**Common Outcomes & Indicators – Common Tool Questions (December, 2013)**

**Parent Education**

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**PREAMBLE**

***What Are the Common Tool Questions?***

We have developed a collection of questions that address:

* A mix of questions that will suit a mix of quantitative and qualitative methods.
* Flexibility of how questions can be asked (such as survey or interview, some questions also allow for staff observation, creative methods, group discussion/reflection) – so you can decide what the best fit is for you and the people in your program.
* Language and format that will work across program areas and populations
* Feasibility in terms of response time for participants and staff

For each indicator, we have presented at least one closed question and at least one open-ended question.

Each question is written at a ‘mid-level’ of specificity, so that it can apply across multiple program areas that use the same common indicator for which the question is written.

For a particular common indicator, you may wish to choose the question(s) for that indicator that is (are) most relevant to your program. This would be similar to what you now do when you choose the most relevant indicators for a common outcome. Not all questions will be relevant to all agencies/programs.

***Where Do the Questions Come From?***

All questions have at least ‘face validity’ – they appear to measure the intent of the indicator. In some cases, we drew from agencies’ existing tools for content.

Many questions come from other sources (such as existing tools); others were developed ‘from scratch’ using general principles of writing evaluation questions.

Some questions/tools come from research literature or population surveys, and have had further reliability and validity testing done. Some of the more ‘formal’ questions/tools from literature are public domain (Nobody’s Perfect Parenting Program, Community Capacity Building Tool – both from Public Health Agency of Canada), but others are copyrighted. In the latter cases, we used broad dimensions from these tools in our questions and refer to the copyrighted tool. If agencies or their funders wish to order these tools, there would be a fee to purchase. (We understand that some agencies may already be using some of these measures for their own evaluation purposes.)

We made some trade-off decisions for some questions, with regard to how direct & specific versus how familiar a format is (to participants) and quick to use.

***How Can You Use These Questions with Your Existing Agency Tools?***

These questions are intended to strengthen your already existing data collection methods and tools (not replace them). That is, questions can be embedded within tools you are already using.

We have created a sample ‘mock survey’ that demonstrates how questions can be selected and inserted into an existing tool. This type of process will allow agencies to insert ‘common questions’ into their existing tools (surveys, interviews, etc), so agency staff can include some of these common tools with their own agency-specific questions.

The instructions and informed consent information in the ‘mock survey’ tool can be adapted to other methods (such as one-to-one or group interviews, creative methods, staff observation).

If you use any of these questions, please keep the wording provided, so as not to change the measurement intent of the question. However, do feel free to make minor changes to fit your context; for example substitute the word “client” or “user” for “participant”, if you wish. For many questions, you will need to insert the name of your program in the question – where you see [program] in brackets. For some questions, you can choose words that make the most sense for your program (for example, choosing among “program”, “service”, “resource” or some other term that fits).

***Do You Have to Use These Questions?***

Your funding liaison person will let you know if there are certain questions that may be especially useful to ask your participants, and if there is any expectation about reporting on particular questions.

Try out the questions that you like best for your program, and let your funder know which of those questions work well and which ones may still need some work or change. Agency feedback has been integral to the whole process of developing the common outcomes, common indicators, and now the common tool questions. You or someone in your agency may have participated in some of those discussions. Your feedback is valued.

***When Would You Ask These Questions?***

We are aware that there will likely be variation in the times at which agencies can ask questions or make observations of participants. For some agencies pre (BEFORE) and post (AFTER) measurement is feasible, but for others, it is not. Some agencies may decide to slightly modify BEFORE and AFTER to early-program and late-program (we still consider that BEFORE-AFTER). For some agencies, it may work best to ask questions or make observations at one point in time, at/near the end of the program – either because participants would not be able to provide an accurate BEFORE-program measure (e.g., when self-rating their own skills), or because of concerns about resource limitations for staff, response burden for participants, or participant life circumstances that limit multiple measures (e.g., transience). In some cases, it may be feasible to ask participants AFTER to reflect back on how they were doing BEFORE the program; in other cases only an AFTER measure may be practical to gather. We considered these challenges when we were developing and revising these questions, and our NOTES throughout the document suggest options (and in some cases, limitations).

