Family Wellbeing and the four competencies of the Family Connect Program

A Literature Review for Uplifting Australia

July 2018

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and the
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*Family Connect* Program

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Background and Review Context

Uplifting Australia (UA) is a not for profit organization whose mission is to: “Improve the emotional wellbeing and resilience of children and families across Australia.” They achieve this through a series of programs that bring children and parents together to learn strategies for increasing the parent-child connection and establishing healthy emotional patterns that set children up for life and learning. A range of evidence suggests that if children grow up in healthy emotional and developmental environments they are less prone to experiencing mental health issues as teenagers and adults, they are more able to cope with challenging life situations, will be more empathetic and are more likely to have rich and productive personal and professional lives as adults. Based on this, UA believe that developing emotionally based skills in children is as important as teaching them to read and write and that intentionally creating a positive emotional system within a family delivers a positive emotional environment and outcomes for children, reflected in their mental health, relationships, wellbeing, empathy, happiness and education. UA understands the larger impact of these factors and the benefits that they can provide for the Australia community. For example, 45% of Australians aged 16 to 85 years (or 7.3 million people) have, at some point in their lifetime, experienced at least one of the selected mental disorders at a cost of billions of dollars a year, including the costs of treatment, lost productivity and lost participation in the labor force to the Australian community. Uplifting Australia’s contribution brings together world class programs, connected communities and a talented team that leverages technologies to enable children to grow up in environments where their emotional wellbeing is first and foremost. We acknowledge the value and importance of the work that UA are doing and the potential positive impact this project could have with Australian families.

Family Connect is the centerpiece of UAs programs. Based on developing four key competencies in both parents and children, the aim of Family Connect is to improve the emotional dynamics and system of the family by giving skills and tools that build social and emotional health, connect them as a family through meaningful conversations, empower the children by giving them a voice in the family and strengthen families by developing mutual accountability. Specifically, Family Connect is made up of four conversations that introduce and aim to develop the four key competencies of:

1. listening skills
2. positive messages
3. emotional literacy
4. accountability / responsibility

The purpose of this Literature Review is to establish the evidence base for these four competencies, with a focus on positive relationships in families i.e. studies that link the four
competencies to positive relationships and dynamics in families, and that reflect the parent and children relationships and interactions in the family unit i.e. that they engage in these competencies together. Examples of this might include:

- Listening - where each voice in the family is important and the ability for family members to hear and understand another point of view;
- Positive messaging - honoring people’s qualities and strengths-based practice in conversations;
- Emotional literacy - where expression of feelings and support within the family are valued;
- Accountability - where individuals each have responsibilities regardless of their role in the family (no hierarchy), understanding that their actions or inactions have an impact on others.

This literature review provides extensive evidence-based information to further guide Uplifting Australia in their work and demonstrate the relevance and importance of the four competencies in enabling and supporting the emotional and mental health in a family system.

Criteria used for literature selection
A systematic search of key terms was conducted back to the year 2008 in the most relevant databases including PsycINFO, PubMed, CINAHL, ERIC, Philosopher Index, Humanities Index, and SocINDEX. The key terms used are detailed in the table below.

<table>
<thead>
<tr>
<th>Key term</th>
<th>Alternative term</th>
</tr>
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<tbody>
<tr>
<td>Famil*</td>
<td>Home, family unit, household</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>Welfare, happiness</td>
</tr>
<tr>
<td>Emotional</td>
<td>Emotion, feeling, affect</td>
</tr>
<tr>
<td>Listen*</td>
<td>Hear, voice, point of view</td>
</tr>
<tr>
<td>Positive</td>
<td>Strengths-based, support, value</td>
</tr>
<tr>
<td>Messag*</td>
<td>Content, understand, expression</td>
</tr>
<tr>
<td>Literacy</td>
<td>Knowledge</td>
</tr>
<tr>
<td>Accountab*</td>
<td>Responsibilit*, action/inaction, role, answerab*</td>
</tr>
</tbody>
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The structure of the literature review
The review comprises three substantive sections:

1) An Executive Summary providing an overview of the review context and a high-level summary of the review findings.
2) The literature and evidence associated with the wellbeing of families

3) A review of the evidence associated with the four key competencies in the *Family Connect* program i.e. listening, positive messaging, emotional literacy and accountability, and their influence on family wellbeing.

A complete reference list of articles cited is provided at the end of the review and a number of key articles included in the review are provided in full as pdf attachments.
1. Executive Summary

Introduction

Uplifting Australia (UA) is a not for profit organization whose mission is to: “Improve the emotional wellbeing and resilience of children and families across Australia.” They achieve this through a series of programs that bring children and parents together to learn strategies for increasing the parent-child connection and establishing healthy emotional patterns that set children up for life and learning. UA believe that developing emotionally based skills in children is as important as teaching them to read and write. We acknowledge the value and importance of the work that UA are doing and the potential positive impact this project could have with Australian families. Family Connect is the centerpiece of UA’s programs. Based on developing four key competencies - listening, positive messaging, emotional literacy, and accountability - in both parents and children, the aim of Family Connect is to improve the emotional dynamics and system of the family.

This Literature Review establishes the evidence base for the four competencies, with a focus on positive relationships in families and that reflect the interactions in the family unit. The following Summary provides a high-level overview of the findings of the literature review.

Review summary

Wellbeing is understood to be a multi-dimensional, abstract construct that has been defined in a number of ways including general, component, and focused perspectives in disciplines such as philosophy, psychology, and economics. By investigating wellbeing at the individual, group and collective levels, good physical, mental, and social health have been recognized as the key components for human wellbeing. High levels of wellbeing have been associated with various individual benefits including positive health and social outcomes, with higher levels of social engagement, psychological resilience and growth, physical health, productivity and income and longer lifespan.

In the family setting, wellbeing is associated with receiving emotional support with high attachment security (Merz & Consedine, 2009)and is positively correlated with family hardiness. There is evidence that the structure and quality of relationships between family members are fundamental elements of family functioning and a major influence on the wellbeing of parents and children. In this literature review, we use ‘family wellbeing’ as an umbrella term that includes 1) the wellbeing of individual family members, 2) the quality of relationships between family members, and 3) the emotional wellbeing of the ‘family unit’, acknowledging also the inter-connectedness and dynamic relationships between these three elements of family wellbeing. In reviewing the relevant literature for each of these three factors, we found that there is recognition of the importance of emotional wellbeing in family functioning and child development, and specifically, its association with predicting adult life satisfaction, mental health and family formation (Goodman, Joshi, Nasim, &
Tyler, 2015a); to support optimism, resilience, and health (Green, McQuaid, Purcell, & Dulagil, 2017) and to help people be more productive at work, earn higher salaries, have more satisfying relationships, and recover more rapidly from physical health setbacks (Lyubomirsky, King, & Diener, 2005). Specifically, emotional self-regulation, self-management and similar concepts in childhood have been associated with many domains of adult life, including mental health, life satisfaction and wellbeing, qualifications, income and labour market outcomes, measures of physical health, obesity, smoking, crime and mortality (Goodman et al., 2015b). The quality of family relationships is also recognized as a critical influence that not only impacts children at an early age, but also in their adult life, when they themselves become parents. As such it is an important and significant factor in shaping the wellbeing of future generations. However, there is less research exploring how families can develop quality relationships and improve emotional wellbeing. This presents an opportunity for Uplifting Australia to build an evidence-based case for the impact that the Family Connect program could have on family wellbeing - now and for future generations.

A critical – and as yet unanswered question – is what actions families intentionally undertake to develop wellbeing literacy of individual family members, to positively influence the quality of relationships in the family and nurture and support the emotional wellbeing of the family unit?

In exploring these questions specifically through the lens of the four competencies targeted in Uplifting Australia’s Family Connect program, we found that current research recognizes that effective communication is an essential element of strong relationships as it creates a connection between people that allows for the exchange of thoughts, feelings, and ideas, and leads to mutual understanding. One of the most important elements of good communication is listening, as it builds deep positive relationships (Weger Jr, Castle, & Emmett, 2010). We included active listening, empathic listening, and supportive listening in for the purposes of this review and found that the benefits of these three-listening styles are well documented in literature in both formal helping settings and informal contexts (such as families). They include outcomes such as increased positive affect, better coping behaviors and improved individual and relational health and well-being.

