Partner characteristics	Reputation	Positive	Negative	
	Organizational structure	Administrative	Operational	
		Resources	Commitment Knowledge Skills	Funding Time
	Representation		Areas	Characteristics
Communication	Type	Formal	Informal	
	Area	Service recipient Personnel Partner	Partnership Community	
Operations	Type	Administrative	Service provision	
	Area	Service recipient Personnel Partner	Partnership Community	





### *External factors*

External factors are described as the external influences on the partnership, including the social context and the political and economic systems within which the partnership is based. All programs are situated within social contexts. Although external factors may not play a predominant role in a partnership, it appears that they must always be considered. External factors that may influence the partnership were distinguished by whether they exerted influence at the administrative level or at the service provision level. Organizations, individuals and communities external to the partnership were identified by the informants as potential sources of influence.

### *Domain*

The domain is the sphere of interest of the partnership (e.g., HIV/AIDS). Partners may come to a partnership representing interests in several different domains. However, at the partnership level, these disparate interests are focused in an attempt to address one particular domain. If the existence of the domain is recognized and supported by all players (i.e., funders, the community, the vulnerable group, potential partners and program personnel), partnership initiatives are more likely to succeed. Informants indicated that a broad base of recognition and support reduced the work required to maintain a partnership initiative, and thus goals could be addressed more effectively.

### *Partnership characteristics*

Partnership characteristics are the factors that distinguish the inter-organizational collaborative effort. Each partnership initiative is unique in the way in which it is established and in the individuals and organizations that participate in its development. The characteristics that distinguish a partnership include the groundwork completed prior to the initiation of the partnership initiative; the organizational structure of the partnership; the resources that are available to the initiative; the representation of the vulnerable group within the partnership; and the reputation of the partnership.

Effective partnerships were those that developed partnership characteristics that broke down professional territorial barriers—such as, the implementation of communication strategies and professional development opportunities that encouraged collaboration.

### *Partner characteristics*

Partner characteristics are those factors that distinguish the partners. Each partner will bring distinctive characteristics to the partnership, which will directly and indirectly influence its development. These characteristics include the organizational structure of the partner agency; the resources that the partner and the partner representative are able to contribute to the partnership initiative; representation of the vulnerable group in the partner agency; and the reputations of the partner, the personnel working for the partner, and the vulnerable group served by the partner agency. Formal representation of the vulnerable group at the partner level was something that was discussed by all informants. The characteristics of this representation varied among partnerships.

### *Communication*

Communication affects all of the categories previously discussed. Recognition of formal and informal types of communication is vital to the success of a partnership, and strategies to facilitate both are needed. The type of communication that takes place between partners will directly or indirectly affect the partnership. Ongoing evaluation of communication strategies will help determine which are appropriate for the partnership at a given time.

### *Operations*

Operations are the administrative and service provision activities performed on behalf of the partnership. The operations clearly influence the success of the partnership. The type of operations carried out in all areas associated with the partnership may directly or indirectly affect



the external environment, the domain, partnership characteristics, partner characteristics and communication. Care must be exercised to ensure that the vision of the partnership will be advanced by the type of activities performed and the manner in which they are performed. The types of activities performed by the partnership are influenced by the time frame for completion, the available resources, and the knowledge of similar programs.

### **Partnership configuration**

The configuration of categories, properties and dimensions must be unique to the specific requirements of the partnership. All six categories and their associated properties and dimensions must be appraised and adapted to meet the specific needs of individual partnership initiatives.

Although properties and dimensions reinforce the distinctiveness of each of the categories, these categories must never be considered in isolation. Through a detailed analysis of the data using a descriptive question matrix,<sup>17</sup> it is evident that each of these categories interacts with each of the other categories. Changes in one area may directly or indirectly influence changes in all other categories. Just as the cogs within a toy must all work together to propel the toy, within this framework all of the categories and their properties and dimensions must be considered and configured to advance the partnership toward a common vision.

The configuration will vary from partnership to partnership, some categories taking precedence in some partnerships and others taking precedence in other partnerships. Failure to assess each of the elements in the framework to determine its appropriateness for a specific partnership model may result in some essential elements being neglected (Figure 1), some non-essential elements being implemented (Figure 2), or some essential elements being implemented improperly (Figure 3). In any of these situations, the result may be that increased work will be required to ensure the success of the partnership, or the partnership may fail to achieve the

### **A process model of partnership development**

It is one thing to recognize that specific elements in the partnership framework are essential or non-essential for the development of a partnership and another to determine when to implement each of these elements. The partnership framework and the data from the workshops were used to develop a more comprehensive process model of partnership development (Figure 4). The development of a partnership is an iterative process. After the partnership has been initiated, the order in which activities occur will vary from one partnership initiative to the next.

The process begins with the awareness of a need. Early in the process, it is important to discuss the formation of the partnership with potential partners. An informal group can then formulate a vision for the collaborative initiative. When the vision has been formulated, this group will be able to identify potential actions/operations that will advance the vision, identify external factors that may affect the partnership, essential partnership characteristics, and the characteristics of potential partners; it can then contact the partners so identified and discuss communication strategies.

The next stage of the process involves gaining commitment from potential identified partner agencies. Before proceeding, it is recommended that potential partners agree on issues relating to partnership characteristics, communication strategies, and operations. Once these factors have been established, the partnership initiative can be implemented. Evaluation procedures are an integral part of the entire development process.

## **DISCUSSION AND CONCLUSIONS**

The complex interactions within and among categories heightens an awareness that there is no one way to develop and structure a partnership initiative. The proposed framework and models must be used only to guide such initiatives. This being said, the framework suggests some actions that may encourage the success of partnership ventures.



The completion of groundwork before a partnership is established and the implementation of ongoing program evaluation may help identify the elements of the framework that are required for a specific partnership. Failure to complete these activities may result in some essential elements of the framework not being identified or being improperly implemented. When all elements of the partnership framework have been reviewed and appropriately implemented, the partnership is more likely to succeed.

Issues relating to external factors, partnership characteristics, partner characteristics, communication strategies and potential operations should be discussed early in the development of a partnership initiative. Each potential partner will seek specific benefits from participation in the partnership; these reasons for participation must be acknowledged through a clear discussion of how each partner may benefit. If benefits are not foreseen, partners should be given the opportunity to withdraw from the initiative.

It is particularly important that the people who are approached to act as partner representatives be committed to the issue that will be addressed by the partnership. It is essential to develop strategies to maintain a high level of commitment as experienced partner representatives leave and new ones join the partnership.

The development of partnerships among community agencies is recognized as a strategy to facilitate effective development and delivery of services at the community level. In the current economic climate there is increasing pressure on partnership initiatives to achieve the objectives that they identify. In this environment, care should be taken to select partner representatives who possess the skills and knowledge required to advance the partnership toward the shared vision.

It is not possible to over-emphasize the importance of clearly describing the reason for the partnership. It is essential to develop agreement on contextualized definitions regarding the vision, the goals, and the objectives of the partnership. All the partner representatives must be talking the same language when they come to the partnership table. Agreement on these and other partnership characteristics, communication strategies and partnership operations should be in place before a partnership is formally established.

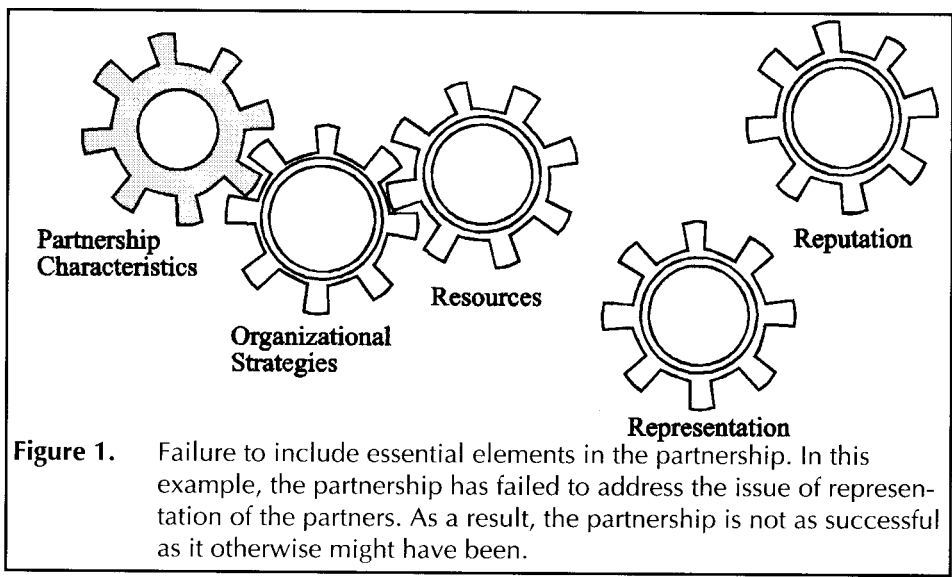
An evaluative component should permeate every aspect of the partnership. An overall commitment to evaluation may ensure that the partnership is responsive to the external environment and that it meets the changing needs of the people it serves. The results of this study provide basic guidelines for the formation of effective partnerships. Further studies are required in other substantive areas to advance the emergence of a formal theory of partnerships. The absence of comprehensive guidelines relating to the structure and development of partnerships among community agencies highlights the need for research in this area. The development of a theoretical framework that identifies the key components of successful community partnerships will contribute to the field of study and the development of such guidelines.

