

# **A Study of Australian Relationship Education Service Activities**

## **VOLUME II APPENDICES**

**Report prepared for Department of Family and  
Community Services**

**BY**



**AUSTRALIAN INSTITUTE OF  
FAMILY STUDIES  
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## APPENDIX A: LOCAL GOVERNMENT AREAS

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### NEW SOUTH WALES: METROPOLITAN & RURAL DISTRICTS

Metropolitan		Rural	
No.	District	No.	District
9	Campbelltown City Council	46	Forbes Shire Council
4	The Council of the Shire of Baulkham Hills	65	Holroyd City Council
25	Randwick City council	44	Eurobodalla Shire Council
14	The Council of the Municipality of Hunters Hill	98	Parry Shire Council
33	Woollahra Municipal Council	24	Carrathool Shire Council
11	Fairfield City Council	59	Gunning Shire Council
15	Hurstville City Council	20	Byron Shire Council
		27	Cobar Shire Council
		68	Jerilderie Shire Council
		90	Narrabri Shire council
		61	Harden Shire Council
		62	Hastings Shire Council
		135	Yallaroi Shire Council
		80	Manilla Shire Council
		84	Mulwaree Shire Council
		57	Gundagai Shire Council
		73	Lachlan Shire Council
		18	Brewarrina Shire Council
		6	Bathurst City Council
		32	Cooma-Monaro Shire Council
		3	Ballina Shire Council
		58	Gunnedah Shire Council
		95	Oberon
		37	Corowa Shire Council
		54	Greater Taree City Council
		45	Evans Shire Council
		78	Macleay Shire Council

## NORTHERN TERRITORY MUNICIPAL COUNCILS

Municipal Councils
Darwin City Council
Palmerston City Council
Litchfield Shire Council
Katherine Town Council
Tennant Creek Town Council
Alice Springs Town Council

Note: There are 32 Community Government Councils, 29 Incorporated Associations and 2 special purpose towns not represented in this table

## SOUTH AUSTRALIA: METROPOLITAN AND RURAL DISTRICTS

Metropolitan		Rural	
No.	District	No.	District
19	Prospect City Council	41	Wakefield City Council
9	Holdfast Bay City Council	5	Cleve District Council
20	Salisbury City Council	27	Northern Areas Council
13	Mitcham City Council	45	Yorke Peninsula District Council
21	Tea Tree Gully City Council	22	Mid Murray Council
		18	Le Hunte District Council
		34	Robe District Council
		9	Elliston District Council
		35	Roxby Downs Town

## QUEENSLAND: METROPOLITAN AND RURAL DISTRICTS

Metropolitan		Rural	
No.	Districts	No.	Districts
39	Warwick Shire Council	42	Goondiwindi Town Council
15	Gold Coast City Council	40	Flinders Shire Council
29	Nanango Shire Council	77	Thuringowa City Council
14	Gayndah Shire Council	72	Sarina Shire Council
28	Murgon Shire Council	49	Johnstone Shire Council
2	Biggenden Shire Council	63	Murilla Shire Council
9	Clifton Shire Council	21	Cairns City Council
40	Woocoo Shire Council	52	Mackay City Council
		41	Gladstone City Council
		5	Banana Shire Council
		27	Cloncurry Shire Council
		47	Isisford Shire Council
		22	Calliope Shire Council
		71	Roma Town council
		19	Burke Shire Council
		70	Rockhampton City Council
		18	Burdekin Shire Council

## TASMANIAN DISTRICTS

Metro/rural districts	
No.	District
9	Dorset
25	Southern Midlands
14	Hobart
11	George Town
15	Huon Valley
28	West Coast

