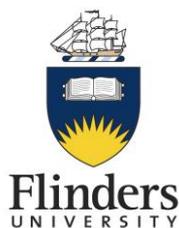


FLINDERS UNIVERSITY
ADELAIDE • AUSTRALIA



Flinders Human Behaviour & Health Research Unit

Releasing Children's Shining Potential

**Improving the social and emotional wellbeing of
primary school children through Journeywork**

Journey into Schools Report
August 2010

Study Methods

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Chapter 3

Methods of Implementation and Evaluation

3.1 Recruitment of schools: Principals, teachers and support staff

Initially four school principals (state government and catholic) from a population pool of all primary schools in the greater metropolitan Melbourne area were approached to participate in the study. A convenience sample ^[2] of schools were selected based on geographical proximity to where the participating practitioners worked.

Following an initial discussion, each school principal was given an *Information Pack* and a meeting was arranged for one week later to discuss the study and Journeywork in more detail and answer any questions. The *Information Pack* included the following.

- Letter of Introduction to the principal (refer Appendix 3)
- Principal and Teacher Information Sheet and Consent Forms (refer Appendix 4)
- An Information DVD about the results of Journeywork in St. There's Primary School, Newcastle, NSW, and South Africa
- *The Journey for Kids: Liberating your child's shining potential* Book ^[10] which explains Journeywork and its techniques
- *The Angel in My Heart* Book ^[53] which is a guided imagery story read to the children in Week 4 of the program
- Letters of support from parents whose child had experienced Journeywork, St. Therese's Primary School, and Dr. Mark Naim (refer Appendix 5, 6, 7)
- Invitation to Parents to attend an information session (refer Appendix 8)
- Information Sheet and Consent Form for children (refer Appendix 9)
- Parent Information Sheet and Consent Form (refer Appendix 10)
- Pre and Post Emotional Wellbeing questionnaire for children (refer Appendix 11)
- Pre and Post Emotional Wellbeing questionnaire for parents (refer Appendix 12)
- Pre and Post Emotional Behaviour questionnaire for teachers (refer Appendix 13)
- Pre and Post session visual analogue scale of emotion faces (refer Appendix 14).

Where principals declined participation, they were thanked for their time and the DVD and books were donated to the school as resources for their library.

It is important to note that one of the schools who declined participation did so because they had experienced a social and emotional learning program before at their school, and on completion, the children were left with no further support. In addition, this school was under the impression that the Journey Program was religion-based, for Catholic schools. In relation to Journey Programs, these assumptions are incorrect. Journey Programs provide after-hours support, not only for the children and teachers but also for parents, and they are not religion-based.

It is important to note that the recruitment period coincided with the aftermath of the Victorian 2009 summer bushfires. Consequently, a number of Victorian schools were in the process of ensuring that children from fire-affected areas were accommodated from schools that had been burnt down, into other schools. Thus Victorian schools' priorities at that time were focussed on ensuring additional children were still able to attend a school.

Of the schools initially contacted to participate in this study, one school opted to participate. Once the Principal's approval was granted for the school to be involved in the study, the Principal met with Year 3 and Year 4 teachers and the school Wellbeing Coordinator, also a teacher, to determine their interest, and gain consent for one of their classrooms to participate in the Journey Program. The school saw the study as an opportunity to provide social and emotional learning for the more emotionally challenged children in Years 3 and 4. Once the teachers had granted approval to allow children in their class to participate in Journeywork, parental consent, and then child consent, was sought.

In recognition that schools are communities, with school counsellors, school nurses, psychologists, and school chaplains involved in the wellbeing of students, information sessions about Journeywork were offered to the teachers and supporting professionals. When various attempts were unsuccessful in scheduling an information session, an invitation was extended for the teachers and support staff to attend the parent information sessions. The DVD and book resources about Journeywork in schools were also accessible in the school library. The researcher was available at the information sessions and by telephone to provide further explanations and answer any questions arising.

3.2 Participant selection

Following the South African study ^[19], this sample was to include children from one classroom in either Year 3 or Year 4. Thus, a stratified, purposeful sample ^[2] of participants was sought with the aim of capturing the views of various key informant groups (children, their parents/carers/guardians, teachers, and the school principal). The term 'parents', is used throughout this report to encompass the range of titles given to primary carers. Children in Years 3 or 4, that is, 8 to 10 years old, are old enough to enjoy the fun of Journeywork activities while at the same time learning strategies to identify, accept and manage their emotions; they are young enough to benefit early, from the techniques of Journeywork, thus enabling them to manage their emotions more healthily. Where parental or child consent was not given to participate in the Journey Program, the child was to go into the care of another teacher or staff member for the duration of the Journey session.