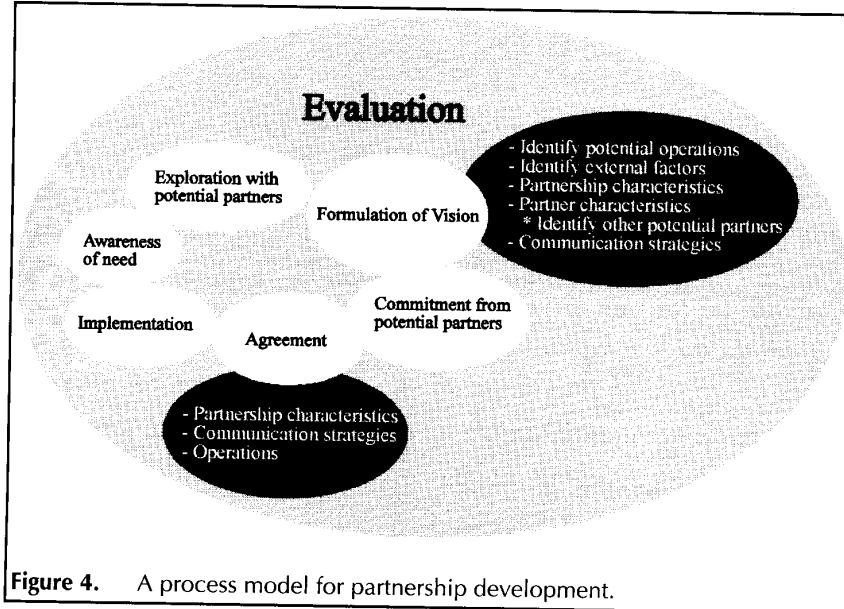
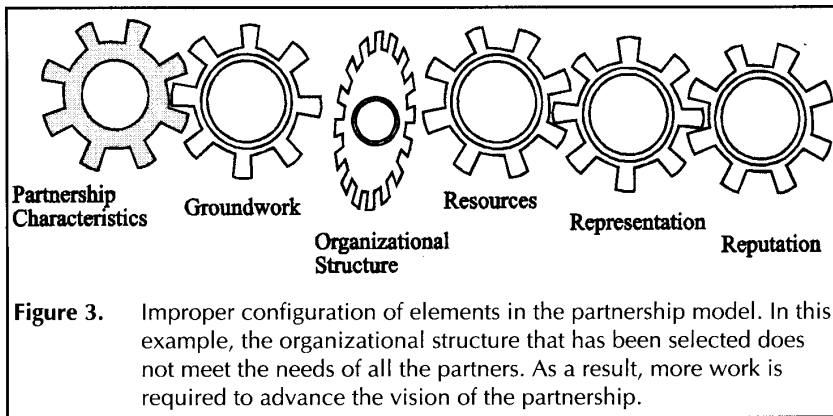
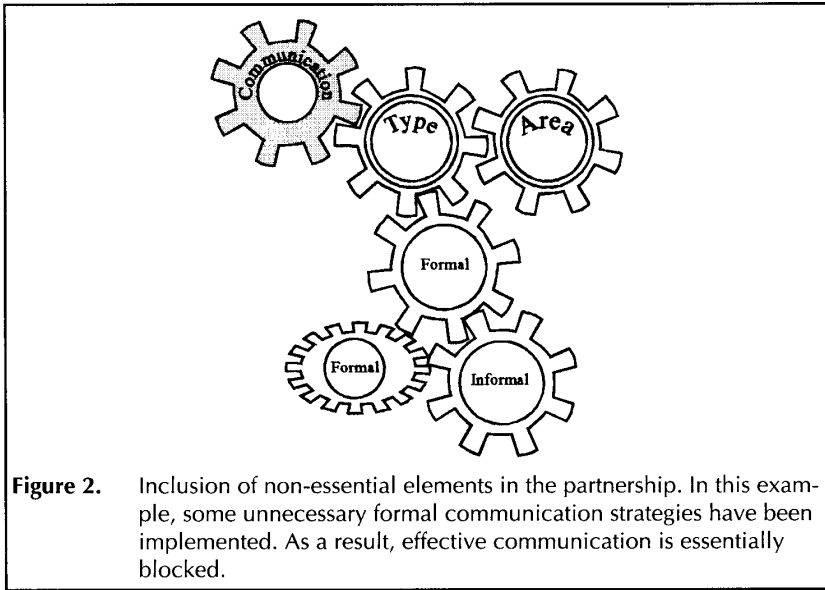
## REFERENCES

1. Gray B. *Collaborating — Finding Common Ground for Multiparty Problems*. San Francisco, CA: Jossey-Bass, 1989.
2. Bridges C (Ed.). *Community Supports Update: Status Report*. Edmonton, AB: Government of Alberta, 1992.
3. The University of Calgary. *Proposal The Calgary Institute for Health Promotion Research*. Calgary, AB: University of Calgary, 1992.
4. The University of Lethbridge. *Proposal Centre of Excellence for Community-Based Health Promotion Research*. Lethbridge, 1992.

5. Draper R. Perspectives on Health Promotion: A Discussion Paper. Ottawa: Canadian Public Health Association, 1995.
6. Evans RG, Barer ML, Marmor TR (Eds.). *Why are Some People Healthy and Others Not? The Determinants of Health of Populations*. Hawthorne, NY: Aldine de Gruyter, 1994.
7. Federal/Provincial/Territorial Advisory Committee on Population Health. *Strategies for Population Health: Investing in the Health of Canadians*. Ottawa: Health Canada, 1994.
8. Alberta Health. *Partners In Health: The Government of Alberta's Response to the Premier's Commission on Future Health Care for Albertans*, Edmonton, AB: The Government of Alberta, Communications Branch, 1991.
9. Moffat P (Ed.). *Health Vision — Turning Ideas into Reality*. Edmonton, AB: Alberta Health, 1992;l(3).
10. Sturtevant D. Building community partnerships: An AIDS example. *Health Promotion* 1990; Summer:2-5,22.
11. Williams KR, Scarlett MI, Jimenez R, Schwartz B. Improving community support for HIV and AIDS prevention through national partnerships. *Public Health Rep* 1991;106(6):672-77.
12. Agger N. Defining Collaboration in the Context of Inter-agency Relationships: An Overview and an Attempt at Re-definition. Calgary, AB: The Catalyst/Connector Sub-Committee of the United Way of Calgary MOC Committee.
13. Trist EL. Referent organizations and the development of inter-organizational domains. *Human Relations* 1983;36(3):269-84.
14. Scott-Taplin C. The development of partnerships among community agencies working with vulnerable groups [Thesis]. Calgary, AB: The University of Calgary, 1993.
15. Glaser B, Strauss A. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York, NY: Aldine de Gruyter, 1967.
16. Spradley JP. *The Ethnographic Interview*. Toronto, ON: Harcourt Brace Jovanovich College Publishers, 1979.
17. Spradley JP. *Participant Observation*. Toronto, ON: Holt, Rinehart, and Winston, 1980.  
Received: November 29,1996 Accepted: April 21, 1997

Reprinted from the Canadian Journal of Public Health, 88(6), 416-420







**APPENDIX J**

**A POSITION PAPER**  
**BY W.E. THURSTON (1994)**



## **PARENTING SUPPORT, HEALTH PROMOTION, AND PREVENTION OF FAMILY VIOLENCE**

### **A POSITION PAPER**

W.E. THURSTON, Ph.D

MARCH 1994

FAMILY AND CHILD HEALTH  
HEALTH PROMOTION DIRECTORATE  
HEALTH CANADA OTTAWA

### **I. INTRODUCTION**

Health promotion is the process of enabling people to increase control over and to improve their health. Therefore, health promotion must involve attention to issues of justice and equity and is a new paradigm in which to examine the role of prevention. This paper will describe a conceptualization of health and relate health promotion and primary prevention to health and to each other. Parent support and education programs, using Nobody's Perfect as an example, will be placed within the health promotion framework. Finally, how parent education and support can be viewed as health promotion programs for the prevention of family violence will be discussed.

