

Evaluation Summary

Resilient Families Plus is a 10-week school-based program designed to help students and parents develop knowledge, skills and support networks that promote health and well-being during early Secondary school years. The program comprises five core components of the original Resilient Families program which includes a school curriculum, delivered as part of usual classroom activities, parent education resources and events and two additional program components that aim to encourage home reading and improve school engagement and academic outcomes for students in early Secondary school years.

This evaluation was set up as a pilot to test if the program is feasible in school settings and whether the program had an influence on academic achievement precursors such as academic self-concept (in Maths and English) and academic resilience.

The pilot evaluation found that:

1

Students who reported lower initial levels of academic self-concept and academic resilience may benefit more from the program but this finding needs to be treated with caution.

Overall, there was not strong evidence that Resilient Families Plus had an impact on students' academic self-concept (in Maths and English) and academic resilience. The evidence suggests a small increase for students who reported lower initial levels on those measures after being involved in the program, but we cannot confidently attribute this to the program due the small number of schools involved (2 schools, 34 students), inconsistent and incomplete program delivery, the concurrent use of a Department-sponsored well-being program with similar features and the lack of a control group to compare gains made over time.

2

The schools varied and adapted the use of the program based on their needs, making it difficult to determine if all program elements were delivered or effective.

Schools were responsible for delivering the student curriculum component of Resilient Families Plus but reported that they only implemented a small portion, estimated to be 15-20 per cent of the component or two or three sessions. Other elements were seen to have already been provided by existing school activities or were not feasible or appropriate for their school. Schools also changed the sequence of activities and the completion dates, meaning it was not fully delivered and not implemented within the 10-week intervention timeframe. Two of the parent components of the program¹ were not delivered by the program developer and the two new components of Resilient Families Plus were only completed after students sat for their post-intervention survey.

¹ The Parenting Adolescents Quiz (PAQ) is designed to involve parents in adolescent health and parenting, and the Parenting Adolescents: A Creative Experience (PACE) aimed at increasing family management skills for raising health adolescents were not delivered by the time students sat for their post-intervention survey.

Whilst program flexibility was accepted and encouraged by the program developer, it resulted in poor fidelity which made it difficult to determine the program's effectiveness.

3

Schools reported difficulties delivering the full program including time, resource and capacity challenges to run the activities effectively.

Schools did not implement all sessions of the Resilient Families Plus' school curriculum component as they found it time and resource intensive and were already implementing alternative curricula. Parental participation for the parent activities delivered by the program developer was very low in this pilot (8% of participating students or 2% across Year 8 enrolment numbers from the two participating schools). Schools questioned the feasibility of the parent activities as they lack time and capacity to organise these sessions, and in securing parents' time and involvement. The program developer identified barriers such as family stress, work commitments, English as an additional language, and schools' own challenges with parent engagement that may inhibit parents' participation.

For the reasons above, the program is not ready to be evaluated in an efficacy trial and a number of barriers need to be addressed before any evaluation is considered. The direct costs of delivering Resilient Families are very low (\$93.53 per student based on 160 participants in one school). Participating schools would need to provide approximately 40 hours of teacher time as in-kind to support the delivery of Resilient Families Plus and some administrative support for distribution of materials to families and organising of events.

Unanswered questions

- **Impact on academic precursors:** Evidence suggests there may be some benefit to students who have lower levels of academic self-concept and academic resilience prior to the intervention but we cannot confidently determine this because of the small number of schools involved in this pilot and the lack of a control group to compare gains made over time. Schools were also running a Department-sponsored well-being program with similar features and only implemented a small portion (two to three out of the seven elements) through Resilient Families Plus, so we do not know if the extent to which the elements (either through the program or another method) contributed to the effect.
- **Schools' uptake of program given other related activities:** Schools' interest and uptake of the program was low (9% or two out of 23 schools). We do not know if more schools would be willing to implement the full Resilient Families Plus program or would find it easier to run the program if they were not also mandated to run a Department sponsored well-being program or were implementing other related activities concurrently. We also do not know if more schools, students and parents would be recruited if the program developer was not conducting a concurrent research project on this program as recruitment for this parallel project occurred at the same time.²
- **Pilot procedures and burden on schools:** We do not know if the pilot's evaluation procedures would be improved if there was no concurrent research project undertaken at the same time by the program developer which placed extra burden on schools and the evaluation. Consent return and participation rates were low as schools had to circulate information and consent forms and repeat follow ups for the separate studies, some participants (school leaders, students and parents) declined interviews and surveys given two separate data collection and students had to complete the survey of the other research first before transitioning to this evaluation's survey which may contribute to survey fatigue and the low survey completion rates for this pilot.