As key informants ^[2], the parents were included in the study because they are experts in living with and observing their child's lives, and would be well-placed to complete questionnaires about their child's wellbeing and behaviour. The teachers were ideal key informants because they are well-positioned to observe and comment on the child's behaviour in the classroom and school-yard.

3.3 Participant recruitment: Parents / carers / guardians (Parents) and children

A letter of invitation to attend an information session was sent by the Wellbeing Co-ordinator to all parents of children in Years 3 and 4 (Appendix 8). Information about Journeywork and the study, specifically for children (Appendix 9), and for parents (Appendix 10) accompanied the invitation. This enabled parents to discuss Journeywork with their children before consenting to participate. On the advice of the school, an after-school information session (3.30pm) and an evening session (7.30pm) were scheduled. Children were able to attend these sessions if they wished. Following these sessions, the researcher was also available by telephone to explain Journeywork, the study, and answer any questions arising. For those parents who could not attend an information session, the DVD explaining classroom Journeywork was also sent home, along with the researcher's contact details. A reply-paid self-addressed envelope was included for the parents to return their informed consent, and that of their child. Where either parents or children declined participation, the child would attend pre-arranged activities with a teacher while Journeywork sessions were being conducted for those who consented.

3.4 Implementation of Journeywork and the Journey Program

The aim of the Journey Program in this study was to improve the social and emotional wellbeing of participant primary school children, within a safe and supported environment. In addition, tools and strategies were provided for dealing with challenging daily life events and emotions. It is well recognised that teaching through words alone is often not enough; the most powerful learning tool is experiential learning. When people experience things for themselves, and when they sit in stillness with this experience, a deeper learning often follows more readily. In the Journey Program, the children were taught to accept their emotions as normal, to simply sit still and be present to the emotion, allowing it to pass through the body – rather than 'acting emotions out' – then calmness will come [12]. Thus, through imagery and mindfulness techniques the aim was for children to calm their minds, relax their bodies and cultivate a sense of resilience and wellbeing which can enhance their problem-solving and decision making skills. Journey Programs can be individually designed to address the concerns of children, parents and schools.

The Journey Program being conducted and evaluated in this study commenced with four sessions over 4 weeks, introducing the concepts of the *Journey Classroom Process* (Appendix 2). A variety of tools, games and activities were used to enhance the children's social and emotional wellbeing: identifying happy and sad feelings; experiencing where these are stored in their own bodies; relaxation exercises and reaching a place of quiet; going on a journey within the body; inviting a mentor to guide them (often a 'superhero' with children) and accessing internal resources or strengths (using imaginary balloons filled with these resources and breathing them in). To summarise and integrate the introductory learnings and use of the tools, the *Angel in My Heart* story was read to the children in week 4 [53]. From week 5 onwards, the sessions drew on the *Journey Classroom Process* as well as a variety of individual and interactive team building processes. Following each of the first five sessions an information sheet about what was being taught to the children was sent home for their parents so that they could understand and reinforce use of the tools (Appendix 15).

The *Journey Classroom Process* involves an imaginary journey inside the body where the child meets their guide or mentor and uncovers a childhood memory that made them feel a certain way, e.g. scared, lonely, angry, or sad. The memory is played onto a video screen and briefly described. The child then chooses their own resources that would have helped in the past e.g. being able to tell an adult, finding the courage to speak etc. The memory is replayed on the video screen with the child seeing how it would have been different or felt different with the new resources. An imaginary campfire is set up and the child invites people to this campfire who were involved in the memory, and with whom the child would like to speak e.g. friends, parents. This conversation allows the child to tell the people involved how they felt and express what they wanted to say at the time but were unable to. Students are then invited to forgive the person who upset them and complete their imaginary journey. Afterwards students feel more positive and confident about their behaviour, their choices, and life in general. These processes and tools were reinforced by regular Journeywork conducted weekly in Terms 2 and 3 of 2009. The various activities and processes take approximately 20 minutes each, with a total of 45 to 60 minutes in the classroom with the children.

The various content areas covered throughout the program included the following.

- Working together as a group: devising their own 'rules' of behaviour for their Journeywork sessions.
- Showing compassion for others: raising children's awareness that we all have happy and sad feelings; sharing these, respecting others, and the meaning of confidentiality.
- Introducing children to their shining potential: using the metaphor of a shining diamond and layers of hurt and sadness that can dull, or cover up their shining potential.
- Releasing their shining potential by accessing internal resource's through breathing them in from 'resource balloons', and also sharing their concerns with others e.g. a teacher and/or parent.
- Experiencing calm and stillness through the use of music, meditation, and candles.
- Resilience: how to use the various tools taught when they are in the classroom, playground and at home.
- Listening skills, patience and understanding themselves and others.
- Team building exercises: role play, massage train
- 'Listening' to the body and how it responds to various emotions: recognising how the body feels when it is happy and how differently it feels when it is sad or frightened.
- Emotions recognised, discussed and strategies for managing and releasing these: e.g. safety, bullying, lies, anxiety, fear, loss and grief.
- Gratitude, forgiveness, patience, self-control, trust.
- Self confidence and self-esteem.
- Body coordination exercises.
- Writing as a tool: various writing exercises including keeping an emotional diary.