VICTORIA: METROPOLITAN RURAL AND DISTRICTS

Metropolitan		Rural	
No.	Districts	No.	Districts
19	Monash City Council	21	Horsham Rural City Council
25	Whitehorse City Council	27	Mitchell Shire Council
7	Darebin City Council	16	Greater Geelong City Council
24	Stonnington City Council	14	East Gippsland Shire Council
21	Moreland City Council	10	Central Goldfields Shire Council
18	Melton Shire Council	28	Moira Shire Council
		41	Surf Coast Shire
		6	Greater Bendigo City Council
		47	West Wimmera Shire Council
		42	Swan Hill Rural City Council

WESTERN AUSTRALIA: METROPOLITAN AND RURAL DISTRICTS

Metropolitan		Rural	
No.	District	No.	District
9	Town of Cottesloe	20	Shire of Gnowangerup
6	City of Caning	4	Shire of Brookton
26	City of Subiaco	21	City of Kalgoorlie-Boulder
29	Town of Vincent	15	Shire of Dardanup
13	City of Joondalup	19	Shire of Gingin
7	Town of Claremont	25	Shire of Manjimup
		7	Shire of Busselton
		24	City of Mandurah

ID. NO. \_\_\_\_\_



**AUSTRALIAN INSTITUTE OF  
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**&**

**CENTRE FOR RESEARCH IN  
EDUCATION, EQUITY & WORK**

**SURVEY of AUSTRALIAN RELATIONSHIP  
EDUCATION SERVICE ACTIVITIES**

**HOW TO COMPLETE THIS QUESTIONNAIRE**

This questionnaire is to be completed using the accompanying Guide, which contains a description of the information required for sections marked with an asterisk (\*)

**HELP AVAILABLE**

If you have any questions or difficulty filling out this questionnaire, please don't hesitate to call one of the researchers listed on page 2 of the guide

**WHAT TO DO WHEN YOU ARE FINISHED**

When you have completed the questionnaire, please return it in the reply paid envelope provided or by email

**ORGANISATION AND COURSE DETAILS\***

Name of person completing this form

\_\_\_\_\_

Organisation/Business Name/Church or Parish Name (if applicable)

\_\_\_\_\_

Title of course

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

\_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**THANK YOU FOR YOUR TIME**

## **B. GENERAL INFORMATION ABOUT THE COURSE**

**Note: Please answer the questions in this questionnaire the best way you can if the relationship education course that is the focus of this questionnaire is embedded in (or part of) a larger course (i.e. you may be reporting on a 2 hour component of a parenting course)**

1. Total number of hours: \_\_\_\_\_ over \_\_\_\_\_ sessions
  
2. Maximum number of participants \_\_\_\_\_
  
3. Did educators in the organisation/agency develop the course?  
No  - if no, go to question 5  
Yes
  
4. Was the development of the course based on existing materials\*?  
No  - if no, go to question 7  
Yes  - if yes, please indicate the source of the materials and then go to question 7  

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5. Was the course commercially developed but adapted to suit the local context\*?  
No   
Yes  - if yes, please indicate the name of the original course and go to question 7  

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6. Is the course a commercially available\* course?  
No   
Yes  - if yes, please indicate the name of the course  

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7. What is/are the target group(s) for which the course is used? Please tick as many boxes as apply

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Adolescents (16+) in school settings                                 | <input type="checkbox"/> | Adolescents (16+) not in school settings                                     | <input type="checkbox"/> |
| Parents  | <input type="checkbox"/> | Single people seeking a partner  | <input type="checkbox"/> |
| Parents-to-be  | <input type="checkbox"/> | Committed couples  | <input type="checkbox"/> |
| Couples where one partner is ill                                     | <input type="checkbox"/> | Indigenous people  | <input type="checkbox"/> |
| Culturally and linguistically diverse groups (e.g. Greek or Chinese) | <input type="checkbox"/> | Couples where one or both partners have a disability (intellectual/physical) | <input type="checkbox"/> |
| Gay or lesbian couples   | <input type="checkbox"/> | Prisoners and/or their partners  | <input type="checkbox"/> |
| Couples planning or already in remarriage/step-families              | <input type="checkbox"/> | Relationship education in the workplace                                      | <input type="checkbox"/> |
| Pre-marital couples  | <input type="checkbox"/> | Women only   | <input type="checkbox"/> |
| Married couples  | <input type="checkbox"/> | Men only   | <input type="checkbox"/> |
| Mature age/retiring couples/ those aged over 55                      | <input type="checkbox"/> |  |                          |
| Other  | <input type="checkbox"/> | - please specify _____   |                          |

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1. Please list the locations (i.e. local area, regional town, capital city) in which the course is delivered

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9. Does the content of the course vary?

