

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

Jill Beattie
Suzanne Dowd
Susan Leeder-Morale
Cecile George
Jan Henderson
Amanda Carne



ISBN 978 1 920966 21 8

Copyright © Jill Beattie, Performance Enhancement Consultancy

This work is copyright. You may download, display, print, and reproduce the material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your own organisation. Apart from any use as permitted under the Copyright Act 1968, all other rights are reserved. Requests and inquiries concerning reproduction and rights, or comments on this publication, should be made via email to Dr Jill Beattie, Performance Enhancement Consultancy ~ jbeatti@bigpond.net.au

How to Cite this Reference:

Beattie J, Carne A, Dowd S, Leeder-Morale S, George C, Henderson J. (August, 2010). *Releasing children's shining potential. Improving the social and emotional wellbeing of primary school children through Journeywork. Journey into Schools Report.* Flinders Human Behaviour and Health Research Unit, Flinders University of South Australia and Jill Beattie Performance Enhancement Consultancy, Victoria. Website: <http://www.emotional-wellbeing.com.au>

ACKNOWLEDGEMENTS

Sincere thanks to those who contributed to the development and planning of this study:

Simone Surgeoner
Lisa Coulson
Verna Nardella
Rachael Stewart
Vicki Bobotis
Adrian Dowd
Sherryn Chapman
Rene Robinson

Thanks also goes to those practitioners throughout Australia who are providing Journeywork to children in schools and who have shared their expertise:

Cheryl Roberts
Judith Burrows
Sharon Turton
Sabine Valas
Patricia Olsson
Judi Dyer
Elena Arcangeli
Michelle Berzinski

Brandon Bays and Kevin Billett have generously granted permission to use The Journey® Process Scripts.

We would like to thank Journey Outreach for providing complementary books: *The Journey for Kids* by Brandon Bays, and *An Angel in My Heart* by Cazzie Pitsis as resources for school libraries.

Without the support of the Wellbeing Coordinator, School Principal, teachers, parents and children who gave their time and energy to participate in various stages of this project, this research would not have been possible.

We also thank Dr Rosalind Lau (Research Fellow, School of Nursing and Midwifery, Monash University), for initial discussions regarding statistical analysis.

PROJECT TEAM

- Investigator:** Dr Jill Beattie, Adjunct Senior Research Fellow Flinders Human Behaviour and Health Research Unit (FHBHRU), Flinders University of South Australia; Senior Research Fellow Monash University, Victoria; Registered Nurse; Emotional Fitness Consultant, Performance Enhancement Consultancy; Journey Accredited Practitioner.
- Associate researchers**
- Ms Suzanne Dowd, Journey Accredited Practitioner and Relax Kids Teacher.
- Ms Susan Leeder-Morale, Journey Accredited Practitioner.
- Ms Cecile George, Journey Accredited Practitioner.
- Ms Jan Henderson, Transpersonal Counsellor, Journey Accredited Practitioner.
- Statistical input:** Ms Amanda Carne, Research Associate, Primary Health Care Research and Information Service (PHC RIS), Flinders University of South Australia.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	3
PROJECT TEAM	4
TABLE OF CONTENTS	9
LIST OF TABLES	15
LIST OF FIGURES	16
ABBREVIATIONS	17
DEFINITIONS	18
Journey into Schools Executive Summary	25
Chapter 1: Background and Introduction to the Study	35
1.1. Background.....	35
1.1.1 <i>Mental health in Australia: Social and emotional wellbeing of children and adolescents</i>	35
1.1.2 <i>Reform in Australian primary schools: Implementing wellbeing programs</i>	36
1.1.3 <i>Journeywork and Journey Programs: Releasing children’s shining potential</i>	37
1.1.4 <i>Journeywork: Approach and theoretical framework</i>	37
1.1.5 <i>Journeywork in schools</i>	39
1.2 Aim of the study	41
1.3 Significance of the study.....	41
1.4 Terms and conventions used in this report.....	42
1.5 Chapter summary	42
Chapter 2: Study Design	45
Chapter 3: Methods of Implementation and Evaluation	46
3.1 Recruitment of schools: Principals, teachers and support staff.....	46
3.2 Participant selection	47
3.3 Participant recruitment: Parents / carers / guardians (Parents) and children	48
3.4 Implementation of Journeywork and the Journey Program	48
3.5 Support throughout the program.....	50
3.6 Data collection and evaluation: Emotional wellbeing measures and impact evaluation	50
3.6.1 <i>Emotional wellbeing questionnaire: The Centre for Epidemiological Studies Depression Scale for Children (CES-DC)</i>	51
3.6.2 <i>Visual analogue scale (VAS) of happy/sad emotion faces</i>	53
3.6.3 <i>Key informant voice on the impact of the Journey Program on child wellbeing and behaviour</i>	53
3.6.4 <i>Parent group interview</i>	54
3.6.5 <i>Teacher group and telephone interviews</i>	54
3.6.6 <i>Principal interview</i>	55
3.6.7 <i>Child voice: Reported learnings from participation in the Journey Program and impact of Journeywork</i>	55
3.6.8 <i>Academic progress and work habits</i>	56

3.6.9 Practitioner field notes and reflections on the implementation of Journeywork	57
3.6.9.1 Field notes	57
3.6.9.2 Focus group with practitioners: What worked; what didn't; what can be improved?	58
3.7 Methods of analysis	58
3.7.1 Statistical analyses	58
3.7.2 Qualitative analyses	60
3.8 Chapter summary	60
Chapter 4: Results of Recruitment	67
4.1 Participating school.....	67
4.2 Participants.....	67
4.3 Implementation of the intervention.....	68
4.3.1 Confusion over voluntary participation	68
4.3.2 Attendance at group and individual Journey sessions	69
4.4 Chapter Summary	70
Chapter 5: Results of Emotional Wellbeing Measures	73
5.1 Emotional Wellbeing Questionnaire: CES-DC.....	73
5.1.1 Overall emotional wellbeing scores	73
5.1.2 Emotional wellbeing scores for questionnaire completer children with outliers removed.....	75
5.1.3 Overall emotional wellbeing scores in relation to number of Journeywork sessions attended: Questionnaire completers	76
5.1.4 Individual emotional wellbeing scores: Questionnaire completers	77
5.1.5 Level of emotional challenge experienced by the individual children: Questionnaire completers	78
5.1.6 Emotional wellbeing across the domains – Physical, depressed feelings, positive feelings and interpersonal relationships: Questionnaire completers omitting outliers	80
5.1.7 Prevalence of symptoms of greatest challenge to emotional wellbeing across the domains: Questionnaire completers omitting outliers	82
5.1.8 Child / Parent comparisons: Emotional Wellbeing Questionnaire.....	85
5.2 Visual analogue scale (VAS) of happy/sad emotion faces	90
5.2.1 VAS emotion scores: Total sample over time.....	90
5.2.2 Impact of number of Journey sessions attended on VAS emotion scores.....	92
5.3 Chapter summary	94
Chapter 6: Results: Key Informant Voice on the Impact of the Journey Program on Child Emotional Wellbeing and Behaviour.....	96
6.1 Parent group interview	96
6.1.1 Observed changes in children	96
6.1.2 Parent's expectations	99
6.1.3 Parent's concerns.....	99
6.2 Teacher group and telephone interviews	99
6.2.1 Difficult to observe individual behaviour changes in a classroom of many children	100
6.2.2 Conduct future Journey sessions with the whole class.....	100
6.2.3 Conflicting teacher priorities and workload	101
6.2.4 Children differed in their motivations to attend Journey sessions	101
6.3 Principal interview	101
6.3.1 Change in child behaviour fluctuated	102
6.3.2 Conflicting teacher priorities and workload	102
6.3.3 People and funds needed to further implement wellbeing programs	102
6.4 Chapter summary	102

Chapter 7: Results: Child Voice on the Impact of the Journey Program on Children’s daily lives	103
7.1 Learnings and impact questionnaire	103
7.1.1 <i>Protective factors that release children’s shining potential</i>	103
7.1.2 <i>Children’s learnings from Journeywork</i>	104
7.1.3 <i>Impact of Journeywork on children’s daily lives</i>	104
7.2 Chapter summary	107
Chapter 8: Results: Academic Progress and Work Habits	108
8.1 Academic progress results	108
8.2 Work habits results	108
8.3 Chapter summary	109
Chapter 9: Results: Practitioner Voice on the Implementation of Journeywork and Impact on the Children.....	110
9.1 Risk factors impacting on children’s social and emotional wellbeing.....	110
9.2 Enablers to implementation of Journeywork	111
9.3 Barriers to implementation of Journeywork	112
9.4 Chapter summary	112
Chapter 10: Discussion	114
Chapter 11: Study Limitations.....	116
11.1 Learning the tools and integrating Journeywork into daily school and home life	116
11.2 Sample and sample size	116
11.3 Classroom Journeywork.....	116
11.4 Academic results.....	117
11.5 Duration of the intervention.....	117
Chapter 12: Conclusion	127
Chapter 13: Recommendations.....	128
13.1 Teacher education	128
13.2 Community education.....	128
13.3 Accessibility of wellbeing programs	128
13.4 Conduct of wellbeing programs.....	129
13.5 Further research	129
Chapter 14: References.....	130
Appendix 1: KidsMatter Programs Guide Examples and Criteria.....	141
Appendix 2: The Journey Classroom Process	145
Appendix 3: Letter of Introduction to the Principal.....	151
Appendix 4: Principal and Teacher Information Sheet and Consent Forms	153
Appendix 5: Letter of Support: Parents whose child had experienced Journeywork	161
Appendix 6: Letter of Support: St. Therese’s Primary School.....	162
Appendix 7: Letter of Support: Dr. Mark Naim.....	163
Appendix 8: Invitation to Parents to Attend an Information Session	164

Appendix 9: Information Sheet and Consent Form for Children	169
Appendix 10: Parent Information Sheet and Consent Form	171
Appendix 11: Pre and Post Emotional Wellbeing Questionnaire for Children.....	176
Appendix 12: Pre and Post Emotional Wellbeing Questionnaire for Parents.....	177
Appendix 13: Pre and Post Emotional Behaviour Questionnaire for Teachers.....	178
Appendix 14: Pre and Post Visual Analogue Scale of Emotion Faces.....	179
Appendix 15: Information Sheets to Parents following the First Five Sessions	180
Appendix 16: Examples of Previous Pre- and Post- Journeywork Session Drawings	185

LIST OF TABLES

Table 1: Characteristics of participant children	68
Table 2: Number of Journeywork sessions attended.....	71
Table 3: Total emotional wellbeing scores over time: Children questionnaire completers	74
Table 4: Total emotional wellbeing scores: Children questionnaire completers with outliers omitted.....	76
Table 5: Number of sessions attended in relation to emotional wellbeing scores: Questionnaire completers.....	77
Table 6: Change in total raw scores over time, level of emotional wellbeing and change in level of emotional challenge by sub-group, in order of most improvement in wellbeing*: Questionnaire completers	78
Table 7: Number of questionnaire completers across emotional challenge levels by cut-off scores	78
Table 8: Mean domain scores and standard deviation over time: Children questionnaire completers omitting outliers.....	81
Table 9: Frequency of symptoms of greatest challenge to emotional wellbeing in the Physical, Depressed, Positive* and Interpersonal domains (aggregated responses ‘some’ & ‘a lot’) examined question by question for questionnaire completer children omitting outliers	84
Table 10: Matched child-to-parent pairs emotional wellbeing scores over time	85
Table 11: Children / Parent matched pairs comparison of mean domain scores (standard deviation) over time.....	87
Table 12: Child-parent matched pairs who completed all three assessment time points: Raw scores over time.....	88
Table 13: Children’s mean VAS emotion scores before and after each Journey session for Time 1 and Time 2.....	91
Table 14: Number of sessions attended by the total sample of children	92
Table 15: Number of sessions attended by VAS emotion scores before and after Journey sessions at Time 1 and Time 2.....	93
Table 16: Findings from the parent group interview and written feedback	98
Table 17: Findings from the learnings and impact questionnaire	106

LIST OF FIGURES

Figure 1: Overview of study design	27
Figure 2: Overview of study design	45
Figure 3: Overview of the study evaluation design.....	51
Figure 4: Visual Analogue Scale of emotion faces	53
Figure 5: Work habits assessment Likert scale for 2009 results	57
Figure 6: Number and percentage of children attending group Journey sessions each week	69
Figure 7: Box-plot: Total emotional wellbeing scores over time - Children questionnaire completers.....	74
Figure 8: Emotional wellbeing mean scores over time: Children questionnaire completers	75
Figure 9: Emotional wellbeing mean scores over time: Children questionnaire completers with outliers omitted.....	76
Figure 10: Individual scores across time by levels of emotional challenge: Children questionnaire completers.....	80
Figure 11: Mean domain scores over time: Children questionnaire completers omitting outliers... ..	81
Figure 12: Individual children's change in emotional wellbeing by domain from baseline to Time 2: Questionnaire completers with outliers omitted.....	82
Figure 13: Overall child / parent comparisons for the Emotional Wellbeing Questionnaire	86
Figure 14: Children / Parent comparison of mean scores by domain over time	87
Figure 15: Child-parent matched pairs: Raw scores across time by level of challenge to emotional wellbeing cut-off points.....	89
Figure 16: Mean VAS emotion scores before and after each Journey session at Time 1 and Time 2	92
Figure 17: Number of sessions attended by VAS Emotion scores before and After at Time 1 & Time 2.....	94
Figure 18: Work habits: Number of children achieving excellent in each area	109

ABBREVIATIONS

ADHD	Attention-Deficit/Hyperactivity Disorder
B or B	Baseline
CBT	Cognitive Behavioural Therapy
CES-DC	Centre for Epistemological Studies Depression Scale for Children
JP	Journey Accredited Practitioner
NSW	New South Wales
PNI	Psycho-neuro-immunology
SA	South Australia
SD	Standard deviation
SEL	Social and Emotional Learning
T1 or T ₁	Time one
T2 or T ₂	Time two
VAS	Visual Analogue Scale
VCAA	Victorian Curriculum and Assessment Authority
VELS	Victorian Essential Learning Standards

DEFINITIONS

Attention-Deficit/Hyperactivity Disorder (ADHD)	Characteristics of children with ADHD in the classroom: Persistently inattentive, hyperactive and/or impulsive, find it hard to persist with tasks, are easily distracted, often fidget, talk excessively, interrupt others, and are constantly on-the-go ^[1] .
Evidence-based practice	A process through which professionals use the best available evidence integrated with professional expertise to make decisions regarding the care of an individual. It is a concept which is now widely promoted in health care, education and social welfare and requires practitioners to seek the best evidence from a variety of sources; critically appraise that evidence; decide what outcome is to be achieved; apply that evidence in professional practice; and evaluate the outcome. Consultation with the client is implicit in the process ^[1] .
Informants (Key informants)	Well-situated people or people with expertise in the area under study ^[2] . In this case: children, parents, teachers and the principal.
Journey Accredited Practitioner (JP)	<p>A Journey Accredited[®] Practitioner is a practitioner who has completed the curriculum of <i>The Journey Accredited[®] Practitioner Programme</i>, as provided by The Journey[®] Seminars organisation, including completion and successful assessment of at least 45 case studies.</p> <p>To maintain Journey Accredited[®] Practitioner status the practitioner is required to continue their professional development, with a requirement to submit 5 case studies annually, attend a Journey Intensive module at least annually as a trainer, and attend the Practitioners' one-week module at least every three years.</p> <p><i>The Journey Practitioner Programme</i> takes place over several months, with in excess of 250 hours of contact time, and includes eight in-depth experiential modules followed by completion of the individual case studies.</p> <p>Journey Accredited Practitioners may hold a number of professional affiliations, depending on their primary area of practice such as the Australian Nursing Federation, the Counsellors and Psychotherapist Association, the Australian Counselling Association and the International Institute for Complementary Therapists.</p>
Mean	Statistical term: Average of a group of numbers.
Median	Statistical term: The middle number; the number separating the higher half from the lower half of a sample of numbers. The median can be more useful than the mean (average) of a sample, when the sample has outliers skewing the data in the direction of the outliers, which is the case in this study.

