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

**Parent Link Centres**

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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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| --- | --- | --- | --- |
| D | D. Participants feel supported.*(Family support, FASD, Information and referral, Parent Link Centres, Prevention of family violence and bullying)* | a) Participants report having close friends and/or close relatives with whom they can confide/receive advice [[1]](#footnote-2) | **NOTE:** The next question could be asked at the beginning of your work with each participant (BEFORE, or pre, measure), and again at the end of your work with the participant (AFTER, or post, measure). If that is not possible, or if you think the participant may not be able to give an accurate rating BEFORE the program (for example, if they are unsure how to define "close"), 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 ratings. That way, their AFTER response is less likely to influence their BEFORE response. For example, if you are asking questions for several of the indicators that go with Outcome D on feeling supported, you could ask each AFTER question, then go back and ask the BEFORE responses. **(Survey or interview with participant):****(a.1) About how many close friends and close relatives do you have, that is, people you can talk to about what is on your mind?**[[2]](#footnote-3)\_\_\_ close friends \_\_\_ close relatives **NOTE:** Question a.2 below is a simpler alternative for AFTER the program, but provides less information than Question a.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.**(a.2) How many close friends/relatives do you have that you can talk to about what is on your mind, compared to when you started [program]?** 1 Fewer close friends/relatives 2 About the same number of close friends/relatives3 More close friends/relatives**NOTE:** Please read the note from a.1, as it applies here as well**(Survey or interview with participant):** **(a.3) When there is something on your mind, how comfortable are you talking about it with someone who cares about you?[[3]](#footnote-4)**1 Not at all comfortable2 Not very comfortable3 Somewhat comfortable4 Quite Comfortable5 Very comfortable **NOTE:** Please read the note from a.2, as it applies here as well. **(a.4) How comfortable are you talking about something on your mind, with someone who cares about you, compared to when you started [program]?**1 Less comfortable2 No change3 More comfortable**NOTE:** Please read the note from a.1, as it applies here as well**(Survey or interview with participant):** **(a.5) How comfortable are you with asking for advice from someone who cares about you?**1 Not at all comfortable2 Not very comfortable3 Somewhat comfortable4 Quite Comfortable5 Very comfortable **NOTE:** Please read the note from a.2, as it applies here as well. **(a.6) How comfortable are you asking for advice from someone who cares about you, compared to when you started [program]?**1 Less comfortable2 No change3 More comfortable**NOTE:** The question below is retrospective (AFTER). You may also decide to also ask it partway through the program, if that would be useful and feasible.**(Open ended elaboration or alternative):** **(a.7) What kinds of support do you have now, compared to when you started [program]?** ***Prompts*** *(as needed):* People you can talk to? People who can give you advice? How did you meet these people (in program or somewhere else? How often do you talk to them? Where and when do you talk to them? Overall, about how many of these supportive people have you met through this program?  |
|  |  | b) Participants report having sources of community (e.g., mentor, church leader, etc) or professional support (e.g., within agency or referral) in which they can confide/receive advice (e.g., emotional, instrumental) | **NOTE:** Please read the note that precedes a.1, as it applies here as well.**(Survey or interview with participant):** **(b.1) How much do you agree or disagree with the following statement:** **I know at least one person I can turn to when I need help (such as someone to listen, give advice).** 1 Strongly disagree2 Disagree3 Neither agree nor disagree4 Agree5 Strongly agree **(b.2) How much do you agree or disagree with the following statement:**  **I know at least one place in the community where I can turn to when I need help (such as someone to listen, give advice).** 1 Strongly disagree2 Disagree3 Neither agree nor disagree4 Agree5 Strongly agree **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:** For questions that refer to programs/services/ resources, use the word (or something similar) that is most  familiar to your participants.**(b.3) Which kinds of programs/services/resources would you turn to if you needed advice or support? (Please check all that apply, in the shaded box to the right of each type of resource)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Programs/Services/Resources** | **√ if Yes** | **Programs/Services/Resources** | **√ if Yes** | **Programs/Services/Resources** | **√ 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 |  |