Appropriate child to practitioner numbers (from two to four) were allocated to ensure that the children had adequate support during each session. This included individual support for those children who required additional one-to-one assistance during the group session.

3.5 Support throughout the program

The Journey Accredited Practitioners all had the experience and skills to manage a variety of emotional issues with children, and if need be, conduct individual sessions after the group classroom session. In addition, they were available to conduct sessions at a later time and in partnership with the teacher, school nurse/counsellor/chaplain, or other health professional and/or the parents.

During group sessions the practitioners do not usually know what issue(s) arise for the individual children, just that it has been dealt with and released as evidenced by observation of the wellbeing of the child and changes in drawings, or in the case of this study, completion of the emotion faces visual analogue scale (VAS). In the event that any suspected abuse issues arose, these were to be brought to the attention of the teacher and Principal.

Telephone contact details were provided to parents should they require assistance urgently should any distress occur outside of school hours. The practitioners made themselves available, by telephone and in person, to the teachers, other school staff, parents, and the children throughout the project to answer any questions arising and/or to discuss how the classroom sessions were going. One-to-one time was offered for any child, teacher and/or parent who wished to discuss the process individually, at no cost.

While children had consented to participate in the study, they were also given the opportunity each week to choose whether or not they wished to participate in each Journey session. Evaluation consisted of both quantitative and qualitative methods.

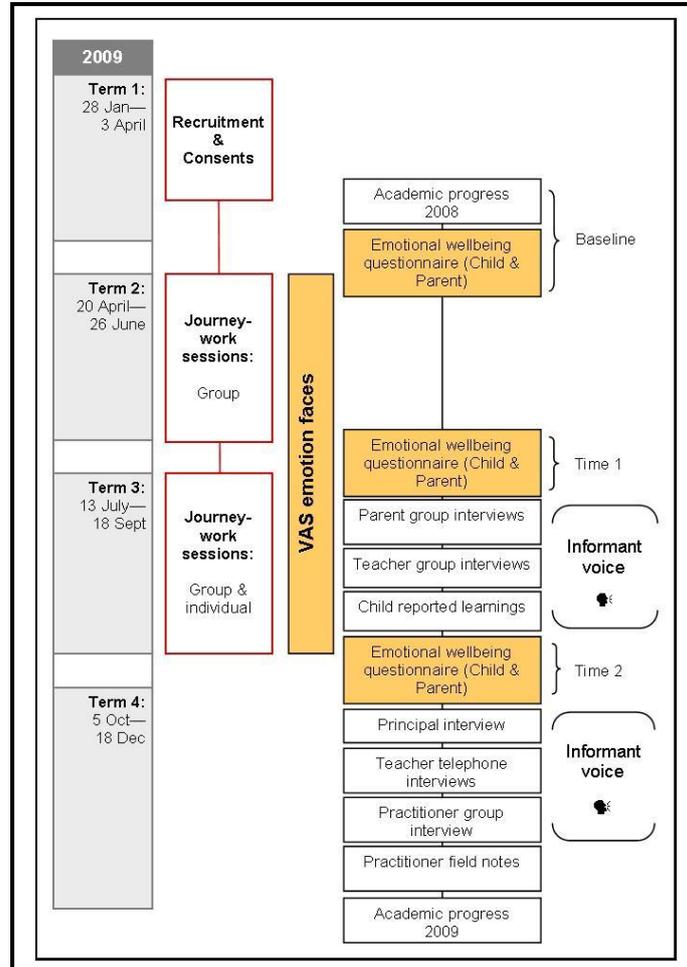
3.6 Data collection and evaluation: Emotional wellbeing measures and impact evaluation

This study used a pre-/post-test design to measure student wellbeing, as well as group and individual interviews to evaluate the impact of Journeywork on child wellbeing and behaviour. In addition, children shared their feelings about the Journey Program and what they learnt and how it impacted on their lives by writing answers to specific questions on completion of the program. Further, the practitioners kept field notes during their engagement in the school, and participated in a focus group about the implementation process. Thus, data were obtained from a variety of informants, using a number of different data collection methods. These data collection methods are listed as follows:

- Emotional Wellbeing questionnaire: Completed prior to commencing Journeywork (Baseline), after one Term (Time 1), and on completion of Journeywork (Time 2).
- Visual analogue scale (VAS) of happy/sad emotion faces: Completed before and after each Journey session.
- Academic progress and work habits: Collected from the end of the previous year before commencing Journeywork, and at the end of the current year after participating in Journeywork.
- Parent and teacher group interviews: Conducted after one term of Journeywork.
- Principal individual interview: Conducted following completion of the program.
- Teacher telephone interviews: Conducted following completion of the program.
- Child learnings questionnaire: Completed at the end of the last session.
- Practitioner field notes: Compiled throughout engagement with the school.
- Practitioner focus group: Conducted following completion of the program.