Effective messaging was also recognised as critical to communication and relationships in families. Positive messages that have strengths-based perspective that highlight peoples’ strengths, frame problems from a strengths perspective and help people to see potential strengths in their weaknesses. In family setting, strengths-based parenting (SBP) is defined as an approach to parenting that seeks to deliberately identify and cultivate strengths (positive states, processes, and qualities) in one’s children. It is suggested that SBP helps both children and parents achieve greater wellbeing.

Emotional literacy describes the ability to express feeling and relate to, or understand, the feelings of others. Emotional literacy requires a person to make decisions, or act on (in some situations not act upon) the emotional information they receive. It is a learned behaviour or skill, which can be
taught and is acquired through “social and emotional learning” or SEL; critically there is evidence to suggest that this can happen within informal settings such as families. Social and emotional development enabled through SEL is crucial for young people in building social relationships with peers and authority figures and helps to create positive relationships and eliminate negative behaviours.

The term accountability does not have the same meaning in the literature as its use within the Family Connect program. UA’s use of the term, as explained by Garry Thomson, Uplifting Australia CEO, addresses issues such as emotional power dynamics between parents and children, the giving and receiving of feedback, and family members being accountable for their emotional impact on each other. These ideas and behaviours are not directly reflected in the literature and therefore, we have explored ‘parenting style’, ‘parental involvement’ and ‘child involvement’ to encapsulate UA’s conceptualisation of ‘accountability’. However in doing this we recognise that these terms do not fully meet UA’s us of the term accountability and suggest that the construct that comes closest in the current literature is that of authoritative parenting style. Behaviours and attitudes associated with this parenting style include warmth and involvement, with firm and consistent boundaries and guidelines for children. Of the three parenting styles explored, the authoritative/democratic style was the only one to have a positive influence on children’s mental health. Several positive developmental outcomes for children result from this style of parenting including self-reliance, achievement motivation, pro-social behaviour and social confidence. However, authoritative parenting style does not address the important element of emotional power dynamics between family members that is inherent in the accountability competency within the Family Connect program.

In terms of levels of involvement, both parental involvement and child involvement in family practices explain the positive relationship between the involvement of family members and the general family emotional wellbeing. There are benefits for both parents and children, including positive influences on child self-esteem and self-evaluation, and a sense of security and belonging for all family members.

In conclusion, the literature review found a range of evidence to support the four competencies targeted in the Family Connect program in enabling, fostering and supporting wellbeing in families. Of the four competencies, ‘accountability’ was least transferrable to the literature, which may indicate a need to consider refining the way in which this is defined and articulated to make connection with existing constructs, whilst perhaps expanding their current understanding (for example, authoritative parenting style expanded to include emotional power dynamics). The review also highlighted a gap in the current research in that evidence-based strategies families can use to increase their wellbeing together were not explored. This presents an opportunity for Uplifting
Australia to take a lead in this area by researching the impact and effectiveness of the *Family Connect* program.
2. The Wellbeing of Families

Over the last few decades, psychological science has been redirected from pathology psychology to positive psychology, which draws more attention on human flourishing than on the absence of illness (Pawelski, 2014). Positive Psychology scientifically studies the conditions and processes that enable flourishing in individuals, groups, and institutions (Gable & Haidt, 2005). An underlying theme of positive psychology is that life can be made better for all people if certain conditions are met (Wong et al., 2007) and wellbeing theory is one way through which this idea is conceptualized.

Wellbeing is a multi-dimensional, abstract construct that has been defined in a number of ways including general, component, and focused perspectives in disciplines such as philosophy, psychology, and economics (OECD, 2013). Although the definition wellbeing remains the topic of ongoing debate, a list of frequently used domains has been proposed to understand wellbeing, which includes psychological wellbeing, cognitive (subjective) wellbeing, mental wellbeing, affective (emotional) wellbeing, social wellbeing, physical wellbeing, spiritual wellbeing, and environmental wellbeing (Mental Health Commission of NSW, 2017). For example, psychological wellbeing (PWB) is derived from eudaimonic happiness theory and identifies positive psychological functioning as critical to wellbeing (Ryff, 1989). Affective wellbeing (AWB) is derived from hedonic happiness theory and is defined as the frequent experience of positive affect and the infrequent experience of negative affect (Daniels, 2000). Subjective wellbeing (SWB) builds on this, adding a cognitive dimension that assesses overall satisfaction with life (Daniels, 2000).

More recent developments in wellbeing theory recognize that both individual and contextual factors influence wellbeing, and that it includes both hedonic and eudemonic elements (Ryan & Deci, 2001; Ryff & Singer, 2008). By investigating wellbeing at the individual, group and collective levels, good physical, mental, and social health have been recognized as the key components for human wellbeing (Keyes, 2006; M. E. Seligman & Csikszentmihalyi, 2014). For example, Keyes, Shmotkin, and Ryff (2002) suggests that wellbeing comprises emotional wellbeing through the presence of positive emotions, social wellbeing through feeling connected and valued by others, and psychological wellbeing through functioning well. Fulmer et al. (2010) propose wellbeing as a psychosocial construct that includes rewarding and positive relationships, feeling competent and confident, and believing that life is meaningful and purposeful. M. Seligman (2011) suggests, “wellbeing consists of the nurturing of one or more of the five following elements: Positive emotion, Engagement, Relationships, Meaning, and Accomplishment (abbreviated as the acronym PERMA). These five elements are the best approximation of what humans pursue for their own sake” (Forgeard, Jayawickreme, Kern, & Seligman, 2011, p. 96). A consistent element through these definitions is the presence of emotional wellbeing and strong positive relationships as critical factors.
in the overall wellbeing of individuals, groups and collectives.

High levels of wellbeing have been associated with various individual benefits including positive health and social outcomes, with higher levels of social engagement (Polak & McCullough, 2006; Thoits & Hewitt, 2001), psychological resilience and growth (Fredrickson, 2001; Fredrickson & Branigan, 2005; M. E. Seligman & Csikszentmihalyi, 2000), physical health (McQuaid & Kern, 2017; Pennebaker & King, 1999; M. E. Seligman & Csikszentmihalyi, 2000), productivity and income (Boehm & Lyubomirsky, 2008; McQuaid & Kern, 2017) and longer lifespan (Diener & Chan, 2011).

Furthermore, there is evidence that wellbeing has a positive influence at the group and collective levels. For example, in organizations, outcomes such as improved creativity (Fredrickson, 1998); higher levels of engagement (Harter, Schmidt, & Keyes, 2003); increased customer satisfaction (Giardini & Frese, 2008; Harter et al., 2003); increased productivity (Keyes, 2005); greater presenteeism/effort at work (Keyes, 2005); reduced intention to quit/withdrawal intentions (Shoenfelt & Battista, 2004); lower actual voluntary turnover (Clifton & Harter, 2003) and fewer absenteism/sick days (Keyes, 2005) have been shown to be associated with higher levels of employee wellbeing.

In the context of sports teams, high levels of wellbeing are related to athletes’ needs satisfaction and coach’s transformational leadership (Stenling & Tafvelin, 2014); high levels of identification (enduring and temporary) with a local sport team through increased social connections for fans (Wann, 2006), and is shown to have a positive relationship with athletic involvement, such as team sport participation, individual sport participation, and athlete identity (Miller & Hoffman, 2009).

The range of positive outcomes associated with wellbeing at the individual, group and collective levels has implications for reducing costs of health care and crime, increasing creativity and entrepreneurship and improving social cohesion and participation (Huppert, 2009). However, it is also suggested that in addition to ‘interventions’ that aim to increase wellbeing, a level of ‘wellbeing literacy’ needs to be present on order to create sustained longer-term change. Oades and Johnston (2017) describes wellbeing literacy as a generalized wellbeing capability that helps converts inputs (positive psychology interventions) into outputs (increased wellbeing) and includes reading, writing, speaking, listening, creating and viewing. For example, a person needs to have wellbeing literacy to convert education opportunities into wellbeing outcomes. We suggest that families can play a critical role in developing wellbeing literacy and in doing so contribute to the wellbeing of individual family members and the wellbeing of the family system.

Families

Family life and structure has changed in Australia and other OECD countries. A combination of lower fertility rates and increased deferment of childbearing means that the average household size continues to decline with a growing number of childless households. Alongside this, less people
are getting married and fewer are staying married as divorce rates increase. One impact of these
trends is that more children are born outside of marriage and experience the dissolution of more
traditional forms of family structure. Cohabitation, as an alternative partnership form is popular with
younger generation, and consequently more and more children now live in single-parent and
reconstituted families (Cooperation & Development, 2011).