Mental health	“A state of complete physical, mental and social wellbeing and not merely the absence of disease”. It is related to the promotion of wellbeing, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders. (World Health Organisation - http://www.who.int/topics/mental_health/en/)
Mental health problems	Diminished cognitive, emotional or social abilities, but not to the extent that the criteria for a mental disorder are met.
Mode	Statistical term: The number that occurs most frequently in a sample of numbers
Neuro-chemical response	A complex system of electrical and chemical processes or reactions occurring in the cells and systems of the body.
Outliers	Children whose scores were well outside the scores of the other children.
Parents	For simplicity throughout this report, ‘parents’ includes the person or people who are a child’s primary care givers. “There is wide variation in the composition of Australian families and parenting can include combinations of mother, father, stepmother, stepfather, other family members, and non-related carers” ^[1] .
Prevalence	The percentage of the population suffering from a disorder at a given point in time (point prevalence) or during a given period (period prevalence) ^[1] .
Protective factors	Those factors that ‘produce a resilience to the development of psychological difficulties in the face of adverse risk factors’ ^[1] .
Psychoneuroimmunology (PNI)	The study of the interaction between psychological processes and the nervous and immune systems of the body. PNI incorporates the areas of psychology, neuroscience, immunology, physiology, pharmacology, molecular biology, psychiatry, behavioural medicine, infectious diseases, endocrinology and rheumatology.
Resilience	A person’s capacity to overcome adversity and continue a positive life journey. Factors that contribute to resilience include personal coping skills and strategies for dealing with adversity, such as problem-solving, good communication and social skills, optimistic thinking, and help-seeking ^[1] .
Standard deviation	Statistical term: A measure of the spread or range of the sample of numbers. It is derived from the distance of each point in the sample from the sample mean (positive distance to the right, negative to the left).

Journey into Schools Executive Summary

I feel the Journey Program is very effective for my daughter. I have noticed very clear changes in her confidence level and courage to express her own feelings. She seems to be more happy and focused and shows more assertiveness which she did not have in the past. I honestly believe that children can immensely benefit out of this program (Parent).

Background

It is estimated that 14% of 4 to 17 year old children and adolescents have a mental health problem^[3]. The most common problems identified are delinquent behaviour (7.1%), attention problems (6.1%), and aggressive behaviour (5.2%). The prevalence of Attention-Deficit/Hyperactivity Disorder (ADHD) for example is 11.2%, or an estimated 355,600 children and adolescents; the prevalence of depressive disorder is 3.7% or an estimated 117,000 young people in Australia^[3]. While ADHD decreases as children get older, other conditions such as depression tend to increase with age^[4]. Only one child in every four receives any assistance^[5]. One approach to improving mental health in the community is to educate parents and children to become more effective at managing their own social and emotional wellbeing^[3]. A collaborative approach to mental health promotion, prevention and early intervention programs across the health, education and welfare sectors is required^[5-8].

In recognition of the importance of the education system in mental health promotion, prevention and early intervention, a partnership between the Australian Department of Health and Aging, *beyondblue*, the Australian Psychological Society, and Principals Australia, with support from the Australian Rotary Health Research Fund was formed to improve the mental health and wellbeing of primary school students. *KidsMatter* is the result of this collaboration. *KidsMatter* is an Australian national primary school initiative which provides a framework, implementation process, resources, and a *Programs Guide* of available wellbeing programs to engage the whole school community, including parenting support and education. Journeywork and specifically developed Journey programs fit within the aims of *KidsMatter*. The social and emotional learning goals of Journeywork in school children aim to develop children's ability to recognise and manage emotions, develop caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively.

Significance of the study

This study addresses an area of urgent concern – how to improve the welfare of our children, that is, their physical, social, and emotional health and wellbeing.

Journeywork is a mindfulness-based intervention^[9] and Journey programs provide children, and also their teachers and parents, with practical, step-by-step tools to use in a variety of circumstances. Journeywork can be used in the classroom with groups of children, with groups of teachers and/or parents, and in individual sessions with both adults and children. The individual tools can be incorporated into daily activities and used throughout the day as issues arise, thus facilitating the release and expression of children's shining potential. Teachers and parents can learn Journey techniques and

processes and integrate them into their current home life, teaching programs, and health programs. Drawing on mindfulness, introspection and guided imagery techniques, Journeywork enables people to access their own internal resources and resilience, enhancing their ability to communicate more openly, thereby creating opportunities for improved social interaction and wellbeing^[10]. Internationally, Journeywork is being conducted in 28 countries across Europe, Australia, Asia, Africa, the United Kingdom, the United States of America, Israel and Japan. Case study^[10-12], anecdotal evidence^[13-15], program evaluation^[16, 17] and formal review^[18] support the positive impact of Journeywork on adult's and children's lives. In South Africa, Journey programs have been running in schools for some years and research has shown that Journeywork is successful in developing learners socially, emotionally and academically^[10, 19]. There have been no research studies evaluating the impact of Journeywork with Australian school children. Thus, the impetus of this study was to provide research evidence for the impact of Journeywork on Australian primary school children.

Aim of the study

The aim of this study was to improve the social and emotional wellbeing of participant primary school children.

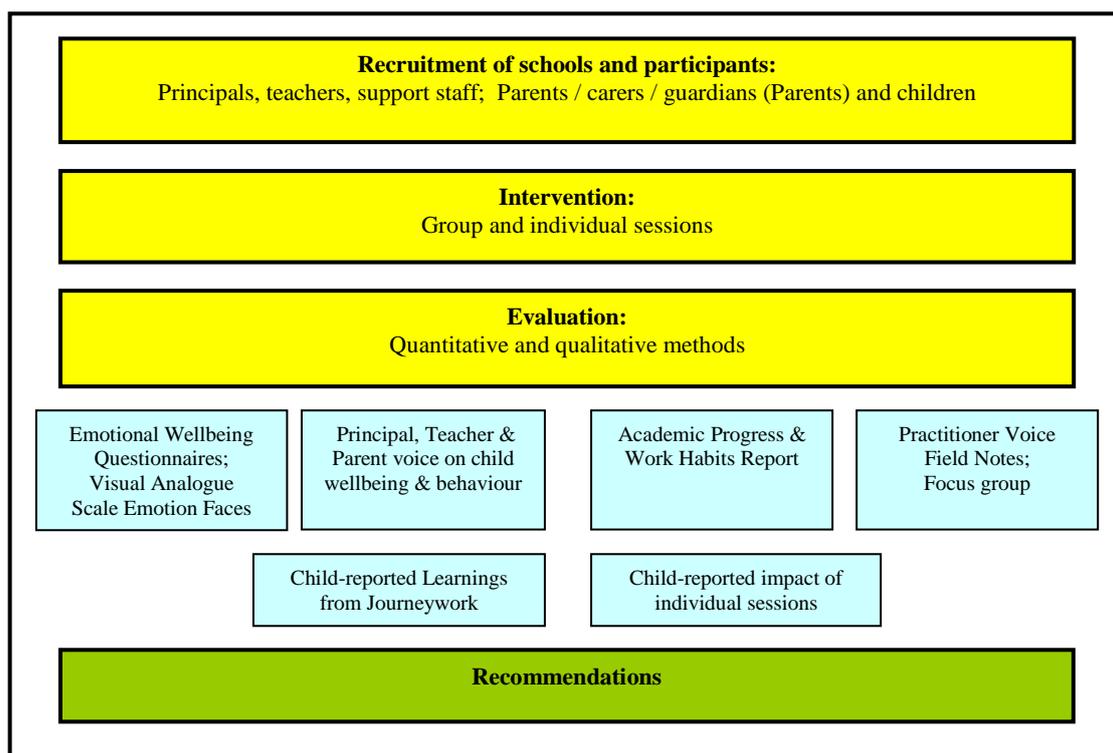
Specific objectives included:

- 1) ensuring that the children were happy and left at ease following each Journey session;
- 2) provision of support and tools for the children to deal with daily life events and emotions;
- 3) evaluating the effectiveness of conducting Journeywork sessions on the social and emotional wellbeing of children;
- 4) evaluating the effectiveness of conducting Journeywork sessions on children's behaviour in the classroom and school environment;
- 5) evaluating the effectiveness of conducting Journeywork sessions on the academic progress of the children.

Study design

This study used a pre-test / post-test design. Data were obtained from a variety of informants, using a number of different data collection methods. This triangulation of data^[20-22] provided access to a multiplicity and diversity of perspectives and data for analysis. Figure 1 shows a diagrammatic overview of the study.

Figure 1: Overview of study design



The study was conducted introducing Journeywork into a metropolitan primary school, with 24 students from Years 3 and 4, in Terms 2 and 3 of 2009. For the purposes of this study, each weekly session was allocated a one-hour time-slot to cover research requirements as well as conducting the session. 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.

Impact of the number of Journeywork sessions attended on the emotional wellbeing of the children

Analysis of the *Emotional Wellbeing Questionnaire* showed that there was a statistically significant relationship between the number of Journey sessions attended and decreases in emotional wellbeing scores (improvement). From baseline to Time 1, when more sessions were attended by the children, the relationship was a strong negative correlation ($r = -.655$) indicating that as the total number of sessions increased over time, the children's total score decreased significantly (emotional wellbeing improved). This relationship was weaker and not statistically significant at the Time 2 interval, where the mean number of Journeywork sessions attended was decreasing. Analysis of the Visual Analogue Scale of happy to sad emotion faces (VAS) showed that the number of sessions attended by the children was statistically significant to their before and after mean VAS emotion scores at Time 1 ($r_{\text{before}} = -.555, p = .005; r_{\text{after}} = -.538, p = .007$), indicating there was a strong correlation between the number of sessions attended and the mean VAS scores. At the Time 2 interval, the number of sessions attended by the children was less and found not to be statistically significant to the mean VAS before and after scores, and the correlations were very weak ($r_{\text{before}} = .038, p = .859; r_{\text{after}} = .014, p = .947$). Thus, as the number of sessions increased (weekly sessions), the children's mean

VAS scores decreased (improved) significantly, indicating that they felt happier with improved emotional wellbeing following Journeywork sessions.

Impact of Journeywork on emotional wellbeing

While the results of the *Emotional Wellbeing Questionnaire* showed that there was no statistical significance to changes in overall group emotional wellbeing scores over time, 63.2% (n=12) of the children completers (n=19) decreased their raw scores from baseline to Time 2, indicating an improvement in emotional wellbeing following completion of Journeywork. Further analysis showed that 21% (n=4) of children improved to the degree that they changed from one to another level of wellbeing (e.g. major, mild or little challenge to wellbeing). One child (5.3%) changed two levels – from major to little challenge to emotional wellbeing. Eleven children 57.9% remained at the same level of wellbeing or challenge to wellbeing. Three children (15.8%) declined in emotional wellbeing from little challenge to mild challenge. This is not surprising because the children were becoming more aware of, and feeling their emotions and one of these children was experiencing difficulties at home during this period of time.

In addition, results from analysis of the visual analogue scale of happy/sad faces pre-session to post-session after receiving Journeywork indicated a statistically significant change in wellbeing at both Time 1 and Time 2 ($Z_{\text{Time1}} = -2.726$, $p < .01$; $Z_{\text{Time2}} = -2.465$, $p < .05$). This finding provides evidence to support implementing Journeywork on a regular basis. It is an important finding for both parents and teachers who could learn and apply Journey tools daily to assist children manage their emotions as they arise.

Impact of Journeywork on physical problems, depressed feelings, positive feelings and interpersonal relationships

Analysis of the results of the *Emotional Wellbeing Questionnaire* for individual children completers with outliers omitted (n=17) showed the greatest improvement in emotional wellbeing occurred in the depressed feelings domain with 64.7% of the children showing a decrease in depressed feelings scores from baseline to Time 2. For the other domains, 47.1% of children showed an improvement in the physical domain, 41.2% showed an improvement in the positive feelings domain, and 35.3% showed an improvement in the interpersonal domain. In contrast, individual children showed a decline in emotional wellbeing in each domain with 41.2% of children declining in the physical problems and positive feelings domains. The interpersonal relationships domain showed the greatest number of children with no change in their scores from baseline to Time 2 (n=9, 52.9%). These results are not surprising, because the nature of Journeywork is to increase children's awareness of their feelings. The finding that the majority of children improved in the depressed feelings domain indicate that overall, they were happier and at less risk of mental health problems.

Impact of Journeywork on the prevalence of symptoms of greatest challenge

Symptoms of greatest challenge were those symptoms (i.e. questions) where the children scored a symptom (question) as being present '2 = some' or a '3 = a lot'. The number of responses showing symptoms of greatest challenge to emotional wellbeing from baseline to Time 2 decreased in 50% of the questions. This is suggestive of an improvement in emotional wellbeing, with less children responding to these questions with a '3' or a '2'. A further 4 questions showed no change in the number of children showing symptoms of

greatest challenge to emotional wellbeing from baseline to Time 2. In contrast, there were 6 questions where the number of responses with a '2' or a '3' increased from baseline to Time 2. There was one question (symptom) where none of the children rated a score of a '3' or a '2' at Time 2 - question 6 ("I felt down and unhappy"), suggesting a slight improvement in the children who previously scored this a '3' or a '2'.

Parents' perception of the emotional wellbeing of their children

Analyses comparing child and parent scores showed no statistical significance in scores over time. These results suggest that overall, the parents' perception of the emotional wellbeing of their children was similar to how their children perceived themselves to be feeling. It is important to note however, that by Time 2, there were only 6 child-parent pairs of data across all three time points.

Key informant voice on the impact of Journeywork on child emotional wellbeing

Results from key informant interviews indicated that the parents found their children to be more open, loving, caring and focussed. The parents reported that overall, their children were happier, with increased confidence and courage to express their feelings. The Principal reported that while the behaviour of some of the children had improved, this fluctuated dramatically from time to time. The teachers found it difficult to specifically observe the participating children in the classroom and school yard as they had so many other children to also support and keep safe.

Child voice on learnings and impact of Journeywork on their daily lives

Results from the child learnings and impact questionnaire indicate that protective factors that release children's shining potential are general happiness (n= 14; 77.8%), Journeywork, being able to share concerns, a non-violent environment, being treated with respect and dignity, and acknowledged and praised. Participant children reported learning how to use the various Journey tools (n=12; 66.7%), self-acceptance, trust and that emotion can affect the body. In addition, the children reported emotional changes (n=10; 55.5%) as a result of attending the Journey sessions; they were generally happier, with decreased anger, worry and fear. They felt safer, more caring toward others, with increased courage to forgive. Behavioural changes reported (n=6; 33.3%) included the ability to let go of grief, less fighting, increased patience, kindness and ability to work with others. Some of these learnings and changes were reported by only one or two children, therefore in order to confirm these results a larger study is recommended.

Impact of Journeywork on academic progress

An unfortunate limitation of the study was the inability to identify any significant change in academic results due to the current Victorian Essential Learning Standards (VELS) system being used in Victorian schools. Raw scores were not available for analysis. Therefore any comparison with the South African studies, where considerable improvements in academic progress were made, was unable to be determined^[10, 19]. Analysis of the pre- (2008) and post-implementation (2009) results showed that overall, there were no changes to academic results, with all of the children progressing "at the expected standard".

Practitioner findings from individual sessions with the children

Findings from the individual Journey sessions held with the children revealed that the risk factors impacting on the children's' social and emotional wellbeing were getting lost (e.g. in shopping centres), feelings that they are loved less than their siblings, friends not playing with them anymore, fighting, being bullied, and being "told off", loss of loved ones, being witness to crime, and change in family dynamics (e.g. divorce of parents). In addition, some of the children reported visual, hearing and psychomotor problems making learning difficult and engendering feelings of appearing "dumb" at school. Through working with these issues during Journey sessions, children were able to address some of these risk factors. For example, one child who was being bullied at school agreed to finally approach the Wellbeing Coordinator, and the bullying was resolved. Another child who experienced a psychomotor problem preventing her from achieving her competency in using a pen, accessed an area of her brain during the Journey process and soon after, successfully gained her pen competency. Further, a child whose grandfather had died in previous months, was able to talk with him during the Journey process, which resulted in her being able to talk to her mother about it, grieve and let him go.