**NOTE:** If it is not possible to ask participants about the above supportive programs/services/ resources with reference to both BEFORE and AFTER the program, you could **use the same table and modify the question as follows**. You may need to help participants understand that they are to only check resources that they did not know they could turn to BEFORE. (The questions could also be asked partway through the program, if that would be useful and feasible.) **(b.4) Which of the following types of resources would you now turn to if you needed advice or support – that you *did not know you could turn to before* you started [program]? (Please check all that apply, that you did not know about before, in the shaded box to the right of each type of resource)****NOTE:** Please read the note that precedes a.7, as it applies here as well. **(Open ended elaboration or alternative):**  **(b.5)** **Where do you turn when you need advice or support, compared to when you started [program]?** ***Prompts*** (as needed): People? Places? Community resources? Reasons for turning to these sources of support? How did you learn about them? How were these sources helpful?**NOTE:** Code responses by types of people, places, and community resource that participants mention. |
|  |  | c) Participants report feeling (1) heard/understood and (2) that their needs were met, by program staff, volunteers and/or other participants | **NOTE:** The next few questions may be easiest to ask retrospectively (AFTER), but could also be asked partway through the program too, if that would be useful and feasible.**(Survey or interview with participant):** **(c.1)** **For the next statements, please think back on your time in this program. Please tell us how much you agree or disagree with each statement, by checking the column that best describes your experience.[[4]](#footnote-5)**

| **Statement** | **1****Strongly Disagree** | **2****Disagree** | **3****Neither Agree nor Disagree** | **4****Agree** | **5****Strongly Agree** |
| --- | --- | --- | --- | --- | --- |
| I am welcomed into this program |  |  |  |  |  |
| I am listened to in this program |  |  |  |  |  |
| In this program, my concerns are understood |  |  |  |  |  |
| My thoughts about the program are taken seriously |  |  |  |  |  |
| I receive information in this program that is useful to me or my family |  |  |  |  |  |
| I am encouraged to think abouthow the information from this program applies to me or myfamily |  |  |  |  |  |

**(Open ended elaboration or alternative):** **(c.2)** **How do staff respond when you bring issues or concerns to them?** **NOTE:** Code response by consistency (vs. not) with statements in the Table in c.1 above.**(Survey or interview with participant):** **(c.3) How much do you agree or disagree with the following statement:**  **I receive support from [program] volunteers when I need it.**1 Strongly disagree2 Disagree3 Neither agree nor disagree4 Agree5 Strongly agree0 Not applicable**NOTE:** Some programs may have volunteers who assist participant; other programs may not.**(c.4) How much do you agree or disagree with the following statement:**  **I receive support from other participants when I need it.**1 Strongly disagree2 Disagree3 Neither agree nor disagree4 Agree5 Strongly agree0 Not applicable**NOTE:** It may be appropriate in some types programs for participants to receive support from peers in the program, but not in other types of programs**Supplementary Questions:** These questions go beyond the indicator, but could be useful for agencies. **Would you** **recommend this program to a friend or relative** \_\_ Yes \_\_\_ Maybe \_\_ No (IF YES OR MAYBE):**Why would/might you recommend this program?** (Code for responses that refer to feeling heard or assisted) |