Reflecting these overall trends, Australian families come in many shapes and sizes, may
change over a person’s life course and may differ as the concept of family is defined from different
vantage points. For example, from one vantage point, family might consist of our immediate family
living in one household, while from a different vantage point it may comprise family members
scattered across several different households and generations. This simple example does not take
account of numerous other family-related factors such as adoption, where one or more of the
children has been adopted; bi-racial or multi-racial families, where the parents are members of
different racial identity groups; blended families, that consist of members from two (or more)
previous families or conditionally separated families, where a significant family member is separated
from the rest of the family be due to employment; military service; incarceration or hospitalization
or gay or Lesbian families where one or both of the parents’ sexual orientation is gay or lesbian. This
diversity makes it difficult to talk about “the” Australian family. As such, for this review, we define
family from the functional perspective based on the relational concept of nurture rather than a
biologically-based narrative, as follow s: “Family refers to two or more individuals who depend on
one another for emotional, physical, and economic support. The members of the family are self-
defined” (Hanson, 2005, p. 7).

Family Wellbeing

‘Family wellbeing’ is not a precisely defined term within the literature, not least because
wellbeing is usually thought of as a property of individuals rather than of families (for an extended
discussion of the concept of family wellbeing and its measurement in Ireland, see NESC, 2009). In the
family setting, wellbeing is associated with receiving emotional support with high attachment
security (Merz & Consedine, 2009) and is positively correlated with family hardiness (Niyomthai,
Putwatana, & Panpakdee, 2003). For young children’s wellbeing, parental relationships and family
structure play a significant role and specifically, for non-marital relationship arrangements between
biological parents, children realize better outcomes with parents who have romantic involvement
(Heiland & Liu, 2006). Research also finds that parents who have a hostile inter-parental relationship
predict poorer emotional wellbeing of children (Baxter, Weston, & Qu, 2011). Factors such as a lack
of warm positive relationship with parents, insecure attachment, harsh, inflexible or inconsistent
discipline practice and inadequate supervision of and involvement with children (Sanders et al.,
2005, p. 9) increase the risk of children developing major behavioural and emotional problems and
stimulate internalising and externalising disorders, which can lead to significant anxiety and depression in children’s later life. As such, there is evidence that the structure and quality of relationships between family members are fundamental elements of family functioning and a major influence on the wellbeing of parents and children (Amato, 2005; Brown, 2006; Strazdins, Clements, Korda, Broom, & D'Souza, 2006). Based on this, we use ‘family wellbeing’ in this Review as an umbrella term that includes: 1) the wellbeing of individual family members, 2) the quality of relationships between family members, and 3) the emotional wellbeing of the ‘family unit’, whilst acknowledging the inter-connectedness and dynamic relationships between these three elements of family wellbeing. We will now explore each of these factors in more detail.

1.1 The wellbeing of individual family members

Parents

Parent wellbeing has been found to be influenced by socio-economic factors, for example education, and family circumstances, such as the quality of relationships (Maggi, Irwin, Siddiqi, & Hertzman, 2010). There is evidence to suggest that depression among lone mothers is related to the level of conflict between the mother and father, rather than the absence of the father from the family home (Peterson & Zill, 1986). One consistently positive factor in mother’s wellbeing is coreidence with a grandparent (usually, that is, the mother’s own parent or parents). Mothers in that family situation are only half as likely as other mothers to suffer from depression or to smoke daily. This factor is relevant mainly for never-married lone mothers, among whom 20% live with their own parents (Peterson & Zill, 1986).

Fathers also play an important role in family wellbeing. There is an increasing research interest in father involvement in and men’s fulfillment from spending time with children (Harrington, Van Deusen, & Humberd, 2011; Milkie & Denny, 2014). Compared to mothers, fathers show more happiness, less stress, and less fatigue in spending time with children, and also report more positive effect in time spent with children than without (Musick, Meier, & Flood, 2016). Benefits for fathers’ in spending time with children include increased fun and enjoyment in leisure, fulfillment and deep meaning, joy and happiness and companionship, personal growth, closeness, knowing and pride in children, and enjoyment of routine care (Milkie & Denny, 2014).

Children

Parent wellbeing – particularly Mothers - is a strong influence on the wellbeing of children in the family. Poor wellbeing among mothers (measured by depressive symptoms and daily smoking) has been linked with poor social and emotional adjustment among children (Fahey, Keilthy, & Polek, 2012b) and there is evidence that children’s outcomes are strongly conditioned by mother’s social background, her cognitive (educational) and emotional resources (early experience of poverty/
timing of family formation) as well as the current socio-economic status of the household (poverty). Family type and structure, such as two-parent married families, cohabiting families, step-families and lone parent families, has not been found to influence child wellbeing, however conflict between parents had a negative effect on the child’s social-emotional adjustment. This supports the importance of the quality of relationships – particularly the adult couple - in determining the emotional wellbeing of individuals within a family.

1.2 The quality of relationships in families

Couple relationships

The quality of a couple’s relationship can be understood by factors including socio-demographic factors, family size, family type, and intact and non-intact family structure (Fahey, Keilthy, & Polek, 2012a). The literature suggests that intact and non-intact couples show the most differentiation in their level of relationship quality, in which intact couples are less conflict-prone than ones who are not together. In terms of family type, couples who live together, re-partnered couples or partners in step-families have the highest level of relationship wellbeing while cohabiting families have the lowest (Baxter et al., 2011). For the socio-demographic factors, limited evidence shows the association between socio-demographic factors and couple relationship quality and wellbeing (Condon, Boyce, & Corkindale, 2004). Family size is a complex factor in influencing couple relationships in various family context (Condon et al., 2004). On the one hand, intact couples or couples with good relationship tend to have a larger family with more children; however, there is also a strong negative association between relationship quality and the family size (Adams, King, & King, 1996). Overall this suggests that it is the quality of relationship between the individuals within a couple rather than structural or demographic factors that influence the quality of a couple’s relationships.

Parent-child relationships

Research exploring the quality of parent-child relationships predominantly adopts one of two perspectives: firstly, from the parents’ reports of conflict between parent and child, or secondly, from children’s reports of the parenting style. Similar to research on the quality of couple relationships, results suggest that family structure and the family’s socio-demographic character have little association with the quality of parent-child relationship. Children with resident parents enjoy more optimal parenting from non-resident ones, but the evidence suggests little differentiation in two-parent and one-parent families; family size and mother’s education level also have minimal influence in this area (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Factors that have been found to influence the parent-child relationship include self-regulation, attachment, and parenting style which we discuss below.
**Self-regulation and parent-child relationship**

Self-regulation is defined as, ‘self ’s capacity for altering its behaviours. It greatly increases the flexibility and adaptability of human behaviour, enabling people to adjust their actions to a remarkably broad range of social and situational demands.”(Baumeister & Vohs, 2007, p. 1). It can be understood not only from an individual perspective but also from a developmental perspective as it is associated with a variety of individual variables, such as temperament, mental health status, behaviour problems, school readiness, academic achievement, peer relations, cognitive abilities, as well as a variety of external social factors. For children between 0-5 years, the critical social factor influence is their parents. Parental characteristics of self-regulation, the temperament of parents, and mental health status combine with the parenting variables of parental involvement, parenting styles, parental sensitivity, and co-parenting influence the attachment security of the parent-child relationship. At children’s early development stage, positive, warm and responsive parenting provides the early interactional experience of appropriate self-regulatory strategies, feelings of reciprocity, internalization of rules, high level of effortful control, and focused attention, which is the foundation for children’ further self-regulatory development (Bernier, Carlson, & Whipple, 2010).

**Attachment and parent-child relationships**

Attachment is the key indicator that directly reflects the parent-child relationship as it provides children with feelings of safety and the sense of security and protection. Children with healthy attachment will explore the outside world with their primary caregiver as a secure base providing safety and comfort. Healthy attachment supports children developing positive patterns of relating to others, seeking support and assistance in challenging social situation, and experiencing fewer negative or dysregulated emotions. Children with insecure attachment through maladaptive parental interactions demonstrate more negative emotional expression and socially withdrawn behavior (Bögels & Brechman-Toussaint, 2006). Different attachment styles can be seen in early development and are categorized as secure style, resistant style, and avoidant style (Bartholomew & Horowitz, 1991). Secure style children show more flexibility in using emotional and behavioral regulatory strategies, are more engaged in active mother-oriented regulation behaviors and need less physical soothing with the mother, which is considered a passive behavior to withdraw from aversive situations. Avoidant children demonstrate behaviors that minimize reliance on the mother in emotionally arousing contexts. Conversely, resistant children display more intense distress in a similar situation through heightened negative emotions like intense distress. They spend significantly more time in negative body contact with mothers but also engage in more mother-oriented behaviors to elicit maternal contact and intervention (Leerkes & Wong, 2012). Attachment style is influenced by the interaction between parental responsiveness and child characteristics, the
parents’ characteristics and parenting style are important contributing factors to a child’s healthy attachment.