### **II. CONCEPTUALIZING HEALTH**

Most health care professionals and members of the general public now view health as more than the absence of disease. When asked to describe what health is, people talk about four aspects of their lives: physical, social, psychological, and spiritual. Health must therefore be viewed as a complex multidimensional concept that includes: the absence of symptoms, illness, and disease in all four aspects; positive experiences, physically, psychologically, socially, and spiritually; positive interactions with one's environment; the capacity to pursue goals and to cope with both positive and negative experiences in life; and the actual pursuit of goals. In this view of health an individual cannot be examined in isolation from her or his social environment. A full analysis of the factors promoting an individual's health must include social and environmental factors that may be outside of the individual's control.

When we talk about health, we can talk about community health as well as individual health, what changes are the indicators or measures that we employ. For instance, a measure of psychological health in an individual may be a score on a standardized assessment tool while at the community level, the average score of individuals in the community may be the indicator. In either case, health can be viewed as having two components: Health Balance refers to an overall continuum from lower levels of health to higher levels of health taking into consideration the four aspects of our lives; Health Potential refers to the resources available to an individual or community to maintain balance in health or to restore it when it is lost (Noack, 1987). For instance, at the individual level, resources such as genetic predisposition, knowledge, and health practice skills are part of Health Potential. At the community level, policies, services, justice and accessibility, food availability, and employment opportunities can indicate Health Potential.

The two components of health interact; a loss in one aspect of Health Balance, for example, a social loss such as loss of a friend, can upset another aspect, psychological health. If there is Health Potential, the skills or resources to deal with the loss, then the imbalance is more likely to be temporary. Figure 1 illustrates this conceptualization of health.

### **III. HEALTH PROMOTION AND PREVENTION**

What do we mean by health promotion and prevention and how do they relate to this view of health? Prevention has a long history in health care and has three levels: primary, secondary,



and tertiary. Primary seeks to prevent new cases; secondary is principally about early identification; and tertiary is about treatment. In epidemiological terms, primary prevention reduces incidence, secondary prevention reduces prevalence, and tertiary prevention reduces sequelae or iatrogenesis. Health promotion has a more recent history and builds on the idea of prevention by adding the terms enabling, increased control, or empowerment. Health promotion, therefore, tends to focus more on Health Potential while prevention has focused most on Health Balance. As can be seen in this model (Figure 2), the two fields of health enhancement overlap. Both are intended to enhance well-being, to improve Health Balance and should therefore not work at odds. For instance, prevention programs that succeed in early case identification can also be evaluated in respect to the degree to which victim blaming is avoided or autonomy and a sense of community are enhanced. As the field of study and practice of health promotion has advanced, it has been recognized that the process of health promotion "occurs when people are actively engaged in addressing their own health goals and when those sharing particular health concerns or values have a voice in their community. Acting collectively, people can influence factors affecting health that are difficult to change individually" (HPCP, p.1)

#### **IV. PARENT SUPPORT AS HEALTH PROMOTION**

Research shows that parenting can be rewarding emotionally, physically, and socially for some people but, for others, it demands more resources than they have to offer and contributes to emotional, physical, and social health problems (e.g., anxiety, physical exhaustion, child neglect and abuse). Although little research has looked at the issue of spirituality, it is reasonable to assume that the same is true in that aspect of health. Because parenting necessarily involves an intimate relationship, it is a health issue for the child as well as for the parent. As communities, we depend on parents to raise healthy and productive children. Neglected and abused children are an indication of poor community health.

Parenting is essential for the healthy development of the child, and parenting resources, knowledge, skills, attitudes, community services, and social support, to name a few, are essential to the job of parenting while also serving the well-being of the parent. These parenting resources can be placed under the heading of Health Potential.

Parenting resources are acquired in a number of ways, with more or less success, depending on the personal characteristics of the parent or parent-to-be and the environmental or social context of that individual; for instance, adults who were themselves abused as children may put additional effort into acquiring parenting skills from other sources than their family of origin. Success in acquiring such skills depends in part on the availability of the other sources and on the individuals ability to gain access to the sources. There is ample evidence that access to parenting skills is inequitable. Social structural factors such as the higher incidence of sexual abuse of girls, the residential school experiences of Natives, and poverty place certain groups at higher risk of not having parenting resources or parenting Health Potential. Parenting support programs, therefore, like other health promotion programs, should address issues of justice and equity while serving to enable people to improve and increase control over their own health and simultaneously increasing control over and improving their child's health.

#### ***Nobody's Perfect: An Example***

Nobody's Perfect (NP) is an example of a parenting support program that fits within the health promotion framework described in Sections II and III. This can be supported by assessing the assumptions and operating principles of NP. The first principle of NP is that health is holistic and must be viewed in terms of both individual and social factors. The statement that poverty is associated with ill health in all aspects of our lives also supports the holistic view of health and is compatible with the notion of Health Balance.





The interconnection of parental and child health is recognized. One assumption states that parents tend to place their children's needs above their own and to look for resources designed to restore the imbalance in their children's health; however, because parental and child health are intertwined, resources to maintain the balance of health for both are necessary. Another assumption is that parenting is a set of skills or resources that are not genetic. This is compatible with the view of health as Health Balance and Health Potential operating in a system.

NP addresses issues of justice and equity. NP was developed for those parents with the least access to services and parenting Health Potential; that is, HP "targets parents who possess one or more of the following characteristics: young; single; low-income; low-education; and those who experience social, cultural or geographic isolation" (VanderPlaat, 1989, p. 1). The fourth assumption behind NP, poverty is associated with ill health in all aspects of our lives, implicitly recognizes the issues of justice and equity. These issues are again implicit in the fifth and sixth principles, which state that income, cultural and social milieu and the community we live in largely determine the extent to which resources are developed for and devoted to child health and that support systems and are not readily accessible to parents.

The priorities for program development incorporate the holistic nature of health and include both self-help and mutual support, relying on group activities where mutual support, peer criticism, self-help and education can occur. Mutual support and self-help are two of the three mechanisms considered intrinsic to health promotion in Achieving Health for All (the Epp Framework). The assumption that solutions to parenting resource problems should be practical, inexpensive, and positive is in keeping with the focus on justice, as well as with popular opinion within the field of health promotion program planning. Finally, the philosophy of NP, as described in the BC Experience, "that each parent brings rich experiences and feelings to the group" and that facilitators are trained in the participant-focused approach (p .11), reflect an orientation to critical education or conscientization as described by Friere which can lead to social change as well as individual change, a goal of health promotion. This orientation helps avoid victim blaming where the individual is seen or comes to be seen as personally responsible for her inadequacies or lack of resources and for the solutions. Avoidance of victim blaming is critical to health promotion.

The core of the NP Program is five books providing information that will help parents cope with body, safety, mind, behaviour, and parenting. "*Body* explains normal growth, maintaining health and recognizing illness. *Safety* provides information on accident prevention and first aid. *Mind* describes the social, emotional and intellectual development of children. *Behaviour* offers a problem-solving method for handling common behaviour problems. *Parents* addresses a variety of ways in which parents can meet their own needs as well as those of their children" (NP Brochure).

The content of the five NP books, show us two things that make NP compatible with the health promotion framework described earlier. First, the material is multidisciplinary drawing on knowledge from psychology, sociology, nursing, medicine, etc. Secondly, each subject is looked at from a multifactoral perspective. For example, the *Mind* includes developmental factors, emotional, and social factors that affect children's mental health, whereas it could have simply looked at something like emotion. Multidisciplinarity and multifactoral programs are central to the practice of health promotion.

In each book we can also see that material is aimed at the three levels of prevention: Primary, avoiding accidents, behaviour problems, and associated parental stress or grief; Secondary, recognizing the warning signs of problems both in the child and oneself and having regular check-ups; and Tertiary, treating problems or getting help through activities such as first aid, or behaviour modification. All of the information and skills are presented with the intention of increasing self-help, coping skills, social support, self-confidence, and self-image. Thus prevention is being accomplished within a health promotion framework.



## V. PREVENTION OF FAMILY VIOLENCE THROUGH HEALTH PROMOTION

The Epp Framework for Health Promotion (1986) sets the goal of achieving health for all, an international goal. Clearly, achieving health for all must include ending family violence of all kinds. Family violence is principally directed at women and children and is in many ways an issue of justice and equity. The family violence that we are most concerned about is chronic in nature and repeated over time; however, one incident can have severe consequences. Responses to experiences of family violence are individual and dependent on the social context as well as individual characteristics. If we examine the challenges, mechanisms, and strategies of the Epp Framework, we can easily see where family violence can be addressed by health promotion; for example, reducing the economic inequities of women; increasing prevention of family violence; enhancing coping, self-help and mutual aid; changing the environment so that violence is not acceptable; fostering the participation of women in all aspects of public life; strengthening community services like shelters, and children's cottages; and coordinating legal, economic, social, and health care policies to support equity and non-violence.