An overview of the evaluation design (Figure 3) and discussion is presented below.

Figure 1: Overview of the study evaluation design



Two instruments were used to measure emotional wellbeing throughout the study.

1. Pre- and post- *Emotional Wellbeing Questionnaire* completed by the children and parents at baseline, after Term 2 (following 8 group Journey sessions), and after Term 3 (following another 6 group Journey sessions and a number of individual sessions): The Centre for Epidemiological Studies Depression Scale for Children (CES-DC) (Appendix 11).
2. Visual Analogue Scale (VAS) of happy and sad emotion faces completed by the children before and after each Journey session (Appendix 14).

3.6.1 Emotional wellbeing questionnaire: The Centre for Epidemiological Studies Depression Scale for Children (CES-DC)

Behaviours in children associated with depression can be missed by parents and teachers because symptoms are often masked by a compliant or non-disruptive child [4]. With this in mind, *The Centre for Epidemiological Studies Depression Scale for Children (CES-DC)* (used for children 6 to 17 years of age) was identified as a measure of wellbeing in this study [54]. The CES-DC uses a multi-dimensional approach in measuring symptoms which may be suggestive of depression in children and adolescents [55], and was developed from the CES-D for adults [56]. It has been used and validated in the general population, those with physical and mental health problems, and in children and adolescents from different cultural backgrounds [55, 57-59]. It has also been considered as a measure of general distress [60].

In the context of this study, where an emotional wellbeing intervention was being implemented in primary school children, the questionnaire was re-titled, *Emotional Wellbeing Questionnaire for Children*, and used as an indication of the children's social and emotional wellbeing in the previous week. As the literature cautions, the CES-DC is not a diagnostic tool, and screening for depression is a complex process, best made by appropriately trained health care professionals. In this study, it was used to show change, or not, in social and emotional wellbeing.

The one-page self-report questionnaire comprises 20 items for the children with short statements written in the first person about emotional, cognitive and behaviour-related components of depression (or emotional wellbeing) [55]. Four factors (or domains), are represented: physical problems and slow activity, depressed feeling, positive feeling, and interpersonal relationship problems [55, 56, 60]. The children are asked to rate their agreement with the statement on a 4-point Likert scale in relation to the incidence occurring in the last week: 0=Not at all; 1=A little; 2=Some; 3=A lot. The positive feelings items 4, 8, 12 and 16 are reverse-scored: 3=Not at all; 2=A little; 1=Some; 0=A lot (Appendix 11). The 20 item ratings are summed to a total score ranging from 0 to 60, with higher scores indicating increased challenges to emotional wellbeing.

Following discussion among the research team and in the absence of being able to access a parent version of the CES-DC, the wording of the items of the children's *Emotional Wellbeing Questionnaire* were changed to reflect the parent's perspective of their child's wellbeing. For example, in the *Emotional Wellbeing Questionnaire for Parents*: Item 2 on the child version: "I did not feel like eating, I wasn't very hungry" was re-worded: "Doesn't seem to like eating. Says he/she is not very hungry" on the parent version. Following piloting of the parent version for all 20 items with 5 parents (not from the participating school), question 14: "...felt lonely, like they didn't have any friends" was removed from the parent emotional wellbeing questionnaire. The rationale given by the parents who participated in the pilot was that they did not feel they were able to determine if their child felt lonely or not.

Completion of the *Emotional Wellbeing Questionnaire* (CES-DC) takes approximately 5 minutes and was completed by both the child and parent prior to the children commencing Journeywork (Baseline), following Term 2 - after 8 group Journey sessions and the holiday break (Time 1), and again after Term 3 - after a total of 17 possible group and individual sessions and the holiday break (Time 2) (refer Figure 3). Numerical identifiers were allocated to each child with the corresponding identifier allocated to the parent to ensure anonymity, for example ID C1 for the child and ID P1 for the parent.

The children's de-identified questionnaires were completed in the classroom and handed straight to the practitioners, who posted them to the researcher without viewing the results. The parent's de-identified questionnaires were returned in a sealed pre-paid addressed envelope to the researcher.

The *Emotional Wellbeing Questionnaires* completed by the children and their parents prior to commencing, and following Journeywork were used as an indication of whether or not there had been any improvement in their emotional wellbeing following Journeywork sessions.

