

The Resilient Families program

Promoting health and wellbeing in adolescents and their parents during the transition to secondary school

Resilient Families is a school-based prevention program designed to help students and parents develop knowledge, skills and support networks to promote health and wellbeing during the early years of secondary school. The program is designed to build within-family connectedness (parent–adolescent communication, conflict resolution) as well as improve social support between different families, and between families and schools. It is expected to promote social, emotional and academic competence and to prevent health and social problems in youth.

by
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A number of health-compromising behaviours, such as tobacco, alcohol and illicit drug use; unsafe sexual practices; depression and antisocial behaviour; escalate during the early years of secondary school (Bond et al. 2000). Interventions to prevent these problems are based on multivariate, developmentally and ecologically conceptualised approaches to risk and resilience. The decision to develop a program which focused on family was informed by the research showing the significant role of parents in shaping adolescent health (e.g. Prior et al. 2000; Resnick et al. 1997), and evidence that interventions focusing on family can have a positive preventative effect on adolescent substance use (Toumbourou & Gregg 2002) and conduct problems (Dishion et al. 1996) and lead to improvements in parent–adolescent communication and bonding (Spoth, Redmond & Shin 1998).

Preventative interventions during adolescence: It takes a village

When it comes to youth development, it is well established that families matter. Underlying Resilient Families is a belief that communities matter too. This belief is reflected publicly in the oft-repeated African proverb which states that “It takes a village to raise a child”, and shared by social scientists interested in the broader ecology of human development (Bronfenbrenner 1979,

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1989). The communities in which families live are seen to influence young people, both directly and indirectly, by moderating family or parenting effects (Silk et al. 2004). Communities can facilitate positive youth development through social cohesion (trust and shared values among families in the community) and social control (the degree to which all adults monitor youth, provide recognition for acceptable behaviour and enforce consequences for undesirable behaviour) (Sampson, Raudenbush & Earls 1997). The collective socialisation model (Coleman 1988; Jencks & Mayer 1990) holds that in socially cohesive communities, children are exposed to alternative adult figures who may model positive interactions or create an emotionally supportive context for the child. Supportive adults in the community and strong peer relationships may help to protect children from the effects of a negative family environment (Criss et al. 2002). Children in socially cohesive communities are also exposed to alternative models of how to behave, how to regulate emotions and how to connect with other adults and children. These models and messages may serve to counteract or supplement the messages they are receiving at home (Silk et al. 2004).

Developmental transitions as prevention opportunities

The developmental transition from primary to secondary school is a time of significant change. During adolescence, youth have less time under parental supervision and more opportunities to interact with adults in the community, especially with the parents of their friends (Cochran 1990). Increasingly, school may be viewed as a place of opportunity, social connection and competence-building or as a place of frustration and failure (Mayer 1995; Van Acker, Grant & Henry 1996). The transition to secondary school can also be a time of substantial change in developmental pathways (e.g. Smart et al. 2003; Vassallo et al. 2002). Previous research suggests that prevention programs timed to coincide with key transition points, such as the transition to secondary school, can produce beneficial effects (National Crime Prevention 2001; National Institute of Drug Abuse 2004). In keeping with these findings, Resilient Families targets

students and their families in the first two years of secondary school. Resilient Families reduces labelling because *all* students and their families are invited to participate, and individuals and families “at risk” are not singled out (Dishion et al. 2002).

Resilient Families: Five program components

The definition of family in Resilient Families is broad. It includes the variety of arrangements people make to ensure that children and young people are nurtured and cared for. The term parent is used throughout this paper to include biological, adoptive and step-parents, as well as other relatives and carers. Resilient Families consists of five components that link together to reinforce consistent messages and strategies and build positive relationships between adolescents, their parents and other families in the school community. The first component is the ‘Student Curriculum’. It consists of ten 45-minute sessions that are administered by teachers after they have completed a professional development session. The curriculum focuses on communication, emotional awareness, peer-resistance skills, conflict resolution and problem-solving. The second component of Resilient Families is a 2-hour ‘Parenting Adolescents Quiz’ (PAQ) night for parents/carers, which is conducted at the school.