To illustrate why family violence is a health promotion issue we will look at the example of wife battering, and assess the impact of battering on women's health in terms of the two aspects of health described earlier: Health Potential and Health Balance, keeping in mind that the two interact in a dynamic fashion. We can then see how parenting support programs, as exemplified by NP, address the issues identified. This is not to imply that family support programs are the best way to prevent family violence or that they will be successful in all cases. NP was not designed to be a family violence prevention program; however, this analysis will indicate that by operating within a health promotion framework, parenting support will not only avoid contributing to an escalation of family violence (an important goal) but it will potentially operate at all three levels of prevention.

### 1. HEALTH POTENTIAL

There are a number of mechanisms through which wife abuse reduces a woman's potential for health. These include the diminishing of social support and increased isolation. Abused women are often deliberately isolated by their partners. Friends or relatives may also increase feelings of shame and isolation ("you need to change") or may prescribe and regulate violence which keeps the woman in the violent relationship. Friends may burn-out after repeated efforts to help and lose contact, thus increasing social isolation. Increased isolation, while an indicator of poorer social health, also means a reduction in access to services, or in knowledge and other resources to take advantage of services. At a community level it means that women don't share common experiences and thereby come to see that the abuse isn't just their problem but that a societal response is warranted.

Abused women may experience learned helplessness and the development of a belief that one's health is under the control of external forces. This may result in passive or submissive behaviour which does not necessarily mean that the woman lacks assertive skills. She believes that she cannot change her environment. Since each additional effort to obtain help may reduce the likelihood of further episodes of violence, the ability to problem solve and to seek help may be crucial to well-being.

Diminishing of self-esteem and of a sense of self-efficacy may contribute to or result from helplessness. High self-efficacy is positively related to positive health behaviours; thus, improving psychological health may be important to enabling women to take advantage of their Health Potential. Low self-esteem can result from psychological abuse and also from responses that are non-empathetic or avoidant.

NP enhances self-image as indicated by the greater attention to personal appearance and greater self-confidence of participants (VanderPlaat, 1989). NP provides an opportunity to see



that personal problems like wife abuse have social roots and enhances self-help and coping skills. For instance, women learn in NP to take care of personal needs by getting help from someone else. Social support is enhanced by NP through facilitation of mutual support and contact with the trained facilitators.

## 2. HEALTH BALANCE

Battering can damage physical, social, psychological, and spiritual well-being. In one Canadian study of admissions to a shelter for battered women, 90% reported physical abuse; 85% reported psychological abuse; and 15% reported sexual abuse. The types of injuries were minor to severe. The majority reported bruising and emotional consequences (e.g., needed psychiatric care). Fractures and stitches were also common. Most women reported more than one injury. Some of the more serious injuries included concussions, broken teeth, hearing loss, eye injuries, miscarriages, and back or neck injuries. In addition, battered women have more illnesses than other women. A Swedish study found that battered women identified through the court system had 54 days of medically certified illness compared to 19 days in the general population. A Canadian study compared battered women from a shelter with women from a community sample. Battered women were significantly different from nonbattered women on three of four subscales: somatic complaints, anxiety and insomnia, and depression. They were not different on social dysfunction. Not surprisingly, battered women also have high rates of psychotropic prescription drug use.

A diminished evaluation of body image and of the connection between body and mind can result from battering. Battered women lose a sense of themselves in their efforts to placate their abusers and in the denigration of their work that often occurs. Inability to observe oneself has been described as a numbness or confusion. In order to cope, women may view themselves in separate roles: marital selves, working selves, etc. Thus, Health Potential that they can use to advantage in one aspect of their lives is unavailable in their marital relationship. Eventually, the abuse affects all aspects of their lives, blurring these distinctions.

NP has the potential to act as an agent of Primary Prevention because of the ways in which Health Potential is enhanced. A woman who has a satisfactory level of self-esteem, self-efficacy and social support may be able to maintain personal boundaries that help her to avoid partners who are abusive; for example, she may leave at the first threat as opposed to accepting the partner's claim that she is to blame for the situation. Being able to talk about incidents with people who provide social support may validate her understanding of what is happening.

NP, through its focus on participation, self-help, consciousness raising, and mutual support can result in earlier identification of abuse and earlier intervention (Secondary Prevention). As identified by VanderPlaat, the intervention depends on availability of resources outside of the individual; however, it can be argued that early identification is ethically desirable even where community resources are limited. The reverse argument would be that women should not come to see that the abuse they receive is inappropriate and detrimental until the community has agreed to provide services. Leaving an abusive relationship, if that is the only way to stop the abuse, is often a process that involves many things, first of which is understanding that one is not responsible for other people's behaviour, a lesson provided by NP.

Since health balance is upset by abuse, for example, diminished self-esteem, somatic health problems, depression, and anxiety, NP would lessen the consequences of having been abused which is Tertiary Prevention.

Similarly, NP can be seen to prevent child abuse by teaching parents to recognize what can lead them to abusive behaviour and how to offset these factors (Primary Prevention); and by having parents recognize that they have been abusive and that their children may need help in dealing with that history (Secondary Prevention). NP does not directly provide treatment for child victims



of abuse; however, the program does remediate the consequences of child abuse in adult survivors.

Figure 3 illustrates how some of the elements of NP fit the health promotion framework described in this paper.

## VI. CONCLUSION

Health is a multifactorial concept that goes beyond disease and illness to include our capacity to obtain goals and to participate in society. We can talk about the health of individuals and of groups or communities. Health can be seen to have two interacting and essential components: the state of health in psychological, social, physical, and spiritual terms, referred to as Health Balance; and the capacity, in terms of resources, to maintain and improve this state (Health Potential). While prevention programs have traditionally focused on Health Balance, health promotion is primarily focused at Health Potential; however, both initiatives work towards the same goal and should not work at odds. Prevention should be done within the context of health promotion. Parent support programs which are designed to enable parents to increase control over and to improve their child's health can be seen to fit within a health promotion framework. Programs, like Nobody's Perfect, which address issues of justice and equity, build upon participants' strengths, enhance mutual support as well as self-help, and use a multidisciplinary, multifactorial analysis of the issues are clearly health promoting. These programs see child and parent health as interconnected and actually benefit both.

A secondary goal of parent support programs that are designed for a health promotion perspective might be the prevention of family violence. Parent support programs that support consciousness raising, mutual support, enhanced personal well-being, and skill development address the barriers to problem solution that abused women face, thus encouraging them to take rapid action to either avoid a relationship where abuse happens frequently or to take action to leave such a relationship. In addition, parents can come to understand the consequences of their own childhood experiences of abuse which indirectly benefits their children. The content of parent support programs in a health promotion framework clearly is directed to the prevention of child abuse or neglect and to the enhancement of child well-being.

## VII. DOCUMENTS CONSULTED

Development of Nobody's Perfect (pp. 9-11)

Epp, J. (1986). *Achieving Health for All: A Framework for Health Promotion*. Ottawa: Minister of Supply and Services.

Health Canada (1994). *The Health Promotion Contribution Program: Funding Guidelines*. Naock, H. (1987). Concepts of health and health promotion. In T. Abelin, Z.J. Brzezinski, V.D.L. Carstairs (Eds.). *Measurement in health promotion and protection*, (pp. 5-23). Copenhagen: MHO Regional Publications, European Series No. 22.

Nobody's Perfect, Brochure

Nobody's Perfect Program Books: Mind, Safety, Body, Behaviour, Parents.

Rechler, Z. & Rogers, M. (1993). *Nobody's Perfect: The British Columbia Experience*. British Columbia Council for the Family.

Thurston, W.E. (1993). *Wife Battering: A Health Promotion Issue*. Presentation at the University of Lethbridge, November.

VanderPlaat, M. (1989). *Nobody's Perfect: Process and Impact Evaluation Report*. The Atlantic Regional Health Promotion Committee.