Enablers to implementing Journeywork in primary schools

Findings from an analysis of the field notes and focus group revealed that enablers to implementing Journeywork in primary schools included recognition by the school that they needed new program ideas, skills and assistance with challenging children. Parents who supported their children attending wellbeing sessions were important, along with the children actually attending these sessions. In addition, adequate numbers of trained practitioners were important in supporting larger groups of children, especially where the children were more emotionally challenged. Leadership and teamwork among the practitioners, with regular debriefing, feedback, and practising the Journey skills themselves, enhanced success of the delivery of the program.

Barriers to implementing Journeywork in primary schools

Identified barriers to the implementation of Journeywork included difficulty in engaging teachers and parents to learn about Journeywork and therefore use the tools to enhance children's resilience. On occasion, the children were particularly restless and gaining their attention during the session presented challenges. It is important to note, that when people commence Journeywork and become more aware of their feelings, they can meet resistance from the mind; this is normal and can be brought to the attention of participants.

Conclusion

Our child's feedback has been fantastic. Your program is doing wonders and we hope it will continue to be taught and allow other children the opportunity to go through their amazing journey (Parent). If a program works, you do it (Principal).

This study achieved its aim. As a result of their participation in Journeywork, the social and emotional wellbeing of the majority of participant primary school children improved. Furthermore, the more sessions that were attended, the greater the improvement in

wellbeing, that is, there was a statistically significant relationship between the number of Journey sessions attended and improvement in social and emotional wellbeing. The children were taught a range of strategies and were provided with a variety of tools enabling them to deal with daily life events and emotions. In addition, the children were left happy and at ease immediately following each Journey session.

Journeywork was shown to assist children in achieving the social and emotional competencies as defined by the Collaborative for Academic, Social, and Emotional Learning (CASEL), that is, self-awareness, social awareness, responsible decision making, self-management and relationship skills.

The Journey Accredited Practitioners conducting the Journey Program were highly experienced in Journeywork and were able to provide a flexible, user-friendly program that was adaptable to the needs of this particular group of children. In addition, adequate numbers of practitioners (2 to 4) were available to conduct the program for the numbers of participating children (n=24). The fact that the school was looking for new ideas and assistance with wellbeing programs enabled the program to be implemented in this school. The main barrier to implementing the program fully within the school community was the difficulty in engaging the busy teachers and parents so that they could learn the tools to reinforce with the children in the classroom, school yard and at home. Even so, the majority of children demonstrated their resilience by attending the sessions and sharing their learnings following Journeywork.

The results of this study are of statistical and practical significance in supporting regular Journeywork being introduced into schools. This Australian research evidence supports previous studies^[19], anecdotal^[10, 15] and evaluation^[16, 17] findings of the positive impact of Journeywork.

Even with the small numbers showing change, the findings of this study are promising, suggesting that with regular Journeywork over time, children's emotional wellbeing can improve. A larger sample size would have provided enough power to enable more conclusive findings. Considering the statistical results along with the qualitative results provides an increased understanding and statistical and practical significance of the positive impact of Journeywork on the social and emotional wellbeing of the participating children.

Recommendations

The recommendations arising from this research address five strategic areas:

1. Teacher education
2. Community education
3. Accessibility of wellbeing programs
4. Conduct of wellbeing programs
5. Further research

Teacher education

A brief review of teacher education curricula shows that health and wellbeing units form part of undergraduate teacher education degrees. However, evidence from this study suggests that teachers are looking for innovative ways to manage the often challenging behaviours of some of their primary school children.

Recommendation 1: That undergraduate and postgraduate degrees and continuing professional education programs for teachers include wellbeing programs such as Journeywork.

Community education

From the commencement of recruitment through to the completion of this study, it was difficult to engage parents, teachers and other school staff.

Recommendation 2: That prior to commencement of wellbeing programs teachers and school staff learn and engage with the strategies and tools being taught to children, and where at all possible, a wide range of strategies for engaging parents be pursued.

Accessibility of wellbeing programs

As highlighted by the school Principal and Wellbeing Coordinator, their school had already commenced implementing wellbeing strategies through involvement of some of their teachers. However, they were looking for additional ideas and more formal programs. In doing so, they welcomed the opportunity to participate in this study and the Journey Program. The issue that remained however was funding for ongoing assistance and implementation of wellbeing programs. Reports from other Journey practitioners around Australia who are also conducting Journeywork in schools reveals that while schools welcome them, the majority do so on a voluntary basis.

Recommendation 3: That specific funding is made available and easily accessible to schools to conduct wellbeing programs such as Journeywork programs.

Conduct of wellbeing programs

Evidence from this study suggests that children's attendance in wellbeing programs is an 'add-on' subject rather than being part of the core school curriculum, to be attended by all students.

Recommendation 4: That wellbeing programs be included as core curriculum subjects to be attended by all children.

Further research

There are a number of ways of implementing and conducting Journeywork, therefore further research is required with larger samples of children, preferably with a control group for comparison.

Recommendation 5: That the Department of Health and Ageing, in collaboration with *beyondblue* continue to fund research into new and innovative wellbeing programs such as Journeywork programs.

Chapter 1

Background and Introduction to the Study

1.1. Background

1.1.1 Mental health in Australia: Social and emotional wellbeing of children and adolescents

Twenty-six percent of the total Australian population are children and adolescents ^[4], and nearly one in five, or more than three million Australians in total, are affected by a mental illness in any one year ^[5]. *The Australian National Survey of Mental Health and Wellbeing* estimated that 14% of 4 to 17 year old children and adolescents have a mental health problem, and young people from low-income, step-parent or blended families, and sole-parent families, are more likely to experience mental health problems ^[3]. The most common problems identified are delinquent behaviour problems (7.1%), attention problems (6.1%), and aggressive behaviour problems (5.2%). The prevalence of Attention-Deficit/Hyperactivity Disorder (ADHD) for example is 11.2%, or an estimated 355,600 children and adolescents; the prevalence of depressive disorder is 3.7% or an estimated 117,000 young people in Australia ^[3]. While ADHD decreases as children get older, other conditions such as depression tend to increase with age ^[4].

Mental health reform has been ongoing, particularly since the *National Mental Health Strategy* was agreed by the Australian Health Ministers in 1992 ^[8]. The *National Mental Health Plan 2003-2008* and the *National Action Plan on Mental Health 2006-2011* continue to build the reform agenda by adopting a population health focus, which includes children and adolescents, and applying an holistic approach to mental health and wellbeing ^[5-7].

Family doctors, school-based counsellors and paediatricians provide the majority of services that are used by young people. Of those children who need professional help, only one child in every four receives any kind of assistance. Interventions need to provide assistance for parents and families as well as for the young people themselves. Specialist services do not have the resources to provide all of the direct care required. Consequently, attention needs to be increased in mental health promotion, prevention and early intervention programs ^[5].

In early childhood, a focus on social and emotional wellbeing can increase resilience in children, with the possibility of reducing the risk of mental health problems developing later in life ^[4]. Alternative approaches need to be developed to increase the social and emotional wellbeing of the Australian population ^[3]. One approach to improving mental health in the community is to increase parent's, children's and adolescent's knowledge and understanding of what mental health is, and where possible, educating them to become more effective at managing their own social and emotional wellbeing ^[3]. Australian governments recognise the need for a collaborative approach to mental health promotion, prevention and early intervention programs across the health, education and welfare sectors. Across these sectors, a variety of generalist as well as specialist wellbeing professionals need to be engaged ^[7].

1.1.2 Reform in Australian primary schools: Implementing wellbeing programs

It is known that experiences such as academic failure at school and experiences of bullying or peer rejection put children at increased risk of health and learning issues arising ^[1]. Learning problems such as literacy and numeracy issues, student mental health problems such as anxiety and depression, family problems such as family breakup, and physical and mental health issues, along with negative or defiant classroom behaviours, have all been identified as having a significant impact on student wellbeing ^[23]. Research suggests that families are increasingly isolated and are experiencing lower levels of support; socially, emotionally, and practically ^[24]. It is also known that social and emotional support has a positive effect on learning and on physical and mental wellbeing ^[25-28].

While the home is the most influential environment for the child, the school environment also has an impact on the social and emotional wellbeing of children because they spend so much of their time at school. The educational setting can provide safety and support and is well placed to promote mental health and wellbeing for its pupils ^[4]. Research has shown that resilience develops over time. Resilience develops through the provision of caring, supportive, safe and secure environments, and developing children's personal skills such as positive attitudes and values, and good decision making and problem solving skills. In addition, providing opportunities for enjoyable and meaningful social interaction enhances resilience. Encouraging children to participate in a variety of activities and share their stories, express their feelings, and explore the causes of their own and others behaviours has been found to increase personal skills and resilience ^[4]. Therefore practical strategies need to be continually developed to provide an appropriate school environment for promoting good mental health in children, which is integral to learning and academic achievement. Students who are mentally healthy are better equipped to learn and have more functional relationships with their teachers, family members and peers.

KidsMatter is an Australian national primary school initiative for mental health promotion, prevention and early intervention ^[29]. Drawing on available research and expert consultation, the *KidsMatter* initiative is a response to improving the mental health and wellbeing of primary school students. *KidsMatter* was developed from the partnership of the Australian Government Department of Health and Aging, *beyondblue: the national depression initiative*, the Australian Psychological Society, and Principals Australia, with support from the Australian Rotary Health Research Fund. *KidsMatter* aims to:

- improve the mental health and wellbeing of primary school students
- reduce mental health difficulties amongst students
- achieve greater support for students already experiencing mental health difficulties.

As highlighted in the *KidsMatter Evaluation Final Report* ^[29], the *KidsMatter* initiative has shown that wellbeing initiatives, with the appropriate resources and support, can be provided by teachers, staff and others who may not be specifically trained mental health professionals. *KidsMatter* is an holistic approach to the development and implementation of evidence-based mental health promotion, prevention and early intervention strategies. It provides a framework, implementation process, and resources, and consists of four components:

1. Positive school community
2. Social and emotional learning for students

3. Parenting support and education
4. Early intervention for students experiencing mental health difficulties.

To assist schools in making informed decisions about appropriate and effective school mental health programs, the *KidsMatter* web site provides a *Programs Guide* ^[30]. When a school wants to choose a wellbeing program, they can view a number of specifically targeted programs. For example, to “Create a welcoming and friendly school environment where there is a sense of belonging and inclusion” they are directed to the “Component 1” programs. To “Help students to recognise and manage their emotions, develop caring and concern for others, make responsible decisions, establish positive relationships and handle challenging situations effectively”, they are directed to the “Component 2” programs ^[30]. Funding is provided to schools through the *KidsMatter* initiative to conduct wellbeing programs.

As more programs become available, they can be added to the *Programs Guide*. Journeywork fits into the *KidsMatter* framework as an early intervention program for primary school children, and particularly for those children who are experiencing emotional and social challenges. Thus, specifically developed Journey Programs can be added to the *KidsMatter Programs Guide*. Appendix 1 provides an example of programs from which schools can choose at the time of writing this report, and the evaluation criteria for Component 2: Social and Emotional Learning for Students. The *KidsMatter* web site is undergoing continuing development and information related to submitting a program for evaluation and inclusion as an option in the *Programs Guide* can be accessed from the *KidMatter* web site.

1.1.3 Journeywork and Journey Programs: Releasing children’s shining potential

The social and emotional learning goals of Journeywork in school children aim to develop children’s ability to recognise and manage emotions, develop caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively.

1.1.4 Journeywork: Approach and theoretical framework

Journeywork is a process of guided introspection and is used with both adults and children ^[10, 12]. Journeywork is suitable for children and their parents, other family members, as well as for teachers themselves. Like cognitive behavioural therapy (CBT) and its many techniques and strategies ^[31], Journeywork acknowledges that there is a relationship between thought, emotion and behaviour. Journeywork differs from CBT and has more in common with other mindfulness-based therapies such as Acceptance and Commitment Therapy (ACT) ^[32, 33] in that it accepts and allows thoughts that arise in the mind, without evaluating, or judging them, or trying to reduce them; a thought is simply that, a thought (words in the mind) – it may not be concrete reality or absolute truth. By noticing that the mind is continually making commentary, the person can acknowledge thoughts, seeing them for what they are without judgement; then they are free to release the thought – to ‘let it go’. As emotions arise, they are accepted, and through guided introspection, the person can identify where in the body these are felt. The person is guided through these layers of emotion, for example hurt, sadness, scared, until they reach a ‘core’ state or peaceful emotion and quiet within. During guided introspection, stored or repressed memories may be accessed, resolved, understood and let go. People find their own inner stillness and wisdom, allowing them to work through their own challenges ^[10-12, 34-36]. Journeywork facilitates people tapping into a knowing and resilience

deep inside themselves, and draws on mindfulness, imagery and forgiveness techniques to free themselves from self-limiting thoughts, the residual effects of painful memories, unhelpful emotions and uncomfortable or painful bodily experiences.

Mindfulness is widely accepted today, and can be described as paying attention with flexibility, openness, and curiosity ^[9, 37]. Mindfulness is an awareness process, not a thinking process. Mindfulness can be used as an approach to living our daily lives, and also practiced as an approach to meditation (mindfulness meditation). Being aware and paying attention to what you are experiencing in the present moment is about focusing attention on what you are doing right now, leaving little room for worry about the past or future, or getting caught up in thoughts. Mindfulness cultivates a way of being in a harmonious relationship with what is, whether that's nagging thoughts, uncomfortable feelings, external stressors, or physical discomfort. Through fully opening to what is present in your internal experience and being curious about it, rather than resisting or pushing it away, a deep acceptance and ability to rest more fully in the present moment is cultivated ^[38]. In mindfulness meditation for example, the person can be resting in awareness itself, often reaching a thought-free stillness ^[12]. Mindfulness can be used to increase our awareness of how we feel, think, and react – it can assist in the development of emotional resilience.

Imagery entails the use of imagination to review and change perceptions of events, surroundings, and experiences. During imagery, visualisation, as well as the formation or recall of smells, tastes and internal feelings are engaged. Imagery occurs in all people, and especially in children. Guided imagery techniques have been used in adults, for example to improve breast cancer survivors' quality of life ^[39], to facilitate relaxation and insight in people with diabetes ^[40], and in the emergency department to assist in decreasing pain and reduce anxiety ^[41]. Guided imagery techniques used in children have been shown to be effective in situations such as separation anxiety, test anxiety, ADHD, abuse, low self-esteem, and exposure to trauma, violence, and loss ^[35]. Guided imagery is also used as an additional mind-body modality in current health care systems to increase children's coping skills for example in releasing and reducing anxiety, stress and fear associated with illness and hospitalisation ^[42], reducing pain ^[43], migraine headaches ^[34], and in children with asthma ^[44]. Following guided imagery sessions, children experience increased self-esteem and confidence because they can gain some control over the complicated feelings arising from everyday living ^[34]. The approach to guided imagery in Journeywork moves beyond traditional guided imagery processes, in that the person is also guided to create their own 'scripts'; providing an opportunity for the adult or child to find their own resolution to their problem by identifying what it is that they need to reach a state of wellbeing.