**Parenting style and parent-child relationships**

Parenting style is conceptualised by comparing the amount of emotional support and control (Baumrind, 1971) resulting in two broad styles: authoritarian and authoritative. Authoritarian parenting style involves high levels of rigid control and low support resulting in parent interactions with children that are often punitive and cold. Authoritarian parenting style has been associated with negative developmental outcomes in children including inadequate prosocial skills and social competencies, social withdrawal and hostility, lack of empathy and increased externalizing behaviours. In contrast, authoritative parenting style promotes children’s social functioning by involving them in decision making and encouraging them to adapt flexible coping strategies rather than punishing mistakes. Enacted through warm, caring interactions, this leads to positive development of children including independence, optimal peer relations, more prosocial behaviours and less externalizing behaviours (Morris et al., 2007).

**Quality of family relationships and outcomes for children**

The quality of family relationships not only influences children at an early age, but also in their adult life, when they themselves become parents. As such it is an important and significant factor in shaping the wellbeing of future generations. Research shows that children with a higher level of emotional health have the significant correlation with good conduct skill of self-control and self-regulation at age 10; when they reach age 42, they show more life satisfaction with higher self-esteem, positive academic self-concept, good conduct, and conscientiousness, and wellbeing in the areas of positive emotional wellbeing, good social skills, and high cognitive ability. Good family relationships also decrease symptoms of depression and suicide rates in youth and support children to develop emotional wellbeing, including hope, inspiration, love of learning, and joy (Goodman, Joshi, Nasim, & Tyler, 2015b). Children from separated families show lower level wellbeing with worse performance on a range of indicators including (Goodman et al., 2015b). However, the underlying reason it is suggested that the level of conflict and hostile relationship between parents is the key that influences children’s wellbeing, rather than the separation itself.

**Relationships in families: Key patterns and implications**

Good relationships between mothers, fathers and children are important for the individual well-being of those involved but are also significant because, to a certain degree, they are relatively independent of the usual disadvantages imposed by factors such as poor parental education or household poverty. It has been found that the quality of parent-parent and parent-child relationships is less dependent on socio-demographic context than other aspects of family well-being. Breakdown in couple relationships or failure to form couples in the first place is strongly
conditioned by factors such as the partners’ level of education and the timing of family formation, however within family types, SES variation in the quality of family relationships is limited. These findings suggest that parents’ capacity to love each other and to love their children is less influenced by social disadvantage than might be expected (Sen, 2010).

1.3 Emotional wellbeing of the ‘family unit’

Emotional wellbeing refers to the balance of positive emotional experiences to negative ones and is defined as the frequent experience of positive affect and the infrequent experience of negative affect (Daniels, 2000). In a more general sense it can be used to refer to wellbeing in the emotional domain and is often closely connected to emotional regulation – how well an individual regulates emotions and accesses them to understand the world, and emotional intelligence in terms of self-awareness and self-management of emotions.

Emotional wellbeing has been found to predict adult life satisfaction, mental health and family formation (Goodman, Joshi, Nasim, & Tyler, 2015a); to support optimism, resilience, and health (Green, McQuaid, Purtell, & Dulagil, 2017) and to help people be more productive at work, earn higher salaries, have more satisfying relationships, and recover more rapidly from physical health setbacks (Lyubomirsky, King, & Diener, 2005). Specifically, emotional self-regulation, self-management and similar concepts in childhood have been associated with many domains of adult life, including mental health, life satisfaction and wellbeing, qualifications, income and labour market outcomes, measures of physical health, obesity, smoking, crime and mortality (Goodman et al., 2015b).

For the emotional wellbeing in the family unit, research shows that the quality of parenting is one of the best predictors of children’s emotional and social wellbeing. Compared to a single parent, married parents provide more emotional support for their children with more consistent discipline and supervision and experience less conflict with their children. Children with a higher level of emotional wellbeing enjoy higher self-esteem and academic achievements, and less emotional and conduct problems in school. Children will thrive in the cooperative co-parental relationship by learning and internalizing social norms and normal values. With the development of interpersonal skills like showing respect, communicating properly, and negotiating and compromising to resolve disputes, children will have a positive relationship with peers and intimate partners later (Amato, 2005).

To develop the emotional wellbeing of the family unit, literature suggests that simple strategies such as eating family meals may enhance the wellbeing (Eisenberg, Olson, Neumark-Sztainer, Story, & Bearinger, 2004), as the emotional stability and social support with verbal and non-verbal information, advice or action has beneficial emotional effects on family members.
(Armstrong, Birnie-Lefcovitch, & Ungar, 2005), and further develops both parental and children emotional wellbeing and family functioning.

**Conclusion**

Whilst there is research that explores the factors influencing family wellbeing from structure, relationships, socio-economic status, and parenting perspective and there is a recognition of the importance of emotional wellbeing in family functioning and child development, less research has been conducted on how families can develop quality relationships and improve emotional wellbeing. Thus, the question becomes, what actions families intentionally undertake to develop wellbeing literacy of individual family members, to positively influence the quality of relationships in the family and nurture and support the emotional wellbeing of the family unit?

In the next section of this Review, we explore these questions specifically through the lens of the four competencies targeted in Uplifting Australia’s *Family Connect* program: listening, positive messaging, emotional literacy and accountability.
3. The Family Connect competencies and the Wellbeing of Families

3.1 Listening

Effective communication allows for the exchange of thoughts, feelings, and ideas, and leads to mutual understanding between people. One of the most important elements of good communication is listening as it builds deep positive relationships (Weger Jr et al., 2010). More than just the passive act of receiving or hearing, listening is the “conscious processing of the auditory stimuli that have been perceived through hearing” (West & Turner, 2010). Listening thus is an active process.

Whilst there are many definitions of listening in the literature, it is generally agreed that listening is a multidimensional construct (Halone & Pecchioni, 2001; Janusik, 2007; Witkin & Trochim, 1997) that consists of the following three complex processes: a) cognitive processes, such as attending to, understanding, receiving and interpreting messages; b) affective processes, such as being motivated and stimulated to attend to another person’s messages; and c) behavioural processes, such as responding with verbal and nonverbal feedback (e.g., backchanneling, paraphrasing) (Gearhart & Bodie, 2011).

Categories of listening include active listening through which the listener demonstrates empathy and shows that he/she was listening and understands what was being said through the use of verbal strategies such as asking clarifying questions and repeating what’s been said to confirm their understanding. Empathic listening is paying attention to another person with empathy [emotional identification, compassion, feeling, insight] (Huitt, 2009). One basic principle of empathic listening is to "seek to understand, before being understood" at both a cognitive and emotional level for example by asking how the person feels about the situation or make a statement about how you believe the person feels. Supportive listening requires that the listener demonstrate emotional involvement and attunement while attending to, interpreting, and responding to the emotions of the support seeker. Supportive listening is a central mechanism of providing, perceiving, and receiving beneficial emotional support.

In the context of this literature review we use the term ‘listening’ to include active, empathic and supportive listening (AESL).

Outcomes of Active, Empathic and Supportive listening (AESL)

Recognition of the importance of active listening (AL) has resulted in systematic investigation of the use of active listening skills and the benefits of various AL strategies are well documented in formal helping settings like health, education and therapy. For example, active listening skills have been found to help nurses to establish a trusting relationship with family participants (Duhamel & Talbot, 2004; c.f. McNaughton et al., 2008 ) to improve patient management and relationships with medical students (Mansfield, 1991; c.f. McNaughton et al., 2008), and to improve the performance of
helpline volunteers as determined by their supervisor (Paukert, Stagner, and Hope, 2004; c.f. McNaughton et al., 2008). It has also been found to be beneficial for education professionals to engage with active listening to gain important information with which to work and communicate sincere interest and understanding in a parent’s point of view (Lasky, 2000; c.f. McNaughton et al., 2008).