No

Yes  - if yes, please describe when and how the content changes

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10. What (if any) specific risk factors\* associated with marital / relationship breakdown does the course aim to address?

- Parental divorce
- Violence in the family of origin
- Cohabitation before marriage
- Negative couple interactions
- Poor communication and conflict management skills
- Dysfunctional attitudes and beliefs about relationships
- Other  - please describe

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11. What (if any) specific protective factors\* associated with marital / relationship enhancement does the course aim to address?

- Friendship
- Interpersonal support
- Fun
- Commitment
- Sensuality
- Other  - please describe

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- What are the learning outcomes\* of the course?

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13. How much do **individuals** pay to attend the course? \$ \_\_\_\_\_

14. How much do **couples** pay to attend the course? \$ \_\_\_\_\_

15. Is fee assistance available for the course?

No

Yes

16. Is your organisation a profit or not for profit organisation?

For profit

Not for profit

## B. DETAILED COURSE DESCRIPTION

17. For each session in your course please complete the following table (s).

Name of session	Length	Aims*	Content*	Teaching strategies*

<b>Name of session</b>	<b>Length</b>	<b>Aims*</b>	<b>Content*</b>	<b>Teaching strategies*</b>

Name of session	Length	Aims*	Content*	Teaching strategies*

<b>Name of session</b>	<b>Length</b>	<b>Aims*</b>	<b>Content*</b>	<b>Teaching strategies*</b>

18. Does your course aim to teach participants specific interpersonal skills such as listening, conflict management, assertiveness, anger management, goal setting and decision-making etc?

No  - if no, go to question 20

Yes

19. In the first column of the **Skills Table**, please list the interpersonal skills that the course aims to develop. In the second column of the table, please provide an approximation of the amount of time (in minutes) devoted to the four aspects of the skill development process

<b>SKILLS TABLE</b>	
Skills	Amount of time (in minutes) spent on each activity
Skill 1	<ul style="list-style-type: none"> <li>• Explaining the skill _____</li> <li>• Demonstrating the skill to participants _____</li> <li>• Participants practising the skill _____</li> <li>• Giving feedback to participants _____</li> </ul>
Skill 2	<ul style="list-style-type: none"> <li>• Explaining the skill _____</li> <li>• Demonstrating the skill to participants _____</li> <li>• Participants practising the skill _____</li> <li>• Giving feedback to participants _____</li> </ul>
Skill 3	<ul style="list-style-type: none"> <li>• Explaining the skill _____</li> <li>• Demonstrating the skill to participants _____</li> <li>• Participants practising the skill _____</li> <li>• Giving feedback to participants _____</li> </ul>

20. In this question we want to find out about the materials you use in your course\*. Please tick as many boxes as apply

<b>MATERIALS TABLE</b>					
<b>Type of materials used in course</b>					
<b>Sources of material</b>	<b>Exercise s</b>	<b>Homework activities</b>	<b>Information sheets</b>	<b>Workbook s</b>	<b>Vide o</b>
Published research					
Specialized teaching/ training manuals					
Books about relationships					
Videos					
State/national conferences					
Training/professional development					
Developed by educator/s employed by your organisation/agency					
Developed by educators employed by another organisation/agency					
Unknown/pre-existing					

21. Do you use any other material not listed in the **Materials Table** above?

No  - if no, go to question 22

Yes  - if yes, please indicate the type and source of this/these material/s in the space below

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22. Did you indicate that you use any books or videos in the **Materials Table**?