The third component of the Resilient Families program is the ‘Parenting Adolescents: A Creative Experience’ program (PACE) (Jenkin & Bretherton 1994). PACE consists of eight 2-hour group sessions for parents. Sessions are conducted once a week at the school. Topics include listening, assertion, adolescent development, conflict resolution, resilience, drugs and alcohol, and family.

The fourth component of the program, ‘Building a Community of Parents’, aims to facilitate relationships among parents within each school. Schools create opportunities for parents with students in the first year of secondary school (Year 7 in Victoria) to inform other parents of parenting activities and social events at the school through a telephone tree or email system. The final component is a handbook (Jenkin & Toumbourou 2005) for

parents that presents strategies to help parents help their adolescents achieve success in school and life.

Evaluating Resilient Families: A randomised controlled trial

Thirty-nine government and Catholic secondary schools in Melbourne and surrounding areas were approached to participate in a randomised controlled trial. Twenty-four schools agreed to participate (62% school participation rate). Schools were randomly assigned to either the intervention or a regular-practice comparison condition. The 12 schools in the intervention condition implemented the program during 2004 and 2005. There was no significant difference in refusal rates between the intervention or comparison condition.

In order to evaluate the program, all families of Year 7 students were approached to complete annual surveys in 2004, 2005 and 2006. Participation involved students completing a survey during school time, and/or their parent/carer completing a mail-out survey, in each study year. In the intervention schools, 86% of students returned consent forms. In total, 56% of parents consented and 30% refused consent for their adolescent to participate in a student survey. In the comparison schools, 85% of families returned consent forms. A total of 53% of parents consented and 32% refused consent.

Sociodemographic characteristics of families

The mean age for students participating in the survey (N=2,337) in Year 7 was 12.3 years. Ten per cent of students were born outside of Australia and almost 2% identified themselves as of Aboriginal or Torres Strait Islander descent. Students reported that 40% of their mothers and 44% of their fathers were born outside Australia. The majority of these parents were born in Vietnam, Italy or England. Sixty-eight per cent of students reported speaking only English at home, 29% spoke English and another language, and the remainder (3%) spoke only a language other than English. Seventy-five per cent of students reported that their parents were either married or living together. Twenty-two per cent reported that their parents were separated or divorced, and 2% reported

that one or both of their parents had died. Students reported that they had an average of two siblings. Thirty-eight per cent of the students' mothers or stepmothers (with whom they live) were in full-time paid employment and 37% were in part-time paid employment. Seventy-nine per cent of fathers or stepfathers (with whom they live) were in full-time paid employment and 13% were in part-time paid employment.

Program implementation and uptake: The 'Student Curriculum' and 'Building a Community of Parents'

All 12 intervention schools provided release time so that teachers could attend the 2-hour professional development session for teaching the Resilient Families 'Student Curriculum'. Ten schools delivered the curriculum in either Term 2, 3 or 4 during 2004 and two schools chose to implement the program with their Year 8 students during Terms 1 and 2 in 2005. The program was well received by teachers and students, and integrity checklists completed by teachers indicated that the program was implemented as intended.

Five of the intervention schools attempted to implement a system to facilitate contact among Year 7 parents during the first year of the program (2004). Seven intervention schools were unwilling to implement such a system because they had either tried a similar system before and found it to be ineffective, or because they doubted it would be effective based on their experience of parents at the school. Four of the five schools that attempted implementation found that only a small number of parents returned a completed form with their contact details provided. Consequently, a functional contact system could not be established. In sum, only one of the 12 intervention schools was able to establish a functional contact system for parents.