These results are readily generalized and applied to how individuals in informal settings (such as families) can enact informal support (Jones, 2011; Weger Jr et al., 2010). Evidence exists that skills such as paraphrasing and asking open questions can be taught to informal helpers like spouses (Garland, 1981), supervisors (Kubota, Mishima, & Nagata, 2004), parents (Graybill, 1986), and teachers (McNaughton, Hamlin, McCarthy, Head-Reeves, & Schreiner, 2008) and there is strong evidence that engaging in certain active listening responses affects the listener (Lewis & Manusov, 2009). By paraphrasing and using tag questions while being nonverbally immediate, listeners are likely to be seen as more sensitive or emotionally aware than listeners who do not demonstrate recognition and involvement in these ways. In a similar manner, these behaviours seem to signal an acknowledgment of how the partner is feeling. Acknowledgement has been recognized as a desired macrolevel listening process in close relationships (Pecchioni & Halone, 2000); having a listener who can “get the meaning” or otherwise “summarize key points,” thus reflects relational loyalty and assurance (Bodie, 2011). Descriptions of highly person-centred helpers also stress behaviours such as asking open-ended questions, paraphrasing, and reflective feelings because they are thought to signal unconditional positive regard and a sincere willingness to help.

Active listening can make people feel better for several reasons. First, when people evaluate they are receiving supportive behaviours such as active listening, there is an associated positive change in affect which leads to more positive communication outcomes (Bodie, Burleson, & Jones, 2012; High & Dillard, 2012). Second, active listening is likely to encourage disclosers to express difficult feelings. Indeed, support providers who are more attentive and conversationally responsive elicit more detailed disclosures from distressed others (Tokić & Pećnik, 2010), and are more likely to provide appropriate responses to those disclosures (Clark, Jones, Quinn, & Goldney, 1993). Further, related research suggests that emotional disclosure assists in the coping process, especially when that disclosure is met with a responsive respondent (Maisel & Gable, 2009). Finally, it is suggested that active listening helps to establish a warm environment, a place where disclosers feel relaxed and able to talk about feelings without fear of being judged negatively (B. Burleson & Goldsmith, 1998).

Individuals with empathic listening skills sense, process, and respond in more active and empathic ways are considered more competent communicators (e.g., effective and appropriate) in general and will be more generally tactful (Gearhart & Bodie, 2011). This suggests that to be socially skilled, it is necessary to have the ability to be in control of one’s listening-related behaviour as well as associated emotional displays when interacting. Research shows that active empathic listening is
related to, (a) perceived ability to initiate and remain engaged in social interaction (social expressivity), (b) tendency to be attentive to others (social sensitivity), and (c) general sense of tact and social adeptness (social control) (Gearhart & Bodie, 2011). Past research also suggests meaningful relationships between active empathic listening and other measures of interpersonal competence including conversational sensitivity, interaction involvement, and conversational appropriateness and effectiveness (Bodie, 2011).

**Supportive listening** provides emotional support as it explicitly validates and acknowledges the distressed person’s emotional upset; as such requires that the listener pay particular attention to emotional cues. Many nonverbal behaviours, e.g., immediacy, expressivity, conversation management, composure, positive affect, signal supportive listening (Jones, 2011) and there is mounting evidence that specific behaviours have reliable impacts on important outcomes including individual and relational health and well-being (Jones & Guerrero, 2001; Lepore, Ragan, & Jones, 2000; Priem & Solomon, 2009). For example, research suggests that specific verbal behaviours (e.g., verbal person-centeredness) and specific nonverbal behaviours (e.g., eye contact) each contributed to positive perceptions of stressful events and positive affect change (Winstead, Derlega, Lewis, Sanchez-Hucles, & Clarke, 1992). Outcomes such as physical health and mental well-being are influenced by affect change, thus explaining the role of supportive communication in supporting the important outcomes (Burleson, 2010, p. 176).

### 3.2 Positive, Strengths-based messaging

In addition to listening, effective messaging is also critical to the communication process. In the literature, effective messaging mainly refers to the effective communication of facts and as such is largely about developing a strategy for transmitting a specific message. However, an *effective* message is not necessarily positive in its content. Thus, for this literature review we are interested in the impact of *positive, strengths-based* messaging on family relationships.

Taking a ‘strengths-based approach’ involves looking for and emphasizing peoples’ strengths, re-framing situations and problems from a strengths perspective and helping people to see potential strengths in their weaknesses (White & Waters, 2015). Reframing is an important therapeutic technique in most forms of family therapy (Nichols & Schwartz, 1998, p. 86) and brief therapy (Cade & O’Hanlon, 1993, p. 163). It is a technique that is used to help create a different way of looking at a situation, person, or relationship by changing its meaning. In another words, seeing things in a new light (Mattila, 2001). Reframing skills can help families to ‘see things’ from a more positive and strengths-based perspective.

Strengths-based approaches are usually conceptualized in two ways (Lyons, Uziel-Miller, Reyes, & Sokol, 2000). The first is to identify assets, resources and abilities and then harness them in the process of assisting a person to develop in a direction he/she finds preferable or ‘healthier’. The
second is to develop strengths through service provision. Approaches promoted as ‘evidence-based’ and ‘good practice’ in family therapy are oriented more towards the second way, rather than actively, and also, incorporating the first way (e.g. Carr, 2000). However, these approaches can overlook the strengths that already exist as resources to the therapy process, thus minimizing the significant contributions that clients make to therapy outcome (Miller, Duncan, & Hubble, 1997). Contemporary strength-focused family therapy work draws on both approaches, viewing strength or resilience as a dynamic concept rather than as a static resource that is either present or not (Allison et al., 2003).

From an individual perspective, strengths can be broadly defined as skills and behaviours that feel natural and enjoyable to an individual and allow them to perform at their best (Govindji & Linley, 2007; Quinlan, Swain, & Vella-Brodrick, 2012; Sheldon, Jose, Kashdan, & Jarden, 2015). Individual strengths can be conceptualised in a variety of ways. Peterson and Seligman (2004) explored character strengths, asking ‘what does human nature at its best look like?’ Buckingham and Coffman (2014) was interested in talents and skills and explored the question ‘what do you do well that leads to high performance?’ Other scholars have explored the idea of natural and learned strengths by asking, ‘what energizes you at work?’ (Lerner, Almerigi, Theokas, & Lerner, 2005; Park, 2004).

A recent development in strengths research is that of strengths-based parenting (SBP). This is defined as an approach to parenting that seeks to deliberately identify and cultivate strengths (positive states, processes, and qualities) in one’s children (Waters, 2015), whilst also engaging in parent strengths deployment. Building on the work of Littman-Ovadia and Steger (2010), strengths deployment is described as the extent to which individuals use strengths within a given role. In the context of SBP, deployment is the degree to which parents put their strengths into action while raising their children (e.g., the creative parent who helps make costumes for their child’s school performance, the prudent parent who helps their teenager set a monthly budget, the sporty parent who coaches their child’s sporting team, the zestful parent who helps their child plan their party).

SBP features the same commitment to a child’s wellbeing that calling, child-centric, and communal orientations towards parenting share in common. However, whereas the latter approaches tend to focus on meeting the child’s needs (through emphasizing a strong sense of purpose and/or self-sacrifice from the parent), SBP distinguishes itself by focusing on the child’s strengths. This involves a deliberate shift towards noticing a child’s strengths, providing opportunities that allow the child to cultivate their strengths, and thinking about how to bring one’s own strengths to parenting. SBP also distinguishes itself by focusing on the parent’s strengths, not just on the child’s needs. Previous research by Waters and her colleagues found that SBP (operationalized without the deployment component) is associated with various indicators of wellbeing in children and adolescents including increased life satisfaction, increased positive affect and decreased stress (Waters, 2015a; Waters, 2015b).
Outcomes of Positive, Strengths-based messaging

Positive, strengths-based messaging supports the identification and use of strengths and there is a growing body of evidence that identifying and using strengths supports a range of positive wellbeing outcomes. [Note: Given the focus of this literature review on a family, we include evidence associated with the Values in Action framework (Peterson & Seligman, 2004) as other frameworks have a more work/performance context.] For example, researchers examined the relationships between strengths of character and subjective well-being (SWB) by looking specifically at life satisfaction, the cognitive aspect of SWB. Life satisfaction reflects the individual’s appraisal of his or her life as a whole (Diener, 2000). High life satisfaction correlates with the absence of psychological and social problems such as depression and dysfunctional relationships (e.g., Furr & Funder, 1998; Lewinsohn, Redner, & Seeley, 1991). Furthermore, individuals who are satisfied with life are good problem-solvers, show better work performance, tend to be more resistant to stress, and experience better physical health (Frisch, 2000; Veenhoven, 1989). Research shows that only 15% of the variance in SWB is accounted for by demographic variables such as income, intelligence, and education (Campbell, Converse, & Rodgers, 1976). Therefore, character strengths can act as protective factors which help to mitigate psychopathology and enable flourishing (Park & Peterson, 2008). Thus, focusing on individual strengths is one way to enact positive, strengths-based messaging that has a direct impact on the wellbeing of family members.