It is widely recognised that as people go about their daily lives, they experience a variety of environmental, physical and emotional stressors that affect their thoughts, feelings and behaviours. While short-term stress can be motivating, for example triggering a child into studying for a spelling test, prolonged stress can lead to physical illness and/or emotional change such as anxiety and depression. The theoretical underpinnings of Journeywork are based on research findings from the field of psychoneuroimmunology (PNI). It is not within the scope of this report to elaborate on this complex field; however, evidence has demonstrated that our brain and nervous system, endocrine glands and immune system are in constant communication via a series of neuro-chemical responses ^[45]. PNI evidence suggests that thought, emotion and behaviour affect body systems at the cellular level – this is referred to as mind-body communication ^[46-49]. PNI operates from the premise that the mind and body are indivisible. Journeywork supports the theory that through mindfulness and imagery, people can modify the images they produce, and as imagery changes, so do emotions and behaviours, as well as changes in physiology and biochemistry, resulting in reduced stress and improved mood ^[39]. Journeywork assists

people; children in this case, to get access to the deeper level of mind-body interaction, to uncover emotional (i.e. neuro-chemical) blocks, and through awareness, feeling and imagery processes, impact on the neuro-chemical response to release these emotional blocks that are often the root cause of the behaviours that parents and teachers so often find challenging ^[10].

Journey Programs and Journeywork provide practical, user-friendly tools in the form of step-by-step processes, guided meditations, imagery, therapeutic metaphors (specially designed healing stories/story intended to create change), group exercises, play and activities (drawing, role play, journaling), to facilitate the release and expression of children's shining potential. *The Journey Classroom Process* (Appendix 2) for example, is a simple classroom process of guided introspection which takes each child on a guided tour within themselves. On this very special adventure of discovery they uncover a time where they experienced an upsetting issue or past trauma for example when they felt scared, lonely or sad, and are guided to discover the reality of that time for themselves, thereby creating empathy and understanding of the given situation(s). They imagine resources such as being able to tell an adult, finding courage to speak etc, that will enable them to see, hear and feel things differently. By releasing stored emotional blocks children are able to balance their previous perception of what happened, leaving them free of the negative experiences and emotions of the past, and free to utilise their new resources in the future, thereby facilitating a change in their behaviour. Thus, the child's skill level in dealing with issues such as bullying, lack of self confidence, poor social skills, and defiant or unsociable classroom behaviour can be improved.

1.1.5 Journeywork in schools

Internationally, Journeywork is being conducted in 28 countries across Europe, Australia, Asia, Africa, the United Kingdom, the United States of America, Israel and Japan. Case study ^[10-12] and anecdotal evidence ^[50] support the positive impact of Journeywork on adult's and children's lives. The first pilot study of Journeywork in schools was conducted in South Africa by school teacher and Journey Practitioner, Jayshree Mannie, whose aim in designing classroom Journeywork for children was to improve their emotional wellbeing, while at the same time monitoring their academic results. One class received a Journey process every week; one class received occasional Journeywork, and the other class did not undergo any Journeywork. At the end of the year, the class who received no Journeywork were averaging a 67% pass rate. Those who underwent occasional Journeywork were averaging 76% pass rate and those who received regular Journeywork – once a week – were averaging a 91% to 93% pass rate ^{[10,p23][51]}. Subsequently, Journey Programs in schools have been running in South Africa for some years and further research has shown that Journeywork is successful in developing learners socially, emotionally and academically, while at the same time being enjoyable and liberating for participants. In addition, the program was well regarded by educators and parents. Using *The Journey Classroom Process* South African results ^[19, 52] have shown:

- increased academic performance
- better attendance rates
- improved interaction between peers
- reduced bullying
- better relationships between children and their teachers
- an increase in self-esteem and confidence
- improved behaviour and discipline in the classroom and playground

- that children can use the practical Journey tools when they need them.

Journeywork is being conducted in a small number of Australian primary schools in Queensland ^[14], New South Wales ^[15, 18], Western Australia, South Australia, and Victoria ^[13]. Case study, anecdotal evidence and formal review ^[18] provide support for the impact of Journeywork in Australian schools. There have also been two program evaluation studies ^[16, 17].

Most recently, an independent review of the Journey Program which has been running in Newcastle since 2004 was conducted. This review consisted of examination of the background, aims and principles of the Journey Program, its implementation methodology, written comments by parents, impact on children as seen through their drawings, and interviews with 5 key informants including the Principal, assistant principal, Journey facilitator and a parent whose children had been involved in the program over recent years. Participants were invited to describe the various program scenarios and articulate the program's perceived strengths and weaknesses. Additional questions and comments arose incidentally throughout the interview. Findings from this independent review revealed that the Journey Program provided personal development of the children, enhanced student resilience, inner strength, and self-esteem, with children playing together in a more positive way, having more fun and fighting less with their siblings. In addition, the Journey Accredited Practitioner was reported to have a strong sense of responsibility and close collaboration with the Principal and school counsellor. Furthermore, parents often initiated their children's involvement in the Journey Program and a number of parents also participated in Journeywork for their own development outside of school hours. Consequently, evidence from the independent review supported the continuation of the Journey Program within the school ^[18].

In South Australia a Journey Program consisting of 5, weekly sessions was conducted in a Year 2 classroom of 28 students in Term 3 of 2008. The aim of the program was to provide the children with the tools to explore their emotions and improve their self-esteem and resilience. Program evaluation showed that the children enjoyed the Journeywork. They learnt that when they are sad they can draw on new skills of relaxation, and courage, knowing that inside them they have inner beauty, a shining diamond, and a special friend in their heart. In addition, one child learnt that they were now better at saying sorry and thank you to people; another child realised that they could now speak out whenever they are scared. The Class Teacher found the Journey sessions so valuable, that the Program was extended for a further 7 weeks in Term 4, noting that the sessions helped in the classroom and in the yard ^[16].

In Western Australia, a Journey Program was conducted weekly in 2007 in a Year 2 class with the teacher supported by three Journey Accredited Practitioners. The aims of the Journey Program were to address academic development, social awareness, resiliency and life skills, and the development of competencies such as problem solving, critical thinking, and communicating. Results from the analysis of student pre- and post-questionnaires, classroom observation, and teacher interviews showed that the children's attitudes toward school, academic progress, organisational skills and work habits, social and emotional development, resilience, communication, level of happiness, and sleep patterns, had improved. The children felt that the Journey Program was important in helping people and improving wellbeing and that the skills learnt helped them to be able to discuss their problems more with others, including their parents. In addition, teachers found that teaching the children became easier and more rewarding because the students were more punctual, enthusiastic and their self-management and self-discipline had improved. Parents noted an improvement or positive difference in their child ^[17].

No Australian research studies have been conducted to formally evaluate the impact of Journey programs. Consequently, this study has been designed to address this gap.

1.2 Aim of the study

The aim of this study was to improve the social and emotional wellbeing of participant primary school children.

Specific objectives included:

- 1) ensuring that the children were happy and left at ease following each Journey session;
- 2) provision of support and tools for the children to deal with daily life events and emotions;
- 3) evaluating the effectiveness of conducting Journeywork sessions on the social and emotional wellbeing of children;
- 4) evaluating the effectiveness of conducting Journeywork sessions on children's behaviour in the classroom and school environment;
- 5) evaluating the effectiveness of conducting Journeywork sessions on the academic progress of the children.

1.3 Significance of the study

This study addresses an area of urgent concern – how to improve the welfare of our children, that is, their physical, social, and emotional health and wellbeing.

Journeywork and Journey programs provide children, and also their teachers and parents, with practical, step-by-step tools to use in a variety of circumstances; in the classroom with groups of children, with groups of teachers and/or parents, and in individual sessions with both adults and children. The individual tools can be incorporated into daily activities and used throughout the day as issues arise. Teachers and parents can learn Journey techniques and processes and integrate them into their current home life, teaching programs, and health programs. Drawing on mindfulness, introspection and guided imagery techniques, Journeywork enables people to access their own internal resources and enhances the child's ability to communicate more openly, thereby creating opportunities for improved social interaction ^[10].

Consequently, this study can benefit schools, teachers, parents, and students in a number of ways.

- It provides an example of a Journey Program that can support the implementation of evidence-based mental health promotion, prevention and early intervention strategies into schools.
- Parents and teachers can encounter children with improved behaviours in the classroom, school, and home environment.
- Children will be provided with the tools to deal with life events and the many emotions they encounter daily.

- Parents and teachers can learn the tools and integrate them into daily home and school life.
- Children's relationships with parents, teachers and peers may become more positive.

The study was conducted introducing Journeywork into a metropolitan primary school in Victoria (Australia) with 24 students from Years 3 and 4, in Terms 2 and 3 of 2009. For the purposes of this study, each session was allocated a one-hour time-slot to cover research requirements as well as conducting the session.

1.4 Terms and conventions used in this report

This report is written with the potential and diverse audiences in mind: Education departments, primary school principals and teachers, researchers, mental health professionals, parents and Journey practitioners. Overall, the aim of the report is to present the process and outcomes of the research in a language that makes them accessible to this diverse group of key stakeholders.

In the interests of readability, many of the results have been presented as tables, graphs and figures. Terms used in descriptive statistics have been explained in the 'definitions' chapter. Descriptions of statistical significance have been included in the texts where appropriate for those readers who may seek this information.

In this Chapter (Chapter 1), the background, aims and significance of the study have been discussed. Chapter 2 gives an overview of the study design, and in Chapter 3 the methods of recruitment, data collection and analysis are presented. The results have been reported in Chapter 4 to 9 and these are discussed in Chapter 10. With all research studies, there are limitations, and these are outlined in Chapter 11, before summing up with the conclusions in Chapter 12. Recommendations are elaborated in Chapter 13, and examples various documents used throughout the study are presented in Chapter 14, the Appendices.

Each chapter ends with a chapter summary to assist the reader in accessing the information and findings more readily.

1.5 Chapter summary

In this chapter an outline of the importance of mental health and emotional wellbeing strategies in primary schools were discussed, along with an introduction to Journeywork and the aims and significance of this study.

Chapter 2

Study Design

This study used a pre-test / post-test design which included questionnaires as well as group and individual interviews to evaluate the impact of Journeywork on the social and emotional wellbeing and academic progress of a selection of primary school students.

Figure 2 shows a diagrammatic overview of the study. The three phases included:

Recruitment of schools (Principals, teachers, support staff) and participants (parents and children)

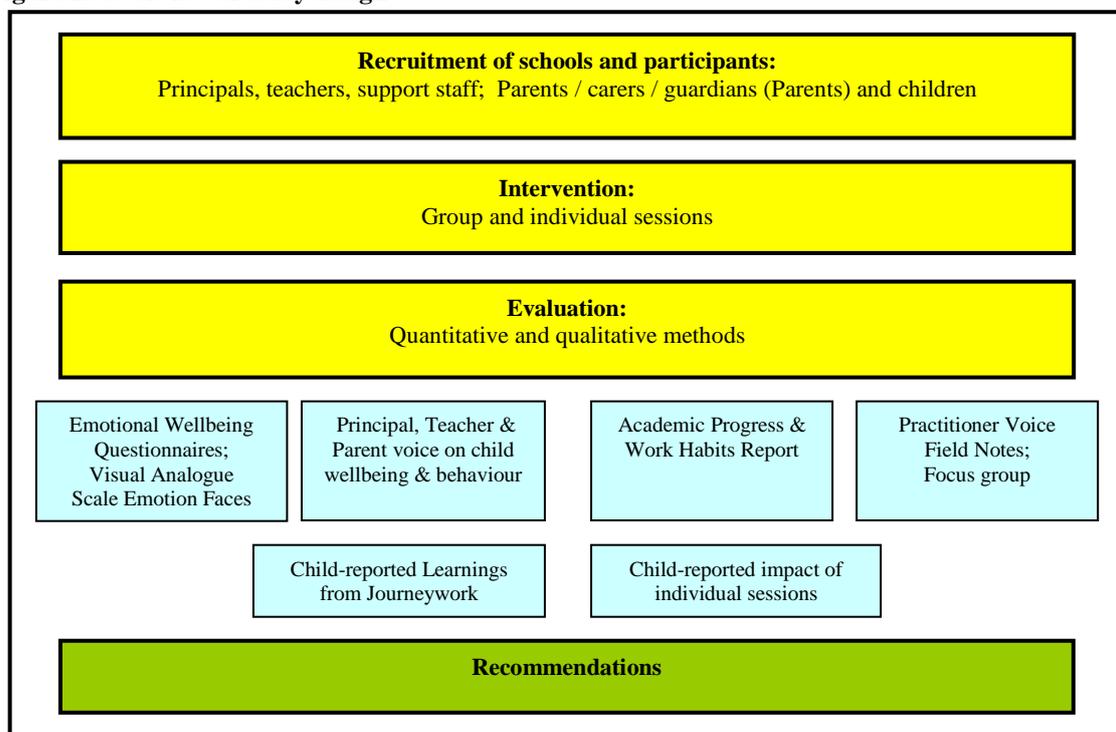
Implementation of Journeywork and the Journey Program in one Year 3 or Year 4 classroom, in School Terms 2 and 3 (group and individual sessions)

Evaluation: Quantitative and qualitative methods

Data were obtained from a variety of informants, using a number of different data collection methods. This triangulation of data ^[20-22] provided access to a multiplicity and diversity of perspectives and data for analysis.

Ethical approval to conduct the study was granted by the Flinders University Social and Behavioural Research Ethics Committee, the Victorian Department of Education and Early Childhood Development Office for Policy, Research and Innovation, and the Catholic Education Office Archdiocese of Melbourne.

Figure 2: Overview of study design



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.

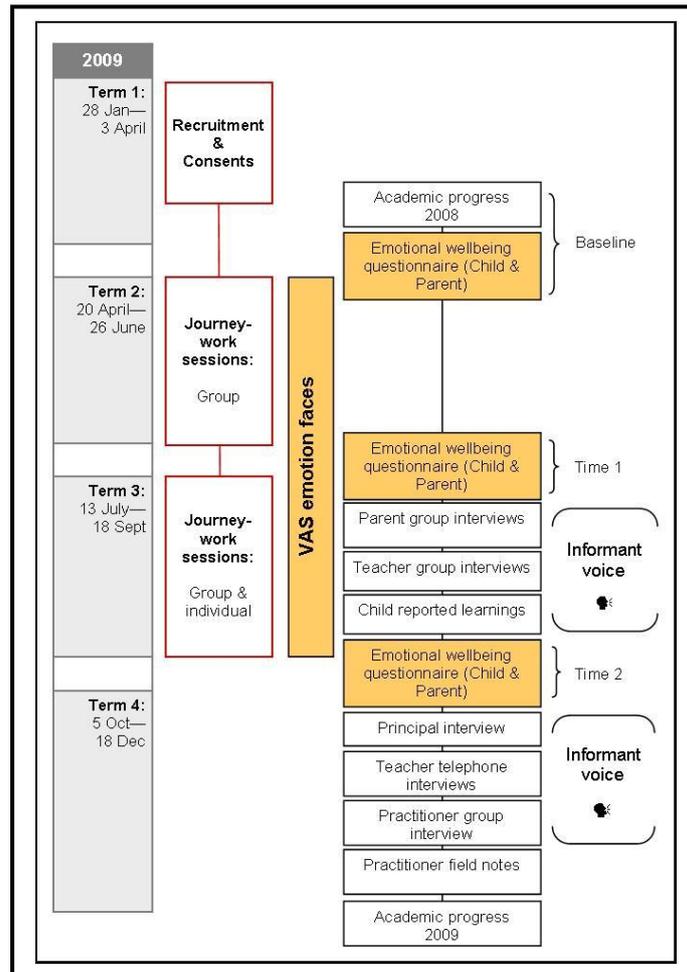
3.6 Data collection and evaluation: Emotional wellbeing measures and impact evaluation

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 3: 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.

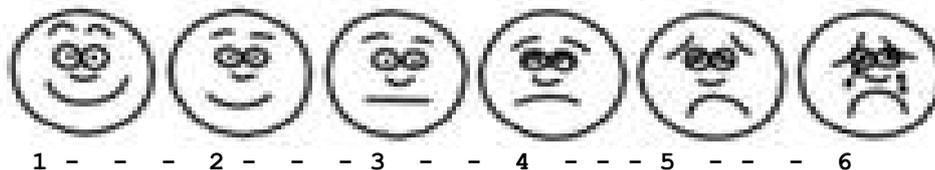
Refer to Chapter 5 for results of the questionnaire.