***What Are the Supplementary Questions?***

While we were going through the process of developing these questions, we sometimes thought of other questions that did not quite measure the indicator, or that went beyond the indicator. We have included these questions as Supplementary Questions (under green headings, and in a different font), because agencies may find them of interest for their purposes, beyond COG reporting.

***How to Navigate This Document?***

The main part of each question in bolded blue, as is each question number. Response categories, prompts, and other instructions or comment are in black type. Any notes we have about a question begin with NOTE: in red. To avoid repetition of notes within an outcome section, we often refer you back to an earlier note in that section.

The questions you have received are for the common outcomes/indicators for your program area, as determined with your funder. Please note that because there are often multiple program areas that report on the same outcome, you may see questions that do not seem relevant to your program, That is OK; those questions will be more relevant to another program area that reports on the same outcomes/indicators.

If you are interested in also using some of the questions that go with other common outcomes/indicators outside your program area, please ask your funder for the version(s) of this document that covers the other outcomes/indicators of interest to you.

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| E | E. Participants access support to meet their needs(*Early childhood, Head Start, Information and referral, Parent education)* | a) Participants report referrals provided were relevant to meet their needs. | **NOTE:** Because the questions in this section are about supports they access once they are in the program, questions are retrospective (AFTER). The questions could also be asked partway through the program, if that would be useful and feasible.**NOTE:** For questions that refer to programs/services/ resources, use the word (or something similar) that is most familiar to your participants. ***Early Childhood & Head Start*****NOTE:** You can shorten the chart below by only including the checklist categories that are relevant to your program. The chart could be done in survey or interview format. (If interview, omit the “Please check all that apply….”)**NOTE:** Questions in this Early Childhood & Head Start section are designed to be brief. Similar types of questions asked in the Adult section provide more detail. **(Survey or interview with parent):** **(a.1) Which kinds of programs/services/resources did you learn about from staff at [program] – that you did not know about before the program. (Please check all that apply, in the shaded box to the right of each type of resource.)**

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| --- | --- | --- | --- | --- | --- |
| **Program/Service/Resource** | **√ if Yes**  | **Program/Service/Resource** | **√ if Yes** | **Program/Service/Resource** | **√ if Yes** |
| Aboriginal services |  | Abuse - Safety and prevention related to abuse/violence (such as intimate partner violence, child abuse, elder abuse) |  | Citizenship and Immigration |  |
| Community social connections (such as coffee groups, community social gathering events, group social outings) |  | Disability Supports (such as AISH, PDD, assistance with activities of daily living) |  | Early childhood programs/services (such as child care, preschool, services for special needs) |  |
| Emergency services (ambulance, fire, police) |  | Employment –related (such as such as assessment for employment capabilities, career counselling, job search/referral, training (education or on-the-job) |  | Ethno-cultural services (such as support for new Canadians with language, employment, community connections; activities to connect people with same cultural background, cross-cultural activities) |  |
| Financial counselling/money management (such as budgeting, banking) |  | Food (multiple food groups – including fruits and vegetables – from sources such as food bank, community kitchen, good food box, community garden) |  | Functional assessments (such as development, skills, behaviours) |  |
| Health (such as family doctor, dental care, eye care, public health centre, health information health benefits/coverage available for people with low incomes) |  | Housing supports (such as affordable housing options, rent supplements, landlord-tenant information) |  | Income Supports (such as SFI) |  |
| Legal or protective services (such as Legal Aid, child protection, restraining orders ) |  | Libraries |  | Mental health/emotional support (such as counselling, practical supports for daily living as needed) |  |
| Parenting programs or information (such as child growth and development, healthy parenting strategies, dealing with child behaviour issues, family functioning) |  | Places of worship/spiritual support |  | Recreation/leisure (facilities, programs, groups for people with common hobbies or interests, sports or physical activity groups) |  |
| Relationship support (such as counseling, healthy decision making) |  | Schools  |  | Shopping assistance/advice (such as sources of affordable food, clothing, household goods, toys) |  |
| Transportation |  | Other (please specify) |  | None of these |  |