In school context, research on character strengths-based classroom interventions has identified positive outcomes related to positive emotion, engagement, relationships, and accomplishment. Duckworth and Seligman (2006) found that self-control was a more reliable predictor of academic success than IQ. In a 2009 study, Peterson and Park identified five character strengths that predicted high grade point averages: perseverance, love, gratitude, hope, and perspective. Achievement is just one of many positive outcomes empirically linked to character strengths. In Character Strengths and Virtues (Park & Peterson, 2009), Peterson and Seligman document positive outcomes associated with each of the 24 VIA strengths. The strength of hope, for example, has been linked with a wide range of correlates, including positive relationships, lower levels of anxiety and depression, diligence, and the ability to delay gratification. The strength of self-regulation has positive correlations with achievement and secure interpersonal attachment, and negative correlations with anxiety and depression. The strength of perspective has been linked to successful aging, life satisfaction, and even-tempered-ness. Youth participants in VIA programs have demonstrated benefits related to achievement, engagement, and wellbeing (Linkins, Niemiec, Gillham, & Mayerson, 2015).

In addition to the literature on the outcomes associated with specific character strengths, there is an emerging body of research on the benefits of using one’s signature strengths (i.e. one’s
core, ‘go to’ strengths). Use of signature strengths at work has been linked with subjective wellbeing and job satisfaction (Harzer & Ruch, 2012; Littman-Ovadia & Steger, 2010). One study found that helping employees to identify and engage their signature strengths was one of three ‘essential drivers’ of employee engagement, along with managing emotions and finding purpose in one’s work (Crabb, 2011). Positive, strengths-based messaging between family members can help individuals identify signature strengths and provide a valuable positive feedback loop on their use.

In the family context, Waters (2015) proposes that strengths-based parenting (SBP) motivates children to explore new situations, including stressful situations, through their strengths and this means that they interact with their environments using their positive traits and engaging in positive, adaptive processes. In this way, SBP adds a “positive filter” to the way a child reacts to stress, meaning that they are likely to reap the benefits of positive stress, such as skill development and adaptability. When parents adopt a strength-based approach, they seek to deliberately identify and cultivate positive states, positive processes and positive qualities in their children. In other words, parents are building up their children’s resources. Given that stress results from an imbalance between demands and resources, SBP is likely to help children to deal with stress because it builds up the child’s resources (i.e., their strengths), thus fostering a better balance between the demands placed on the child and the strengths the child has to meet those demands. By creating a positive filter and by building up resources, SBP should directly reduce the amount of stress a child feels in the first place. However, should a child go on to experience stress, SBP could also have an indirect effect by promoting strength-based coping in children that helps them to overcome or reduce stress once it is experienced. Coping is defined as the thoughts and actions one uses to manage demands in life (Lazarus & Folkman, 1984). Strength-based coping is a particular style of coping where the individual makes the best use of their personal strengths, their skills, their emotions, and their family and social resources to deal with stress (Drolet, Paquin, & Soutyrine, 2007; Meyer, 2003). SBP connects children with their strengths so that they will naturally use their own strengths to cope effectively with a stressful situation, rather than engaging in avoidance or aggressive coping responses. For example, SBP can help children approach a problem like friendship conflicts through identifying strength-based coping skills such as social intelligence, fairness, perspective, emotional regulation and kindness, to effectively manage the conflict.

Further, it is suggested that SBP can help parents to achieve greater wellbeing (Waters & Sun, 2016). Parent self-efficacy is defined as the degree to which a parent feels competent and confident in raising their children and handling problems (Johnston & Mash, 1989). High levels of parent self-efficacy are positively associated with coping, persistence and satisfaction in the parenting role (Ardelt & Eccles, 2001; Jones & Prinz, 2005), whereas low levels of parent self-efficacy are related to stress and depression (Bugental & Happaney, 2002; Bugental, Shennum, & Shaver, 1984; Raikes & Thompson,
The link between strengths use and self-efficacy has been demonstrated in general adult samples (Govindji & Linley, 2007; Proctor, Maltby, & Linley, 2011; Proctor, Tsukayama, et al., 2011). In SBP it is suggested that by identifying and cultivating strengths in one’s children, parents may more frequently notice the ways in which their parenting efforts are helping to develop their child in positive ways such as building skills, talents, character and positive qualities in their children, thus giving them confidence in the outcomes of their parenting activities. Furthermore, strengths-based parents are also likely to see increases in their children’s wellbeing associated with greater strengths use (e.g., Proctor, Maltby, et al., 2011; Proctor, Tsukayama, et al., 2011; Quinlan, Swain, Cameron, & Vella-Brodrick, 2015; Waters, 2015) which helps them feel that their parenting is effective. Finally, by learning to identify their child’s strengths, parents may feel that they understand their children better and are therefore better able to meet their individual needs, thus leading to greater feelings of competence and confidence. The SBP–self-efficacy relationship may also arise when parents see and use their own strengths. Given that strengths are thoughts, feelings, and actions that are performed well (Govindji & Linley, 2007; Wood, Linley, Maltby, Kashdan, & Hurling, 2011), it seems likely that parents who deploy their strengths while parenting will perform the role more effectively, thus boosting their sense of competence. Additionally, knowing and using strengths provides parents with a greater understanding of how their personal resources can assist them each day in raising their children, thus making them more confident in their parenting decisions.

In addition to parental self-efficacy, SBP could also be associated with increased positive emotions in parents. By shifting focus towards identifying and cultivating the child’s strengths (and away from a focus on the child’s weaknesses), parents can open themselves to feelings such as pride, interest, joy, wonder, curiosity, and hope as they witness their child’s positive growth. For example, parents who notice their children’s kindness may experience feelings of elevation in response to their children’s acts of virtue (Haidt, 2003) and authentic pride in their children’s positive actions (Tracy & Robins, 2007). Using strengths themselves as a parent could also enhance positive emotions. Supporting this possibility, using strengths has been theorized to be an energizing experience (Peterson & Seligman, 2004), and has been linked with increased positive emotions and happiness across survey, daily diary, and intervention studies with general adult populations (e.g., Littman-Ovadia & Lavy, 2011; Seligman, Steen, Park, & Peterson, 2005; Wood et al., 2011).

Positive, strengths-based messaging is a critical and foundational skill of strengths-based approaches generally and specifically strengths-based parenting and had a positive impact on a variety of wellbeing outcomes both for parents and children.

3.3 Emotional literacy

The ability to understand and relate to the feelings of others is considered an important element of social development (Dunn, Brown, Slomkowski, Tesla, & Youngblade, 1991). Emotional
literacy is a term used to describe the ability to express feeling and relate to, or understand, the feelings of others (Mayer & Salovey, 1997) and is considered to comprise two aspects: 1) self-awareness and recognition of feelings and the capability to manage those feelings, for example calming oneself when angered or reassuring oneself when unsure, and 2) feeling and demonstrating empathy, or sensitivity, to other people’s feelings, including the ability to change one’s behaviour to accommodate those feelings.

The term emotional literacy is often used interchangeably with the term ‘emotional intelligence’ (EI), although emotional intelligence has the connotation that skills have been achieved, where emotional literacy has a connotation of a continued process of gaining or learning emotional skills. Emotional intelligence is defined as, “The ability to recognize and moderate one’s own and others’ emotions, while simultaneously processing the information in order to make an informed decision about the present situation” (Volberding, Baghurst, & Brown, 2015, p. 37). Emotional intelligence and emotional literacy both require a person to make decisions, or act on (in some situations not act upon) the emotional information received.

One conceptual framework of emotional intelligence is the abilities model suggested by Salovey, Mayer and colleagues (Caruso, Mayer, & Salovey, 2002; Mayer, Salovey, & Caruso, 2004; Mayer, Salovey, Caruso, & Sitarenios, 2001), which comprises four general emotional abilities:

1. **identifying emotions**, which involves the ability to recognize emotions in oneself and others, as well as the ability to express emotions;

2. **using emotions** to facilitate thinking, which involves using emotions to improving thinking processes and harness the power of positive moods;

3. **understanding emotions**, including the complexities and subtleties of emotions as well as their interrelationships; and

4. **managing emotions**, which involves skills in regulating and controlling felt emotions in a positive fashion.