Figure 1:  
A Conceptualization of Health with Two Components

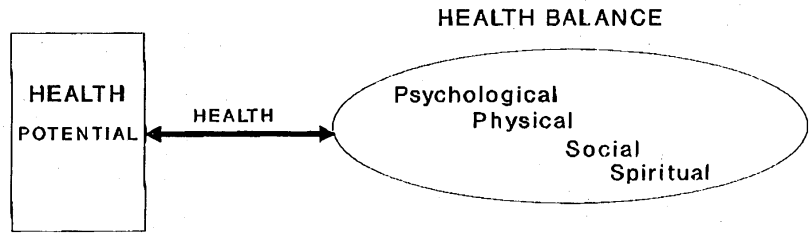


Figure 2:  
The Interrelationship of Health Promotion and Prevention

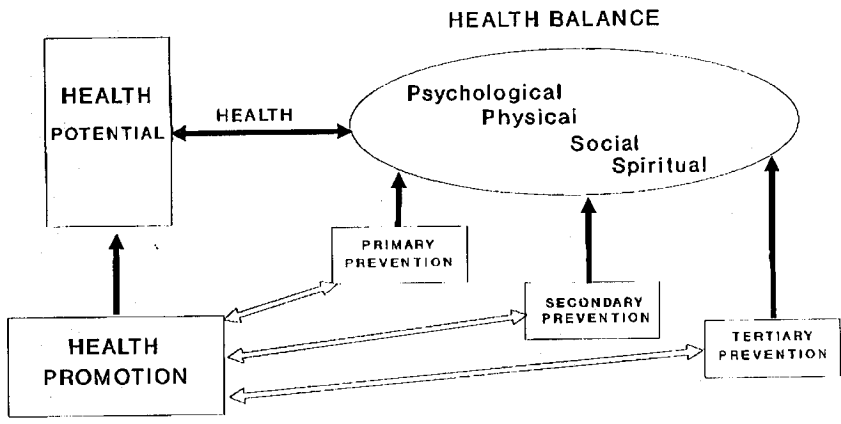
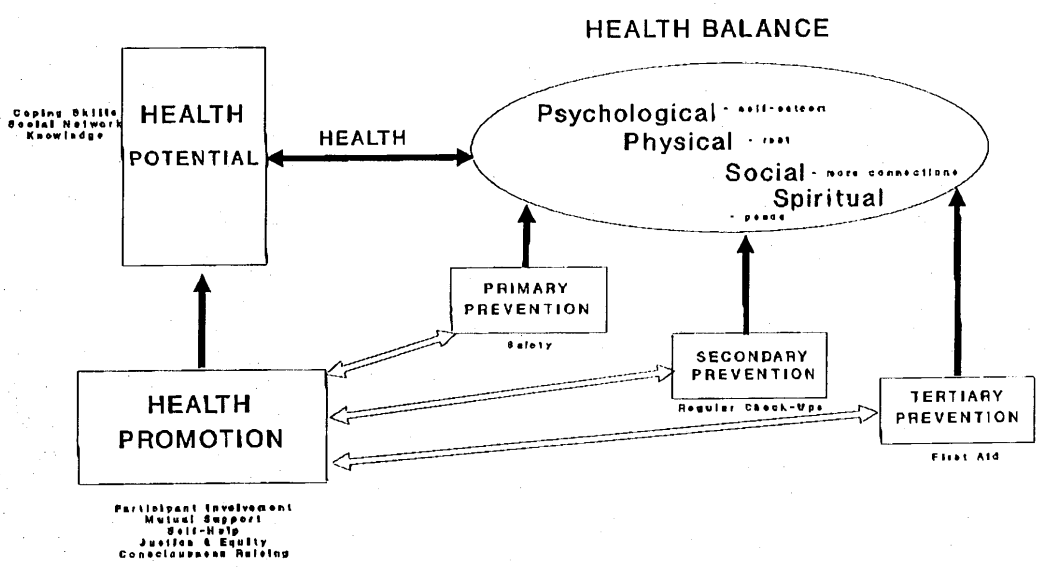


Figure 3:  
Where Elements of NP Fit a Health Promotion Framework





## **APPENDIX K**

# **EVALUATING HEALTH PROMOTION PROGRAMS**



## **Health Promotion Effectiveness in Alberta: Providing the Tools for Healthy Albertans**

### **Summary Report on the Review of the Effectiveness of Health Promotion Strategies in Alberta Prepared for Population Health Strategies Branch Alberta Health and Wellness**

Prepared by W. E. Thurston, PhD University of Calgary  
D. R. Wilson, MD University of Alberta  
Research Associate: Roxanne Felix, MSc  
On behalf of Alberta Consortium for Health Promotion Research and Education

August 1999

#### **Acknowledgements**

The principal investigators and research associates of the complete report, W. E. Thurston, PhD, University of Calgary, D.R. Wilson, MD, University of Alberta, and Roxanne Felix, BSc, Gail MacKean, MSc, Mary-Frances Wright, MA, would like to acknowledge the assistance of the research team. These members participated in a number of ways, identifying sources of programs, reviewing evaluation reports, providing feedback on tools and draft reports:

Dr. Ann Casebeer, Health Promotion Research Group, University of Calgary  
Dr. Collin MacArthur, Department of Community Health Sciences, University of Calgary  
Ms. Louise Mayo, Nechi Training Research and Health Promotion Institute  
Dr. Miriam Stewart, Centre for Health Promotion Studies, University of Alberta  
Dr. Olive Triska, Department of Public Health Sciences, University of Alberta  
Dr. Ardene Vollman, Health Promotion Research Group, University of Calgary  
Mr. AryVreeken, Health Promotion Research Group, University of Calgary  
Dr. Myron Weber, Health Promotion Research Group, University of Calgary  
Dr. Cameron Wild, Centre for Health Promotion Studies, University of Alberta

Drs. Wilson and Thurston would especially like to acknowledge the assistance of Dr. Vollman in developing the project framework in the proposal.

The Population Health Strategies Branch Project Team, Alberta Health and Wellness provided guidance and assistance throughout the project. We thank them for their thoughtful analysis, careful reading and helpful suggestions.

In addition, we thank the following consultants who provided advice on the project:

Dr. Irving Rootman, Centre for Health Promotion, University of Toronto  
Dr. Michael Goodstadt, Centre for Health Promotion, University of Toronto

We appreciate the research assistance of Silvana Moscardelli in reviewing health promotion project reports. Last, but not least, we thank those people who went through their filing cabinets to find copies of reports on health promotion projects. Their contribution of time and effort was essential to this project.

## **HEALTH PROMOTION EFFECTIVENESS IN ALBERTA: PROVIDING THE TOOLS FOR HEALTHY ALBERTANS**

### **INTRODUCTION AND PURPOSE**

A research study was recently completed by the Alberta Consortium for Health Promotion Research and Education, to assess the contributions that health promotion has made to the goal of "healthy Albertans living in a healthy Alberta." Strengths and weaknesses of health promotion



projects were assessed so that strategic decisions about investing in the most cost-effective health promotion initiatives could be made.

This report contains:

- a brief introduction to health promotion and to evaluating effectiveness
- an overview of effective health promotion strategies in Alberta
- a look at the health promotion outcomes
- a description of the research study
- comments on evaluation of Alberta projects
- a summary of the key learnings
- recommendations for future investments in health promotion

## HEALTH PROMOTION

Health promotion is the process of helping individuals and communities to increase control over and improve their health. Working along with health protection and injury and disease prevention, health promotion is an essential component of a balanced health system. Health promotion practitioners seek to influence the determinants of population health (Box 1).

By working with people in the context of their everyday lives, health promotion projects address:

- making healthy choices easier
- increasing public participation in program planning and delivery
- addressing social inequities
- coordinating actions in different sectors

Over the past two decades, evidence has accumulated on the best practices of health promotion.

### Box 1

#### Determinants of Health

- Income and social status
- Social support networks
- Education
- Employment and working conditions
- Social environments
- Physical environments
- Biology & genetic endowment
- Personal health practices & coping skills
- Healthy child development
- Health services
- Gender
- Culture

Five types of action strategies from the internationally recognized Ottawa Charter (1986) characterize health promotion:

- 1) building healthy public policy
- 2) creating supportive environments
- 3) strengthening community action
- 4) developing personal skills reorienting health services

Used together, these actions can improve the health of populations, or can indirectly affect health by providing individuals and communities with essential resources such as knowledge and skills.

## EFFECTIVE HEALTH PROMOTION STRATEGIES IN ALBERTA

Healthy child development is widely accepted as a critically important contributor to good health as an adult and to overall population health. Research has indicated that early





interventions to support healthy child development are seven times more cost-effective than dealing with the potential long term consequences.

A culturally responsive community health promotion program for mothers and infants in Edmonton demonstrated the importance of intersectoral collaboration in achieving increased access to appropriate health services, and improved family health practices (Project 1). A health promotion project addressing the needs of preschool children of teenage mothers in Calgary was also considered exemplary (Project 2).

The health status of aboriginal people is a major concern to all Canadians. Two successful health promotion projects dealt with the issues faced by preschool aboriginal children and their parents in Edmonton and Grande Prairie (Projects 3 and 4). Taken together, these 4 projects addressing the needs of preschool children and infants demonstrate effective community development and important health outcomes.

Cultural diversity is a prominent feature of our society and it was encouraging to find exemplary health promotion projects that demonstrated effectiveness in this area. The multicultural collective kitchens program in Calgary, and a project with the Chinese community for problem gamblers and their families in Edmonton (Projects 5 and 6), addressed important health and social issues, and resulted in positive practical outcomes. The extensive role of volunteers in these projects and other projects contributed to low program cost in relation to effectiveness.