**(a.2) Were these the programs/services/resources what you needed?**\_\_ Yes \_\_No**NOTE:** The question below is retrospective (AFTER). You may also decide to also use it partway through the program, if that would be useful and feasible.(**Open-ended elaboration of above question a.2):****(a.3) If these programs/services/resources were what you needed, tell us why.****(a.4) If these programs/services/resources were NOT what you needed, tell us why not.** (This question does not measure the indicator, but adds some related explanation to the above questions.)**NOTE:** Code responses by ways/reasons that programs/services/resources categories in the table in a.1 met parents’ needs (or not).***General Adult Questions*****NOTE:** Please read the three notes that precede a.1 at the beginning of this section, as they apply here as well. **(Survey or interview with participant):** **(a.5) Which kinds of programs/services/resources were you referred to in the last [insert timeframe of interest]? Which of these referrals were helpful to your needs? (Please check all the kinds of referrals you had, in the light gray shaded box to the right of each type of resource. Please check which kinds of referrals were helpful, in the dark gray shaded box. )[[1]](#footnote-2)**

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| **Program/Service/Resource** | **√ if Ref** | **√ if Help** | **Program/Service/Resource** | **√ if Ref** | **√ if Help** | **Program/Service/Resource** | **√ if Ref** | **√ if Help** |
| Aboriginal services |  |  | Abuse- Safety and prevention related to abuse/violence (such as intimate partner violence, child abuse, elder abuse) |  |  | Citizenship and Immigration |  |  |
| Community social connections (such as coffee groups, community social gathering events, group social outings) |  |  | Disability Supports (such as AISH, PDD, assistance with activities of daily living) |  |  | Early childhood programs/services (such as child care, preschool, services for special needs) |  |  |
| Emergency services (ambulance, fire, police) |  |  | Employment –related (such as such as assessment for employment capabilities, career counselling, job search/referral, training (education or on-the-job) |  |  | Ethno-cultural services (such as support for new Canadians with language, employment, community connections; activities to connect people with same cultural background, cross-cultural activities) |  |  |
| Financial counselling/money management (such as budgeting, banking) |  |  | Food (multiple food groups – including fruits and vegetables – from sources such as food bank, community kitchen, good food box, community garden) |  |  | Functional assessments (such as development, skills, behaviours) |  |  |
| Health (such as family doctor, dental care, eye care, public health centre, health information health benefits/coverage available for people with low incomes) |  |  | Housing supports (such as affordable housing options, rent supplements, landlord-tenant information) |  |  | Income Supports (such as SFI) |  |  |
| Legal or protective services (such as Legal Aid, child protection, restraining orders ) |  |  | Libraries |  |  | Mental health/emotional support (such as counselling, practical supports for daily living as needed) |  |  |
| Parenting programs or information (such as child growth and development, healthy parenting strategies, dealing with child behaviour issues, family functioning) |  |  | Places of worship/spiritual support |  |  | Recreation/leisure (facilities, programs, groups for people with common hobbies or interests, sports or physical activity groups) |  |  |
| Relationship support (such as counseling, healthy decision making) |  |  | Schools  |  |  | Shopping assistance/advice (such as sources of affordable food, clothing, household goods, toys) |  |  |
| Transportation |  |  | Other (please specify) |  |  | None of these |  |  |

**NOTE:** The next question could supplement the above chart (a.5), to get an overall rating. Or, the question could be used instead of doing (a.5), if it is not practical to go through the chart in a.5 (for example, with transient participants).  **(a.6) Overall, how helpful were the programs/services/resources we suggested to you?** 1 Not at all helpful2 Not very helpful 3 Somewhat helpful4 Quite helpful5 Very helpful**NOTE:** Please read the note that precedes a.3, as it applies here as well. **(Open-ended elaboration of above question a.6):****(a.7) Which particular programs/services/resources were most helpful for your needs? (Please note the program, service or information you received, and the agency that offered it).****(a.8) If none of these resources were helpful, please tell us why not.** (This question does not directly measure the indicator, but adds some related explanation to the above questions.)**NOTE:** Code responses by ways/reasons that programs/services/resources categories in the table in a.5 met parents’ needs (or not). |
|  |  | b) Participants report seeking out relevant resources. | **NOTE:** Please read the four notes that precede a.1 at the beginning of this section, as they apply here as well.***Early Childhood & Head Start*****(Open-ended question with parent):****(b.1) Which programs/ services/resources have you used in the [insert timeframe of interest]?****NOTE:** Code by categories from the chart in Question b.2 below, as applicable.***General Adult*****NOTE:** Please read the three notes that precede a.1 at the beginning of this section, as they apply here as well.**NOTE:** The second part of the question below “Which ones were helpful to your needs?”, and the dark gray shaded boxes, serve as Question c.1 in the next section.**(Survey or interview with participant):** **(b.2) Which kinds of programs/services/resources have you used in the [insert timeframe of interest]? Which ones were helpful to your needs? (Please check all the kinds of programs/services/resources you used, in the light gray shaded box to the right of each type of resource. Please check which kinds were helpful, in the dark gray shaded box. )[[2]](#footnote-3)**