|  |  |  |  |
| --- | --- | --- | --- |
| H | H. Participants have knowledge of child development*(Home visitation, Parent Link Centres)* | 1. Parents/caregivers identify activities that are appropriate for their child(ren)’s development (e.g., what activities they would encourage children to do, or do with their children, at a particular age/stage)
 | **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, or if you think the participant may not be able to give an accurate rating BEFORE the program (for example, if they may not be able to accurately assess how much they know), 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. **NOTE:** The next question refers to age, for simplicity of the question. If in your program, age and stage of development do not correspond, substitute ‘stage of development’ (or another more appropriate term) for age.**(Survey or interview with parent):****(a.1) Thinking about activities that you could do with your child, would you say you know:**1 Very few activities appropriate for your child’s age?2 Some activities appropriate for your child’s age?3 Several activities appropriate for your child’s age?4 Many activities appropriate for your child’s age?**NOTE:** Question a.2 below is a simpler alternative for AFTER the program, but provides less information than Question a.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.**(a.2) Compared to when you started [program], would you say you know:**1 More activities appropriate for your child’s age, that you could do with your child? 2 About the same number of activities appropriate for your child’s age, that you could do with your child? 3 Fewer activities appropriate for your child’s age, that you could do with your child? **(Open-ended elaboration or alternative):****(a.3) What specific activities do you know of, that are a good fit with your child’s present age or stage of development? (Please share examples)****NOTE:** Code responses by types of activities mentioned and how parent describes those activities as linked to development age or stage.**Supplementary Questions:** This question goes beyond the knowledge indicator, but could be useful for agencies, if they are interested in looking beyond knowledge to use of their learning.**How much do you agree or disagree with each of the following statement:** **I use ideas that I learned at this program to help me manage my child's behavior**1 Strongly disagree2 Disagree3 Neither agree nor disagree4 Agree5 Strongly agree |
|  |  | (b) Parents/caregivers identify ways they can interact with their child(ren) in a way that matches his/her level of development (e.g., read to child(ren), engage in interactive play in home or community) | **NOTE:** Please read the first note that precedes a.1, as it applies here as well. **(Survey or interview with parent):****(b.1) How much do you agree or disagree with each of the following statements? (Please check the column that best reflects what you think.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statements**  | **1****Strongly disagree** | **2** **Disagree** | **3** **Neither agree nor disagree** | **4** **Agree** | **5** **Strongly agree** |
| I know the type of books my child prefers |  |  |  |  |  |
| When I play with my child, I think of what I can expect of him or her. |  |  |  |  |  |
| The games we play are easy for my child to understand. |  |  |  |  |  |
| I take my child to places where I know she or he will be able to play with other children the same age. |  |  |  |  |  |

**NOTE:** Please read the first note that precedes a.2, as it applies here as well. **(b.2) Compared to when you started [program], how much would you say you know about each of the following: (Please check the column that best reflects what you think.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **1****Less** | **2****About the Same** |  **3****More** |
| I know the type of books my child prefers. |  |  |  |
| When I play with my child, I think of what I can expect of him or her. |  |  |  |
| The games we play are easy for my child to understand. |  |  |  |
| I take my child to places where I know the she or he will be able to play with other children the same age. |  |  |  |

 **(Open ended alternative):****(b.3) How do you decide what to play, read or do with your child?*****Prompts:*** What things do you consider? Who decides? (you or your child) How do you introduce new things? How do you encourage your child to try new things? **(Alternative to b.3, using creative method, such as photo voice):****(b.4)** **Ask parents to take some pictures of activities they do together with their child that are really fun and that their child seem to enjoy the most. Then interview participants about how they decide to do these photographed activities which activities with their child).** (Use ***prompts*** as above.)**NOTE:** Code responses (for b.3 or b.4) by how each activity choices mentioned by the parent, and ways they describe activities fitting with age/stage of development of their child.**Supplementary Questions:** These go beyond the indicator, but could be really good broad questions for agencies to ask.**What is the most important thing you have learned about your child’s development since you started coming to the program? Why was this such an important learning?**  |
|  |  | c) Parents identify the developmental stages that can be expected of their child in relation to:  -Communication -Physical development -Attention  -Focus | **NOTE:** Please read the first note that precedes a.1, as it applies here as well.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(Survey or interview with parent):** **((c.1) How much would you say you know about each of the following childhood development areas, as they apply to your child? (Please check the column that best reflects what you think.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area of Development** | **1****None**  | **2** **Very little**  | **3** **Some**  | **4** **Quite a bit**  | **5** **A lot**  |
| Speech and language (communication)  |  |  |  |  |  |
| Overall physical  |  |  |  |  |  |
| Fine motor |  |  |  |  |  |
| Gross motor |  |  |  |  |  |
| Social skills |  |  |  |  |  |
| Emotional |  |  |  |  |  |