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 4: 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:

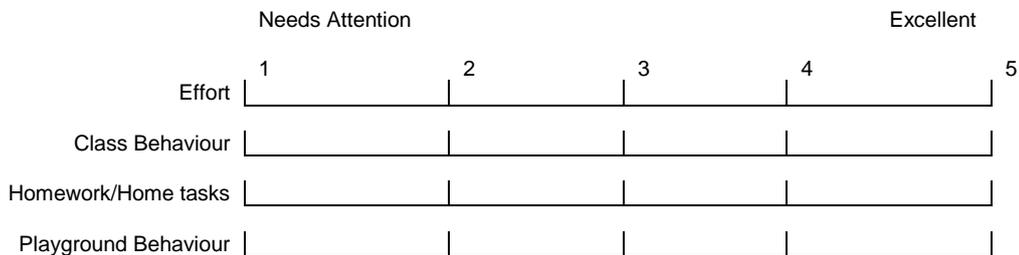
- What the child has achieved
- Areas for improvement/future learning
- What the school will do to support the child in their learning
- What the parents can do at home to help the child's progress
- Student Comment
- Attendance

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 5: 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) of 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.

RESULTS



Chapter 4

Results of Recruitment

4.1 Participating school

The participating school is situated in metropolitan Melbourne and had an enrolment of 402 students (June 2008) covering Prep to Year 6. The school has a high proportion of non-English speaking background families (81.9%). These families come from 46 different cultural backgrounds (refer Table 1 for the participant group). The school is a Catholic school and the Education Maintenance Allowance received from the Federal government is slightly higher than average (20.3) compared to other schools. This indicates that the school has a slightly higher than average number of low-income families who have a current health care card attending the school.

4.2 Participants

All parents and children in Year 3 and Year 4 received the letter of invitation, information sheets and consent forms about Journeywork and the study (Appendix 8, Appendix 9, Appendix 10). In response to this information, eighteen parents had advised the Wellbeing Coordinator that they and their child wished to participate in the study and had consented to do so.

While two parent information sessions were scheduled; an after-school information session (3.30pm) and an evening session (7.30pm), only one parent registered for the after-school session and on the advice of the Wellbeing Coordinator, this session was cancelled and the parent advised of the evening session. The one and a half-hour session introduced Journeywork and a DVD of the comments from children, teachers and the Principal from the school in NSW already using Journeywork was shown. The nature of Journeywork and the research study was explained and questions answered to the satisfaction of the parents.

Seven adults: 4 mothers, 1 grandmother and 1 couple attended. Five children came along with their parents, two of whom were brothers, one in Year 3 or 4. The Wellbeing Coordinator commented that this was a good response rate of parents attending school meetings.

Following the information evening, twenty-four children from both Year 3 and Year 4 and their parents, had consented to participate in the study. This was in contrast to the intention of carrying out the sessions in one classroom, of either Year 3 or Year 4 students. Thus, on the advice of the school, a specific time-slot was allocated to bring these children together each week for Journeywork sessions. The effect this had on the study was three-fold:

1. It appeared that parents of children who were more challenged in resilience had volunteered to participate in the study. This perception was verified by a comment from one of the teachers that we “had the more difficult kids” and that 24 seemed a big class to control (*Teacher via Practitioner 2 field notes*). The expertise and number of the practitioners (3 or 4 each session), and the nature of the intervention were able to accommodate this group of children.

2. Bringing individual children from different classrooms together required specific strategies by the practitioners to get the children working together as a group and ensuring they felt safe with each other.
3. Scheduling of lessons would be more challenging for the teachers.

Of the 24 students, eighteen (75%) were male and six (25%) were female; ranging from 8 to 10 years of age with the majority of children being 9 years of age (median = 9; mode = 9) at commencement of the program. Nine of the children (37.5%) were in Year 3 and fifteen (62.5%) were in Year 4. Their parents came from a variety of non-English speaking backgrounds; with Vietnamese being the most prevalent (refer Table 1).

Table 1: Characteristics of participant children

ID	Gender	Age at 1 May 09	County of birth Father	County of birth Mother	School Year
1	M	8	Philippines	Philippines	3
2	M	9	Italy	Colombia	4
3	F	8	Vietnam	Vietnam	3
4	F	9	India	India	4
5	M	8	Greece	Greece	3
6	M	8	Vietnam	Vietnam	3
7	M	8	China	China	3
8	M	9	Armenia	Armenia	3
9	M	8	Ireland	Malaysia	3
10	M	9	Philippines	Philippines	4
11	M	9	Vietnam	Vietnam	4
12	M	8	India	India	3
13	F	9	India	India	4
14	F	9	Vietnam	Vietnam	4
15	M	8	Vietnam	Vietnam	3
16	M	9	Australia	Australia	4
17	M	10	Australia	Australia	4
18	M	9	Vietnam	Vietnam	4
19	M	9	Vietnam	Vietnam	4
20	M	9	Chile	Sri Lanka	4
21	F	9	Greece	Greece	4
22	M	9	Australia	England	4
23	F	9	Italy	Italy	4
24	M	9	Sudan	Sudan	4

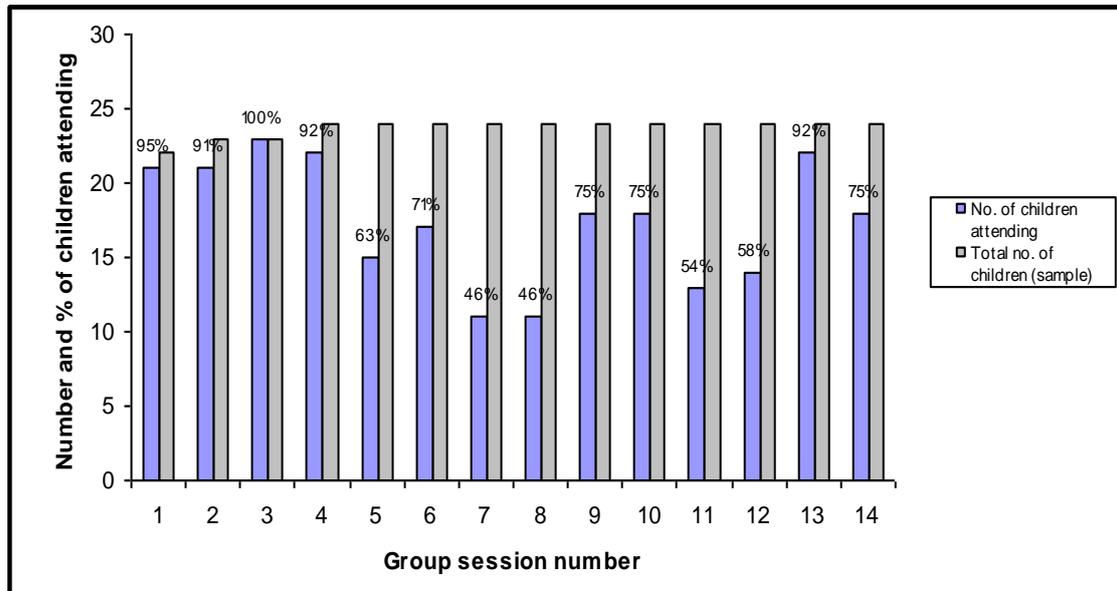
4.3 Implementation of the intervention

4.3.1 Confusion over voluntary participation

Participation in the Journey sessions was voluntary, and this was explained in the Information Sheets, on the consent form as well as during the introductory sessions with the Principal, Wellbeing Co-coordinator and parents. Initially however, the children thought that once they had signed the consent form to participate in the program, they *had* to attend each week. When the practitioners became aware of this, they explained to the children (and to the Wellbeing Coordinator) that they had a choice each week of

whether they wished to attend or chose to be elsewhere. This was clarified with the children prior to the 5th Journey session. As can be seen in Figure 6, there was a drop in numbers of children attending after it was clarified that attendance was voluntary. Thereafter, attendance varied, and some of the known reasons are listed below. For example, for sessions 7 and 8, some of the children had another compulsory practice session to attend.

Figure 6: Number and percentage of children attending group Journey sessions each week



4.3.2 Attendance at group and individual Journey sessions

Group Journeywork sessions commenced in the third week of Term 2 and continued each week for eight weeks, breaking for the term holiday, and commencing again in Term 3 for another six weeks: fourteen group sessions in total. Sessions were scheduled for 2.10pm to 3.10pm straight after lunch and playtime, and just prior to the children going back to their classroom for a short period before going home.

Individual sessions were conducted with any child assessed by the practitioners to require additional support during, or immediately after, the group sessions. Not all of these individual, as needed sessions were documented because the focus was on facilitating the session in response to the child's needs and re-assessing the wellbeing the child, leaving them happy and at ease. In addition, scheduled individual sessions were also conducted over a 3-week period towards the end of Term 3. Table 2 shows the number of Journeywork sessions attended by each of the children. As shown, only 2 children attended all of the group sessions provided, and the majority of the children (n=15, 62.5%) attended more than 70% of the group sessions held. Child 18 was the only child who attended less than half of the group sessions (i.e. n=6, 43%). It is important to note that child 18 was one of the outliers identified in the emotional wellbeing questionnaire.

The following are the known reasons for children not attending all of the sessions.

- They were away from school sick
- They were overseas with their parents
- They chose to attend sports instead of the Journey session

- They were attending other school commitments such as drama practise. Some of the other school commitments were voluntary and some were compulsory.

4.4 Chapter Summary

This chapter gave an overview of the participating school, parents and children.

Table 2: Number of Journeywork sessions attended

Child ID	Number of group sessions attended			Number of individual sessions attended			Total No. of sessions attended: Group + individual sessions
	Term 2 (n=8)	Term 3 (n=6)	Total (n=14) n (%)	No. of sessions determined by need*	Individual scheduled sessions (n=3)	Total No.	
1	6	2	8 (57)	-	1	1	9
2	5	4	9 (64)	-	2	2	11
3	8	6	14 (100)	-	2	2	16
4	8	6	14 (100)	-	2	2	16
5	6	4	10 (71)	1	2	3	13
6	4	4	8 (57)	-	2	2	10
7	6	2	8 (57)	-	2	2	10
8	5	2	7 (50)	-	2	2	9
9	6	4	10 (71)	-	2	2	12
10	7	4	11 (79)	1	1	2	13
11	4	3	7 (50)	-	2	2	9
12	5	5	10 (71)	-	2	2	12
13	5	4	9 (64)	-	2	2	11
14	5	4	9 (64)	1	1	2	11
15	8	3	11 (79)	-	3	3	14
16	6	6	12 (86)	-	2	2	14
17	6	6	12 (86)	2	4	6	18
18	3	3	6 (43)	-	2	2	8
19	8	5	13 (93)	1	2	3	16
20	6	5	11 (79)	-	2	2	13
21	7	5	12 (86)	-	2	2	14
22	7	6	13 (93)	-	2	2	15
23	†5	5	10 (71)	1	1	2	12
24	‡5	5	10 (71)	1	3	4	14

† = Commenced participation in session two. ‡ = Commenced participation in session four. * = Not all sessions determined by need were documented at the time

Chapter 5

Results of Emotional Wellbeing Measures

5.1 Emotional Wellbeing Questionnaire: CES-DC

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.

5.1.1 Overall emotional wellbeing scores

Analysis of the *Emotional Wellbeing Questionnaire* self-reported responses involved conducting a number of analyses. In the first instance, describing the results of the total sample of children (n=24), with further analyses including only those children who completed all three questionnaires at baseline, Time 1 and Time 2 (n=19). Analyses of the total sample and the questionnaire completer sample showed a skewing of the results toward the direction of the extreme outliers (child 18 and 23). Consequently, an additional analysis of the questionnaire completer sample, with the outliers omitted (n=17), gives a more balanced understanding of the effects of attending the Journey Program on the participating children.

The overall group analyses were conducted to determine statistical significance, and individual children analyses, along with the qualitative analyses, were conducted to determine practical significance of implementation of the Journey Program.

The 20-item ratings of the *Emotional Wellbeing Questionnaire* are summed to a total score ranging from 0 to 60, with higher scores indicating increasing challenges to emotional wellbeing.

Of the 24 children with baseline data, 19 children completed all 3 emotional wellbeing questionnaires at the time points of baseline (B), Time 1 (T1) and Time 2 (T2). These 19 children were considered 'questionnaire completers' and are analysed and reported as a sub-group (n=19) of the total sample.

Descriptive analyses indicate that there was very little difference between the results of the total sample of children (n=24) and the children who completed all 3 questionnaires (n=19), therefore the results of the questionnaire completer children (n=19) are reported.

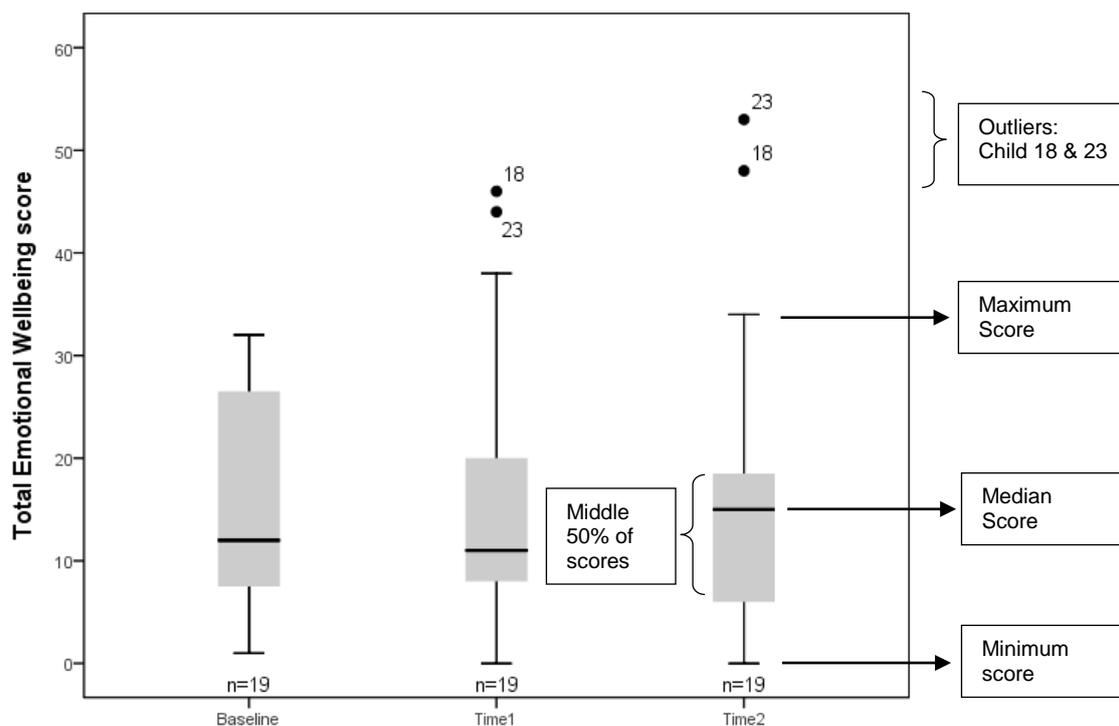
As can be seen in Table 3, there was a very wide range in raw scores (baseline=1-32; T₁=0-46; T₂=0-53) with 2 extreme outliers (children whose scores were well outside the scores of the other children; child identifier numbers 18 and 23 - refer Figure 7). Mean and median scores show that the children were marginally challenged emotionally at each time point. Whilst there was an increase over time in median scores, the increase was negligible when comparing the mean scores at each time point (Table 3). The median score at baseline was 12, dropping to 11 at Time 1 and increasing to 15 at Time 2, however it should be noted that the two outliers impact on the aggregated results and therefore are excluded from analysis further into this report. It should also be noted that the change in median and mean scores is small and caution should be taken when making any inferences from these changes in scores over time. The range (maximum and minimum scores), median (middle score) and the mode (most frequently occurring scores) are reported in Table 3, and illustrated in the box-plot below (Figure 7), with the 2 outliers identified.

These scores indicate that the children's responses to the emotional wellbeing questionnaire were variable.