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| **Program/Service/Resource** | **√ if Used** | **√ if Help** | **Program/Service/Resource** | **√ if Used** | **√ if Help** | **Program/Service/Resource** | **√ if Used**  | **√ if Help** |
| Aboriginal services |  |  | Abuse - Safety and prevention related to abuse/violence (such as intimate partner violence, child abuse, elder abuse) |  |  | Citizenship and Immigration |  |  |
| Community social connections (such as coffee groups, community social gathering events, group social outings) |  |  | Disability Supports (such as AISH, PDD, assistance with activities of daily living) |  |  | Early childhood programs/services (such as child care, preschool, services for special needs) |  |  |
| Emergency services (ambulance, fire, police) |  |  | Employment –related (such as such as assessment for employment capabilities, career counselling, job search/referral, training (education or on-the-job) |  |  | Ethno-cultural services (such as support for new Canadians with language, employment, community connections; activities to connect people with same cultural background, cross-cultural activities) |  |  |
| Financial counselling/money management (such as budgeting, banking) |  |  | Food (multiple food groups – including fruits and vegetables – from sources such as food bank, community kitchen, good food box, community garden) |  |  | Functional assessments (such as development, skills, behaviours) |  |  |
| Health (such as family doctor, dental care, eye care, public health centre, health information health benefits/coverage available for people with low incomes) |  |  | Housing supports (such as affordable housing options, rent supplements, landlord-tenant information) |  |  | Income Supports (such as SFI) |  |  |
| Legal or protective services (such as Legal Aid, child protection, restraining orders ) |  |  | Libraries |  |  | Mental health/emotional support (such as counselling, practical supports for daily living as needed) |  |  |
| Parenting programs or information (such as child growth and development, healthy parenting strategies, dealing with child behaviour issues, family functioning) |  |  | Places of worship/spiritual support |  |  | Recreation/leisure (facilities, programs, groups for people with common hobbies or interests, sports or physical activity groups) |  |  |
| Relationship support (such as counseling, healthy decision making) |  |  | Schools  |  |  | Shopping assistance/advice (such as sources of affordable food, clothing, household goods, toys) |  |  |
| Transportation |  |  | Other (please specify) |  |  | None of these |  |  |

