

# Evaluation Protocol

## Resilient Families: A school-based resilience program to support social emotional learning

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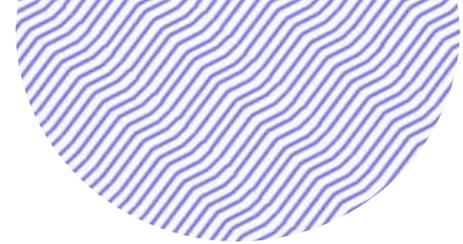
### Evaluators

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#### Evaluation Summary

<b>Year levels</b>	Year 8
<b>Number of students</b>	420
<b>Number of schools</b>	28
<b>Design</b>	Efficacy: Utilising a 2 (intervention vs control) x 2 (pre-intervention vs post-intervention) repeated measures, between-participants design.
<b>Primary Outcome</b>	To determine whether the <i>Resilient Families</i> program affects students' academic achievement.



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## Background

### Intervention

The *Resilient Families* program proposes to assist Victorian secondary schools in Australia to effectively: a) plan to increase parent engagement; b) increase student social emotional learning skills; c) increase parent involvement in the school mission and skills for ensuring healthy adolescent development; d) increase opportunities for parents to interact and to develop skills to support schools (Buttigieg, et al., 2015). The intervention comprises five components which are all manualised and include:

*‘(1) teacher-led student curriculum, to be implemented by the schools’ teachers over 10-classroom sessions each of 45-50 min (held once per week) that includes: relationship vignettes to encourage reflection on solutions to common relationship problems; and parent-adolescent homework. Sessions cover: relationship problem solving (brainstorming and evaluating effective solutions for relationship problems); communication (reflective listening); emotional awareness; peer resistance skills (naming the problem and likely consequences and then developing skills in removing oneself from problematic peer situations); and conflict resolution (waiting before reacting, using I-statements, using problem solving to negotiate problem solutions, and strategies for staying calm); brief parent education evening to be facilitated by an adolescent-health expert that reinforces the student curriculum and is to comprise a 2 hour ‘Parenting adolescents Quiz’ (PAQ: Toumbourou, Gregg, Davies, & Carr-Gregg, 1999) designed to provide a fun, social evening for parents/carers to work together and learn ways to promote healthy adolescent development; extended parent education comprising 8 x 2 hour group sessions for parents/carers using the parenting program ‘Parenting Adolescents: A Creative*

*Experience’ (PACE: Jenkin & Bretherton, 2004), to be facilitated by a trained parent educator; school-wide distribution of a handbook for parents/carers that combined evidence-based information and practical parenting strategies (Jenkin & Toumbourou, 2005). The parent education activities and handbook each address similar information relevant to: communication (listening); adolescent development, parenting styles, conflict resolution (relationship problem solving), alcohol and drugs, mental health and family; and building a community of parents which involved reviewing existing policies and practices for parent contact and engagement at the school and creating new opportunities for parents/carers to build support networks.’ (Buttigieg, et al., 2015, p.206).*

A new 2-hour parent committee training session and family-home reading resource will be added to the existing *Resilient Families* program in 2017. This new initiative aims to improve young people’s reading achievement levels through providing more support to families and their children with home reading. To distinguish the program (where the new training and resource components are added) we will refer to this as the *Resilient Families +* program. The initial 5 component program will be referred to in this proposal as ‘the *current Resilient*

*Families* program' and when the proposal refers to the *Resilient Families* program, the term is inclusive of both the new and current programs. The intervention schools for this evaluation study will nominate whether they implement the *current Resilient Families* or *Resilient Families +* program.

