



Family Wellness Program Instructor Training

Evaluation Report

**Prepared for the Department of Families, Community Services
and Indigenous Affairs**

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About the Authors

Dr John Bellamy is a Senior Research Officer with ANGLICARE Sydney's Policy Unit. John was involved for 15 years in the development and management of the Australian National Church Life Survey, the largest survey of its kind in the world. He has co-authored several publications arising from this project as well as journal articles in the area of social capital, religion, and subjective wellbeing.

John was responsible for the reporting on the outcome of the instructor survey that is contained in Part C of this report, introductory and concluding sections of the report, and editing of the report.

Associate Professor Michele Simons, is Associate Head, School of Education, University of South Australia, Senior lecturer in Post-Compulsory Education and Training, and Campus Coordinator for Education at Mawson Lakes. Her particular areas of expertise include Marriage, Family and Relationship education. Michele is currently a member of two FaCSIA working groups on marriage, family and relationship education issues. She has had extensive experience working with community-based organisations providing family relationship services.

Michele was responsible for the evaluation of Family Wellness Program materials that is contained in Part A of this report and equivalent sections of the Executive Summary.

Ilene Wolcott was a Senior Research Fellow at the Australian Institute of Family Studies from 1980 to 1999. The focus of her research and evaluation was on work and family, marriage and family relationships, family support services (marriage counselling and education) and families in later life. She has published widely in this area. In addition to conducting research in the area of family relationships, Ilene trained and briefly practiced as a marriage counsellor and educator.

Between 2000 and 2004 Ilene was a researcher at the Institute for Social Research (ISR), Swinburne University of Technology, Melbourne, Australia where she focused on community participation and retirement housing studies.

Ilene was responsible for reporting the outcome of a focus group held among Family Wellness instructors in August 2006, that is contained in Part B of this report.

Brief Overview of Report¹

ANGLICARE (Diocese of Sydney) is the national provider of the Family Wellness Program in Australia. Through its Community Education and Training Unit, ANGLICARE conducts instructor training, to equip people to facilitate the *Survival Skills for Healthy Families* program among families, which is a Family Wellness Program.

The *Family Wellness* suite of programs was designed to foster and promote the skills and values known to support healthy family functioning. Since their initial development, hundreds of families have participated in various versions of the program and offered confirmation of its value through their feedback. ANGLICARE Sydney is currently undertaking a process to introduce these programs into the Australian context. As a result of this initiative, a decision was made by the Department of Families, Community Services and Indigenous Affairs (FaCSIA) to commission an evaluation to examine the effectiveness of the Family Wellness Program Instructor Training course.

The evaluation focused on the following questions:

- How effective was the Instructor Training in achieving its objectives?
- How effective was the Instructor Training in achieving the Family Relationships Services Program (FRSP) outcomes, as outlined in the FRSP Performance Framework?
- How effective was the Instructor Training in engaging the target group (i.e. instructors)?
- What impact did the Instructor Training have on participant organizations?
- What are the key features of the Family Wellness approach that make it an effective initiative?

The questions outlined above have been addressed through three separate pieces of the evaluation:

1. Expert evaluation of Family Wellness Program materials (Part A)
2. Focus group among Family Wellness instructors (Part B)
3. Survey of instructors who have completed previous training courses (Part C).

In broad terms, the evaluation points to the effectiveness of the Family Wellness Program Instructor Training in equipping people to conduct the *Survival Skills for Healthy Families* program among families. It also highlights the value placed on the Program by the course instructors, most of whom are professionals from a range of counseling, social work, education and ministry backgrounds.

¹For the 150 page report contact Tony Molyneux, Anglicare Program Manager (tmolyneux@anglicare.org.au).

Background of Family Wellness Program

The basic *Survival Skills for Healthy Families* program is a twelve hour Family Wellness program presented to large groups of families and individuals in a series of six two-hour sessions:

- Parents in Healthy Families
- Children in Healthy Families
- Adult Relationships - Couples in Healthy Families
- As Children Grow - Change in Healthy Families
- Solving Family Problems
- Sex, Drugs, and You - Passing on Your Values to Your Children

Each session has practical guidelines for healthy family interactions, which are demonstrated and then practiced with the participants. There are over 15,000 trained instructors (mostly in USA but some in other countries including 121 in Australia) who have presented this course to many thousands of families over the past 26 years. The course is a proven model for teaching skills, enhancing healthy family interactions, and investing family members in each other and their community. Family members from eight years of age are encouraged to attend the program together.