Table 3: Total emotional wellbeing scores over time: Children questionnaire completers

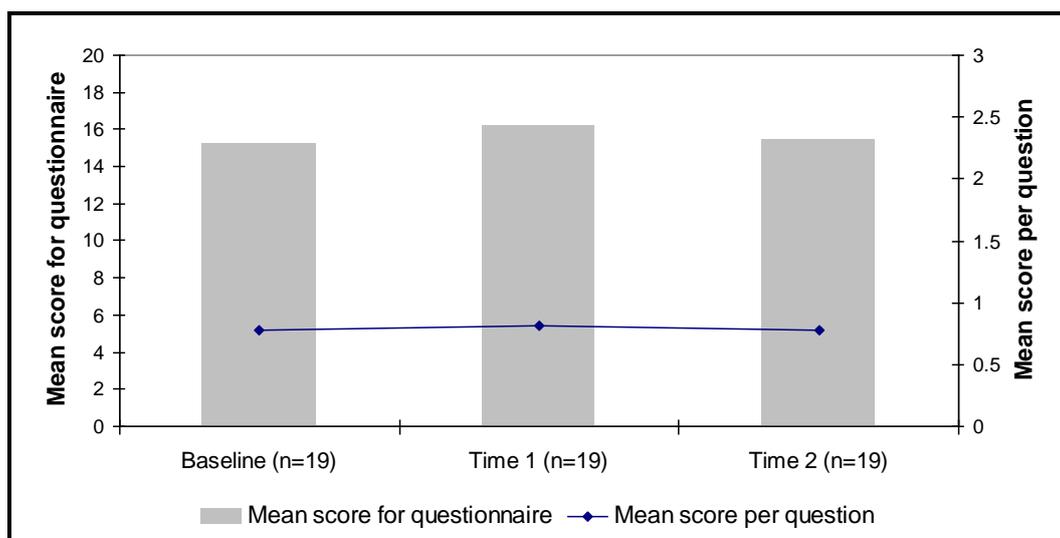
Children (n = 19)	Baseline	Time 1	Time 2
Mean score (questionnaire) <i>M (SD)</i>	15.26 (10.88)	16.16 (13.43)	15.47 (14.98)
Range	1-32	0-46	0-53
Median	12	11	15
Mode	1, 3, 10, 12	11	7
Mean score (per question) <i>M (SD)</i>	0.77 (0.56)	0.81 (0.69)	0.78 (0.75)

Figure 7: Box-plot: Total emotional wellbeing scores over time - Children questionnaire completers



When analysing the individual children's scores per question, the mean score increased only slightly (by 0.04) from baseline to Time 1, then decreased by 0.03 from Time 1 to Time 2 (Table 3). The children's scores also showed greater variability (i.e. increases in standard deviation over time) which indicates that the spread of scores (i.e. the range of scores) became greater between the time points (as shown by the box-plot in Figure 7). The mean scores for the questionnaire and for the individual questions are illustrated graphically in Figure 8.

Figure 8: Emotional wellbeing mean scores over time: Children questionnaire completers



Statistical analysis of the emotional wellbeing scores, using the Friedman test shows a change in scores over time, with no statistically significant differences in the wellbeing scores across the three time points of baseline, Time 1, and Time 2 ($\chi^2 = 1.947$, $n=19$, $p = .378$). Thus, overall results of the *Emotional Wellbeing Questionnaire* raw scores show no significant change over time in the group as a whole.

5.1.2 Emotional wellbeing scores for questionnaire completer children with outliers removed

The group of children who completed the *Emotional Wellbeing Questionnaire* at baseline, Time 1 and Time 2 were further analysed with the two outliers (child 18 and child 23) removed from the sample ($n=17$). Refer Figure 7 for outliers. Descriptive analysis of the data is as follows.

Table 4 shows that the children mean scores of emotional wellbeing decreased over time. The range remained fairly constant over the three time points, with the median decreasing from baseline to Time 2 ($B=10$, $T_2=7$). Mode scores remained the same to that of the total sample over time. When reviewing individual scores per question, the mean score decreased by 0.11 from baseline to Time 2.

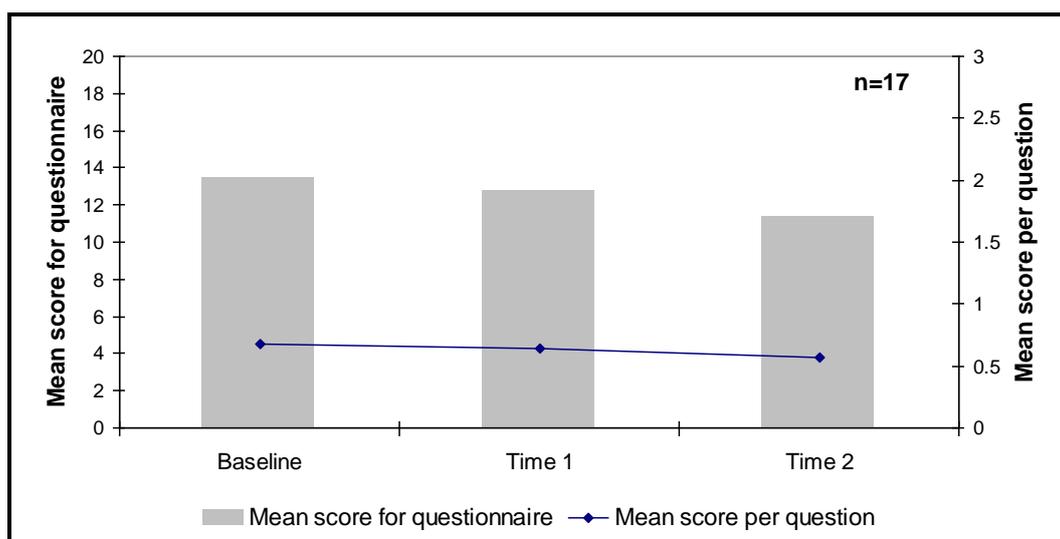
Table 4: Total emotional wellbeing scores: Children questionnaire completers with outliers omitted

Children (n = 17)	Baseline	Time 1	Time 2
Mean score (whole questionnaire) M (SD)	13.47 (10.03)	12.76 (9.30)	11.35 (8.97)
Range	1-32	0-38	0-34
Median	10	11	7
Mode	1, 3, 10, 12	11	7
Mean score (per question) M (SD)	0.68 (0.51)	0.64 (0.46)	0.57 (0.45)

Figure 9 illustrates that there was a decrease in mean scores over time, from baseline to Time 2, and along with the decrease in median score, the results suggest an improvement in emotional wellbeing, which is of practical significance for implementing Journeywork in schools.

Further analysis of the emotional wellbeing scores over time using a Friedman test indicated that there was no statistically significant differences in the scores across the three time points of baseline, Time 1, and Time 2 ($\chi^2 = 4.687$, $n=17$, $df=2$, $p = .096$).

Figure 9: Emotional wellbeing mean scores over time: Children questionnaire completers with outliers omitted



5.1.3 Overall emotional wellbeing scores in relation to number of Journeywork sessions attended: Questionnaire completers

The number of sessions attended by the children was recorded. To examine whether there was any relationship between the number of Journeywork sessions attended by the children who completed all three questionnaires ($n=19$) and their emotional wellbeing scores, a Spearman's Rank Order Correlation was conducted. The number of sessions attended by the questionnaire completer children (including the outliers) was statistically significant to their score achieved at Time 1 (Table 5 $p < .01$). The relationship was a strong negative correlation ($r = -.655$) indicating that as the total number of sessions increased over time, the children's total score decreased (emotional wellbeing improved). This relationship however was weaker and not statistically significant at the Time 2 interval, where the mean number of Journeywork sessions attended was decreasing. The

relationship between the number of sessions attended by the questionnaire completer children, omitting the outliers, was also conducted yielding similar results at Time 1 and Time 2 ($r = -.540, p < .05$).

These findings are promising, suggesting that with regular Journeywork over time, children's emotional wellbeing can improve.

Table 5: Number of sessions attended in relation to emotional wellbeing scores: Questionnaire completers

Children ($n=19$)	Time 1	Time 2
Mean score (SD)	16.16 (13.43)	15.47 (14.98)
Mean No. of sessions (SD)	6.00 (1.29)	4.68 (1.11)
Spearman's rho	-.602**	-.296
Sig. (2-tailed)	.005	.219

**Correlation is significant at the 0.01 level (2-tailed)

5.1.4 Individual emotional wellbeing scores: Questionnaire completers

Analysis of the questionnaire completer's ($n=19$) individual raw scores identified a decrease in scores for the majority the children (i.e. 12 children; 63.2%) from baseline to Time 2. This decrease in scores indicates an improvement in emotional wellbeing following completion of Journeywork. Child 2 showed the greatest improvement in emotional wellbeing, with a decrease in score of 25 points, with child 5 and 9 each showing a considerable improvement with a decrease in scores of 12 points. Alternatively, child 23 showed a decline in emotional wellbeing with the greatest increase in score of 22 points, followed by child 18 with an increase in score of 18 points (refer Table 6: baseline, Time 1 and Time 2 raw scores). Note: children 18 and 23 were the outliers and remained at the major challenge to emotional wellbeing throughout the study.

Table 6: Change in total raw scores over time, level of emotional wellbeing and change in level of emotional challenge by sub-group, in order of most improvement in wellbeing*: Questionnaire completers

Child ID (n=19)	Baseline	Time 1	Time 2	Change in scores: Baseline to Time 2 In order of most improvement in wellbeing*	Change in level of emotional challenge by sub-group: Baseline to Time 2
2	32 ^a	20 ^b	7 ^c	-25 ^d	Major improving to little
5	28 ^a	10 ^c	16 ^b	-12 ^d	Major improving to mild
9	14 ^c	13 ^c	2 ^c	-12 ^d	No change
10	10 ^c	1 ^c	0 ^c	-10 ^d	No change
24	26 ^a	24 ^b	17 ^b	-9 ^d	Major improving to mild
4	10 ^c	8 ^c	4 ^c	-6 ^d	No change
7	20 ^b	18 ^b	15 ^c	-5 ^d	Mild improving to little
19	12 ^c	11 ^c	7 ^c	-5 ^d	No change
17	18 ^b	8 ^c	15 ^c	-3 ^d	Mild improving to little
22	9 ^c	14 ^c	7 ^c	-2 ^d	No change
3	6 ^c	4 ^c	5 ^c	-1 ^d	No change
12	1 ^c	0 ^c	0 ^c	-1 ^d	No change
20	3 ^c	11 ^c	7 ^c	+4 ^e	No change
13	27 ^a	38 ^a	34 ^a	+7 ^e	No change
16	9 ^c	11 ^c	20 ^b	+11 ^e	Little challenge to mild
21	3 ^c	6 ^c	19 ^b	+16 ^e	Little challenge to mild
14	1 ^c	20 ^b	18 ^b	+17 ^e	Little challenge to mild
18	30 ^a	46 ^a	48 ^a	+18 ^e	No change
23	31 ^a	44 ^a	53 ^a	+22 ^e	No change
Mean	15.26	16.16	15.47		
SD	10.88	13.43	14.98		

^a = Major challenge to emotional wellbeing at baseline, Time 1 and Time 2 (scores 25+)

^b = Mild challenge to emotional wellbeing at baseline, Time 1 and Time 2 (scores 16-24)

^c = Little or no challenge to emotional wellbeing at baseline, Time 1 and Time 2 (scores 0-15)

^d = Decrease in score (-) indicates improvement in emotional wellbeing from baseline to Time 2

^e = Increase in score (+) indicates decrease in emotional wellbeing from baseline to Time 2

5.1.5 Level of emotional challenge experienced by the individual children: Questionnaire completers

To examine the data further, the level of challenge to emotional wellbeing experienced by the individual children was identified as sub-groups by using cut-off scores: 0-15 indicating those children with little or no challenge to emotional wellbeing; 16-24 indicating those children with a mild challenge to emotional wellbeing; and scores 25 and above indicating those children who had a major challenge to emotional wellbeing in the previous week [66]. Table 7 shows the number (%) of children with total scores in each level over time.

Table 7: Number of questionnaire completers across emotional challenge levels by cut-off scores

Children (n=19)	Baseline n (%)	Time 1 n (%)	Time 2 n (%)
25+ Major challenge	6 (31.6%)	3 (15.8%)	3 (15.8%)
16-24 Mild challenge	2 (10.5%)	4 (21.1%)	5 (26.3%)
0-15 No or Little change	11 (57.9%)	12 (63.2%)	11 (57.9%)

Of practical significance is the number (%) of children who changed level of emotional challenge sub-groups over time, (i.e. those children whose emotional wellbeing improved, remained the same, or decreased to the extent that their level of emotional challenge changed).

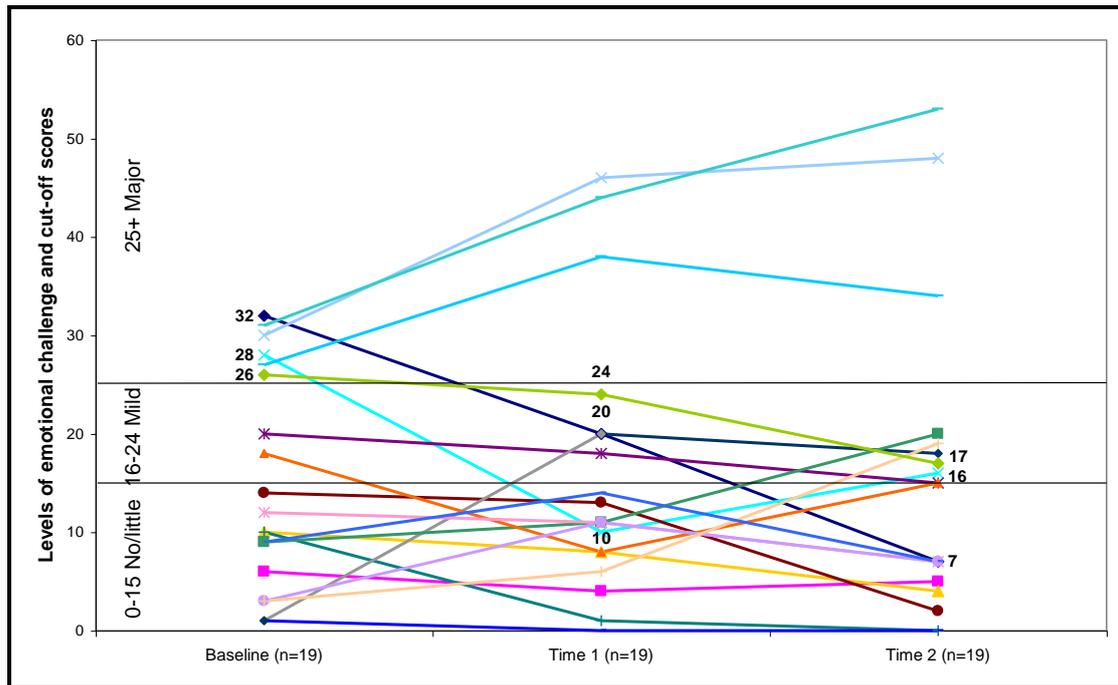
At baseline there were 6 children (31.6%) whose scores indicated a major challenge to emotional wellbeing (i.e. total raw score=25+) (child 2, 5, 13, 18, 23, & 24). At Time 1 and Time 2, following Journeywork sessions, only three of these children (15.8%) (child 13, 18 and 23) remained at the major challenge to wellbeing level (Table 7). These same three children (child 13, 18 and 23) remained emotional challenged throughout the study (Table 6). From observation of their actual behaviours, the practitioners were aware of the challenges to wellbeing of these three children. Consequently, the children received additional individual Journeywork over the period of the study. The teachers were also aware of the children's challenges, reporting that these children were experiencing difficulties at home during this period of time (*Researcher field notes; Parent group interview comments*).