## Significance

*Resilient Families* is a school-based prevention program which aims to promote social, emotional and academic competence while simultaneously reducing health and social problems in youth. The program seeks to assist parents to form healthy relationships with their adolescent children. Research demonstrates that when adolescents experience effective parenting and maintain positive relationships, there are gains to these young people's wellbeing and educational outcomes (Cassidy, 2016). To date however, evaluations of the program's outcomes have predominantly investigated its impact on various risk factors, both at the student and whole-family levels, including: depression, anti-social behaviour, drug, and alcohol use (see for example Buttigieg, et al., 2015). Yet to be tested is whether *Resilient Families* positively impacts students' academic achievement. The proposed evaluation endeavours to determine whether the *Resilient Families* program (ie. inclusive of the *current Resilient Families* and *Resilient Families +* programs) affect students' academic performance in two critical achievement domains, reading and numeracy. The research question this proposal aims to answer is: What is the *Resilient Families* program's effect on academic achievement? Additionally, the evaluation will examine how the program affects academic resilience and academic self-concept, key psychological drivers of academic performance.

## Methods

### Research questions

Central to the focus of the evaluation is to determine whether the *Resilient Families* program effects educational outcomes. The focus educational outcomes for this evaluation include academic achievement in the key learning areas of numeracy and reading as well as academic self-concept and academic resilience. The research questions are:

- What is the *Resilient Families* program's effect on academic achievement?
- What is the *Resilient Families* program's effect on academic self-concept?
- What is the *Resilient Families* program's effect on academic resilience?

### Design

The current study utilises a 2 (intervention vs control) x 2 (pre-intervention vs post-intervention) repeated measures, between-participants design.

Adopting latent curve modelling, this evaluation will use latent change (or difference) scores as the tool to identify correlates and predictors of change. LCM is useful for determining whether an intervention alters the average normative developmental trajectory and the individual variability around the average growth parameters (e.g., acceleration or deceleration of the normative growth trajectory). The time points in this evaluation are the baseline and post intervention. Importantly for this evaluation, LCM has more power to detect treatment effects especially since growth is perceived to be continuous over time as opposed to time-specific discrete change and this is important to consider for behaviour observed in adolescence (Mun, Eye, & White, 2009). Until fairly recently, LCM exclusively focused on changes at time points for the entire sample and did not reflect the fact that individuals were randomised to different groups. However, advances now recommend an approach to represent conditions (intervention vs control) to elucidate whether the intervention does in fact change individuals over time at a faster rate than the control group (Hesser, 2015) on the specified outcome measures. The strengths of this approach accounts for measurement error in the repeated measurements, as well as in the correlates and predictors of change;

1. It does not make the stringent and often unrealistic assumptions (e.g., assumptions of compound symmetry and sphericity) required for repeated-measures analysis of covariance or repeated-measures multivariate analysis of variance (see Hertzog & Rovine, 1985; McCall & Appelbaum, 1973 for detailed discussions), in addition to;
2. Not requiring the assumptions required for analysis of variance (e.g., homogeneity of variance);
3. It explicitly takes into account that not all individuals respond to the intervention in the same way, and this assumption is an important part of the analysed model, rather than being lumped to indistinctive residuals; and
4. Latent curve models tend to have greater statistical power to detect a given treatment effect than analysis of variance approaches (Curran & Muthén, 1999). LCM will most likely give the best and most parsimonious solution for data collected in pre-post designs (Mun, Eye, & White, 2009).

The approach by the evaluation team will be to fit a linear growth trajectory to the observed data and evaluate whether individuals assigned to the intervention increase at a faster linear rate in academic achievement and psychosocial variables (academic resilience and academic self-concept) as compared to those assigned to the control condition. A binary coded predictor variable representing conditions (intervention vs control) will be included to examine whether the intervention group perform better across academic achievement and psychosocial outcome measures.

Changes in students' academic achievement take time, and therefore we have included psychosocial variables (academic self-concept and academic resilience) as secondary outcome measures because they are sensitive to change and are more amendable to change in the short-term.