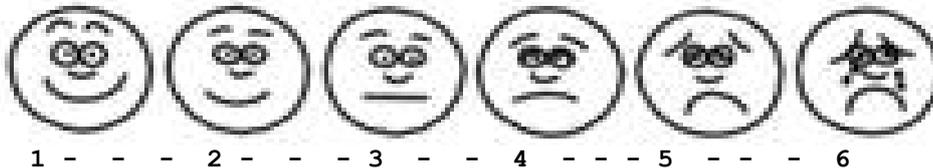
Refer to Chapter 5 for results of the questionnaire.

3.6.2 Visual analogue scale (VAS) of happy/sad emotion faces

When conducting Journey sessions with children either in groups, or individually, the practitioner invites the child to draw how they felt prior to, and on completion of the session. For an example of such drawings obtained from previous work with children, refer Appendix 16 - used here with permission from The Journey.

As such drawings are unable to be quantified, the visual analogue scale of happy to sad emotion faces was used in this study, with ☺ being scored 1=Happy, through to ☹ (with tears) being scored 6=Very sad (Figure 4). The children did not see any scoring. Prior to, and following each Journey session, each child was given the VAS emotion faces and asked to colour-in how they feel.

Figure 2: Visual Analogue Scale of emotion faces



Visual analogue scales are used for both adults and children in a variety of health care, practice, and research settings. They have been used as a valid tool for assessing participant's perceptions of intensity of physical pain ^[43], and for assessing a range of feelings or emotions such as anxiety, happiness and sadness. Visual analogue scales have been found to be suitable for use in children 7 years and older ^[61].

The aims of completing the VAS in this study was two-fold:

1. As an additional indication for the practitioners to confirm their observation of how the child was feeling after a Journey session, to ensure they were happy, and/or at ease prior to leaving the session.
2. As a research instrument to measure the effect of each session on the child's feelings.

For any child who was assessed as unhappy or ill-at-ease on completion of a session, an individual Journey session was conducted with the child at that time.

Refer to Chapter 5 for results of the VAS.

3.6.3 Key informant voice on the impact of the Journey Program on child wellbeing and behaviour

Children live within their home and school communities, with key adults influencing, and being influenced by their emotions and behaviours. Therefore, it was important to seek the perspectives of parents and teachers about any changes to child wellbeing as a result of their participation in the Journey Program. While specific interviews were conducted, as described below, informal discussion, debrief, feedback and teaching of parents and school teachers occurred as rare opportunities arose throughout the program. These data were captured in the practitioner field notes. The teachers and parents were aware that the practitioners were capturing this information in this way.

3.6.4 Parent group interview

The aim of conducting a group interview with available parents was to seek their views of the impact of the Journey sessions on the emotional wellbeing and behaviour of their children. Scheduling a time to conduct the interview was a challenge. Subsequently, a group interview was conducted mid-way through Term 3 after the children had completed 11 Journey sessions.

Following introductions and an overview of the program, the open-ended question: “How are your children going since they commenced the Journey Program?” elicited responses and discussion.

In addition, this group interview gave the parents an opportunity to ask questions about the program and what they could do to support the children at other times. Following the group interview, the parents were also given the opportunity to spend one-on-one time with the practitioners discussing any concerns they may have about their children and receiving feedback about how their children were going. The parents welcomed this opportunity, and each parent consulted with the practitioner most familiar with their child.

3.6.5 Teacher group and telephone interviews

The aim of conducting a group interview with available teachers was to seek their views of the impact of the Journey sessions on the emotional wellbeing and behaviour of the children in the classroom and school yard. Following consultation with the Wellbeing Coordinator the research team was invited to conduct the group interview for the first hour of a staff meeting, which was conducted mid-way through Term 3 after the children had completed 11 Journey sessions.

Following introductions and an overview of the program, the open-ended question: “How are the children going since they commenced the Journey Program?” elicited responses and discussion. Teachers were also asked if they required any support from the practitioner related to Journeywork.

The teacher telephone interviews were conducted following completion of all Journey sessions. Teachers were asked:

- How many children from your classroom attended the Journey Program?
- How are the children going since they commenced the Journey Program?
- Have you noticed any difference in their behaviour: in the classroom; in the school yard?
- How did it work for you as the classroom teacher, having only some of the children in your class attending the sessions?
- Do you have any questions?
- Are there any other comments you would like to make?

Refer to Chapter 6 for results of key informant interviews.

3.6.6 Principal interview

The aim of the interview with the Principal was to seek his perspective on the emotional wellbeing of the children in the program; the engagement of the teachers and parents; and provide an opportunity to discuss sustainability of the Journey Program within his school. The researcher and the primary Journeywork facilitator conducted this interview, asking open-ended questions.