**NOTE:** Please read the note that precedes a.3, as it applies here as well. **(Open-ended elaboration of above question b.2):****(b.3) As best you can remember, which kinds of programs/services/resources did you use the most?** [If asking on a survey]: Please list programs/services/resources. Include examples of agencies you went to or contacted. [If asking in an interview, ***prompt***]: Where did you go (particular agencies or groups)? Who helped you?**NOTE:** Responses could be coded according to the above categories in b.1, and examples of agencies and sources of help (e.g., programs, types of staff). |
|  |  | c) Participants report they accessed services that meet their needs:i) food securityii) housingiii) safetyiv) mental healthv) social isolationvi) financial | **NOTE:** Please read the first, second and fourth notes that precede a.1 at the beginning of this section, as they apply here as well.**NOTE:** The questions in this section would only be relevant to participants who either are referred to programs/services/resources (*Indicator E.a*) or seek out programs/services/resources (*Indicator E.b*). ***Early Childhood & Head Start*****(Open-ended question for parent):** **(c.1) Which programs/services/resources gave you the help you needed?** **NOTE:** Code responses by categories i through vi under Indicator c (see in column to the left) -- plus other categories from the chart in Question c.2, as applicable.***General Adult*** **(c.2) NOTE:** The second question within the overall Question b.2 in the previous section covers this question (i.e., **“Which ones were helpful to your needs?”** – participant check dark gray shaded boxes that apply)  **NOTE:** The following question (c.3) could supplement the chart in b.2, that covers both b.2 and c.2 - to get an overall rating. Or, c.3 could be used instead of doing the b.2/c.2 chart, if it is not practical to go through the chart in (for example, with transient participants). **(Survey or interview with participant):** **(c.3) Overall, how helpful were the programs/services/resources that you used?** 1 Not at all helpful2 Not very helpful3 Somewhat helpful4 Quite helpful5 Very helpful**NOTE:** Please read the note that precedes a.3, as it applies here as well. **(Open-ended elaboration of above question c.3):****(c.4) Which particular programs/ services/resources were most helpful to you? (Please tell us up to three programs/ services/resources that were most helpful, and the agencies that offered them).** If you interview rather than survey,you could further***prompt****:* How did these programs/ services/resources help you? **(c.5) If none of these resources were helpful, please tell us why not?** (This question does not measure the indicator, but adds some related explanation.)**(Creative methods alternative to Question b.5, using photo voice):****(c.6)** **Ask participants to take pictures (with cell phones or disposable cameras) of the front doors (name signs) of all the agencies that helped them in the past [insert time frame of interest]. Then interview participants about the how these agencies helped them (or not).** (***Prompt*** *as needed* to flesh out details: name of agency, what the agency does/offers, how the agency helped them meet their needs.)**NOTE:** Code responses (for c.4 through c.6) and photos (if used) by categories i through vi under *Indicator c* in column to left, plus other categories from the chart in Question b.2 as applicable - and ways that these programs/ services/resources helped them. **Supplementary Questions:**For both c.4 and c.6, you could add a question: **What difference has the help you received made in your life?** This question goes beyond the indicator per se, but could be very useful for the agency to know. |

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| I | I. Parents develop the (a) knowledge and (b) skills needed to provide a nurturing environment for their children*(Early childhood, Head Start, Parent education)* | a1) Parents identify aspects of a nurturing environment for their child(ren) at home (e.g.,  have books, toys in the home, play with child(ren), engage in conversations about things of interest to the child, create social opportunities for child(ren) with peers) | **NOTE:** The following question would ideally be asked when the parent begins the program (BEFORE, or pre, measure), and again at the end of the program (AFTER, or post, measure). If that is not possible, you may wish to ask them to do two ratings AFTER. In this case, you could ask the question above at the end of the program (AFTER measure), then ask them to answer it again, as they think they would have responded BEFORE the program. It is best to ask the BEFORE response without them being able to see their AFTER response, and to ask them an unrelated question or take a break in between their BEFORE and AFTER ratings. That way, their AFTER response is less likely to influence their BEFORE response. **(Survey or interview with parent):**  **(a1.1) In your view, how important are the following activities for creating a good home for young children? (Please check the column that best reflects what you think.)****NOTE:** *Agencies may tailor examples to fit cultural context of participating parents*

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| --- | --- | --- | --- | --- | --- |
| **Activity** | **1****Not at all important** | **2****Not very important** | **3****Somewhat Important** | **4****Quite important** | **5****Very important** |
| Reading books together |  |  |  |  |  |
| Playing with developmentally appropriate toys |  |  |  |  |  |
| Playing with other kids  |  |  |  |  |  |
| Parent-child play time |  |  |  |  |  |
| Talking about things that are new to the child |  |  |  |  |  |
| Eating meals together |  |  |  |  |  |
| Other (please describe) |  |  |  |  |  |

**NOTE:** Question a.1.2 below is a simpler alternative for AFTER the program, but provides less information than Question a.1.1. It may not capture change as accurately asking participants to consider their BEFORE and AFTER responses separately. But it may be easier to ask quickly. If feasible, you may also decide to ask this question at some other earlier point, partway through the program. **(a1.2) Compared to what you thought when you started [program], how important do you think the following activities for creating a good home for young children? (Please check the column that best reflects what you think.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **1****Less important** | **2****Same importance** | **3****More****Important** |
| Reading books together |  |  |  |
| Playing with developmentally appropriate toys |  |  |  |
| Playing with other kids  |  |  |  |
| Parent-child play time |  |  |  |
| Talking about things that are new to the child |  |  |  |
| Eating meals together |  |  |  |
| Other (please describe) |  |  |  |