As shown in Table 6, from baseline to Time 2, child 2 improved considerably, changing from experiencing a major challenge to emotional wellbeing, to little emotional challenge, and four (21%) children improved by one level (major to mild or mild to little) (child 5, 7, 17, & 24). Eleven children (57.9%) remained in the same level, even though their individual scores changed. In contrast, from baseline to Time 2, three children (15.8%) changed from experiencing little challenge to emotional wellbeing, to experiencing mild challenge (child 14, 16, & 21). On further analysis, the 2 outlier scores were omitted from the data and results showed that there was no statistical significance ($\chi^2 = 4.687$, $n=17$, $df = 2$, $p = .096$) to changes in overall emotional wellbeing scores over time.

Table 6 shows changes in raw scores, levels of emotional challenge, and change in level over time. Figure 10 illustrates graphically, the changes in the children's emotional wellbeing scores across the time intervals and within the levels of emotional wellbeing cut-off points, with child, 2, 5 and 24's raw scores marked to show considerable improvement over time.

Of practical significance is the finding that the majority children (63.2%) decreased their raw scores from baseline to Time 2, indicating an improvement in emotional wellbeing following completion of Journeywork. Furthermore, 26.3% ($n=5$) of children improved and changed from one level to another level of wellbeing, with 57.9% ($n=11$) remaining at the same level of wellbeing or challenge to wellbeing. Only 15.8% ($n=3$) of children decreasing in wellbeing, changing from little challenge to mild challenge.

Figure 10: Individual scores across time by levels of emotional challenge: Children questionnaire completers



Greatest improvement in emotional wellbeing scores over time:

Raw scores: 32, 20, 7=Child 2
 Raw Scores: 28, 10, 16=Child 5
 Raw Scores: 26, 24, 17=Child 24

5.1.6 Emotional wellbeing across the domains – Physical, depressed feelings, positive feelings and interpersonal relationships: Questionnaire completers omitting outliers

As discussed previously in the 'methods' chapter, the *Emotional Wellbeing Questionnaire* (CES-DC) items can be further divided into symptom domains: physical problems, depressed feelings, positive feelings, and interpersonal relationship problems. Analysis of the domain sub-groups provides a more complete understanding of the specific areas in which children improved, remained the same, or were more emotionally challenged [55, 67].

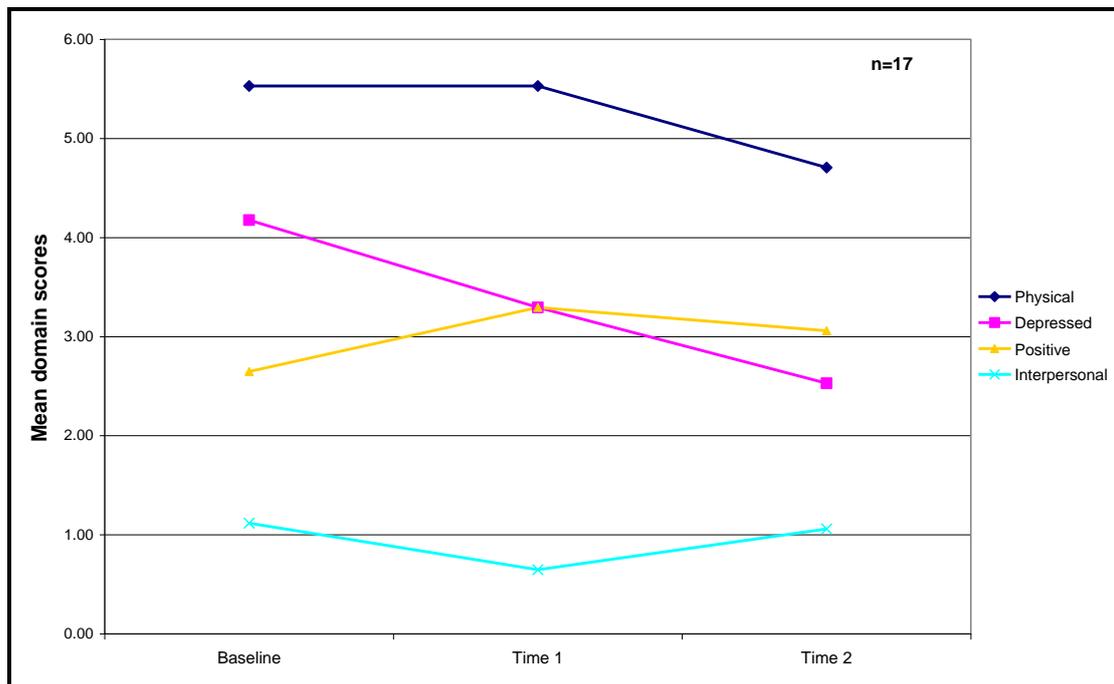
To determine improvement, decline or no change in the questionnaire completer children with the outliers omitted (n=17) from baseline to Time 2, each child's baseline score was subtracted from the Time 2 score to give a difference. Negative differences in scores indicate an improvement in emotional wellbeing for the domain, and a positive difference in scores indicates a decline in emotional wellbeing in that domain.

As shown in Table 8 and illustrated in Figure 11, there was a decrease (improvement) in mean scores in the physical (-0.82), depressed feelings (-1.65), and interpersonal relationships (-0.06) domains, and an increase (less wellbeing) in mean scores in the positive feelings (0.41) domain. The change in the children's mean scores across the time periods in each domain is very small and caution should be taken when making inferences from these changes in scores.

Table 8: Mean domain scores and standard deviation over time: Children questionnaire completers omitting outliers

Children (n=17)	Baseline Mean (SD)	Time 1 Mean (SD)	Time 2 Mean (SD)	Difference Time 2 - Baseline
Physical problems	5.53 (4.56)	5.53 (4.47)	4.71 (4.04)	-0.82
Depressed feelings	4.18 (4.19)	3.29 (3.48)	2.53 (3.95)	-1.65
Positive feelings	2.65 (1.97)	3.29 (2.34)	3.06 (2.66)	0.41
Interpersonal relationships	1.21 (1.50)	0.65 (1.00)	1.06 (1.75)	-0.06

Figure 11: Mean domain scores over time: Children questionnaire completers omitting outliers



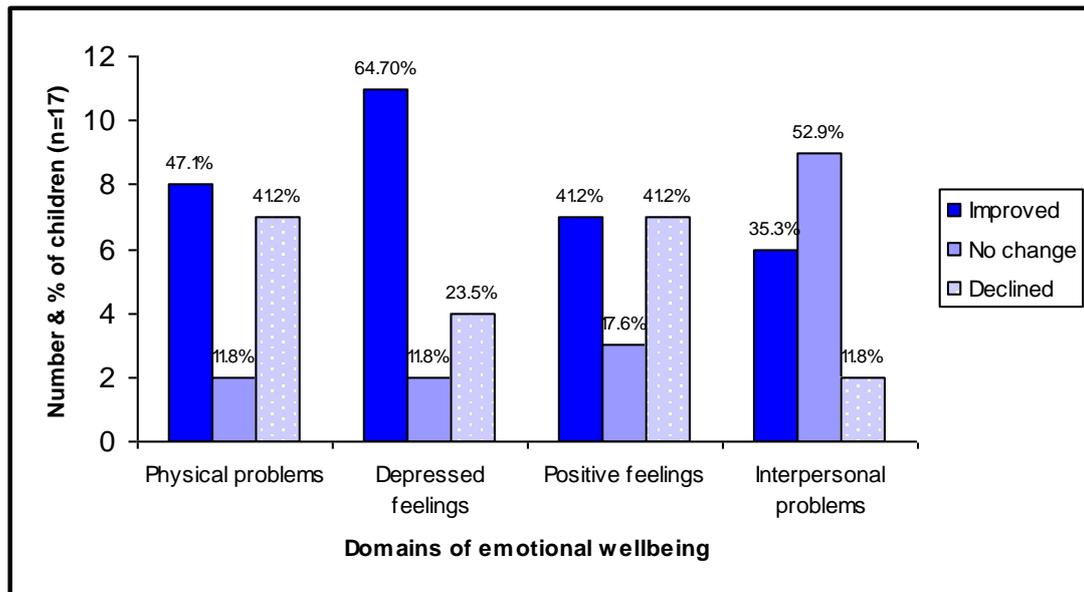
To analyse the domain mean scores over time, a Friedman test was conducted for each domain (physical, depressed, positive and interpersonal respectively). Whilst the scores show a small change over time, there were no statistically significant difference in the scores across the three time points of baseline, Time 1, and Time 2 (Physical $\chi^2 = .136$, $p = .934$; Depressed $\chi^2 = 4.290$, $p = .117$; Positive $\chi^2 = 2.679$, $p = .262$; Interpersonal $\chi^2 = 4.500$, $p = .105$).

On further analysis, this sub-sample of children (n=17) were examined individually. A difference in scores over time was determined by subtracting their baseline scores from their Time 2 scores in each domain and identifying the number the number of children whose emotional wellbeing improved (scores decreased over time), remained the same, and declined (scores increased over time).

As illustrated in Figure 12, the greatest improvement in emotional wellbeing occurred in the depressed feelings domain; 64.7% of the children decreased in depressed feelings scores from baseline to Time 2, with only 23.5% (4 children) showing a decline in emotional wellbeing in the depressed feelings domain (i.e. increase in depressed feelings

scores). This result is of practical significance in supporting the implementation of Journeywork. In addition, 47.1% of children showed an improvement in the physical domain, 41.2% showed an improvement in the positive feelings domain, and 35.3% showed an improvement in the interpersonal domain. In contrast, individual children showed a decline in emotional wellbeing in each domain with 41.2% of children declining in the physical problems and positive feelings domains. The interpersonal relationships domain showed the greatest number of children with no change in their scores from baseline to Time 2 (n=9, 52.9%).

Figure 12: Individual children’s change in emotional wellbeing by domain from baseline to Time 2: Questionnaire completers with outliers omitted



5.1.7 Prevalence of symptoms of greatest challenge to emotional wellbeing across the domains: Questionnaire completers omitting outliers

Following Bettge *et al* [67], the prevalence of symptoms of greatest challenge to emotional wellbeing (sad or depressive symptoms) were examined further. The aim of this analysis was to determine those symptoms that were the most challenging for the children at baseline, and indentify 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).

Symptoms of greatest challenge to emotional wellbeing were considered to be those questions answered with a 2='some' or 3='a lot', and for the positive feelings questions 3='not at all' or 2='a little' (questions 4, 8, 12, 16 were reverse coded). The questions answered with a '3' or '2' were aggregated, and the number of children collated. The results are described below as the numbers (%) of agreement with each single symptom.

At baseline, children indicated symptoms of greatest challenge to emotional wellbeing in just under 4 questions (mean=3.71; 18.5%). This decreased at Time 1 to a mean of 3.24 questions (16.2%), and showed a further decrease in the mean number of questions answered with a '3' or '2' to 3.00 (15.0%) at Time 2. These results indicate that the self-reporting of symptoms of greatest challenge to emotional wellbeing in the *Emotional*

Wellbeing Questionnaire (CES-DC) was decreasing over time. This decrease in number of responses is small and caution should be taken when making any inferences from these changes over time.

To investigate the actual symptoms where the children changed their scores on the *Emotional Wellbeing Questionnaire* over time, each question was examined for the number of children who scored symptoms of greatest challenge to emotional wellbeing within each domain (i.e. those questions answered with a '2' or a '3').

As indicated in Table 9, the number of responses showing symptoms of greatest challenge to emotional wellbeing from baseline to Time 2 decreased in 50% of the questions (10 questions: 1, 2, 3, 4, 6, 9, 11, 14, 18, and 20). This indicates that there was an improvement in emotional wellbeing, with less children responding to these questions with a '3' or a '2'. A further 4 questions showed no change in the number of children showing symptoms of greatest challenge to emotional wellbeing from baseline to Time 2. In contrast, there were 6 questions where the number of responses with a '2' or a '3' increased from baseline to Time 2. There was one question (symptom) where none of the children rated a score of a '3' or a '2' at Time 2 - question 6 ("I felt down and unhappy"), suggesting a slight improvement in the children who previously scored this a '3' or a '2'.

Table 9 shows each of the questions (symptoms) and illustrates the number of responses rated a score of a '3' or a '2' that is, the areas of greatest emotional challenge to this group of children. For example, the highest number of responses (n=6) of greatest challenge related to physical problems in getting started in doing things and lack of positive feelings that the children weren't as good as other children.

This information may assist school principals, teachers, support staff, parents and the children themselves, to further understand the problems and feelings underlying children's behaviours.

Table 9: Frequency of symptoms of greatest challenge to emotional wellbeing in the Physical, Depressed, Positive* and Interpersonal domains (aggregated responses ‘some’ & ‘a lot’) examined question by question for questionnaire completer children omitting outliers

Question no.	Children (n=17) Domain	Aggregated responses: ‘some’ & ‘a lot’ Number of responses (n) & percentage (%)					
		Baseline		Time 1		Time 2	
		n	%	n	%	n	%
	Physical problems						
1	I was bothered by things that usually don't bother me ¹	3	17.6	5	29.4	1	5.9
2	I did not feel like eating, I wasn't very hungry ¹	4	23.5	3	17.6	3	17.6
5	I felt like I couldn't pay attention to what I was doing ²	4	23.5	3	17.6	4	23.5
7	I felt like I was too tired to do things ^{2,3}	5	29.4	5	29.4	5	29.4
11	I didn't sleep as well as I usually sleep ¹	4	23.5	4	23.5	3	17.6
13	I was more quiet than usual ⁴	1	5.9	2	11.8	2	11.8
20	It was hard to get started doing things ¹	6	35.3	2	11.8	2	11.8
	<i>Total number of responses</i>	27		24		20	
	Depressed feeling						
3	I wasn't able to feel happy, even when my family or friends tried to help me feel better ¹	3	17.6	1	5.9	1	5.9
6	I felt down and unhappy ¹	4	23.5	3	17.6	0	-
9	I felt like things I did before didn't work out right ¹	3	17.6	4	23.5	2	11.8
10	I felt scared ⁴	2	11.8	3	17.6	4	23.5
14	I felt lonely, like I didn't have any friends ¹	2	11.8	1	5.9	1	5.9
17	I felt like crying ²	3	17.6	0	-	3	17.6
18	I felt sad ¹	3	17.6	1	5.9	1	5.9
	<i>Total number of responses</i>	20		13		12	
	Positive feeling*						
4	I felt like I was just as good as other kids ¹	6	35.3	6	35.3	4	23.5
8	I felt like something good was going to happen ⁴	5	29.4	7	41.2	7	41.2
12	I was happy ⁴	1	5.9	1	5.9	2	11.8
16	I had a good time ⁴	0	-	3	17.6	1	5.9
	<i>Total number of responses</i>	12		17		14	
	Interpersonal relationship problems						
15	I felt like kids I know were not friendly or that they didn't want to be with me ⁴	2	11.8	0	-	3	17.6
19	I felt people didn't like me ²	2	11.8	1	5.9	2	11.8
	<i>Total number of responses</i>	4		1		5	

*Positive feelings reversed items (3=not at all and 2=a little)

¹ Showed a decrease in the number of children with a 2 or 3 from baseline to Time 2

² Showed no change in the number of children with a 2 or 3 from baseline to Time 2

³ Showed no change across all three time periods

⁴ Showed an increase in the number of children with a 2 or 3 from baseline to Time 2

5.1.8 Child / Parent comparisons: Emotional Wellbeing Questionnaire

Each child participant and their parent were given a numerical identifier to ensure matching anonymity (e.g. C1 with P1). These identifiers enabled analysis of data for between-group comparisons (child/parent groups). To conduct this analysis, question 14: “I felt lonely, like I didn’t have any friends”; was omitted from the child questionnaire, to match the questions in the parent questionnaire following post-pilot adjustment to the parent questionnaire.

It is important to note in the analyses below that the number of matched child-parent pairs varied over each time point and some of these matched pairs do not repeat across all three time points. There were 20 pairs (83.3%) at baseline, 13 pairs (54.2%) at Time 1, and 7 pairs (29.2%) at Time 2, with a total of 6 child-parent pairs of data (25%) across all three time points.

The following descriptive analysis looks at the corresponding matching pairs of data - child to parent at each of the three time points (Table 10).