The interview commenced with an overview of the program, review of the aims of the program, and discussion about the purposes of the tools used in the Program. For example the importance of ensuring that the children felt safe, strategies used such as mindfulness meditation to bring about stillness in the children, and the meaning of the balloons and diamonds were discussed. The following opened-ended questions asked:

- How are the children going since they commenced the Journey Program?
- What strategies would assist in engaging the teachers and parents more fully?
- Would you continue to support Journey Programs in your school?

These questions elicited responses and discussion (refer to Chapter 6).

3.6.7 Child voice: Reported learnings from participation in the Journey Program and impact of Journeywork

Child learnings from attending group and individual Journeywork sessions were identified from the practitioner field notes, and it was important for the children to voice, in their own way, what they learnt from the sessions and how it impacted on their daily lives. Consequently, children shared their learnings and feelings about the Journey Program and the impact it had by writing their answers to a 3-item questionnaire on completion of the program. The questionnaire was designed with the following cues:

1. My diamond shines when...
2. What I learnt from the journey sessions is...
3. What's different for me now is...

In relation to cue 1: "My diamond shines when ..."; in Journeywork the diamond is used as a metaphor for the shining potential that is inside each child/person ^[10]. During Journeywork, the children are taught that they are all born with a shining diamond within; completely whole and radiant, full of potential and creativity. "And then, through the

traumas of life, [such as someone being mean to us], this diamond can seem to get covered with layer upon layer of limiting patterns” [10, p17], until our brilliant diamond inside becomes dulled by these layers. The child’s recognition of their diamond shining is about removing some of the layers covering the brilliance of their diamond; letting go of some of the emotional blocks and releasing built-up emotions. Cue 1 is designed to gain information about how the child feels when there has been a release of emotions.

Cue 2: “What I learnt from the journey sessions is...”, was designed to elicit information about what the child learnt specifically from the sessions, and cue 3: “What’s different for me now is...”, was designed to elicit information about how the program has impacted on the child’s daily life.

Refer to Chapter 7 for results of the learnings questionnaire.

3.6.8 Academic progress and work habits

Following ethical approvals and informed consent from parents and children, and on the advice of the Wellbeing Coordinator, it was considered that the most appropriate academic results to collect for this study would be pre-implementation results from the end of the previous year, December 2008, and post-implementation results at the end of the current year, December 2009. The December 2008 results were achieved prior to commencing the Journey Program while the children were in Year 2 or Year 3, and the December 2009 results were achieved after completing the Journey Program while the children were in Year 3 and Year 4. These results were collected to assess whether or not there had been any improvement academically in the children following Journeywork sessions.

The end of year academic progress of primary school children is derived from reports entered by the teachers into the Victorian Essential Learning Standards (VELS) system. As discussed on the Victorian Curriculum and Assessment Authority (VCAA) web site, reports using the VELS were implemented in schools from 2006 and these standards outline what is essential for all Victorian students to learn during their time at school from Prep to Year 10. They provide a set of common state-wide standards which schools use to plan student learning programs, assess student progress and report to parents. The VELS differ from traditional curricula by including knowledge and skills in the areas of physical, social and personal learning. Skills which are transferable across all areas of study such as thinking and communication are also included. The VELS curriculum encourages a flexible and creative approach to learning [62].

The children in this study were in Years 3 and 4 at the commencement of the study. In Years 3 and 4 the children develop a deeper understanding of the relationships between school, home and the community. They are becoming more capable of concentrating on tasks for longer periods of time. Children are encouraged to be confident in discussing ideas, expressing opinions and listening to others at home and in the classroom. They understand that they need to work with others and be part of their class and school [62].

The VELS report given by the school to the parents and their children includes academic progress against ‘learning area’ (e.g. English, Mathematics, and The Arts) and ‘work habits’ in relation to effort, class behaviour, playground behaviour, and homework. In addition, there is space for written text related to:

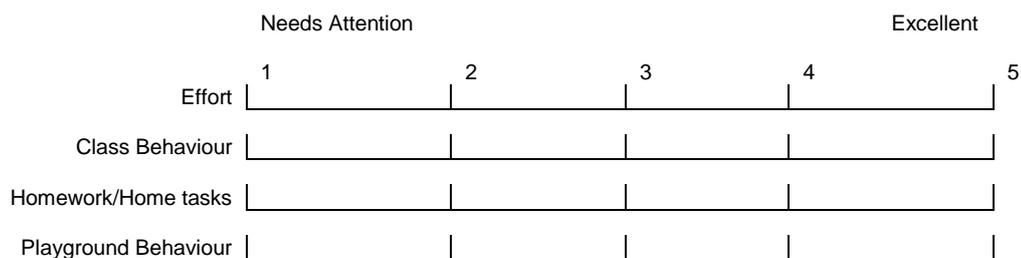
- What the child has achieved

- Areas for improvement/future learning
- What the school will do to support the child in their learning
- What the parents can do at home to help the child's progress
- Student Comment
- Attendance