**NOTE:** Please read the first note that precedes a.2, as it applies here as well. **(c.2) Compared to when you started [program], how much would you say you know about each of the following areas of development: (Please check the column that best reflects what you think.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Development** | **1****Less** | **2****About the Same** | **3****More** |
| Speech and language (communication)  |  |  |  |
| Overall physical  |  |  |  |
| Fine motor |  |  |  |
| Gross motor |  |  |  |
| Social skills |  |  |  |
| Emotional |  |  |  |

**(Open-ended elaboration or alternative):****(c.3) In your view, what are some of the things that are unique to your child’s age, in terms of development?** (***Prompt*** by development areas from c.2 above)**NOTE:** Code responses by areas of development in c.2 above**NOTE:** Items below in c.4 go beyond the indicator as written, but the indicator itself (focused on developmental stages) was deemed too narrow by some agencies. These questions cover multiple child development factors.[[5]](#footnote-6)**(Survey or interview with parent):** **(c.4) Please rate how much you agree or disagree with each of the following statements. (Please check the column that best describes your experience. If the topic was not covered in the program please check "not covered".)**

| **Statement** | **Not covered** | **1****Strongly disagree** | **2** **Disagree** | **3** **Neither agree nor disagree** | **4** **Agree** | **5** **Strongly agree** |
| --- | --- | --- | --- | --- | --- | --- |
| I am aware of how children change as they learn and grow. |  |  |  |  |  |  |
| I do things with my child to help him or her learn. |  |  |  |  |  |  |
| I know how to discipline my child without hitting or spanking. |  |  |  |  |  |  |
| I know how to set clear limits for my child |  |  |  |  |  |  |
| I can get my child to cooperate without yelling. |  |  |  |  |  |  |
| I make time to play with my child. |  |  |  |  |  |  |
| I make time to talk with my child. |  |  |  |  |  |  |
| I know how to keep my child healthy. |  |  |  |  |  |  |
| I know how to keep my child safe. |  |  |  |  |  |  |
| I know why it is important to read to my child every day. |  |  |  |  |  |  |
| I know how to handle the everydayChallenges of things (like sleep, toileting, food dislikes, etc.) |  |  |  |  |  |  |
| I know how my relationship with my child impacts his or her development. |  |  |  |  |  |  |
| I know how to find high-quality information about child development on the Internet |  |  |  |  |  |  |

**Supplementary questions:** These go beyond measuring the (knowledge) indicator itself, but could be useful for agencies – especially the 2nd one which covers a child’s progress as seen by parent.**How do you know what you can expect from your child? What are some of the developmental milestones that you have witnessed in your child since you started the program?** (Alternative to last question above, using creative method such as photo voice): Ask participants to take pictures of three things (such as activities, behaviours, communication) that show how their child has developed since they started the program. Then interview participants about how they see these changes as developmental progress. |

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| J | J. Parents have positive parenting skills *(Home visitation, Parent Link Centres)* | a) Parents identify strategies to apply in one or more of the following areas:- helping their children develop age-appropriate skills (e.g., by reading, playing, having conversations)- providing positive feedback to children (e.g., praising them for positive behaviours or abilities, supporting them to feel good about themselves)- addressing children’s behaviour challenges(e.g., giving constructive criticism of a negative , requesting and/or modelling an alternative positive behaviour )- setting boundaries (e.g., saying no to child(ren)’s persistent requests, doing activities that do not involve the child(ren) | **NOTE:** A broad open-ended question seem to work best for this indicator, so parents can identify strategies important to them in their own words, and they may be less likely to feel that their parenting skills are being ‘tested’. This question would be asked AFTER the program. You may also decide to also use it partway through the program, if that would be useful and feasible.**(a.1) What are the most important parenting strategies you have learned in the program that you could apply with your own child?*****Prompts*:** Focus of the strategies (Developing child’s age-appropriate skills, giving positive feedback, dealing with behaviour challenges, setting boundaries); What makes these strategies important for you and your child)? **NOTE:** Code responses by strategy areas for the indicator (see column to the left). Counts of responses that fit each category could be used for quantitative reporting on the indicator areas. **Supplementary questions:** These questions do not directly reflect the indicator, but may be useful. The next question focuses in more specifically on play:**Describe how you and your child play together?** ***Prompts*:** What do you do, where, how often?Questions in the table below are really focused more on knowledge than skills or skill-related behaviours, but the questions may still be useful. [[6]](#footnote-7) They would be done BEFORE and AFTER program, or AFTER with reflection back on BEFORE.**Please rate how much you agree or disagree with each of the following statements, by checking the column under the number that best describes your experience. If the topic was not covered in the program please circle "not covered".**