Program implementation and uptake: The 'Parenting Adolescents Quiz'

Recruiting and engaging parents/carers is challenging, and engaging parents/carers of adolescents is harder still. In an Australian trial of the PACE program (Toumbourou & Gregg 2002), only 10% of parents with ado-

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Parents were asked how they intended to change the way they parent. The most commonly endorsed responses were: 'Listen more to my Year 7 adolescent' and 'Look after myself as a parent'.

lescents participated. Similar difficulties are well documented by other research groups in Australia (Ralph & Sanders 2003) and overseas (Spoth, Redmond & Shin 1998; Spoth, Redmond & Lepper 1999). In order to increase schools' ownership of the activities, Resilient Families staff met with school staff (teaching, leadership and welfare staff) to plan the parenting activities at each school. At three of the 12 schools, a parent (Year 7 parent, parent involved in parenting group at the school or on school council) also attended these meetings. At this meeting, the format of the PAQ night and methods of recruiting parents were discussed with a view to allowing the best fit for individual school communities. Potential barriers to parent participation and ways to address these (e.g. the provision of childcare, transport to and from the events, and the need for translation services) were discussed. A group of 15–50 parents/carers is considered optimal for the quiz format to allow tables of parents to form, talk and exchange a range of views. To ensure adequate numbers of parents attended, some schools chose to extend the invitation to parents with a student in Year 8, and one school chose to invite parents of Year 6 students at feeder primary schools. All schools chose to host the event during the evening, and to advertise the PAQ night through the school newsletter and through letters and flyers sent home to parents. In some schools, parents or school staff phoned individual parents inviting them to attend the quiz event.

Two hundred and sixteen parents/carers from 176 families with children attending the 12 intervention schools attended a quiz. Across the intervention schools, approximately 9% of all parents/carers with a child enrolled in Year 7 or 8 attended the quiz. Attendance as a percentage of total enrolment varied by school – from 3% (five families) to 17% (28 families). When PAQ participants' responses on the parent survey were compared to those who did not attend the PAQ, three significant differences emerged. First, participants were higher than nonparticipants on family connectedness to school. Second, participants were higher than nonparticipants on family cohesion. Third, participants were lower than nonparticipants on depressive symptoms.

Participant satisfaction with the 'Parenting Adolescents Quiz'

One hundred and ninety-six of the 216 parents who attended the PAQ night completed a satisfaction survey. One hundred and thirty-nine participants (72%) were biological or adoptive mothers, 47 (24%) were biological or adoptive fathers and four (2%) were stepfathers. The majority of participants (82%) were English speakers and 18% were from non-English-speaking backgrounds. Most participants (74%) had not attended parenting seminars or courses previously. Parents were asked how they intended to change the way they parent as a result of attending the PAQ. The most commonly endorsed responses were: 'Listen more to my Year 7 adolescent' (83%), 'Look after myself as a parent' (78%), 'Improve communication in the family' (76%), 'Change the way we handle conflict in the family' (75%), 'Find out more about what my adolescent is interested in' (72%), 'Talk more to other parents with adolescent children' (66%), 'Work on communication' (66%), 'Recognise signs of depression in my adolescent' (64%), 'Provide alcohol and drug use information' (66%), and, finally, 'Set rules about my adolescent's alcohol use' (51%). Parents were also asked to rate how much they enjoyed the evening overall using a ten-point scale ranging from 1 = "Not at all" to 10 = "Very much". The mean rating was 8.69 (SD=1.37) indicating that most parents enjoyed the event.

Program implementation and uptake: The PACE program

A total of 16 PACE groups were conducted – 15 groups were conducted in English and one in Vietnamese. Eighty-one parents with an adolescent in the target cohort (Year 7 in 2004 or Year 8 in 2005) participated in a PACE group. This represents 4% of target families at the schools. Analyses were conducted to determine if parents who participated in PACE were different to parents in the intervention schools who chose not to participate in PACE. Using data from the parent survey, participants were found to be comparable to nonparticipants in terms of the ratio of parents born outside of Australia, speaking a language other than English, education level, employment status, adolescent's strengths and difficulties, reported

seeking professional help for themselves or their child during the previous year, relationship between parents, family cohesion, family expressiveness, family conflict, family problem-solving, family resilience, and parental depressive, anxiety and stress symptoms. However, PACE participants scored significantly higher on family-school connectedness compared to nonparticipants. Consistent with the strategy of recruiting PACE participants at the PAQ event, PACE participants were more likely to have attended the PAQ compared to PACE nonparticipants.