## Matching

Nested in the larger longitudinal Communities That Care (CTC) study, the *Resilient Families* program team will deliver the intervention to 14 schools (5 in 2017, 9 in 2018). The intervention group will be 14 Victorian schools subsumed in the larger Communities That Care (CTC) national trial (Rowland, Toumbourou et al., 2013: <http://dx.doi.org/10.1136/bmjopen-2012-002423>). The 14 schools recruited by the *Resilient Families* team will be randomly assigned to be approached to complete either the current *Resilient Families* or the *Resilient Families* + initiative and will be conducted in 2017 with the schools (minimum 2) participating in 2017. The 14 will comprise the 5 schools recruited in 2017 (cohort 1) and 9 schools recruited in 2018 (cohort 2) (total number of intervention schools  $n = 14$ ). An equal number of Victorian schools will be selected to form the control group ( $n = 14$ ). The control schools will be recruited from the Victorian communities that were assigned to the control condition in the Communities That Care national trial (Rowland, Toumbourou et al 2013: <http://dx.doi.org/10.1136/bmjopen-2012-002423>) based on matching of their NAPLAN and demographic characteristics to the intervention schools. The study design is based on community randomisation with schools paired between the randomised communities based on quota sampling. The identification of the intervention schools will be recommended by the *Resilient Families* team from schools in the randomly selected intervention communities and matches will be recommended within the randomized control communities. These techniques seek to produce matched intervention and control school groups, within the randomized community targets.

The *Resilient Families* team will nominate schools that hold similar characteristics to those receiving the intervention as possible control schools. The evaluation team will then make the final selection and recruit schools to participate as control schools. The intervention and control group schools will be matched according to the following factors: socio-economic status, sector type, NAPLAN Year 7 results, parent country of birth. This design comprises a randomized community sample, with schools selected within communities to reduce disparity between the intervention and control groups and analysis will account for Time 1 covariate and cluster of the school level. As the school approach is based on community randomisation and schools are demographically matched, differences emerging between the intervention and control schools at post-test that are not accounted by covariates can be convincingly argued to be causally related to the intervention.

## Participant eligibility

The evaluation team acknowledges that a key feature of the *Resilient Families* is for all students in Year 8 and their families to be invited to participate in the program with the goal to reduce labelling of individuals and families as ‘at risk’. Consequently, across the 28 schools all Year 8 intervention students and control group students will be invited to complete the pre and post data collection points of the evaluation study and provide NAPLAN results (Year 7 and Year 9 for both the intervention and control schools). Schools will be randomly assigned to be approached to participate in either the *current Resilient Families* or *Resilient Families +* as part of the process of the larger study. To maximise the sample size of the intervention group, it is necessary to include both the current and new forms of the *Resilient Families* program. A minimum of 2 Resilient Families + schools is required for recruitment for cohort 1 (5 schools, 2017) and a minimum of 5 is required for cohort 2 (9 schools, 2018) as the process evaluation and cost calculation specifically target the new components presented in Resilient Families +. The *Resilient Families* team will be responsible for recruiting both of these participant groups as part of their larger scale CTC project. These schools will be a combination of rural and regional as well as government and catholic education schools. To be eligible for inclusion, the intervention schools need to commence the parent training at the start of the students’ 10-week curriculum delivery and have the parent training completed during the 10-week student curriculum delivery and finished before the students complete the post-intervention survey.

## Outcome and input measures

To address the research questions, our investigations will collect NAPLAN results, and the outcome variables listed below. The evaluation team will be responsible for obtaining the individual student NAPLAN results from the Victorian schools (equivalent to Educational Measurement and School Accountability Directorate- in NSW). The psychosocial variables will be measured at two-time points: at the start and conclusion of the intervention (defined as student curriculum and parent training).

For the intervention group this will entail adding a weblink to their *Resilient Families* already existing pre and post surveys which will then direct the students to the evaluation team’s online qualtrics survey. This process ensures data on the outcome and input measures are only accessible to the evaluation team. The evaluation team’s post-test survey for the intervention group comprises 22 items drawn from the academic self-concept and academic resilience scales (see below). At the post-test, the evaluation team will also incorporate 7 items to measure dosage for the intervention group (see below). In addition, the *Resilient Families* team will provide the evaluation team with the demographic data, and the responses to the 19 *Resilient Families* items that they collect at both pre and post-testing for the evaluation team to incorporate in their analysis as de-identified data.