Effective health promotion projects often use several action strategies in a particular setting such as schools, the workplace, or the community. An excellent example of a successful comprehensive school health approach was seen in Calgary (Project 7). A provincial project using physicians' offices to introduce information on sexually transmitted diseases demonstrated the effective use of a health service setting for health promotion (Project 8).

Important health issues for the public were also addressed by successful health promotion projects. The promotion of heart health and prevention of heart disease, for example, was addressed in both schools and communities in the David Thompson region (Project 9). A project involving drug users and workers in the sex trade (Project 10) supported the prevention of HIV/AIDS in small communities.

The health of seniors is an issue across Canada, as this segment of our population continues to increase in numbers and as older citizens seek to maintain their independence. Two successful health promotion projects in Alberta demonstrated different strategies in approaching seniors' health: one focussed on enhancing physical fitness for activities of daily living, and one involved establishing a seniors' social and physical activity centre operated by volunteer seniors in a neighbourhood shopping mall (Projects 11 and 12). Strategies that enabled full participation of seniors in planning, implementation, and evaluation of these projects were important to success.

Women's health has been an important focus for program activity at the national level, and the Alberta contribution to the Canadian breast cancer information system illustrated an effective health promotion project. The project enabled more informed decisions to be made by persons living with breast cancer, their families, their care givers, and those at risk for breast cancer (Project 13). The project encouraged capacity building and sustainability.

In addition to effects on the health of various populations, two health promotion projects showed positive effects on cost-effectiveness or health services utilization. The Streetworks needle exchange program for HIV-positive drug users in Edmonton was associated with improved effectiveness and reduced costs (Project 14). A prenatal community care program for women with high-risk pregnancies in Calgary, when compared to hospital-based care, was found to have the potential to reduce hospital utilization, and thus costs, while maintaining the quality of service (Project 15).



## OUTCOMES OF HEALTH PROMOTION PROJECTS

The breadth and quality of health promotion in Alberta is evidence of the expertise in the province, and provides a solid foundation for improvement. There is evidence that the chances for good health were improved through health promotion projects that addressed the determinants of population health.

The exemplary health promotion projects, outlined in the preceding section, demonstrate a broad range of positive health outcomes for populations, in addition to building community capacity and intersectoral collaboration, which contribute to project sustainability. The exemplary projects provided evidence for the effectiveness of health promotion strategies in contributing to the following outcomes:

1. Improved quality of life and health status: Contributing to improved health status by decreasing incidence of preventable morbidity/mortality: for example, by decreased HIV infections per year, improved functional fitness for seniors. (Projects 11,14)
2. Improved utilization of health services: Contributing to the appropriate use of health services: for example, by new immigrants, and by increasing prenatal care. (Projects 1, 15)
3. Improved cost-effectiveness: Contributing to increased cost-effectiveness: for example, by reducing illness-related costs, and by extensive involvement of volunteers in program operations. (Projects 12,14,15)
4. Improved health of individuals: Contributing at the individual (personal) level: for example, by increasing knowledge and awareness, changing attitudes, and increasing the adoption of health promoting behaviour and practices. (Projects 2, 6, 8)
5. Improved health of groups: Contributing at the group level: for example, by developing supportive social and/or physical environments and providing new social support networks. (Projects 3,7,10,12,13)
6. Improved health of communities: Contributing at the community level: for example, by enhancing communities' abilities to address shared health concerns, increasing coordination of community health efforts, developing effective sustainable community coalitions, and increasing the levels of participation of marginalized community groups. (Projects 1,4,5,6,9)
7. Improved health policy: Contributing at the policy level: for example, by indicating opportunities for the development or adoption of useful health promoting policies and increasing public input into the policy and decision-making process. (Projects 9, 14)

## THE HEALTH PROMOTION EFFECTIVENESS RESEARCH STUDY

For this research study, an evaluation framework for assessing health promotion projects was created (Appendix 2) that covered two key features:

- the degree to which the project met the criteria which distinguish best practices in health promotion
- the quality of the evaluation research

A number of papers from the field of health promotion were used to develop the framework, which was tested and refined in this study (Box 2)

### Box 2

#### Applications for Evaluation Framework

- assess reports
- guide proposal writing for future projects
- assist in project planning

**Ardene Robinson Vollman, RN, PhD Health Consultant**

3955 Edenstone Road NW, Calgary, AB T3A 3Z7 (403) 239-3180; avollman@home.com



This research study included a review of 180 Alberta health promotion project reports:

- undertaken between 1993 and 1998
- gathered from a variety of project funders and all of the RHAs

The majority of the projects were directed at 3 of the health promotion actions:

- creating supportive environments
- strengthening community action
- developing personal skills

In keeping with this, the most common health determinants addressed were:

- personal health practices and coping skills
- social support networks
- social environments

Most of the other determinants were addressed by a few projects, although none addressed income and social status, or gender as a primary focus.

Other features of 180 projects:

- 53% undertaken outside of Edmonton and Calgary
- targeted families, groups, communities and society as a whole
- took place in settings such as schools, community services, homes, prisons, and the general community
- over two thirds initiated by community services or coalitions of services and organizations
- volunteers were an essential resource for many projects

Of the 180 reports, 91 had an evaluation report that documented the project's effectiveness in achieving desired outcomes. Of the 91 projects, 22 that had a strong evaluation research design were selected as examples. The full report also looked at health promotion research outside Alberta that addressed issues not covered by the exemplary projects.

For this summary report, brief program descriptions, key outcomes, and key features of success are highlighted for 15 exemplary health promotion projects undertaken in Alberta between 1993 and 1998. Individual project reports are attached to this report in Appendix 1. As outlined below, these projects illustrate many of the important features of effective health promotion strategies, including improved health of individuals and communities, and improved utilization of health services.

## **HEALTH PROMOTION EVALUATION AND EFFECTIVENESS**

Evaluation uses research tools to assess how well a project is working and its impacts. The overall goal is to improve effectiveness and make clear what can be used in other places.

Evaluating health promotion can be difficult. Challenges include:

- the need to use multiple methods (qualitative and quantitative)
- the need to evaluate health promotion processes, as well as outcomes
- the need to do comparative evaluations to look for the most effective or efficient program
- recognizing that action strategies and outcomes may be difficult to measure precisely
- recognizing that impact is often long-term or indirect

Researchers are developing methods to address the need for better information.

The effectiveness of health promotion projects can be evaluated in three ways:

- 1) How well the program was planned and the principles of health promotion applied:
  - Were participation, capacity building, equity, or intersectoral action considered?



- Was the project based on knowledge of appropriateness and effectiveness of health promotion?
  - Were there measurable objectives?
  - Was there evidence that the proposed actions could logically lead to the proposed outcomes?
  - Was the evaluation plan sound?
- 2) The impact that project activities had on individuals and/or communities:
- Was community capacity to work together on health issues maintained or enhanced?
  - Did the project improve the health status of the population involved?
  - Did people enjoy the project?
  - Did the project improve the determinants of health?
- 3) The range of action strategies that have been employed in a region or the province:
- It is widely accepted that sustained improvement in population health requires utilization of a number of different strategies over a number of years.

### OVERVIEW OF EVALUATIONS IN THIS STUDY

In this study, only one source of information about health promotion projects was used, that is, written evaluation reports. Practitioners in Alberta also exchange important information at conferences and meetings, by computer linkages, through newsletters and other means.

In any case, the ability to draw more conclusions on the effectiveness of health promotion is limited by several factors:

- lack of documentation of evaluation. Looking over the 180 reports it was clear that many of the smaller projects were innovative and responsive to community input; however, any valuable lessons from these programs were not documented. Only 91 of the 180 reports included an evaluation.
- long-term outcomes are often not studied. Out of 180 reports, 75 evaluated short term outcomes, but only 4 evaluated long- term outcomes.
- the quality and design of the formal evaluations. Of the 22 reports selected as exemplars, only 18 had clear goals for the evaluation, and fewer (15) had designs that could clearly answer the questions posed in the project.
- designs lacking in some important respects. Only 16 evaluations had clear and appropriate data analysis and fewer had statements about reliability or trustworthiness of the data.

The World Health Organization (1998) suggests four principles for evaluation of health promotion programs (Box 3). These principles were not consistently followed in most of the reports reviewed.

**Box 3**  
**Principles for the Evaluation of Health Promotion Initiatives**

- Involve the key stakeholders
- Enhance individual & community capacity
- Use multiple information gathering techniques
- Appropriately consider complexity and long-term impact

WHO European Working Group on Health Promotion Evaluation (1998)

It appears that the capacity to implement well-designed evaluations is limited by a number of factors, not the least of which is a lack of financial support within project budgets.