**NOTE:** The question below is retrospective (AFTER). You may also decide to also use it partway through the program, if that would be useful and feasible.**(Open-ended elaboration or alternative):****(a1.3) What, if anything, did you learn at [program] about how to make your home the best it can be for your child? (Please describe)****NOTE:** Code responses by list from a1.1/a1.2 – plus other activities that emerge in parents’ responses. |
|  |  | a2) Parents identify healthy attachment behaviours (e.g., respecting child(ren)’s choices of play activities, as age/stage-appropriate; allowing child(ren) solitude, encouraging child(ren)’s interactions with same-age peers) | **NOTE:** This next question seems to work best as an open-ended retrospective question, where parents are describing attachment in their own words. The question could also be asked partway through the program, if that would be useful and feasible.**(a2.1)** **What do you know about how to create a strong relationship with your child, that you did not know before you started [program]?****NOTE:** Code by types of relationship-building behaviours that parents mention in their responses.  |
|  |  | b1) Parents identify strategies they can apply at home, to providing a nurturing environment for their child(ren) (e.g.,  have books, toys in the home, play with child(ren), engage in conversations about things of interest to the child, create social opportunities for child(ren) with peers) | **NOTE:** Please read the note that precedes a1.1, as it applies here as well. **(Survey or interview with parent):** **(b1.1) Which of the following things do you think you could do to provide a nurturing home for your child? (Please check all that apply.)**\_\_ Have things in the home that encourage your child to play or learn (such as toys, books)\_\_ Play with your child (such as games, make believe, crafts, sports)\_\_ Read to your child\_\_ Talk with your child about things that interest them \_\_ Take your child places where they can play with other children their own age**NOTE:** Please read the note that precedes a1.3, as it applies here as well. **(Open-ended elaboration or alternative – to ask AFTER program):****(b1.2) What, if any, new things do you think you could do to create a nurturing home for your child, that you did not think of before this program?** **NOTE:** Code responses by list from b1.1. – plus other activities that emerge in parents’ responses.**Supplementary Question:** These questions do not directly reflect this indicator, but may be of interest to some agencies.The next question goes beyond the indicator – to ask what parents actually do (rather than strategies they can identify – which are covered by Question b.1.2 above). **What, if any, new things do you do to create a nurturing home for your child, that you didn’t do before this program?** Code by list from b.1.1. – plus other activities that emerge in parents’ responses.The next question is broad – beyond the indicator –but may be useful)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Since coming to this program...** | **1****Strongly disagree** | **2****Disagree** | **3****Neither agree nor disagree** | **4****Agree** | **5****Strongly agree** | **Does not apply** |
| I am more aware of what to expect my child to do at his/her age. |  |  |  |  |  |  |
| I use ideas that I learned at this program to help me manage my child’s behaviour. |  |  |  |  |  |  |
| I use the activities at home that I learned at this program.[[3]](#footnote-4) |  |  |  |  |  |  |
| Other (please describe) |  |  |  |  |  |  |