This paper uses the term emotional literacy to encompass all fours of these competencies.

**Outcomes of Emotional Literacy**

Emotional literacy is understood to be a learned behaviour or skill that can be taught and is acquired through “social and emotional learning” or SEL. Professionals in the field of education place emphasis SEL because it aids in the development of self-awareness. Social and emotional development is crucial for young people in building social relationships with peers and authority figures such as parents and teachers. Well-developed social and emotional behaviour helps to create positive relationships and eliminate negative behaviours (Kabasakal & Totan, 2013), both of which are important drivers of family wellbeing.
SEL is based on scientific research into the functions of the human brain. Research has shown that emotions play an integral role in the thought process. Research conducted in the last two decades that demonstrates how the brain functions (Keating, Harper, & Glew, 2013) has shown that the emotion centre of the brain directly affects “who we are” and “how we behave” and as such has a direct link to how we think, reason, and act. Human brains are “hard-wired” to function off of emotional responses and so the brain gives emotions the upper hand. Sense, sight, taste, touch, sound, and smell, all send impulses to the human brain, through the nerves. However, these signals must go through the brain’s emotion centre before they reach the part of the brain that works rationally. Therefore, people with better developed emotional intelligence, or emotional literacy, have increased capacity for communication between two parts of the brain, the emotional centre and the rational centre (Cooper, 1997). As such, SEL is a factor in creating successful, well-functioning individuals through the increased capacity of communication in emotional and rational centres of the brain.

Evidence suggests that developing emotional literacy (or teaching SEL) creates more adaptive and capable young people. Research conducted at Loyola University that analysed and evaluated over 233,000 students who received instruction in SEL found that they improved on every measure of positive behaviour, (e.g. classroom discipline, attendance, and liking school) and were less likely to engage in anti-social behaviour (e.g. bullying, fights and substance abuse) (Goleman, 2006). Emotional literacy is also useful in eliminating emotional imbalance, or emotional outbursts that may result in negative behaviours such as physical bullying (Ghorbani, Bing, Watson, Davison, & Mack, 2002). Further, deficits in emotional skill have been linked to low levels of social and emotional competence that can break down family and other relationships (Lopes, Salovey, & Straus, 2003; Perez & Riggio, 2003).

SEL is a process that requires instruction and often scaffolding to master. It requires the young person to develop techniques to process their own feelings and the feelings of others and to act on those feelings in a productive and responsible way to function well in society. SEL can happen in a home or school environment. As such, families can play a critical role in developing and sustaining the wellbeing of children, parents and the family unit by providing an environment that encourages social and emotional learning, and encouraging, supporting and modelling the four general abilities of emotional intelligence through identifying emotions, using emotions to facilitate thinking, understanding the complexities and subtleties of emotions, and managing and regulating emotions in a positive and constructive way.

### 3.4 Accountability

Uplifting Australia uses the competency of ‘accountability’ to refer to. “A healthy emotional system that has no power imbalance between family members, therefore all members - including
parents - *are equally accountable* for the impact that their behaviour has on each other as well as the cultural environment of the family unit as a whole. In practice this is a family who regularly gives and receives feedback regarding their behaviour from each other within a physiologically safe environment they have created. In a healthy emotional system there is a willingness to change behaviour, apologies, forgive and continue to learn and grow together. This practice resets and restores emotional connections minimising stress while supporting each member to flourish.” (Garry Thomsson, CEO, Uplifting Australia, 2018). The term ‘accountability’ is not used in the literature to reflect the nature of relationships, power and involvement in families in the same way. Therefore, we used the terms ‘parenting style’, ‘parental involvement’ and ‘child involvement’ to encapsulate the accountability competency. However in doing this we recognise that these terms do not fully meet UA’s us of the term accountability and suggest that the construct that comes closest in the current literature is that of authoritative parenting style.

**Parenting Styles**

Parenting styles are defined as the behaviours, attitudes, and values parents use to determine how they interact with their children (Mussen & Carmichael, 1983). These are important, as relationships initiated during childhood affect how adolescents view their parents’ availability and how they form relationships with others. As such they can have a positive impact on adolescent psychological well-being (Baumrind, 2005; Chan & Chan, 2005; Santrock, 1990).

Three parenting styles were first identified during a study conducted by Baumrind (1966): 1) authoritarian/autocratic, 2) authoritative/democratic, and 3) permissive/laissez-faire. Each one demonstrates a particular relationship style and power dynamic that occurs between the parents and children at a specific point in time.

**Authoritarian/Autocratic Parenting Style:** Chan and Chan (2005), Mussen and Carmichael (1983), Santrock (1990, 2004) describe the authoritarian parenting style as confining and punishing. Parents demand that children comply with their rules and meet their standards for work and effort in whatever they do. Parents using this parenting style enforce strict boundaries and restraints and submit to only a minute amount of compromise; they are “bosses” who wish to have complete control over children’s behaviours and activities (Mussen & Carmichael, 1983; Santrock, 1990, 2004) This parent-child relationship is described as one of giving and taking of commands with little other communication present. Adolescent behaviours associated with this parenting style are “anxiety and social comparison, failure to initiate activity, and ineffective social interaction” (Santrock, 1990, p. 214). Further, these children are notably “unhappy, fearful, anxious about comparing themselves with others, fail to initiate activity, and have weak communication skills” (Santrock, 2004, p. 277).
**Authoritative/Democratic Parenting Style:** Steinberg (2001) describes the authoritative/democratic parenting style as, “Parents are warm and involved, but firm and consistent in establishing and enforcing guidelines, limits, and developmentally appropriate expectations” (p.7). This style advocates independence while still maintaining boundaries and structure over actions (Santrock, 1990, 2004), which supports autonomy and allows for “a sense of self-efficacy, agency, and individuation that enable persons to be self-determining” (Baumrind, 2005, p. 67). Parents using this technique allow compromise and are noted as being the most flexible in their regulation of behaviours. Regulation of behaviours is completed through explanation rather than enforcing stern punishment (Baumrind, 2005; Chan & Chan, 2005). The authoritative/democratic parent also uses communication styles that create a nurturing environment for their adolescents, while parents exhibit pleasure and support to them (Mussen & Carmichael, 1983; Santrock, 2004). These parents openly show deep caring for their children and determination to know their whereabouts and the events occurring in their lives. This parenting style also supports parental participation and emphasizes setting behavioural boundaries while allowing psychological exploration (Baumrind, 2005; Mussen & Carmichael, 1983; Santrock, 2004). Children of parents who exercise the authoritative/democratic parenting style are notably “often cheerful, self-controlled, self-reliant, achievement-oriented, maintain friendly relations with peers, cooperate with adults, and cope well with stress” (Santrock, 2004, p. 277).

**Permissive/Laissez-Faire Parenting Style:** Parents who use the permissive parenting style establish very small amounts of control and are unavailable to aid their children throughout decision-making processes (Chan & Chan, 2005). Santrock (1990) divided the permissive/laissez-faire parenting style into two separate techniques; the permissive indifferent parenting style and the permissive indulgent parenting style. Parents who use the permissive indifferent parenting style do not participate in their adolescents’ lives (Santrock, 2004). They are thought to be heedless and impassive. Adolescent behaviours associated with this parenting style are non-existence of self-control, social incompetence, inability to handle independence, possession of low self-esteem, immaturity, and possible alienation from the family (Mussen & Carmichael, 1983; Santrock, 2004). The behavioural patterns of truancy and delinquency are also evident (Santrock, 2004). In contrast, parents who use the permissive indulgent parenting style require nothing; they completely accept and submit to their adolescents’ lives (Santrock, 1990, 2004). Parents who use this parenting style are very involved in their children’s lives but also encourage freedom in behaviours and actions. Consequently, adolescents develop behaviours such as a disregard for rules and the expectation that anything and everything is allowed (Santrock, 1990). Further, this parenting style leads to a lack of respect and an inability to control personal behaviours; these children or adolescents may be “domineering, egocentric, non-compliant, and have difficulties in peer relation” (Santrock, 2004, p. 277)
Research related to the different parenting styles often focuses on the authoritative pattern, which has been related to the positive developmental outcomes of “self-reliance, achievement motivation, pro-social behaviour, self-control, cheerfulness, and social confidence” (Steinberg, 2001, p. 13). Further, Gecas (1971) found that parental behaviours of support were positively related to adolescents’ self-evaluation’s. Buri and colleagues (1987) discovered that parental nurturance associated with the authoritative parenting style is related significantly to adolescents’ self-esteem (Buri, Kirchner, & Walsh, 1987). Furthermore, Doyle and Markiewicz (2005) noted that parenting does affect adolescents’ ability to adjust, with parental warmth being an aspect of the authoritative parenting style and an indicator of adolescent self-esteem. Additional authoritative parenting research (Baumrind, 1966) noted that higher levels of parental warmth and behavioural control were directly correlated with levels of adjustment for children of varied ages. Moreover, a study conducted by Baumrind in 1991 found that youth raised in an authoritative parenting style environment were more competent and capable of adjusting (Baumrind, 2005). Finally, a study conducted by Ginsburg and Bronstein (1993) discovered the authoritative parenting style was correlated to children’s levels of intrinsic motivation for learning. However, no causal inferences can be made with Ginsburg and Bronstein’s study due to the correlational nature of the study.