| **Statement** | **Not covered** | **1****Strongly disagree** | **2** **Disagree** | **3** **Neither agree nor disagree** | **4** **Agree** | **5** **Strongly agree** |
| --- | --- | --- | --- | --- | --- | --- |
| I am aware of how children change as they learn and grow. |  |  |  |  |  |  |
| I do things with my child to help him or her learn. |  |  |  |  |  |  |
| I know how to discipline my child without hitting or spanking. |  |  |  |  |  |  |
| I know how to set clear limits for my child |  |  |  |  |  |  |
| I can get my child to cooperate without yelling. |  |  |  |  |  |  |
| I make time to play with my child. |  |  |  |  |  |  |
| I make time to talk with my child. |  |  |  |  |  |  |
| I know how to keep my child healthy. |  |  |  |  |  |  |
| I know how to keep my child safe. |  |  |  |  |  |  |
| I know why it is important to read to my child every day. |  |  |  |  |  |  |
| I know how to handle the everydaychallenges of things (like sleep, toileting, food dislikes, etc.) |  |  |  |  |  |  |
| I know how my relationship with my child impacts his or her development. |  |  |  |  |  |  |
| I know how to find high-quality information about child development on the Internet |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

 |
|  |  | b) Parents model positive parenting strategies learned during the program (e.g., positive feedback, constructive criticism/behavioural alternatives, etc.) | **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. These questions are From Nobody’s Perfect Parenting Program (Parental Nurturing Behaviour scale), with adaptations for staff observation of parental behaviour. [[7]](#footnote-8) They are altered grammatically for 3rd person observation, but content is unchanged. We have alternated her/him and him/her for gender inclusiveness.**NOTE:** 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)**: **(b.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. **NOTE:** If staff observation is not possible, you could use self-reporting, recognizing its limitations for an indicator that is focused on modelling behaviour. The question below – from the same Nobody’s Perfect 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):** **(b.2) The following questions are about with 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.[[8]](#footnote-9) (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 b.3 is a simpler alternative (one-time measure), but provides less information than Question b.2. It also may not capture change as accurately asking participants to consider their BEFORE and AFTER responses separately. But it may be easier to ask quickly. Again, please note the limitation of self-report for an indicator that focuses on modelling behaviour.**(b.3) 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.[[9]](#footnote-10)**

|  |  |  |  |
| --- | --- | --- | --- |
| **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?  |  |  |  |

**(Open-ended elaboration or alternative –** retrospective (AFTER) question – note that there are limitations of self-report for an indicator about *modelling* behaviours). ). You may also decide to also use it partway through the program, if that would be useful and feasible.**(b.4) Of all the positive parenting strategies we have covered [program], which ones, if any, are you doing at home with your own child? (Please give specific examples)****NOTE:** Code responses by strategies reflected in the Nobody’s Perfect question areas above, as well as by any other strategies that emerge in the discussion.) **Supplementary questions:**The questions in the following table do not directly correspond to the indicators (which focus on applying positive parenting skills in interactions with children). However, these questions do reflect a mix of knowledge, self-rated skills, confidence, and perceptions of support – all of which could influence how parents positively interact with their children.**Please rate how much you agree or disagree with each of the following statements, by checking the column under the number that best describes your experience. [[10]](#footnote-11)**