Stated Goals of Family Wellness Program

- Goal 1: To empower people to manage their families in healthy ways
- Goal 2: To provide quality products and services
- Goal 3: To focus on health and competence
- Goal 4: To provide for families, high caliber trainers from their own culture

Delivering the *Survival Skills for Healthy Families* usually requires prior training of instructors. The training typically involves a four day training course with particular emphasis on using the program materials and in associated skills such as role playing, sculpting and coaching family members. People who have undertaken the training are referred to as 'instructors' in this report. A goal in Australia is to train instructors in this model in order that courses will be presented in a variety of social contexts including community health services, churches, schools and welfare agencies.

Part A: Evaluation of Family Wellness Program materials

Michele Simons, Ph.D, School of Education, University of South Australia

Purpose

The evaluation study was specifically designed to examine the materials used by instructors and participants and assess these components in terms of :

- the extent to which the program content and processes, as represented in the materials matches what is considered to be best practice in the provision of programs (both content and processes);
- the usefulness of the materials in assisting instructors to deliver the intended outcomes;

- the extent to which the materials could be used with culturally and linguistically diverse family groups in Australia;
- the extent to which the materials address the content that would lead to the attainment of the outcomes established for the FRSP Program.

The goals of the FRSP include:

Long term outcomes

- Families have healthy resilient relationships
- Children are supported through family changes and thrive

Short term outcomes

- Increased relationship skills (Found in Family Wellness program: conflict resolution, communication, negotiating, intimacy building, parenting, knowledge of child development and social skills connection).
- Improved attitudes (Found in Family Wellness program: respect and tolerance, increased willingness to learn and change in interpersonal relationships, focus on children, shared responsibility for conflict resolution, recognition of the value of family dispute resolution).
- Improved behavior (Found in Family Wellness program: parents share responsibility for parenting, communication among family members is improved, children and young people are included in family decisions, managing tensions and conflicts constructively, violence amongst family members is reduced, family members adopt help seeking behaviors, separated parents negotiate fair parenting arrangements, separated parents cooperate with parenting agreements, parents use positive parenting styles).
- Improved environment (Found in Family Wellness program: improved child-parent accessibility, improved safety for children, improved safety for adults, families have positive informal networks).

Scope

The focus of the evaluation was the program design as it is represented in the materials and used to prepare instructors for their roles in delivering the program in the Australian context. The evaluation involved a number of strategies to assemble evidence and manage the data required to make a judgment about the materials under examination. A literature review, content analysis of the materials and brief telephone interviews with instructors who have used the materials to deliver programs to families were used to manage this process.

Key themes and findings:

Adoption of best practice approaches to providing programs to families

There are a diversity of theoretical assumptions, program development and implementation strategies used in interventions to promote family wellness. Key features of the Family Wellness programs provide evidence to support the assertion that the program demonstrates features of best practice approaches to providing effective programs for families.

The Family Wellness program represents an example of a training-based program that has at its core the promotion of wellness – that is, building positive and supportive parent-child relationships and a home environment that is conducive to positive child development (MacLeod & Nelson 2000). The content of the program is drawn from well-established theoretical bases that have been found to be effective in evaluation studies, although no specific controlled group studies of the Family Wellness program exist. Self-report studies and anecdotal feedback from course participants suggest high levels of client satisfaction with the program.

Adoption of best practice in relation to program development and implementation

Family Wellness programs have been designed for universal and selected applications (e.g. stepfamilies, domestic violence), and are group based. The program is considered ‘skills based’, however, the extent to which group size may limit the opportunities for practice and coaching of participants in larger groups is a logistical issue that needs to be considered.

The program materials illustrate some of the key features associated with sound principles of program development and implementation including clearly stated program and session objectives, detailed session plans, good fit between instructional techniques and content, the provision of opportunities for reviews to reinforce learning, incorporation of an evaluation strategy and detailed logistics management for program implementation.

The literature examined in the evaluation provides a range of strategies and issues in program development and adaptation to enhance the cultural sensitivity of services to families, however many of these are not reflected in the Family Wellness training materials. A ‘top down’ (group trainer with group participants) rather than an inclusive approach to program development appears to be promoted. A coherent set of strategies that can effectively address issues relating to working with culturally and linguistically diverse communities needs to be included in the training materials.