² Evidence for Learning and the evaluators agreed to the program developer continuing their business as usual practices, which includes the concurrent research study to inform future improvements. However, the evaluator and Evidence for Learning were not consulted on some of the research activities and that were carried out by the program team.

Considerations

This section discusses considerations for implementation of health and well-being programs more widely, rather than Resilient Families Plus specifically. The insights from the process evaluation of this pilot contributes to the wider learnings about designing and delivering school-based health and well-being programs.

Programs



- Competing school priorities and the many well-being programs available means schools face a challenging task identifying and implementing appropriate health and well-being initiatives in their contexts. Program developers should carefully consider related curriculum and activities that are already running in schools to be of additional benefit to reduce the burden of resources and provide supporting materials that help them implement health and well-being with evidence.
- Program developers should ensure their program is ready for implementation in schools. This includes setting well-defined goals and activities that turn knowledge (e.g. curriculum and events) into changed outcomes across different aspects of school and family outcomes (e.g. attendance rates, student engagement, family participation, retention and achievement) and where relevant, how these measures extend to learning outcomes. They should ensure adequate resources to run programs effectively, and assess time, dosage and fidelity needed to impact student outcomes prior to implementation.
- Faithful implementation is critical to understand program effectiveness. Program developers faithfully deliver their programs as prescribed. Where flexibility is allowed, program developers should test how adapted models could work with schools' existing curriculum and clearly communicate the core elements (and the flexible elements) for schools' implementation.
- Students' health and well-being is multifaceted and closely connected to school and family contexts. Programs that target students and families vulnerable and disadvantaged backgrounds should carefully tailor their content and support to minimise barriers to participation and be responsive to issues these communities may face (e.g., low socio-economic backgrounds, non-English home languages, Indigenous population, and rural and remote communities).
- Program developers should prepare and equip schools to deliver school-family engagement activities and other elements of the program confidently and provide supports to program aspects where schools may not have the capacity to undertake sufficiently. They should ensure that professional learning is combined with support for good implementation and provide materials that are accessible and suitable to the target contexts and population.

Schools & Systems



- Schools and systems are critical consumers of evidence who make informed decisions about programs and services. Findings from the process evaluation of this pilot could be used to inform decisions about implementing health and well-being programs more widely, particularly in schools and communities in disadvantaged settings.
- Student well-being is an important part of schools' responsibilities. In considering a program or approach, leadership teams should consider its integration with other related health and well-being curriculum and activities implemented concurrently in the schools (if a program would be implemented 'as is' or adapted to existing curriculum), prioritising the common goals across programs to maximise use of resources and staff time.
- Schools and systems should assess a program's acceptability in their school contexts. This includes making informed decisions about a program or service such as its alignment to student learning and the broader school improvement agenda, time required, resources and capacity, training and staff's readiness in implementing a program's components effectively. Where flexibility is allowed, it is important to work with program developers to understand the core elements for program success and test the extent to which it is effective, when implemented in adapted ways.
- School leadership teams should assess a program's 'fit' and suitability; its learning materials, professional learning and support in meeting program's objectives, the needs of the student age group and target population (students, teachers, parents, community) and how it is responsive to the issues that communities might face (e.g., low socio-economic backgrounds, non-English home languages, Indigenous population, rural and remote communities).
- Schools and systems should pilot a program on a smaller scale, delivered by experienced staff before scaling it more widely when considering programs or approaches that have not been used or tested. Schools and systems should closely monitor the implementation to ensure fidelity to the core elements of programs.
- Schools and systems could assess the evidence of programs that have been successfully implemented in schools with similar characteristics to understand core elements of success. It is important to include inputs from teachers, parents, students, school staff to help judge how accepted an approach may be and to secure buy-in and participation before proceeding.