The control group’s survey will include the 22 items drawn from the academic self-concept and academic resilience scales, demographic questions and the 19 *Resilient Families* items.

The data collection process will occur twice, once for the 2017 recruited schools and again in the 2018 recruited schools.

1. *Academic achievement*: This outcome will be measured for the Year 8 students on two occasions from their Year 7 and Year 9 completion of NAPLAN across the intervention and control groups. On the first occasion the data will be drawn from Year 7 reading comprehension and numeracy NAPLAN results (2016 for cohort 1 and 2017 for cohort 2). On the second occasions these data will be collected from the Year 9 NAPLAN results (2018 for cohort 1 and 2019 for cohort 2). It is most desirable to acquire NAPLAN scores at the individual level to associate more closely the outcome with the program ('dosage').
2. *Academic self-concept (16 items)*: Academic self-concept is regarded as a proxy measure of students' actual academic outcomes (Byrne & Worth-Gavin, 1996) and positive self-concepts are considered to be advantageous within academic settings. This outcome will be measured by two domain-specific subscales [numeracy (8 items) and Reading comprehension (8 items)] of the *Academic Self-Description Questionnaire II* (Marsh, 1990), found to have excellent internal consistency ( $\alpha = 0.92$ ).
3. *Academic resilience (6 items)*: Academic [sometimes *educational*] resilience has emerged as a context-specific form of individual psychological resilience and, as argued by Colp and Nordstokke (2014), was created to offer greater assessment and prediction specificity to resilience research (Cassidy, 2016). Closely related to individual psychological resilience, which examines the capacity for dealing with challenge and adversity, academic resilience is concerned primarily with the relevance of resilience in an educational context and is defined as "a capacity to overcome acute and/or chronic adversity that is seen as a major threat to a student's educational development" (Martin, 2013, p.488). This outcome will be measured by the *Academic Resilience Scale* (Martin & Marsh, 2006), found to have strong internal consistency ( $\alpha = 0.89$ ).

In addition to the outcome measures, additional data is required to assist with evaluating the *Resilient Families* program. These measures and their purpose are outlined below:

1. *Demographic data*: Age, birth, sex, country of birth, and parents' country of birth. This data will be included in the control schools pre-test survey but for the interventions schools this data will be provided by the *Resilient Families* team.
2. *Resilient Families focus constructs (19 items)*: Solving Problems (5 items); Family Conflict (3 items); Family Management (5 items); Reading at home (2 items); Managing Emotions (4 items). *Resilient Families focus constructs (19 items)*: Solving Problems (5 items); Family Conflict (3 items); Family Management (5 items);

Reading at home (2 items); Managing Emotions (4 items). This data will be collected in the intervention and control schools pre and post-test surveys.

3. *Dosage (7 items)*: Self-report data from students on the number of hours affiliated with the various components of the program they completed as well as what they observed their family complete will be included in the intervention group post-survey. These items will be included in the weblink to the evaluation team's qualtrics survey for the intervention group.
4. *Program inputs*: Both the control schools and intervention schools will be asked to provide details of current programs operating in the school that target mental health, wellbeing and academic achievement, when this occurs and who is involved.

The intervention schools only will be asked to provide data about the *program inputs* such as parent and student attendance at program activities.

In sum the evaluation survey for the intervention group will include the: Academic self-concept scales (16 items); Academic resilience scale (6 items); and 7 items related to the program's dosage (post only). This will be supplemented with the provision of demographic detail and the 19 *Resilient Families* items by the *Resilient Families* team. The control group will complete all of the survey items listed above, including the 19 items from the *Resilient Families* constructs and the demographic questions via the evaluator's qualtrics survey, except for the dosage questions which are irrelevant for the control group.