 |
|  |  | b2) Parents report enhanced family interactions (e.g., closer/warmer parent child relationships. [[4]](#footnote-5) | **NOTE:** The question below – from the Nobody’s Perfect Parenting Program (Parental Nurturing Behaviour Scale) -- would ideally be asked when the parent begins the program (BEFORE, or pre, measure), and again at the end of the program (AFTER, or post, measure). If that is not possible, you may wish to ask them to do two ratings AFTER. In this case, you could ask the question above at the end of the program (AFTER measure), then ask them to answer it again, as they think they would have responded BEFORE the program. It is best to ask the BEFORE response without them being able to see their AFTER response, and to ask them an unrelated question or take a break in between their BEFORE and AFTER ratings. That way, their AFTER response is less likely to influence their BEFORE response. **(Survey or interview with parent):** **(b2.1) The following questions are about things that you and your child do together. Think back over your behaviour with your child over the past couple of weeks. For each of the following statements, check how frequently each happens for you and your child. If you have more than one child, answer the question thinking about your oldest child who is under 6 years of age.[[5]](#footnote-6) (Please check the column that best reflects your experience.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Over the past couple of weeks:** | **1****Never** | **2****About once a week or less** | **3****A few times a week** | **4****One or two times a day** | **5****Many times each day** |
| 1. How often did you and your child laugh together? |  |  |  |  |  |
| 2. How often did you praise you child, by saying something like “Good for you!” or “What a nice thing you did!” or “Great job!” |  |  |  |  |  |
| 3. How often did you and your child talk or play with each other (focusing attention on each other for 5 minutes or more) just for fun? |  |  |  |  |  |
| 4. How often did you and your child hug or cuddle? |  |  |  |  |  |
| 5. How often did you do something special with your child—something that he/she enjoys? |  |  |  |  |  |
| 6. How often did you play games with your child? |  |  |  |  |  |
| 7. How often did you go for a walk with your child? |  |  |  |  |  |
| 8. How often did you ignore your child when he/she was fussy or upset? |  |  |  |  |  |
| 9. How often did you play make-believe with your child? |  |  |  |  |  |
| 10. How often did you smile at your child? |  |  |  |  |  |
| 11. How often did you tell your child that you love him/her? |  |  |  |  |  |
| 12. How often did you spend 10 or more minutes of quiet time with your child? |  |  |  |  |  |
| 13. How often did you read with your child? |  |  |  |  |  |
| 14. How often did you hold your child when he/she was scared or upset? |  |  |  |  |  |
| 15. How often did you and your child argue? |  |  |  |  |  |
| 16. How often did you praise your child for learning new things?  |  |  |  |  |  |

 |
|  |  |  | **NOTE:** Question b2.2 below is a simpler alternative for AFTER the program, but provides less information than Question b2.1. It may not capture change as accurately asking participants to consider their BEFORE and AFTER responses separately. But it may be easier to ask quickly. If feasible, you may also decide to ask this question at some other earlier point, partway through the program. **(b2.2) The following questions are about things that you and your child do together. Think back over your behaviour with your child since you started [program]. For each of the following statements, check how frequently each happens for you and your child, compared to when you started [program]. If you have more than one child, answer the question thinking about your oldest child who is under 6 years of age.[[6]](#footnote-7) (Please check the column that best reflects your experience.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Compared to when you started [program]:** | **1****Less often** | **2****About the same** | **3****More often** |
| 1. How often did you and your child laugh together? |  |  |  |
| 2. How often did you praise you child, by saying something like “Good for you!” or “What a nice thing you did!” or “Great job!” |  |  |  |
| 3. How often did you and your child talk or play with each other (focusing attention on each other for 5 minutes or more) just for fun? |  |  |  |
| 4. How often did you and your child hug or cuddle? |  |  |  |
| 5. How often did you do something special with your child—something that he/she enjoys? |  |  |  |
| 6. How often did you play games with your child? |  |  |  |
| 7. How often did you go for a walk with your child? |  |  |  |
| 8. How often did you ignore your child when he/she was fussy or upset? |  |  |  |
| 9. How often did you play make-believe with your child? |  |  |  |
| 10. How often did you smile at your child? |  |  |  |
| 11. How often did you tell your child that you love him/her? |  |  |  |
| 12. How often did you spend 10 or more minutes of quiet time with your child? |  |  |  |
| 13. How often did you read with your child? |  |  |  |
| 14. How often did you hold your child when he/she was scared or upset? |  |  |  |
| 15. How often did you and your child argue? |  |  |  |
| 16. How often did you praise your child for learning new things?  |  |  |  |