## WHAT WAS LEARNED FROM THE HEALTH PROMOTION EFFECTIVENESS RESEARCH STUDY

From the analysis of health promotion projects in Alberta and the development of the evaluation framework, a number of important lessons were learned as follows:

- There is evidence that health promotion practices have been effective in contributing to the goal of improving the health of Albertans. The 15 exemplar projects demonstrated significant positive health outcomes for individuals, groups, and communities, as well as improved health service utilization.
- There is expertise in Alberta to deliver successful health promotion programs and take action on the determinants of health, although considerable scope for improvement remains.
- There is a need to address a wider array of health determinants, including income and social status, employment and working conditions, physical environments, and gender. Extensive evidence indicates that population health determinants are interrelated, are all-important, and have greater effects on health status in combination than individually.
  - For example, lack of attention to gender is a serious gap since health behaviour, health care utilization, public participation, and volunteerism are strongly influenced by gender, as are the other determinants of health.
- All health promotion action strategies should be utilized, including healthy public policy and reorienting health services:
  - Healthy public policy aimed at achieving equity can positively affect many of the determinants of health, particularly those not addressed by the projects reviewed.
  - Re-orienting health services, particularly the practice of health professionals, has been shown to be an effective health promotion strategy.
- Intersectoral collaboration and coordination are needed to bring together expertise to address the range of determinants and to utilize a variety of health promotion strategies.
- Strategic investment of evaluation dollars is needed:
  - More evaluations that meet high standards are needed to document the impact of programs and to refine the methods being used.
  - Some evaluations must focus on long-term impacts.
- Resources for evaluation need to be developed:
  - training individuals in the community
  - adequate allocations in project budgets
  - the capacity to conduct evaluation of long-term impacts
- Evaluations should help policy makers and program planners, as well as contribute to knowledge development about health promotion.
- To conduct some evaluations, we need access to health information from an integrated and coordinated system.
- The framework for evaluation developed and tested for this study can be used to address a number of these needs.

## RECOMMENDATIONS FOR FUTURE INVESTMENTS IN HEALTH PROMOTION

Based on the lessons learned from this research study of health promotion effectiveness in Alberta, the following recommendations are made with respect to future investments in health promotion:

- Build upon the expertise in Alberta. The expertise and experience that exists in Alberta can be built upon so that an even greater impact is seen. Future initiatives in health promotion should include the key features of the 15 successful exemplar projects as follows:
  - treated health as a holistic concept
  - utilized a variety of action strategies
  - addressed a range of health determinants
  - ensured capacity building for individuals and/or communities
  - were supported by (intersectoral) coalitions or partnerships
  - had clear program models and considered short and long-term outcomes



- addressed important health issues (for the population affected)
- considered cultural values • considered issues of accessibility • involved the population in planning, implementing and evaluating
- considered sustainability

• Apply expertise to more determinants of health. Through health promotion programs, positive actions have been taken on many of the determinants of health affecting Albertans, including personal health practices and coping skills, social environments, culture, and healthy child development.

Other determinants, which have not received as much attention, are also known to be essential. Consequently, there needs to be greater emphasis on these determinants:

- income and social status
- employment and working conditions
- physical environments
- health services
- gender

• Apply expertise to more action strategies. Substantial focus has been placed on creating supportive environments, strengthening community actions, and developing personal skills. The use of multiple health promotion strategies, acting at different levels, is known to increase their effectiveness. Other action strategies, which need to be developed in Alberta, are:

- building healthy public policy
- reorienting health services

• Promote intersectoral collaboration. Best practices in health promotion can build the capacity to promote health in individuals, organizations, and communities in Alberta. The need for intersectoral collaboration is pressing in Alberta in order to address more health determinants and utilize a full range of action strategies. To promote intersectoral collaboration, it is necessary to:

- encourage government, community and private sectors to communicate
- disseminate information on best practices
- provide consultation on program development and evaluation
- promote exchange of information and expertise

• Encourage standards for evaluation. To obtain transferable knowledge, evaluators need to have consistent standards of conducting and reporting evaluations which include the WHO principles. Health promotion evaluations should:

- involve the key stakeholders
- enhance individual & community capacity
- use multiple information gathering techniques
- appropriately consider complexity and long-term impact
- provide a clear description of the program
- describe evaluation methods in detail
- report findings consistent with the data

• Promote use of the Health Promotion Evaluation Framework. The health promotion evaluation framework is a multipurpose tool that will aid in developing evaluation expertise, both on the ground and in the research centres. The framework can be used for analyzing a health promotion project proposal, an evaluation proposal, a completed project, or an evaluation report. It can be used to assess an overall strategy, and for guiding policy development. To facilitate use of the Evaluation Framework, it is necessary to:

- disseminate the framework;
- support training in health promotion program development and evaluation;
- establish guidelines for appropriate evaluation funding; and,
- provide access to health information from an integrated and coordinated system.



Appendix 1: Exemplary Health Promotion Projects Conducted from 1993–1998 in Alberta  
(*not included*)

Appendix 2: Health Promotion Evaluation Framework  
(*follows*)



## HEALTH PROMOTION EVALUATION FRAMEWORK

This framework outlines a series of questions one should ask about a health promotion project (either proposed or ongoing) in order to assist in determining whether it is congruent with respect to what we know about best practices in health promotion.

**"Best practice in health promotion is the set or sets of continually evolving actions and associated attitudes which are most likely to achieve health promotion goals in a given situation, and which are consistent with the values of health promotion" (Kahan & Goodstadt, 1998).**

This framework was developed based on what is currently known about best practices in health promotion. Because knowledge around best practices in health promotion will continue to grow, this framework will need to continually evolve. The relevance of each category will depend on the nature of the health promotion initiative, thus not all categories will be relevant to all health promotion projects.

**Document Title:** \_\_\_\_\_

**Source of Evidence (e.g., journal article, evaluation report, book chapter, paper presented at conference):**

\_\_\_\_\_  
\_\_\_\_\_

### PART I: HEALTH PROMOTION CHARACTERISTICS

#### 1. Health Promotion Strategies

Please check off which health promotion strategies were used in this project.

Five priority health promotion strategies are outlined in the Ottawa Charter for Health Promotion These are:	
<input type="checkbox"/> Building healthy public policy	<input type="checkbox"/> Developing personal skills
<input type="checkbox"/> Creating supportive environments	<input type="checkbox"/> Reorienting health services
<input type="checkbox"/> Strengthening community action	





## **2. Determinants of Health**

Please check off which determinants of health are addressed in this project.

The term determinants of health refers to "the range of personal, social, economic and environmental factors which determine the health status of individuals or populations" (WHO, 1998, p.6). Evidence indicates that there are a number of key factors which influence health status, and that the majority of these factors fall outside of health care. Each of these determinants is important in their own right, but they also work in an integrated fashion to influence the health status of individuals and populations (The Federal, Provincial and Territorial Advisory Committee on Population Health, 1994; Saskatchewan Health, 1997). We know a lot about the factors which determine health, but more research is required on the mechanisms by which health is impacted. The following list of determinants is a well researched starting point:

- |  |   |
|--|---|
| <input type="checkbox"/> Income and social status<br><input type="checkbox"/> Social support networks<br><input type="checkbox"/> Education<br><input type="checkbox"/> Employment and working conditions<br><input type="checkbox"/> Social environments<br><input type="checkbox"/> Physical environments<br><input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Biology and genetic endowment<br><input type="checkbox"/> Personal health practices and coping skills<br><input type="checkbox"/> Healthy child development<br><input type="checkbox"/> Health services<br><input type="checkbox"/> Gender<br><input type="checkbox"/> Culture |
|--|---|

Did the program focus go beyond individuals? Yes No

---

---

Was health being addressed in the context of social and environmental factors? Yes No

---

---



### **3. Health Promotion Principles**

Health Promotion is based on the values of participation, equity and intersectoral collaboration; as well as consideration of socio-environmental factors. The cardinal principle of Health Promotion is the empowerment of individuals and/or communities.

#### ***a) Empowerment***

"In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health..A distinction is made between individual and community empowerment. Individual empowerment refers primarily to the individual's ability to make decisions and have control over their personal lives. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community" (WHO, 1998, p. 6-7).

Was empowerment a key guiding principle of this project? Yes No

---

---

Was the project sensitive to power relationships among the individuals and groups involved?

---

#### ***b) Equity and Accessibility***

"Equity is fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being" (WHO, 1998, p.7). It is important to note that equity in health status is not the same as equality in health status. Inequalities in health status can be inevitable consequences of such factors as genetic differences, different social and economic conditions, or personal lifestyle choices. Inequities in health status, however, arise as a consequence of inequities in opportunities in life (e.g., unequal access to nutritious food, adequate housing, health services) (WHO, 1998).