Academic progress is measured on a progression point's scale. The progression point scale ranges from 0.5 in Level 1 (Prep), to 6.75 which is beyond Level 6 (Year 10). Each progression point represents six months of expected student progress. For each reporting period, teachers make on-balance judgments about student progress in relation to the VEL standards. As students' progress along a continuum of learning, teachers assign the progression point that most closely matches where the student is at in relation to the standards at each level [62]. To arrive at an A to E rating for each subject domain, a computer algorithm is applied to the scores which calculate a mean score; rounds the mean score up to the nearest quartile score on the scale and then allocates an A to E rating which appears on the child's report. Only the A-E grades prior to commencing Journeywork and after completion of two terms of Journeywork were available to examine for identifying any significant change over time. Raw test scores or percentages were not available.

Work habits assessment is included as part of the school report and was collected along with the academic results pre-implementation from December 2008, and post-implementation results at the end of December 2009. As stated above, the children's work habits are categorised into the four areas of effort, class behaviour, playground behaviour, and homework, and scored on a Likert scale. For the 2008 results, work habits were scored on a 4-point Likert scale of 'Excellent', 'Very Good', 'Acceptable', and 'Needs Attention' without any numerical points identified. For the 2009 results, work habits were scored on a 5-point Likert scale with numerical identifiers only for 1=Needs Attention and 5=Excellent (refer Figure 5).

Figure 3: Work habits assessment Likert scale for 2009 results



Due to the difference in the number of points and text identifiers in the Likert scales between 2008 and 2009 time points, the number of children (count of n) in the total sample ($n=24$) who scored at the extreme ends of the scales; 'Excellent' at both time points, and 'Needs Attention', were compared. One child did not have a pre- and post-Journeywork rating for the Playground Behaviour and Homework/Home tasks areas. Further analysis of these results was not feasible.

Refer to Chapter 8 for academic progress and work habits results.

3.6.9 Practitioner field notes and reflections on the implementation of Journeywork

3.6.9.1 Field notes

The practitioners conducting the Journey sessions used field notes to capture their observations of what was happening during Journeywork sessions, their interactions and feedback from the children, teachers, parents, and each other, and reflections on each session. Consequently by using field notes, the practitioners were able to make the voices of children, parents and teachers heard in a different way from what was obtained through completion of the questionnaires and participation in interviews ^[63].

The field notes also provided information about what worked, and what didn't for this group of children. Subsequently, the practitioners were able to make adjustments when preparing for the next session. Thus, suggestions for changes to the program provided learnings for further improvement.

3.6.9.2 Focus group with practitioners: What worked; what didn't; what can be improved?

The aim of the focus group was to bring together the different practitioners who were involved in the Journey Program, with different experiences, and different problem-solving skills. It was important to capture these varying perspectives. The aim was to prioritise, rather than reach consensus. The findings from the focus group was to provide information about what worked, what didn't, and the enablers and barriers for implementing Journeywork into primary schools. These findings provide implementation strategies for other practitioners and schools.

The researcher conducted the focus group using a semi-structured interview and group process to determine the feelings and opinions of the practitioners about the implementation of the Journey Program. A particular benefit of focus groups is that participants are often prompted by others to recall experiences/factors that may not have come up in an individual interview ^[64].

The focus group process

Following a reminder of the aims of this study, clarification of the importance of each member's contribution during the meeting was re-iterated. All ideas and equal participation was encouraged. Time allowed for focus group discussion was four hours.

Each of the following questions was asked and fully discussed.

1. Which strategies and/or activities worked in achieving the aims of the study for this group of children?
2. Which strategies and/or activities did not work in achieving the aims of the study for this group of children?
3. What would you recommend for future journey sessions/programs in schools?
4. What enabled you to implement Journeywork into this school?
5. What hindered you/or what were the barriers to implementing Journeywork into schools?
6. What are the solutions that will enable Journeywork to be implemented into schools?

Refer to Chapter 9 for results of practitioner records and reflections.

3.7 Methods of analysis

3.7.1 Statistical analyses

Numerical data were entered into the Statistical Package for the Social Sciences (SPSS Statistics 17.0) ^[65] database to enable statistical computations.

Emotional Wellbeing Questionnaire

An initial analysis was conducted on the *Emotional Wellbeing Questionnaire* data to check for missing data. There were a small number of cases where the questionnaires were incomplete. According to Radloff (1977), the total score for the CES-DC should not be calculated when more than four items in a questionnaire are not answered. The number of missing entries found at the pre-analysis data check was less than 4, consequently, all participants were included in the total sample analysis and missing values were not replaced. Descriptive analyses conducted on the total sample at baseline, Time 1 and Time 2 and two extreme outliers were identified (child 18 and 23). These are accounted for in later analyses. Non-parametric tests were performed on the data. Friedman tests were performed to compare scores across the three time intervals, and a Type 1 error rate of alpha (α) = .05 ($p < .05$) was used to indicate statistical significance.