| **Statement** | **1****Strongly disagree** | **2** **Disagree** | **3** **Neither agree nor disagree** | **4** **Agree** | **5** **Strongly agree** |
| --- | --- | --- | --- | --- | --- |
| I have confidence in my parenting skills |  |  |  |  |  |
| I feel positive in my role as a parent |  |  |  |  |  |
| I know who to contact in the community when I need help |  |  |  |  |  |
| I know where I can get answers to my parenting questions |  |  |  |  |  |
| I have someone to talk to when I need support |  |  |  |  |  |
| I am able to manage stress |  |  |  |  |  |
| I know ways to meet my family's needs with the money that I have  |  |  |  |  |  |
| I know ways to meet my family's needs with other resources (other than money) that I have (such as my own skills, people who help me out when I need it) |  |  |  |  |  |
| My emotional health Is good (that is, I do not feel anxious, depressed or irritated) |  |  |  |  |  |
| I know how to speak up for what my familyneeds |  |  |  |  |  |
| More specifically, I know how to speak up for what my children need |  |  |  |  |  |
| I feel supported by my partner in my parenting (If you parent alone, please check the “does not apply” box below:□ “does not apply”  |  |  |  |  |  |
| In our family, we take the time to listen to each other |  |  |  |  |  |

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| L | L. Participants have knowledge of community resources*(Information and referral, Parent Link Centres, Public education)* | a) Participants identify one or more specific community resources that address their information or service needs (e.g., could be for parenting, relationships, mental health, physical health, basic needs, abuse, community connections, or other issues)  | **NOTE:**  Because the questions in this section are about supports they are likely to learn about once they are in the program, retrospective (AFTER) questions are likely most relevant and feasible. You may also decide to also use it partway through the program, if that would be useful and feasible. **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:** For questions that refer to programs/services/ resources, use the word (or something similar) that is most familiar to your participants.**(Survey or interview with participant):** **(a.1) Which, if any, community programs/services/resources did you learn about at [program] – that you did not know about before you started [program]? (Please check all that apply, in the shaded box to the right of each type of resource)[[11]](#footnote-12)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |

**NOTE:** The question below is retrospective (AFTER). You may also decide to use it partway through the program, if that would be useful and feasible.**(Open-ended elaboration or alternative):****(a.2)** **Please tell us the specific resources, if any, that you learned about through [the program], that you did not know about before you started [program]?*****Prompts*** (as needed): People? Places? Community resources? **NOTE:** Code responses according to the above categories in a.1, plus any other types of resources mentioned.**Supplementary Question**: This goes beyond the indicator, but may be of interest to agencies.**More specifically, how do you think the resources you just listed (mentioned) will help you?**More general questions, if it is not feasible to ask participants to identify specific resources (as per the indicator).**Please rate how much you agree or disagree with each of the following statements, by checking the column under the number that best describes your experience.**

| **Statement** | **1****Strongly disagree** | **2** **Disagree** | **3** **Neither agree nor disagree** | **4** **Agree** | **5** **Strongly agree** |
| --- | --- | --- | --- | --- | --- |
| I know who to contact in the community when I need help |  |  |  |  |  |
| I know where I can get answers to my parenting questions |  |  |  |  |  |