### Sample size calculations

Sample size calculation analyses (assuming 80% power, alpha of 0.05 and a minimally important change in two measures effect size 0.15) recommends that a total of 351 participants are required in the study. Notably SEM is a large-sample technique (Kline, 2011). Kline (2011) endorses the approach of thinking of sample size in absolute terms and states 'typically' samples in SEM studies comprise 200 cases which corresponds to the median sample size of published SEM research. Conversely, studies with less than 100 cases are untenable for almost any analyses whereas more complex models require a sample size larger than 200 cases. Consequently, this study proposes a sample size of 420. This sample size accounts for the LCM's complexity with the inclusion of the primary and secondary outcome variables.

### Analysis plan

The design of the trial does not allow for the elucidation of the intervention effect from any other effect which may result from students receiving mental health or psychological support. The intervention effect will therefore be taken into account at the interpretation stage.

Traditionally approaches to assessing the effects of an intervention apply analyses such as ANOVA, MANOVA, ANCOVA or linear regression. In contrast, the current proposal applies latent curve modeling since it is a more advanced and sophisticated means of determining intervention effects (Mun et al., 2009). This approach of examining latent change scores using LCMs is relatively new and is appropriate for studies with short time series as is the case in our pre and post design and sample sizes exceeding 200 participants (Mun et al., 2009). It is sensitive in evaluating intra-individual change and inter-individual difference in change brought on by an intervention.

The approach by the evaluation team will be to fit a linear growth trajectory to the observed data and evaluate whether individuals assigned to the intervention increase at a faster linear rate in academic resilience, academic self-concept and academic achievement as compared to those assigned to the control condition. A binary coded predictor variable representing conditions (intervention vs control) will be included to examine whether the intervention group perform better across the primary and secondary outcome measures. The evaluation team will examine overall model fit indices as well as examine the latent intercept variable to match the observed outcome as the follow-up assessment to assess the effectiveness of the intervention. Additionally, the variance matrices among the latent variable and among the residuals of observed variables will be helpful in interpreting what changed and assist in providing a detailed discussion of necessary assumptions involved. To investigate population heterogeneity, model-based cluster analysis will be conducted (see Mun, von Eye, Bates, & Vaschillo, 2008). This inferentially based approach compares non-nested models using the Bayesian Information Criterion (BIC) to compare multiple models and identify the optimal number of clusters. To avoid selection bias being introduced, the evaluation team will conduct intention to treat (ITT) analysis. In addition to the analyses outlined above, 'on-treatment' analysis will be conducted, where data from the students' dosage survey responses as well as school program input data (detailed below in the section on Process Evaluation) will be used to determine the extent of each student's and their family's involvement with the intervention. This analysis will enable the evaluation team to estimate 'true intervention effect' (accounting for any fidelity issues, contamination, or non-completion). Importantly, this analysis may be biased due to self-selection of differing levels of exposure/involvement.

### Process evaluation

The central focus of the process evaluation is to investigate the usability of the two additional components (parent committee training and family-home reading) in the *Resilient Families +* program. The evaluation team will undertake a process evaluation that includes a combination of qualitative and quantitative components to examine the feasibility of the new parent committee training and home reading components. The findings will assist in improving the new program implementation.

Firstly, *program inputs* will be collected throughout the *Resilient Families +* program implementation to determine program fidelity across the schools. The program inputs provided by the intervention schools, as well as dosage reports from students will provide a fidelity check for the intervention to record whether and how the program activities took place. This data will also provide insight into how accessible and useful the program activities are for schools and parents.

Secondly, a small number of *interviews* will be conducted with parents ( $n=8$ ) and teachers ( $n=8$ ) from the *Resilient Families +* intervention schools at the end of the program to identify program applicability, effectiveness of the training and resource materials, acceptance of the program, barriers and enablers to program fidelity, and key recommendations for continued roll-out of the new program. Ideally, the eight participating parents will include some who reported high program fidelity and others who reported low program fidelity in order to obtain diverse perspectives.