Participant satisfaction with the PACE program

Sixty-eight of the 80 parents completing the PACE program completed a satisfaction survey. In terms of their relationship to the adolescent, 54 were mothers (79%), 13 were fathers (19%), and one was a stepmother (2%). In the majority of cases, only one parent per family attended the PACE group (68%). Two parents attended in 29% of families. Of the 68 parents completing a satisfaction survey, 23 (34%) reported that they had attended a parenting course before. Of these parents, the majority (N=13) reported attending a course about parenting toddlers or primary-school-aged children, four reported attending other parenting seminars including the PAQ, three reported attending general parenting courses, and one parent had attended a PACE group the year before.

Parents were asked to rate whether things had improved for them personally through doing the course using a 10-point scale ranging from 1 = 'Not at all' to 10 = 'Very much'. The mean rating was 7.78 (SD=1.39), indicating that things had improved for them personally. Parents were also asked to rate how much their knowledge and skill as a parent changed through doing the PACE course using a 10-point scale ranging from 1 = 'Got very much worse' to 10 = 'Got very much better'. The mean rating was 8.10 (SD=1.20), suggesting that parents perceived their knowledge and skill as a parent to be much better after doing the PACE course. Parents were asked to use the same scale to rate how much their relationship with their adolescent had changed through doing the course. The mean rating was 7.50 (SD=1.30), indicating perceived improvement in the parent-adolescent relationship.

Parents were asked to rate their satisfaction with the PACE facilitator using a 10-point scale. The mean rating was 9.56 (SD=.78), indicating parents were very satisfied with the facilitator. Every parent (100%) reported that they would recommend the PACE program to other parents. Parents were asked to write down three words to describe PACE. The most frequent response was informative/educational, which was mentioned by 62% of parents. Other responses were thematically coded. Six themes were identified:

- PACE was beneficial (helpful, effective, valuable, worthy, useful, good);
- comfortable processes were employed in PACE groups (supportive, sharing, respectful, bonding, interactive, consultative, confidential);
- new skills were learned (problem-solving, relationship skills, learned to be more supportive, more assertive, to listen more);
- new knowledge was gained through the PACE program (challenging, thought provoking, interesting, stimulating, enlightening, an eye opener, a wake-up);
- PACE was enjoyable (enjoyable, fun); and
- the PACE group provided affirmation and reassurance about parenting (relief, reassuring, relaxing, affirming, calming, encouraging).

Parent handbook

The Resilient Families handbook was mailed out to just over 50% of parents in the intervention schools based on their having provided active mail contact details. Analyses have not yet been completed to systematically explore differences between the parents providing contact details and those who did not. However, our expectation is that the parents who provided contact details will have higher levels of education and be less likely to come from non-English-speaking backgrounds.

Discussion

Our review of the literature revealed that parental involvement in schools is related to better youth outcomes, including school achievement (Desforges & Abouchaar 2003). Schools know this and increasingly seek support

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and direction to develop stronger connections with families. From a public health perspective, schools also provide a setting for universal family-focused preventative interventions. However, questions remain about how schools build connections with families, and families with schools. A program such as Resilient Families provides a beginning and contributes to a knowledge base about parental involvement and family-focused preventative interventions in secondary schools. In terms of health benefits, the efficacy of Resilient Families will be determined through comparison of parent and youth outcomes for those in the intervention compared to the comparison condition. This information will not be available until late 2006.

The focus of the present paper was to describe the program and its implementation. Just under two-thirds of the schools that were approached agreed to trial the program. In all the participating schools, staff and resources were invested in the attempt to implement the program. In the intervention schools, all students were exposed to the curriculum-addressing issues associated with family life. Just over half the parents provided contact information, which enabled a mail-out of the parent education handbook. Despite these promising beginnings, parent participation and support for the program was low. Around 30% of parents actively refused their family's involvement in the student evaluation surveys. Due to a low response from parents, the program failed to implement a plan for parents to exchange contact information. A minority of parents participated in the active parent education events, including the PAQ "quiz" evenings (9%) or the sequenced PACE parent education sessions (4%). In the remainder of this paper, we discuss possible reasons for the low rate of parent/carer participation in the program.