 |
|  |  | b) Participants ask for information about or referral to one or more community resources that address their information or service needs. | **NOTE:** Questions for this indicator are retrospective (AFTER) due to the nature of the indicator (referral). You may also decide to also use them partway through the program, if that would be useful and feasible.**NOTE:** Data for the questions below could be collected through program administrative data, based on staff observation and recorded in log books or facilitator notes.**NOTE:** Format below is adapted from PALS regarding tutor observations of students. The nature of the indicator requires staff to keep track of proactive requests from participant. **NOTE:** Please base responses to the following questions on (1) your own record of conversations with each participant, and /or (2) checking with other staff or trained volunteers who also work with this participant – as appropriate to your agency’s way or working with participants.**(From program admin data documented by staff, based on proactive inquires by participants):****(b.1) This program participant has requested information about at least one community resource.** \_\_\_ Yes \_\_\_ No \_\_\_ N/A**- Please specify the type(s) of resource(s)about which information was requested****(b.2) This program participant has requested at least one referral to a community resource**  \_\_\_ Yes \_\_\_ No \_\_\_ N/A **- Please specify type(s) of referral(s) requested** **NOTE:** Code responses to the open-ended follow-up questions by types of information and referrals mentioned under b.1 and b.2, and by categories in the Table for b.3 and b.4 below. **NOTE:** Please read the first of the four notes that precedes a.1, as it applies here as well. **(Survey or interview with participant):****Which kinds of programs/services/resources have you used in the [insert timeframe of interest]? Which ones were helpful to your needs?)[[12]](#footnote-13)****(b.3) Which kinds of programs/services/resources, if any, have you asked [program] staff about? Which ones, if any, have you asked [program] staff to refer you to?** **(Please check all the kinds of programs/services/resources you asked staff about, in the light gray shaded box to the right of each type of resource. Please check which kinds you asked staff to refer you to, in the dark gray shaded box.)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program/Service/Resource** | **√ if asked** | **√ if ask refer** | **Program/Service/Resource** | **√ if asked** | **√ if ask****refer** | **Program/Service/Resource** | **√ if asked** | **√ if ask refer** |
| 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 |  |  |

**(b.4) The second question within the overall Question b.3 above covers this (b.4) - i.e., “Which ones, if any, have you asked [program] staff to refer you to?” (Participant checks dark gray shaded boxes that apply.)** |

1. Statistics Canada, 2012 (Canadian Community Health Survey) – originally from Medical Outcomes Study – with slight adaptation to separate friends and relatives categories, and simplification of the sentence structure to suit participants while still reflecting the indicator. [↑](#footnote-ref-2)
2. From CCHS 2012 [↑](#footnote-ref-3)
3. While this question and the three that follow are less specific to the indicator, some agencies requested the option of not making the question specific to close friends or relatives, but instead to allow participants to self-define people who care about them. The indicator itself may need to be reviewed. [↑](#footnote-ref-4)
4. From the Alberta provincial Parent Link survey, Question 8, with some adaptation for clarification and applicability to programs beyond Parent Link. They are are intended to be asked twice, AFTER the program – to get both the AFTER and BEFORE perspectives. [↑](#footnote-ref-5)
5. Items are from Alberta provincial Parent Link survey, Question 6, with some adaptations for clarification and to address methodological limitations in the original (e.g., changed scaling from 7 to 5 points to simplify it to format familiar to agencies; fixed double-barrelled questions; shortened instructions and made them sound less like a test). The original tool has retrospective ‘before’ ratings right next to the after-program ratings; literature recommends such ‘before’ items be presented on a separate page, following the after-program ratings. [↑](#footnote-ref-6)
6. Items are from Alberta provincial Parent Link survey, Question 6, with some adaptations for clarification and to address methodological limitations in the original (e.g., changed scaling from 7 to 5 points to simplify it to format familiar to agencies; fixed double-barrelled questions; shortened instructions and made them sound less like a test). The original tool has retrospective ‘before’ ratings right next to the after-program ratings; literature recommends such ‘before’ items be presented on a separate page, following the after-program ratings. [↑](#footnote-ref-7)
7. 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-8)
8. 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>

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9. 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>

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10. Items are from Alberta provincial Parent Link survey, Question 7, with some adaptations for clarification and to address methodological limitations in the original (e.g., changed scaling from 7 to 5 points to simplify it to format familiar to agencies; fixed double-barrelled questions; shortened instructions and made them sound less like a test). The original tool has retrospective ‘before’ ratings right next to the after-program ratings; literature recommends such ‘before’ items be presented on a separate page, following the after-program ratings. [↑](#footnote-ref-11)
11. Adapted from tools from Amity, Candora, Edmonton Immigrant Services Association [↑](#footnote-ref-12)
12. Adapted from tools from Amity, Candora, Edmonton Immigrant Services Association [↑](#footnote-ref-13)