Reporting of the process evaluation will enable the evaluation team to propose recommendations to promote the sustainability and replicability of a roll-out of the two new components of the program.

### Cost data

The cost data will be calculated on the *Resilient Families+* program only because it is important to determine the cost of the new parent committee training and home reading resource in addition to the already existing program. The future roll-out of *Resilient Families +* must be informed by the predicted cost of the intervention once it is established (where one-off costs are presented as prerequisite costs) so that potential participants can make informed judgements about the cost per student/school versus the evidenced impact. The cost will be calculated from a school perspective, assuming that the school will most likely be the future funder (either directly or through fundraising) rather than individual parents.

Firstly, the program developers will be asked to list all intervention-related costs that are likely to be incurred by a participating school. Secondly, throughout program implementation the principal (or delegate) will be asked to keep a log of associated costs with running the intervention at the school. Information will also be gathered for each cost item about whether it is fixed by student or variable per student so that a cost per student can also be calculated. The categories of cost include additional financial costs, in-kind/existing financial costs, and pre-requisite costs. Collecting cost data throughout program implementation will reduce the need for informants to rely on recall. Both a per student estimate and year group estimate will be presented, taking into account economies of scale.

## Ethics and Registration

The evaluation team will apply to the Western Sydney University's Research Ethics Committee using the Human Research Ethics Application (HREA). The team will also apply for ethics approval to the relevant education authorities to conduct the research in Victorian government and Catholic schools. Active consent for participation from both parents and their children will be sought to enable students' participation in the survey and to obtain individual student's NAPLAN results. To avoid duplication between Deakin's and Western Sydney University's online surveys, the evaluation team will seek a cross institutional agreement to access the de-identified demographic data and the *Resilient Families* focus constructs (19 items). Deakin's RA will be responsible for producing the student codes and will securely provide a de-identified data file to the Western Sydney University evaluation team.

## Risks

The timeline and budget are dependent upon the *Resilient Families* team subsuming some of the data collection. The evaluation team requests that a link to their survey be added for students to access the evaluation team's survey. Participants will need to enter their name on the WSU survey so we can have the participants linked to the demographic data on the Deakin survey. The *Resilient Families* team may also require an amendment to their ethics to include the evaluation's weblink within their own online survey. It is anticipated that the pre surveys occur mid-way through third term and the final surveys toward the end of the year. The curriculum lessons for the students and the *Resilient Families* team administer the parent training within this timeframe.

Recruitment of the intervention schools and parent consents is the responsibility of the *Resilient Families* team. Drawing upon the funds budgeted within the evaluation project, a Research Assistant (RA) will be sourced from the *Resilient Families* team to undertake the RA work affiliated with the school and parent consent for student participation components undertaken in Victoria. Drawing upon an RA within the *Resilient Families* team benefits the project because it has the potential to maximise participation rates and reduce the burden on schools given the intervention schools will already be familiar with this person and the RA will be intimately familiar with the program. In addition to working with the interventions schools this RA will recruit the control schools and parent consents for student participation and maintain their RA roles and responsibilities throughout the data collection phases (pre- post surveys, data collection for the process evaluation and cost evaluation for both the intervention and control schools). Recruitment and participant consent needs to be consistent with the proposal's predicted sample size to ensure adequate participant numbers to conduct the data analysis plan. The RA will be responsible for initiating the code for consenting students. Additionally, the RA will link participant codes in the file to their demographic data. This data code file will be securely provided to the Western Sydney University evaluation team. NAPLAN results will then be linked to this file.