Of the 24 participants at baseline, 19 participants completed the emotional wellbeing questionnaire at all three time points; these are referred to as 'questionnaire completers'. Further analysis was conducted on the data from the questionnaire completers. Where results did not differ significantly between the total sample analysis and the questionnaire completer analysis, only the questionnaire completer findings are presented in the results chapter. Further analyses were conducted using the questionnaire completer sample, omitting the outliers to avoid the skewing of the results toward the direction of the extreme outliers (child 18 and 23). This analysis gives a more balanced understanding of the effects of attending the Journey Program on the participating children.

In order to provide a more comprehensive understanding of the data a number of additional analyses were conducted. To identify the levels of emotional challenge experienced by the children, cut-off scores were used: 0 to 15 indicating those children with little or no challenge to emotional wellbeing; 16 to 24 indicating those children with a mild challenge to emotional wellbeing; and scores 25 or more indicating those children who had a major challenge to emotional wellbeing in the previous week ^[66]. The percentage of children who changed groups over time was identified, that is, those children whose emotional wellbeing improved, remained the same, or decreased.

An analysis was also conducted using the four domains: physical problems, depressed feeling, positive feeling, and interpersonal relationship problems. The aim was to identify the percentage of children who in a particular domain - improved, remained the same, or who were more emotionally challenged ^[55, 67].

Following Bettge *et al* [67], the prevalence of symptoms of greatest challenge to emotional wellbeing (sad or depressive symptoms) across all domains, were examined further. The aim of this analysis was to determine those symptoms that were the most challenging for the children at baseline, and identify if there were changes to the number of children who were no longer challenged or remained challenged in these areas following participation in Journeywork sessions (Time 2).

The final analysis of the emotional wellbeing questionnaires entailed comparing the children's results with those of their parents.

In summary, five main analyses were conducted on the emotional wellbeing questionnaire data:

1. Analysis of the total raw scores.
2. Analysis of the *levels of emotional challenge* experienced by the children according to cut-off scores: 0 to 15 = little or no challenge; 16 to 24 = mild emotional challenge; 25+ = major emotional challenge.
3. Analysis by *domains of emotional wellbeing/challenge*: physical problems; depressed feelings; positive feelings; interpersonal relationships.
4. Analysis of *prevalence of symptoms of greatest challenge to emotional wellbeing* across all domains: that is, those children who scored a 2 (some emotional challenge) or a 3 (a lot of emotional challenge) (the positive feelings scores were reverse coded).
5. Comparison of child and parent scores.

Visual Analogue Scale of emotion faces

For the VAS emotion scores data, descriptive analysis was conducted in the first instance. A Spearman's Rank Order Correlation was then used to investigate relationships, and a Wilcoxon Signed Rank test used to see whether the change in VAS Emotion scores pre-Journeywork session, to post-Journeywork session at Time 1 (following one term of sessions) and at Time 2 (following two terms of sessions) were significant. To indicate statistical significance a Type 1 error rate of alpha (α) = .05 ($p < .05$) was used. For the VAS emotion scale, the total sample results are reported because of the direct relationship of the scores to each Journeywork session attended, as well as any changes over time.

Statistical significance and practical significance

It is important to review the difference between statistical significance and practical significance when interpreting research findings. Statistical significance only indicates that a difference between scores is unlikely to be due to chance. For example a significance level of $p < .05$ indicates that there is less than a 5% probability that the result occurred by chance. The level of statistical significance (e.g. $p = .05$ or $p = .01$) is more about a comment on the quality of the evidence rather than the strength or importance of differences between scores ^[68]. The size of the difference between scores and the impact of the intervention on the participants is of practical significance. Practical significance refers to the importance of the difference (e.g. improvement) to key stakeholders, for example the principals, teachers, parents and children, and can also inform decision making about whether to implement the program further or not.

3.7.2 Qualitative analyses

Qualitative data from interviews, the child learnings questionnaire, field notes and focus group were thematically analysed to identify common themes about the impact of Journeywork on the children's social and emotional wellbeing ^[64, 69].

3.8 Chapter summary

In this chapter the methods used to recruit the schools and participants, conduct the study and evaluate the impact of Journeywork were described. The emphasis of the evaluation was on collecting and analysing data from multiple sources (e.g. teachers, parents, children and practitioners), by a number of methods (e.g. survey, VAS, interview, focus group). Both quantitative and qualitative methods of data collection and analysis were used to give a more comprehensive understanding of the impact of Journeywork on the participating children.