Was equity a focus of this project (e.g., through advocacy, accessibility, policy, by-law, or law)?  
Yes No

---

---

Were steps were taken to ensure program accessibility (e.g., geographically, financially, culturally and functionally)? Yes No

---

---



**c) Intersectoral Collaboration**

Intersectoral collaboration is "a recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone" (WHO, 1998, p. 14).

Were multiple sectors (e.g., health care, social services, transportation, environment, education) involved in planning, implementing and evaluating the program? Yes No

---

---

**4. Community Action for Health**

"Community action for health refers to collective efforts by communities which are directed towards increasing community control over the determinants of health, and thereby improving health" (WHO, 1998, p. 6). "A community may be defined as a specific group of people, often [but not always] living in a defined geographical area.....Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them (WHO, 1998, p.5).

Was evidence presented that community members have been actively involved in program planning (including identifying needs), and implementation? Yes No

---

---

After implementation, did the community have the opportunity to share information about the program on a regular basis (e.g., does the community have an actively involved community board where program information is shared openly)? Yes No

---

---

Were multiple partners involved in this project? Yes No

---

---

Did this project demonstrate awareness of other related projects in their community? Yes No

---

---



**5. Current Knowledge**

"Best practices in health promotion builds upon and enhances knowledge regarding the appropriateness and effectiveness of health promotion" (Kahan & Goodstadt, 1998, p.11).

Is there evidence (i.e., other evaluations, published literature, theory, experience) presented to support the choice and effectiveness of the program activities? Yes No

---

---

If prior evaluations were conducted, were efforts made to modify the project according to the findings? Yes No

---

---

**6. Community Capacity**

Was the local context taken into account in the development of the program? Yes No

---

---

"Best practices in health promotion make effective use of available resources in achieving the goals of health promotion" (Kahan & Goodstadt, 1998, p. 11).

Did the program build on local resources? Yes No

---

---

Was this program sustainable or did it have a sustained impact? Yes No

---

---





## PART II: EVALUATION OF EFFECTIVENESS

### 7. Evaluation Process

For the purpose of this framework, evaluation is defined as: "the systematic examination and assessment of the features of an initiative and its effects, in order to produce information that can be used by those who have an interest in its improvement or effectiveness" (WHO Working Group on Health Promotion Evaluation).

#### a) Evaluation design

Were the project goals and objectives clear, and appropriate to the scope of the project? Yes No

---

---

Were the evaluation goals (research questions) clear, and appropriate to the scope of the project? Yes No

---

---

Could the evaluation design answer the evaluation questions? Yes No

---

---

Does the evaluation refer to short and/or long term indicators? Yes No

---

---

Was 8-10% of the total budget allocated for evaluation? Yes No

---

---

#### b) Data collection methods

Were data collection methods clearly described? Yes No

---

---

If appropriate, were a variety of data collection and evaluation methods used? Yes No

---

---



Were data collected from more than one source (e.g., from program clients, from persons involved in delivering the program, from board members, from documents related to the project)?  
Yes No

---

---

Were qualitative and/or quantitative data collected?    qualitative    quantitative    both

If qualitative, were methods (e.g., triangulation, member-checking) used to increase the trustworthiness of the findings? Yes No

---

---

If quantitative, is there evidence of reliability and validity of the measures used?    Yes    No

---

---

**c) Analytic methods**

Was the analysis clearly defined and appropriate to: the evaluation (research) question(s) posed, the information collection methods used, and a health promotion initiative (refer to the principles outlined in the table below)?  
Yes No

---

---

Where necessary, were appropriate statistical methods outlined? Yes No

**d) interpretation of results**

Did the interpretation of the evaluation results flow logically and clearly from the analysis of the data? Yes No

---

---

Was attention given to negative and positive consequences, both intended and unintended? Yes No

---

---



**e) Impact**

If an impact was shown, was it likely attributable to the program (i.e., the study results were internally valid)? This implies that the evaluation design enables the reader to see logical connections between the program inputs, processes and outcomes. Yes No

---

---

Were the program inputs, processes and outcomes clearly described or illustrated? If yes, please indicate whether or not a logic model was used? Yes No

---

---

**f) Principles for the evaluation of health promotion initiatives**

Were health promotion principles, as outlined in the following table, incorporated into the evaluation process? Yes No

---

---

**Principles for the Evaluation of Health Promotion Initiatives**

**Participation**

At each stage of the evaluation (i.e., design, implementation, analysis and interpretation of the results) health promotion initiatives should involve, in appropriate ways, those who have a legitimate interest in the initiative. Those with an interest can include: policy-makers, community members and organizations, health and other professionals, and local and national health agencies. It is especially important that members of the community whose health is being addressed be involved in the evaluation.

**Capacity Building**

Evaluations of health promotion initiatives should enhance the capacity of individuals, communities, organizations and governments to address important health promotion concerns.

**Multiple Methods**

Evaluations of health promotion initiatives should draw on a variety of disciplines, and should consider employing a broad range of information gathering procedures.

**Appropriateness**

Evaluations of health promotion initiatives should be designed to accommodate the complex nature of health promotion interventions and their long-term impact (e.g., the evaluation design needs to be flexible enough to account for program changes over the course or the program). Ethical considerations must be addressed (e.g., steps should be taken to minimize any potential harm to evaluation participants).

**(Adapted from the WHO European Working Group on Health Promotion Evaluation.)**





**8. Effectiveness**

Did this health promotion project have a positive short or long term outcome? Yes No  
Please specify the outcomes and whether they were short and/or long term.

---

---

If not, did the project show promise with respect to resulting in the desired outcome(s)? Yes No

The following health promotion outcomes should be considered in your response:

- 1) Increase knowledge and levels of awareness
- 2) Change attitudes
- 3) Increase adoption of health promoting behaviours and practices
- 4) Develop supportive social and/or physical environments
- 5) Increase adoption of health promoting policies
- 6) Enhance organizational capacity through reduction in illness related costs
- 7) Enhance communities' ability to address shared health concerns
- 8) Develop effective sustainable community coalitions
- 9) Increase coordination of community health efforts
- 10) Increase levels of participation of marginalized community groups
- 11) Increase public input into policy decision-making processes
- 12) Lead to the implementation of health-promoting laws and regulations
- 13) Lead to increased coordination of activities among health-related sectors
- 14) Lead to social change
- 15) Cost-effectiveness
- 16) Decrease in health services utilization
- 17) Decrease incidence of preventable morbidity/mortality (improve health status)

**9. Lessons Learned**

Can conclusions be drawn from this project? Yes No

---

---

Are lessons learned from this project (i.e., what worked and what didn't work)? Yes No

---

---

Does this project contain important lessons for other communities, other health issues, etc.? Yes No

---

---



Does this project have a unique, but potentially promising feature(s)? Yes No

---

---

Would the findings be useful in guiding future policy development, health promotion program design, and/or health promotion practice? Yes No

---

---

**Part II: Does this project's evaluation provide evidence that the project has a positive impact on the intended target population (Framework steps 7-9)? That is:**

- Was the evaluation appropriately designed? Did it use appropriate data collection and analytic methods? Did it describe the program inputs, processes, and outcomes?
- Did the project show success in achieving short or long term outcomes; OR did the project show promise with respect to these outcomes?
- Were lessons learned from this project that would be useful in guiding future policy development, program design or health promotion practice?

**Overall rating of evaluation of effectiveness: weak suggestive acceptable conclusive**

**General comments on the evaluation of the effectiveness of this project:**

---

---

---

---

---

---

---

---

---

---



**Overall impressions and additional comments:**

---

---

---

---

---

---

---

---

---

---

**Considering your assessment of both the health promotion principles followed (Part 1), and the strength of the evaluation (Part II), which of the following options would you recommend:**

- A. Keep both the program and the evaluation process as they are:
- B. Modify the program to address health promotion deficiencies and continue with appropriate evaluation
- C. Keep the program virtually as it is, but improve the evaluation; OR
- D. Discontinue the program, because there is too much missing to invest further in program development and evaluation.

**References**

Federal, Provincial and Territorial Advisory Committee on Population Health (1994). Strategies for Population Health Investing in the Health of Canadians. Ottawa: Health Canada.

Kahan, B & Goodstadt, M. (1998). An exploration of best practices in health promotion. Health Promotion in Canada. 34(4). pp. 9-11

Saskatchewan Health. (1997). Population health promotion model: A resource binder. Regina: Population Health Branch, Saskatchewan Health.

World Health Organization European Working Group on Health Promotion Evaluation (1998). Health Promotion Evaluation: Recommendations to policy makers. Geneva: World Health Organization.

World Health Organization. (1998). Health promotion glossary. Geneva: World Health Organization.