For the 2017 and 2018 intervention schools, the evaluation team will provide the *Resilient Families* RA with copies of information and consent forms which they can disperse at the

same time of delivering information about the larger scale *Resilient Families* project. Limiting document handout to one occasion linking the project and its evaluation provides the most efficient method of recruitment. The evaluation team's items will need to be included as a separate qualtrics link within the *Resilient Families* online survey. This approach will be favoured by the Ethics Committee as only the evaluation team will have access to the data and assists the students and intervention schools by reducing the survey burden by undertaking the activity at the one time. The evaluation team is required to apply for ethics approval to collect survey data and NAPLAN results as well as obtain permission to access demographic data, and the 19 *Resilient Families* items gathered as part of the CTC evaluation (for n=14 intervention schools). Consequently cross-institutional agreements need to be negotiated to share the demographic and 19 survey items from the *Resilient Families* pre and post survey for the intervention group (cohorts 1 and 2) based on participant code links.

Risks are associated with the participant response rates, particularly for the control groups. There is minimal incentive for the control group to complete the online pre and post surveys. To increase the likelihood of the control group engaging in the research, the evaluation team will provide each school a report on their school's "wellbeing".

Furthermore, the budget includes a small but attractive incentive payment for the control school participants to return their completed consent forms.

In the intervention group there is the possibility of survey fatigue. It is possible for school and parent refusal given students will be required in 2017 to complete both the national Communities That Care trial survey and pre-post versions of the *Resilient Families* online survey. Ensuring the quality and completeness of data collected by *Resilient Families* and any other data not covered by the evaluation team is essential given that it will be used for the purposes of recording the program's dosage. The evaluation team believes this can be mitigated by approaching schools in the 2018 intervention group concurrently rather than as independent research studies.

Low risks associated with this project include the operational and project specific risks. For operational risks such as staffing we are confident we have systems and procedures to minimise risks. The timeline is another risk because analyses would not commence until NAPLAN results are available for cohort 2 in September 2019. NAPLAN data is requested from the Victorian government however, if they refer the evaluation team to schools to collect the data there will be costs associated with the time of a senior staff member at the school to remove the non-consent participants from the data file before providing it to the research team (costed at 3hrs x 4 occasions to collect NAPLAN results x senior staff wage = \$13,440.00). Alternatively, the school can provide year level data at no cost. Process evaluation will focus on the new parent committee training and home reading components. Consequently, it is essential that at least two *Resilient Families* + schools are recruited for cohort 1 (2017) and it is essential that as many schools as possible maintain high levels of

implementation fidelity so as to ascertain the effects of the program on academic achievement and psychosocial measures.

Western Sydney University will own the data sourced directly from the intervention and control group students. The coded data file and linking demographic data will be shared by Deakin for the purposes for the evaluation.

## Timeline

Date	Activity	Responsible
19 Apr 2017	Apply for ethics approval	WSU team
Jul 2017	Recruitment of intervention cohort 1 and control schools	Resilient Families
15 Oct 2017	Pre-intervention survey cohort 1 (5 intervention & 5 control)	WSU team
4 Dec 2017	Post-intervention survey cohort 1	WSU team
Oct-Dec 2017	Data collection for the process evaluation and cost evaluation	WSU team
Nov 2017	Cohort 2 recruited for 2018 Terms 1 through 4 commencement	Resilient Families
Mar 2018	Report on the process evaluation	WSU team
Feb-Dec 2018	Pre-intervention survey cohort 2 (Beginning of Terms 1-4)	WSU team
Dec 2018	Post intervention survey cohort 2 (End of Terms 1-4)	WSU team
May 2018	Cohort 1 complete Year 9 NAPLAN	WSU team
Sep 2018	Cohort 1 NAPLAN results obtained	WSU team
Feb 2019	Preliminary results (cohorts 1 & 2) of the effect of RF on the psychosocial	WSU team
May 2019	Psychosocial factors report submitted	WSU
May 2019	Cohort 2 complete Year 9 NAPLAN	WSU team
Sep 2019	Cohort 2 NAPLAN results obtained	WSU team
Sep 2019	Collect cohorts 1 & 2's Year 7 and cohort 2's Year 9 NAPLAN results	WSU team
Nov 2019	Analyse effect of RF on academic achievement	WSU team
Feb 2020	Submission of final edited E4L report	WSU team