On one analysis, it may be that efforts to involve parents in early secondary school may need to be designed differently. The fact that the program events were held at the school may pose a barrier for some parents in the more disadvantaged schools who may have experienced difficulties during their own school years. In some schools there were parents who were known to experience severe financial constraints such that the costs of child care and transport were barriers

to their participation in school events. In many schools, staff described parents who were "time-pressured" because they worked long hours or in more than one job. Parents with aspirations to improve their own and their children's economic status were considered to place parent education lower in their priorities relative to income-generating activity. The program was usually conducted in English and advertising materials were in English. It is likely this made the program less accessible for parents/carers from non-English-speaking backgrounds. The program required a considerable school staff commitment to plan and host parenting events and programs. This may have proved an obstacle in schools that were stretched across many competing priorities. In order to overcome many of the above barriers, programs may need to be developed that are funded at a higher level to allow for paid staff within schools and to provide parents with financial and other assistance.

On another analysis, it may be that the present efforts to involve parents in early secondary school may be realistically designed but need to persevere in order to change culturally entrenched attitudes and practices that currently do not emphasise parent involvement. Through our contact, it appeared that school staff were aware of the theoretical benefits, and supportive of the concept of involving parents and families, but varied considerably in the extent to which they had previously experienced success in achieving such involvement. The schools reporting little previous history of parent involvement (e.g. no parent committee, no policy) were generally less successful in recruiting parents into the present program. In a number of cases, staff were aware that participating parents had reacted positively to the program and considered that this might increase word-of-mouth recommendations and, hence, future involvement, if the program were to be maintained into future years. It may be that schools differ in their level of readiness for a comprehensive program such as Resilient Families. Before such a program is undertaken, there may be advantages in completing an internal review of current policy and practices to determine priorities for future action. In schools with little prior experience at involving parents, the establishment of a small school team of parents and staff dedicated to the support of parent engagement

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appropriate to the school context, and sanctioned and led by school leadership, may be a first organisational objective that once established can facilitate the effective operation and development of family–school partnership approaches.

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NOTE

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REVIEW

Dual Diagnosis Support Kit

The term 'dual diagnosis' describes when an individual is affected by both a mental illness and substance misuse problems. Up to 80% of people diagnosed with a mental illness also have substance misuse problems, while up to 75% of people with substance misuse problems are also affected by mental health problems (NSW Department of Community Services 2005). Parents affected by dual diagnosis can suffer problems that affect their parenting skills. Their children may be forced to take on additional and adult responsibilities at home and may also have unmet needs that other children can take for granted, such as food, clothing and help with homework. Besides the confusion and guilt that can result from not understanding their parent's dual diagnosis, such children may be exposed to traumatic experiences and are at greater risk of child abuse or neglect (Hegarty 2005).

The New South Wales Department of Community Services (DoCS) has developed a resource to help families, carers and service providers to provide timely and effective support for children and adolescents affected by parental dual diagnosis. The *Dual Diagnosis Support Kit* contains separate resources for caseworkers, parents, foster carers, children and adolescents. Each of these resources contains clear, helpful information

on parental dual diagnosis specific to the needs of its readers. This includes three excellent age-appropriate resources for children that explore issues relating to parental dual diagnosis that they may face: *The Blue Polar Bear*, a picture book for children aged 5–7 years; *The Flying Dream*, a picture book for children aged 8–12 years and a fold-out information card (Z-Card) for young people aged 13–16 years.

The *Dual Diagnosis Support Kit* was developed in conjunction with the Mental Health Coordinating Council through the National Illicit Drug Strategy (NDIS) sponsored by the Australian Government Department of Family and Community Services. The NDIS Dual Diagnosis Project was piloted in Sydney's metro west area.

The *Dual Diagnosis Support Kit* can be ordered from DoCS by phoning (02) 9716 2752. Materials from the kit can also be downloaded from the DoCS website at: http://www.community.nsw.gov.au/html/news_publications/dual_diagnosis.htm.

Source: NSW Department of Community Services 2005, *Dual diagnosis: A resource for caseworkers*, NSW Department of Community Services, Ashfield, NSW.

Hegarty, M. 2005, 'Supporting children affected by parental dual diagnosis: Mental illness and substance abuse- a collaborative mental

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