The authoritative/democratic parenting style is notable for being influential during and after adolescence. This parenting style has been found to be related to positive developmental outcomes, positive adolescent self-evaluations, higher levels of adolescent self-esteem, and adjustment, along with higher levels of intrinsic motivation for learning (Baumrind, 1966, 2005; Buri et al., 1987; Doyle & Markiewicz, 2005; Gecas, 1971; Steinberg, 2001). It is this style of parenting that is reflected in the Uplifting Australia competency of ‘accountability’ and that is encouraged through the parenting skills taught in the Lift Off program. However, authoritative parenting style does not address the important element of emotional power dynamics between family members that is inherent in the accountability competency within the Family Connect program. As such, it may be valuable for Uplifting Australia to connect the ‘accountability’ competency with an existing construct such as authoritative parenting to help parents grasp it more easily, whilst at the same time, proposing an expanded understanding of authoritative parenting style that includes healthy emotional power dynamics between parents and children.

**Parental Involvement**

Hoge, Smit, and Crist (1997) attempted to define parental involvement as consisting of four components: parental expectations, parental interest, parental involvement in school, and family community. They found that of the four components, parental expectations were the most important. Throughout the last 40 years, many studies have been conducted to explore parental involvement and the effect it has on psychological well-being.
For example, Gecas’ study of 620 16- to 17-year-olds suggested that parental support was, in fact, affiliated with adolescent self-evaluation, with an increase of perceived parental support improving the adolescents’ self-evaluations. Supporting this finding, Amato and Ochiltree (1986) study investigated structural family resources (e.g., family income, parent’s occupational status, parent’s education) and family process resources (e.g., parent’s aspirations and expectations; the amount of help, interest, and attention given) to determine their assistance with reading ability, self-esteem, everyday skills, and social competence of participants ranging from children to adolescents. The study of 195 primary school-aged participants and 207 secondary school-aged participants noted that reading ability, everyday skills, and social competence were all related to both structural and process resources in varying degrees, while self-esteem was more closely related to process resources, which includes elements of parental involvement such as the amount of help, interest and attention given by parents.

A later study explored the effects of cohesion and adaptability in relation to the optimal functioning of both whole families and independent family members (Farrell & Barnes, 1993). A sample of 699 families was analysed, with the most powerful results being a consistent linear relationship among the variables of cohesion and functionality of the family members. More specifically, a cohesive family possesses greater individual member functionality, appropriate parent-child communication, significant marital agreement, and applicable adolescent children behavioural outcomes.

Flouri and Buchanan (2003) determined that parental involvement notably affected adolescents’ levels of psychological well-being based on their study of 2,722 British adolescents whose ages ranged from 14 to 18. More specifically, they noted the psychological well-being concept of happiness was positively related to self-efficacy and age while being negatively related to feelings of depression. However, limitations were noted in the areas of single-item proxies, clustering, and the cross-sectional nature of the study (Flouri & Buchanan). Dmitrieva and associates' (2004) study of 201 United States adolescents, 502 Chinese adolescents, 497 Korean adolescents, and 495 Czech Republic adolescents showed that perceived parental involvement and parent-adolescent conflict influenced negative life events (Dmitrieva, Chen, Greenberger, & Gil-Rivas, 2004). Further, poorer quality of parent-adolescent relationships was found to influence levels of adolescent depressed mood. Consequently, the family-related life events and adolescent problem behaviours were influenced by lower levels of perceived parental involvement, higher levels of parent-adolescent conflict, and perceived parental restrictions of adolescent misconduct. In conclusion, the coherent theme that parents’ behaviours do affect how adolescents evaluate themselves and how they deal with life events was clearly illustrated. The cross-sectional nature of the study, dependence on adolescent self-reports, and use of restricted samples, were weaknesses of the study (Dmitrieva et al., 2004).
In conclusion, research supports that high levels of perceived parental involvement positively influences adolescents’ sense of psychological well-being, especially in the areas of self-esteem and self-evaluation (Amato & Ochiltree, 1986; Buri et al., 1987; Flouri & Buchanan, 2003; Gibson & Jefferson, 2006; Roberts & Bengtson, 1993). Furthermore, studies by Deković and Meeus (1997) and Wilkinson (2004) support the argument a relationship exists between perceived parental involvement, levels of self-esteem at adolescence, and peer relationships. Dmitrieva and associates (2004) proposed that even the frequency of negative familial life events affected perceived parental involvement and parent-adolescent conflict. Finally, Gecas and Schwalbe (1986) found that although parents and adolescents do not agree in their views of parental involvement, adolescents use their perceptions of parental involvement to judge personal levels of self-worth, self-efficacy, and self-esteem.

Child Involvement

The quality of a child’s early home environment is known to significantly influence the development of cognitive and social-emotional skills that are critical for starting school ready to learn (Bradley et al., 1989). Children’s participation in family routines represents one such aspect of the early home environment. Family routines have been defined as practices involving at least 2 family members, with a purpose clearly communicated among the participants, and performed with predictability and regularity (Larson, 2006). To date, studies of young children’s participation in family routines such as shared reading, family meals, and play have focused on their positive associations with development of early language and literacy skills, cognitive skills, academic achievement, and physical health. The results suggest that preschool-age children’s participation in family dinners, storytelling, singing, and play is associated with having high parent-reported social-emotional health (SEH). Additionally, participation in 5 routines was associated with more than twice the odds of having high SHE (Larson, 2006).

In addition to benefits on cognitive and literacy skills development, findings suggest that the presence of family routines in young children’s home environments may have the potential to positively impact their SEH before school entry. It has been suggested that regular participation in predictable family routines is a marker of greater family organization, establishing expectations in the home environment, and providing a sense of security and belonging to participants. Family routines may positively impact SEH, in part, by exerting an influence on the development of these abilities that are essential to adapting to structured school environments (Muñiz, Silver, & Stein, 2014). This suggests that taking responsibility for specific tasks and fulfilling them on a regular and consistent basis (i.e. through routines) as identified within the Uplifting Australia competency of accountability, contributes to both the social and emotional health of young people and the cohesion of the family unit in general.
Conclusion

A broad review of relevant literature was undertaken to establish the evidence base for the four competencies targeted in Uplifting Australia’s Family Connect program supporting wellbeing in individual family members, the quality of relationships within families and the emotional wellbeing of the family unit.

Of the four competencies, it was most challenging to translate ‘accountability’ into constructs that have been explored and examined through empirical research. This is not necessarily a problem, however if Uplifting Australia intend to establish an empirical evidence base for the Family Connect program, they may consider defining this competency in a way that more closely aligns it with existing constructs.

The review demonstrated that the four Family Connect competencies skills of listening, positive messaging, emotional literacy and accountability do contribute to enabling, developing and fostering individual and collective wellbeing in families through a variety of mechanisms including increased empathy, self-esteem, confidence, self-efficacy and the quality of relationships. However, the review also highlighted that there has been less research into the effectiveness of specific activities and actions that families can take together to invest in the wellbeing of individual family members, the quality of relationships between family members and the emotional wellbeing of the family unit. We see this as an opportunity for Uplifting Australia to take a lead in exploring an evidence-based approach for families to adopt in intentionally developing their wellbeing by undertaking research to examine the impact of the Family Connect program and welcome further discussions about this work.
References