No  - if no, go to question 23

Yes  - if yes, please list the titles of any books or videos you use in your course in the **Book/Video Table** below

<b>BOOK/VIDEO TABLE</b>	
<b>Books</b>	<b>Videos</b>
1.	1.
2.	2.
3.	3.
4.	4.

### C. STAFFING REQUIREMENTS FOR THE COURSE

23. Please indicate the number of paid educators you use in the delivery of the course\_ \_\_\_\_\_

24. Please indicate the number of volunteer educators you use in the delivery of the course \_\_\_\_\_

25. What types of training and/or qualifications do the educators have who are involved in delivering the course?

- |  |  |
|--|--|
| Formal qualifications from an educational institution (TAFE, university, seminary etc) | <input type="checkbox"/>                   |
| In-house training  | <input type="checkbox"/>                   |
| Training course provided by another relationships services provider                    | <input type="checkbox"/>                   |
| Life experience  | <input type="checkbox"/>                   |
| Other  | <input type="checkbox"/> - please describe |
- 

26. What ongoing training/professional development do staff undergo? Please tick the boxes that apply

- |                               |   |
|-------------------------------|---|
| Regular supervision           | <input type="checkbox"/>                        |
| Regular team meetings         | <input type="checkbox"/>                        |
| State/national conferences    | <input type="checkbox"/>                        |
| Training within own agency    | <input type="checkbox"/>                        |
| Training with external agency | <input type="checkbox"/> - please specify _____ |
| None                          | <input type="checkbox"/>                        |
| Other                         | <input type="checkbox"/> - please specify _____ |

## D. ASSESSMENT AND EVALUATION

27. How do you assess\* the **learning of the participants** who attend the course?  
Please tick the boxes that apply

- General observation
- Observation of specific task/activity
- Participant's self-report
- Participant's partner report
- Quiz
- Other  - please specify
- 

28. How do you evaluate\* the **course**? Please tick the boxes that apply.

- Observation of the course
- Post course survey/question sheets completed immediately after the final session of the course
- Follow-up interviews (may be face-to-face or by phone) or questionnaires after the course/course has been completed (e.g. 1 month or 6 months later)
- Other specify  - please
- 
-

29. From whom is evaluation information obtained? Please tick the boxes that apply.

- Clients
- Educator feedback
- Feedback from referring agencies  
(i.e. FaCS, DoCS, minister of religion/civil celebrants)
- Other  - please specify

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## E. FINAL COMMENTS

30. Are there specific aspects of the course (or relationship education) that you would like to comment on (strengths, constraints/barriers etc)?

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**THANKYOU VERY MUCH FOR TAKING THE TIME TO  
COMPLETE THIS QUESTIONNAIRE**

### IMPORTANT NOTE

- Please either post the questionnaire/s in the reply paid envelope or email to the research team
- Please post a detailed copy of the outline of the course (a curriculum document, manual etc.) and any evaluation sheets that you use in the reply paid envelope provided



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EDUCATION, EQUITY & WORK**

**AUSTRALIAN RELATIONSHIP EDUCATION  
SERVICES ACTIVITIES GUIDE**

**GENERAL INSTRUCTIONS**

- *The purpose of this guide is to assist you in completing the questionnaire(s)*
- *The guide contains information required for sections in the questionnaire that are marked with an asterisk (\*)*
- *The guide and questionnaire are not designed to be used for services that are based exclusively on the use of inventories such as PREPARE, FOCCUS, ENRICH and RELATE*
- *Please complete one questionnaire for each type of course that your organization/agency provides*
- *Please try and be as comprehensive as possible with your answers. If a particular question is not relevant to the course that is the focus of the questionnaire, please write 'N/A' in the space provided and move on to the next question*
- *If you have any questions or concerns about completing the questionnaire please do not hesitate to contact one of the members of the research team listed on page 2 of this guide.*

**THANKYOU FOR YOUR TIME**