Assessment of the materials to achieve the short-term goals established for the FRSP

A content analysis of the Instructor Manual illustrates that the Family Wellness Instructor materials provide significant scope and opportunity for instructors to enable participants to engage in learning that may enable the attainment of the short-term goals established for the FRSP including increased relationship skills, improved attitudes and improved behaviors.

One of the key features of the materials is a greater emphasis on experiential learning methods to draw out, illustrate, demonstrate and allow participant comment on interactions and skills with less emphasis on describing and explaining skills. However, the success of elements of these interactive processes in skill development for individual are likely to vary with the size of the group – the larger the group the less likely all participants will be provided to be actively engaged and able to experience the full range of learning strategies.

While the materials for the Family Wellness programs adopt a range of strategies to support changes to behaviors, it is not possible to state that this will occur with any certainty – outcome studies of the program are needed to assert that with these approaches and content changed

behaviors can be sustained. However, based on what we know about the types of programs that have been found to deliver changes in behavior, the program materials are indicative of the potential for these behavioral changes to be realized.

Assessment of the materials to achieve the long-term goals established for the FRSP

The Family Wellness materials draw on a number of theoretical frameworks that find support in the literature for their potential to assist understandings of healthy families and the development of sound family functioning. The application of sound planning and program development principles and the application of effective approaches to facilitating learning are evident in the program. While the program does have some areas in need of improvement, the evidence accumulated from this evaluation points in the direction of positive, if tentative, assent to the ability of the program to make a positive contribution to the long-term outcomes of the FRSP program.

Part B: Focus Group among Family Wellness Instructors

**Jlene Wolcott, Researcher at the Institute for Social Research (ISR),
Swinburne University of Technology, Melbourne, Australia.**

A focus group was held involving 10 participants from the Family Wellness Program Instructor Training held in Melbourne on 15-18 August 2006. In the focus group, instructors were asked to outline issues that arose for them during the training, what new knowledge they gained about families, how their previous training and experience influenced their experience of the Family Wellness Training Program, how their attitudes or perceptions might have changed, how the training might influence subsequent organizational practice, as well as their views on the content, process, and value of the training and the program more broadly.

Key themes and findings:

New skills and understandings about families

According to participants in the focus group, the major skills and understandings acquired or enhanced were:

- working with whole families
- working in a more interactive way with families
- working from family strengths.

Working with families in different circumstances

One theme to emerge was gaining skills to work with different family stages and compositions. For some participants who had worked only with couples, there was a feeling that they had acquired some skills that might make them comfortable with different family types.

Less relevant aspects of the program and gaps in the program

While participants expressed overall enthusiasm and satisfaction with their training program experience, there were, inevitably, some aspects of the program that were seen as less relevant to their current work with families. Comments about the less useful elements of the training program generally referred to feelings that the program was not targeted to the types of families they were most likely to work with. At the same time these perceptions were sometimes tempered with thoughts that the program had potential. The main gaps in the training program mentioned were: working with indigenous families, working with more difficult family circumstances (violence, abuse, delinquency) and working with different family stages and composition.

Implementing the training

Several participants observed that this program would be an innovation in the types of programs offered in their area. Both the intention to use the program as a whole and to use segments or the teaching of specific skills and strategies learned during their training emerged as participants envisioned new ways to incorporate the program into their working environments. Using the programs in the schools was a common theme. Several participants noted that the inclusiveness or universality of the strategies meant that they now could offer a program that was suitable to families at different life stages, particularly as an alternative approach to parenting education courses. Extending their work to whole families or groups of families was another way some participants contemplated changing the way their organizations worked with families. The main interrelated issues associated with implementing the program in their working environments were: funding, staffing, and the challenge of attracting families who would most benefit.

Overall impressions of the training

The participants expressed overall satisfaction and enthusiasm with the program's organization, processes, presentation and content, with modest exceptions. Most responses echoed previous comments and enthusiasm about the visually interactive approach of the program. In this context the professionalism of the instructors in demonstrating and teaching the strategies and importantly encouraging and instilling confidence in the participants' own ability to carry out these strategies was a dominant theme. While the family theory content was familiar to most of the participants given their educational background, several commented on the innovative method of presenting them.