 |
|  |  | b3) Parents model healthy attachment behaviours during the program (e.g., respecting child(ren)’s choices of play activities, as age/stage-appropriate; allowing child(ren) solitude, encouraging child(ren)’s interactions with same-age peers) | **NOTE:** Because this indicator is about ***modelling*** the strategies (i.e., observable behaviour), it would be best to have direct staff observation as the method. Observe parent behaviours BEFORE and AFTER they start the program. This question would not work well as a retrospective (AFTER) for staff observation. Though it is possible to have parents reflect on their individual changes from BEFORE to AFTER the program, it would be very difficult for staff to keep track of many parents’ progress and accurately do retrospective reporting.**(Staff observation checklist):**  – use same items as in b2.1/b2.2 above. Questions are from the same scale used above (from Nobody’s Perfect Parenting Program). They are, however, altered grammatically for 3rd person observation, but content is unchanged. We have alternated her/him and him/her for gender inclusiveness. **(b3.1) The following questions are about things that parents and children do together.****Think back over your observations of this parent with their child over the past couple of weeks. For each of the following statements, check how frequently you have seen each of the following types of interactions between this parent and her/his child. If this parent has more than one child, answer the question thinking about this parent’s oldest child who is under 6 years of age.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Over the past couple of weeks:** | **1****Never** | **2****About once a week or less** | **3****A few times a week** | **4****One or two times a day** | **5****Many times each day** | **No opportunity to observe** |
| 1. How often did you see this parent and her/his child laugh together? |  |  |  |  |  |  |
| 2. How often did you see this parent praise her/his child, by saying something like “Good for you!” or“What a nice thing you did!” or “Great job!” |  |  |  |  |  |  |
| 3. How often did you see this parent and his/her child talk or play with each other (focusing attentionon each other for 5 minutes or more) just for fun? |  |  |  |  |  |  |
| 4. How often did you see this parent and his/her child hug or cuddle? |  |  |  |  |  |  |
| 5. How often did you see this parent do something special with her/his child—something that the childenjoys? |  |  |  |  |  |  |
| 6. How often did you see this parent play games with her/his child? |  |  |  |  |  |  |
| 7. How often did you see this parent go for a walk with his/her child? |  |  |  |  |  |  |
| 8. How often did you see this parent ignore his/her child when the child was fussy or upset? |  |  |  |  |  |  |
| 9. How often did you see this parent play make-believe with her/his child? |  |  |  |  |  |  |
| 10. How often did you see this parent smile at her/his child? |  |  |  |  |  |  |
| 11. How often did you see this parent tell his/her child that he/she loves the child? |  |  |  |  |  |  |
| 12. How often did you see this parent spend 10 or more minutes of quiet time with his/her child? |  |  |  |  |  |  |
| 13. How often did you see this parent read with her/his child? |  |  |  |  |  |  |
| 14. How often did you see this parent hold her/his child when the child was scared or upset? |  |  |  |  |  |  |
| 15. How often did you see this parent and his/her child argue? |  |  |  |  |  |  |
| 16. How often did you see this parent praise his/her child for learning new things?  |  |  |  |  |  |  |

**Supplementary question:** The following suggestion goes beyond the indicator, but may be useful. If staff respond ‘Never’ to some behaviours above, please share your thoughts about why the parent did not do these behaviours (either from your experience with the parent or from a discussion with the parent – if the latter is feasible and can be done sensitively.  |

1. Adapted from tools from Amity, Candora, Edmonton Immigrant Services Association [↑](#footnote-ref-2)
2. Adapted from tools from Amity, Candora, Edmonton Immigrant Services Association [↑](#footnote-ref-3)
3. Canadian Association of Family Resource Programs (no date).e-Valuation Survey. Available at: <http://frp-evaluation.ca/background-summary.php> [↑](#footnote-ref-4)
4. Canadian Association of Family Resource Programs (no date).e-Valuation Survey. Available at: <http://frp-evaluation.ca/background-summary.php> [↑](#footnote-ref-5)
5. Skrypnek, B.J. & Charchun, J. (2009).An Evaluation of the Nobody’s Perfect Parenting Program.Canadian Association of Family Resource Programs (Appendix A, p. 9 – Parental Nurturing Behaviour Scale). Available at: <http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=917>

 (NOTE: This Nobody’s Perfect Parenting Program evaluation contains several other tools that may be of interest to agencies working with ages 0-6, if these agencies wish to look beyond the funder common indicators. For example, Appendix A, p. 11 has a tool to measure how parents react when faced with a problem with their child) [↑](#footnote-ref-6)
6. Skrypnek, B.J. & Charchun, J. (2009).An Evaluation of the Nobody’s Perfect Parenting Program.Canadian Association of Family Resource Programs (Appendix A, p. 9 - Parental Nurturing Behaviour Scale). Available at: <http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=917>

 (NOTE: This Nobody’s Perfect Parenting Program evaluation contains several other tools that may be of interest to agencies working with ages 0-6, if these agencies wish to look beyond the funder common indicators. For example, Appendix A, p. 11 has a tool to measure how parents react when faced with a problem with their child) [↑](#footnote-ref-7)