Addressing issues raised by FaCSIA: Effectiveness in achieving Program objectives

In answering this question about the overall effectiveness of the training program, participants expressed predominantly positive and enthusiastic opinions about the four day Family Wellness Training Program. The participants expressed overall satisfaction and enthusiasm with the program's organization, processes, presentation and content, with minor exceptions. Instructors found the training to be challenging but rewarding. They often come away with new skills, approaches, concepts and enthusiasm for applying them in familiar and new situations with families. They tend to be satisfied with the range of new interactive skills, tools and strategies to

visually integrate theoretical concepts into their work with families. Such skills and knowledge would contribute to enhanced family relationships through improved communication, conflict resolution and parenting skills. These skills and concepts are closely linked to the FRSP framework and outcomes for families.

Effectiveness in engaging with the target group (instructors)

The focus group participants consisted of women and men who work as family relationship counselors, therapists, marriage educators, drug and alcohol counselors, school teachers, school chaplains and parent educators. Since the majority of participants currently worked mainly with individuals or couples, their training experience could, most concurred, enhance their capabilities and confidence to extend their work to whole families and family groups, the main aim of the training program.

Key features of the Family Wellness approach that will make it effective

Participants consistently mentioned that the major new skills and knowledge acquired, the way they might extend their work with families and the most useful components of the program were in the areas of:

- working with whole families;
- working in a more interactive way with families;
- working from family strengths;
- flexibility, simplicity and clarity of implementation;
- teaching of specific 'rules', communication skills, negotiating, problem solving strategies;
- interactive approach (role playing, coaching, sculpting);
- working with whole families;
- strength based.

Part C: Survey of Instructors

**Dr. John Bellamy, Senior Research Officer, Policy Unit,
ANGLICARE, Sydney, Australia.**

Analysis of some 54 instructor interviews forms a third component of this evaluation and is designed to provide information that complements the other components. The survey form used was developed using the findings obtained from the focus group, discussed in Part B.

Effectiveness in achieving Program objectives

There was broad agreement among the instructors interviewed that the training was contributing to the achievement of each of the four broad goals of the Family Wellness Program (see Background), with some qualification about how successfully it is meeting the broad goal of cultural adaptation. Most instructors felt that for these objectives, the training had adequately equipped them to help families to achieve these outcomes.

Many instructors not only felt that the training has equipped them sufficiently to run a Family Wellness course, but some have run the Program in part or in full, while most have used a number of the techniques taught in their job roles more broadly, particularly the coaching and role playing techniques and the reframing of client language and thinking about their family situations.

Achievement of FRSP outcomes

Instructors were in broad agreement that the instructor training adequately addressed a range of FRSP outcomes. Again, in the absence of any longitudinal or control group studies among client families, any assessment of the positive contribution of the Program to contribute to such outcomes is tentatively made.

Effectiveness in engaging with instructors

The Family Wellness Program instructor training has effectively engaged instructors at a number of levels. Instructors expressed broad satisfaction with the instructor training, reflected in high levels of satisfaction with different parts of the training, especially the style of presentation of the training, the quality of the Program materials and the core skills learned through the training. Instructors tended to agree that the instructor training had many desirable qualities including that it was comprehensive, easy-to-follow, inspiring and confidence-building.

Most instructors felt that there were no significant gaps in the instructor training, though around a third identified at least one gap. Most also demonstrated good recall of Program content. In terms of their role beyond the instructor training, the vast majority of instructors could identify ways in which the training had changed or influenced the way they work with families, the use of the core practical skills of role-playing, coaching and helping clients to reframe the way they talk about their family situations being the most common changes or influences.

Impact on participant organizations

The survey of instructors indicates that while around half had run the Program at least in part, nearly all instructors had made use of the program material in aspects of their own work, such as in workshops, counseling, family therapy or other family activities. Other staffs were also using the Program material. For around a third of instructors, the Program had made an appreciable difference to the way that their agency works with families. Most importantly, two-thirds of instructors say that they will definitely use the Program in the future, though only a minority of instructors had run actually the program in full at the time of the survey.

Key features of the Family Wellness approach that makes it an effective initiative

Several aspects emerged as being key features of the Family Wellness approach. The most commonly cited features were:

- Putting parents in charge or helping parents to see that they are leaders in the family;
- A “whole of family” approach and the inclusion of children;
- A strengths-based approach to dealing with family issues;

- Family members interacting together in the sessions;
- The use of certain practical skills such as coaching and role-plays;
- An emphasis on communication and acquiring communication skills among family members;
- The Program is simple and easy to follow.

Possible improvements to the Family Wellness Program

The survey has highlighted several shortcomings in the Program and instructor training. Many of these could be addressed by improving the Program materials, by altering the training, or through support beyond the training period.

1. Adaptation issues: Many instructors would like to see more done to make the materials feel more “Australian” and less “American”. At present, some instructors are finding that they need to reword materials for use with client families, to remove American terminology and illustrations. A thorough revision of the materials would remove the need for this form of adaptation by instructors. Adaptation of the materials to the diversity of cultures present in Australia was also raised.

One of the strengths of the Program is the ability to adapt it to various situations. However, it is concluded that more guidance and support is needed to help instructors to do this effectively. Some instructors felt that while the issue of cultural adaptation was definitely raised in the training, little was offered that would help in adapting the materials. This could be better addressed in the training, by offering more specific information about cultural differences and strategies for adaptation to different cultural groups.

2. Dealing with difficult clients, dysfunctional families and other special situations:

Instructors were divided on the suitability of the Program for very dysfunctional families, families experiencing domestic violence, or family members with a mental illness or a severe disability. While the Program is general in its focus, the *Survival Skills* training and manual should make trainees more aware of accommodating these families. More specialized Family Wellness resources do exist for families experiencing domestic violence and for step families.

3. Additional material on dealing with children of different ages/ child development: A key feature of the Family Wellness Program is the involvement of children in the change process. Yet some instructors were of the view that there is not enough guidance in the course materials about handling children of various ages that will attend the Program. This is particularly so with younger children. More detail could be included in both the training and materials on these issues.

4. Additional practice of skills and theoretical input: Although the training Program is already very full, several instructors thought that more time should be given both to the practice and demonstration of role playing and coaching, and more coverage of theoretical issues.

5. Ongoing support for instructors: Possible improvements to the Program are not confined to the training time itself and the course materials. Successful implementation of the Program relies

heavily on the skills and commitment of the instructors. Mentoring and supervision was suggested by several instructors, but would require funding assistance from the Government to achieve. A network of instructors could be set up to enable instructors to contact other, more experienced instructors for assistance, or to enable instructors working in similar contexts to offer mutual support to one another.

6. *The challenge of gaining the commitment of family members:* This is an issue that affects all programs, not just the Family Wellness Program. While shortening the Program may be an option, there is the risk that effectiveness may diminish; time is needed for family members to develop and practice the various skills acquired through the Program. Some instructors mentioned that they had combined or dropped sessions, but there did not appear to be a clear way forward to improving this situation.

7. *Costs associated with running the program:* For some organizations, the costs of running the Program can be prohibitive. Assistance from Government may be needed in some circumstances, but it will be important for agencies to do more to provide the Program as part of their existing budgets.

Summary

The three pieces of the current evaluation point to similar themes of strengths and weaknesses in the instructor training aspect of the Family Wellness Program, specifically the *Survival Skills For Healthy Families* curriculum. For this Australian audience, cultural adaptation (making language less ‘Americanized’, working with indigenous families, etc) was both a strength and weakness.

Although the instructors felt the training was successful and that they were able to adapt the curriculum, they indicated that more guidance and forethought in the adaptation would be useful. Other recommended improvements include more specific instructions in the workbook (for self-study), activities addressing a wider variety of child ages and developmental levels, additional tools for working with more difficult/challenged families, and ways to evaluate participant learning and transfer of skills to the ‘real world’.

Strengths of the program included the clear lessons, interactive nature of the lessons, and ‘skills based’ approach. However, concern was raised over how the time to practice and develop new skills could be diminished in larger groups.

Overall, the trained instructors with a variety of backgrounds were pleased with the training, felt they had gained new skills, and were finding ways to implement their learning in their own service delivery environments. Lastly, the perception of the instructors and review of the course materials correspond with the FRSP goals and appear to be appropriate for wider, systematic implementation. However, this evaluation focused on the instructor training, and so is unable to provide strong evidence for the actual learning and increased skills of family participants.

Additional longitudinal and participant studies are needed to verify how well the theory, materials, and instructor training result in actual changes in family participants.