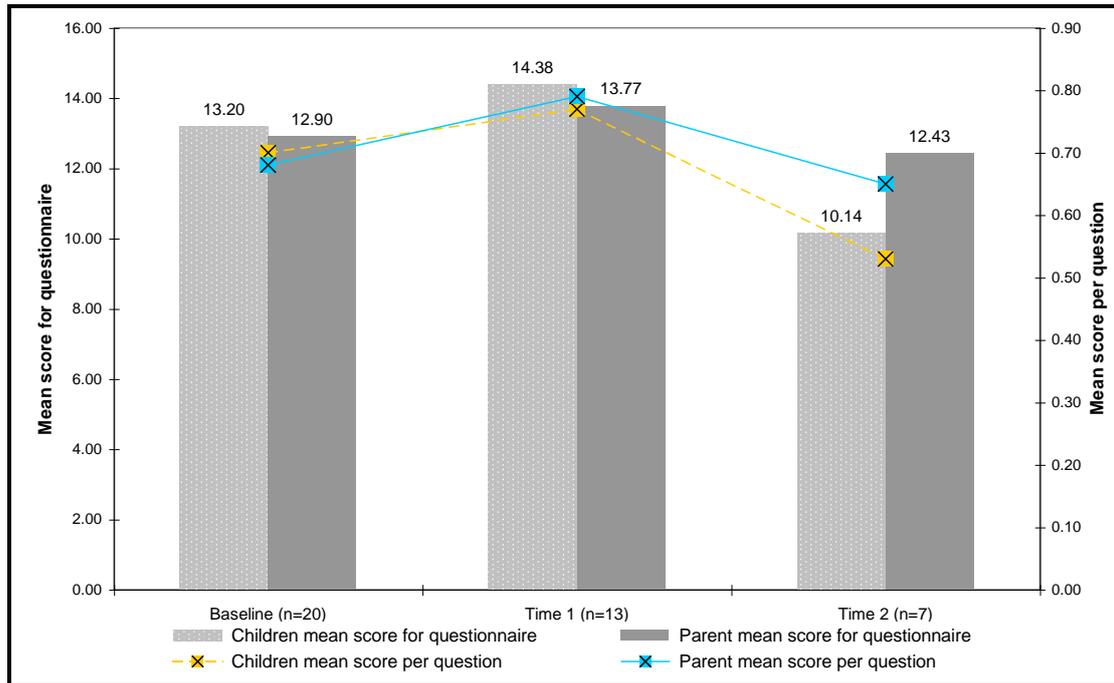
The children scored themselves slightly higher at Time 1, but lower than baseline at Time 2. A similar pattern can be seen from the parents mean scores. The median score for children was 10 at baseline, 11 at Time 1, and decreasing to 7 at Time 2, with the parent median score starting at 8.5 increasing to 12 at Time 1 and decreasing slightly to 11 at Time 2. It should be noted that only one of the two outliers indicated above appears in the baseline data, and the other outlier appeared in the Time 1 data (i.e. number 18 at baseline only and number 23 at Time 1 only). Neither of these outliers has matched child-parent data at Time 2. This impacts on the aggregated results at each time point.

As reported in Table 10, the mean score per question varied slightly over the three time points for both children and parents. Once again, the change in mean score is small and caution should be taken when making any inferences from these results (Figure 13).

Table 10: Matched child-to-parent pairs emotional wellbeing scores over time

	Baseline	Time 1	Time 2
No. of matched pairs (% of total sample n=24)	20 (83.3%)	13 (54.2%)	7 (29.2%) ^b
Children			
Mean score (whole questionnaire) <i>M</i> (<i>SD</i>)	13.20 (9.67)	14.38 (12.39)	10.14 (11.05)
Range	1-32	1-43	0-33
Median	10	11	7
Mode	1 ^a	10	7
Mean score (per question) <i>M</i> (<i>SD</i>)	0.70 (0.53)	0.77 (0.68)	0.53 (0.58)
Parents			
Mean score (whole questionnaire) <i>M</i> (<i>SD</i>)	12.90 (9.82)	13.77 (10.25)	12.43 (10.89)
Range	1-31	4-41	0-31
Median	8.5	12	11
Mode	4	12	0 ^a
Mean score (per question) <i>M</i> (<i>SD</i>)	0.68 (0.52)	0.79 (0.54)	0.65 (0.57)
^a Multiple modes exist. The smallest value is shown			
^b Caution should be taken when making inferences from this small sample size of 7 matched pairs			

Figure 13: Overall child / parent comparisons for the Emotional Wellbeing Questionnaire



NB: There are only 6-matched pairs across all three time points

To further investigate for differences between the child- and parent-groups on their emotional wellbeing scores across time a Mann-Whitney U test was conducted for each time point. There was no statistically significant difference between the two groups at each time point ($U_B = 195.000$, $Z_B = -.136$, $p = .892$; $U_{T1} = 83.000$, $Z_{T1} = -.077$, $p = .939$; $U_{T2} = 21.500$, $Z_{T2} = -.385$, $p = .700$). Thus, whilst the total scores showed difference between the two groups (parents scoring their children lower than the children did themselves) at each time point, there is no statistically significant difference in scores between the two sets of scores (parent-child).

A further analysis was conducted comparing the children-parent matched pairs of scores across the domains of physical, positive feelings, and interpersonal relationships at each time point. Recall that one of the depressed feelings questions was omitted from the parent questionnaire. Consequently, the comparisons for the depressed feeling domain below have the question: "I felt lonely, like I didn't have any friends" – omitted from the child results.

As shown in Table 11, for the physical domain, the mean scores for the children were higher than their parents across the three time points, with the child and parent groups indicating a similar trend in change of scores over time, indicating the children felt slightly more challenged than their parents felt they were. For the depressed feelings domain, the mean scores for the children decreased over the time points, indicating that the children were less challenged over time, whereas at baseline the parent's scores were lower than the children's scores, increasing to being higher than the children's scores at Time 2. This suggests that the parents perceived their children to be slightly more challenged than the children felt. For the positive feelings domain, the mean scores of the children at baseline and Time 2 decreased, indicating that the children felt more positive feelings over time. In contrast, the parents mean scores increased across the three time points, suggesting that the parents perceived their children to be not as positive as the children felt themselves to

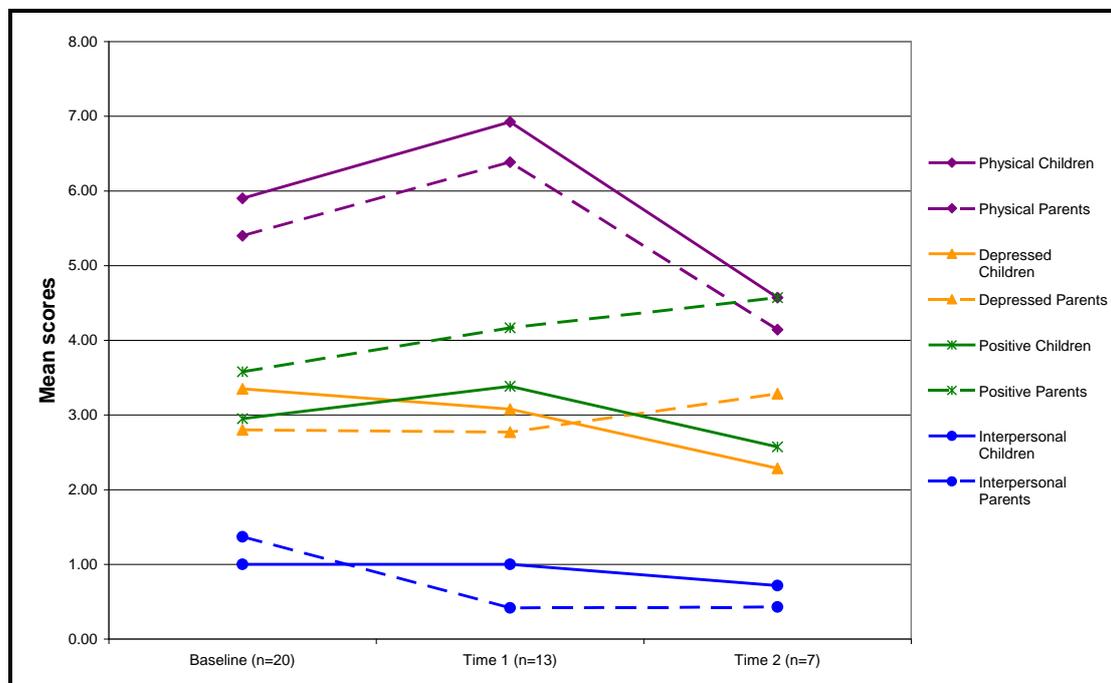
be. For the interpersonal relationships domain both children and parents showed a decrease in mean score over time, with the parents scoring the children slightly more challenged in this domain at baseline, and slightly less challenged following Journeywork. Figure 14 illustrates the changing patterns of scores over time.

In summary, for *this sub-group of children matched-pairs with their parents*, the children's mean scores suggest that these children felt better over time in all four domains. The pattern of the parents mean scores suggest that they perceived their children to have improved emotional wellbeing in the physical and interpersonal relationships domains, and not in the depressed and positive feelings domains.

Table 11: Children / Parent matched pairs comparison of mean domain scores (standard deviation) over time

Mean (SD)		Baseline n=20	Time 1 n=13	Time 2 n=7
Physical	Children	5.90 (5.01)	6.92 (5.63)	4.57 (4.35)
	Parents	5.40 (4.11)	6.38 (4.07)	4.14 (4.10)
Depressed feelings	Children	3.35 (3.54)	3.08 (3.38)	2.29 (4.79)
	Parents	2.80 (3.17)	2.77 (4.27)	3.29 (4.07)
Positive feelings	Children	2.95 (2.35)	3.38 (3.36)	2.57 (1.62)
	Parents	3.58 (2.48)	4.17 (2.48)	4.57 (3.05)
Interpersonal relationships	Children	1.00 (1.38)	1.00 (1.47)	0.71 (1.25)
	Parents	1.37 (1.80)	0.42 (0.90)	0.43 (1.13)

Figure 14: Children / Parent comparison of mean scores by domain over time



A matched-pairs analysis was also conducted on those children and parents who completed all three *Emotional Wellbeing Questionnaires*. It is important to note that this analysis includes only 6-matched pairs of children and parents (25% of the total sample). Therefore, any conclusions from this analysis should be made with caution.

Reviewing raw scores, with the adjustment made by omitting question 14 from the children's questionnaire, there was a decrease in the scores for five of the matched pairs over time indicating an improvement in emotional wellbeing reported by both the children and their parents. Only one child-parent pair showed an increase in score from baseline to Time 2 (ID 13) (Table 12).

Table 12: Child-parent matched pairs who completed all three assessment time points: Raw scores over time

Matched pairs n=6		Baseline	Time 1	Time 2	Change in scores Baseline to Time 2
ID 2	Child	32	20	7	-25 ^a
	Parent	27	22	11	-16 ^a
ID 3	Child	6	3	5	-1 ^a
	Parent	4	9	3	-1 ^a
ID 4	Child	10	8	4	-6 ^a
	Parent	4	5	0	-4 ^a
ID 7	Child	19	17	15	-4 ^a
	Parent	23	19	22	-1 ^a
ID 10	Child	10	1	0	-10 ^a
	Parent	10	5	7	-3 ^a
ID 13	Child	25	36	33	8 ^b
	Parent	26	41	31	5 ^b
<i>Child mean score (SD)</i>		<i>17.00 (10.12)</i>	<i>14.17 (13.08)</i>	<i>10.67 (12.01)</i>	
<i>Parent mean score (SD)</i>		<i>15.67 (10.89)</i>	<i>16.83 (13.83)</i>	<i>12.33 (11.93)</i>	

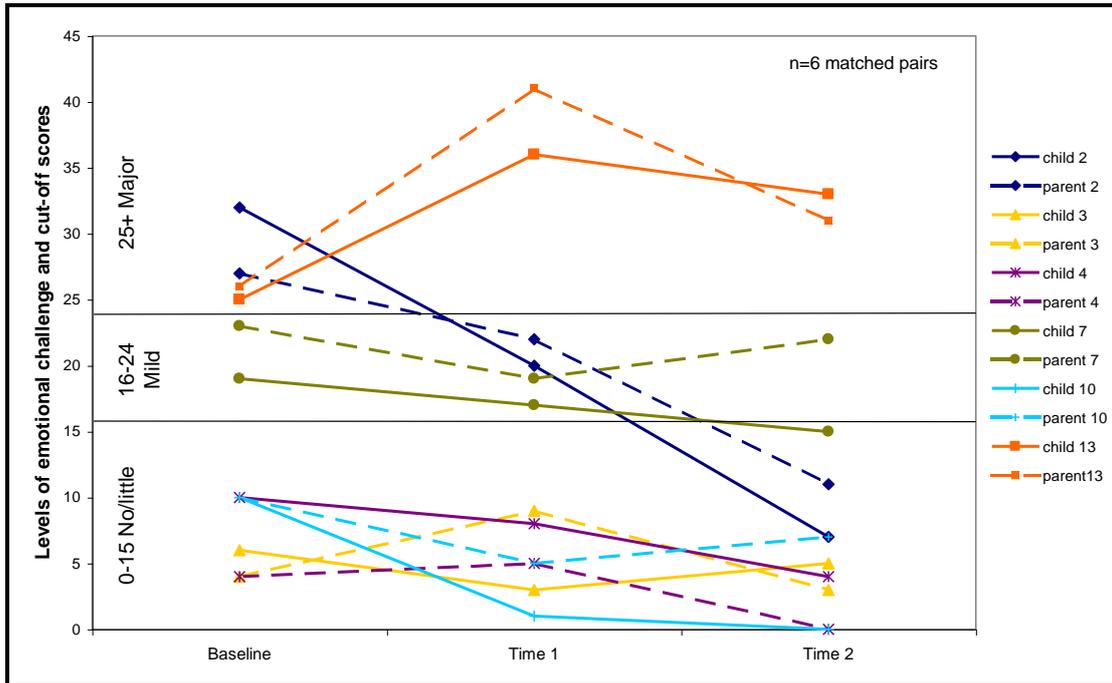
^a = improved Emotional Wellbeing score from Baseline to Time 2 (i.e. negative scores).

^b = did not improve in Emotional Wellbeing score from Baseline to Time 2 (i.e. positive scores).

A further analysis comparing any change in the levels of challenge to emotional wellbeing cut-off points between the matched pairs was also conducted to identify whether the parents perceived their children to be experiencing no/little emotional challenge, mild and major emotional challenge over time.

As illustrated in Figure 15, the raw scores of both the parents and their children were within the same levels of challenge to wellbeing at baseline and Time 1. At Time 2, one child's scores were within the mild challenge level (16-24 range), whilst their parent's scores were just within the no/little challenge level (0-15 range).

Figure 15: Child-parent matched pairs: Raw scores across time by level of challenge to emotional wellbeing cut-off points



To analyse the scores over time for each group, a Friedman test was conducted. Whilst the scores show a change over time, there was no statistically significant differences in the scores across the three time points of baseline, Time 1, and Time 2 for either the children or the parents on the *Emotional Wellbeing Questionnaire* ($\chi^2_{child} = 5.333, n=6, df=2, p = .069$; $\chi^2_{parent} = 2.333, n=6, df=6, p = .311$). Thus, each group did not differ significantly over the three time points.

To investigate these six pairs of matched data for differences between the child and parent groups on their emotional wellbeing scores across time, a Mann-Whitney U test was conducted for each time point. No statistically significant difference was found between the groups at each time point ($U_{baseline} = 16.000, Z_{baseline} = -.323, p=.747$; $U_{Time 1} = 14.000, Z_{Time 1} = -.642, p=.521$; $U_{Time 2} = 17.000, Z_{Time 2} = -.161, p=.872$). Thus, whilst the total scores showed differences between the two groups, the two sets of scores are not significantly different from each other at the independent time points.

These results suggest that overall, the parents' perception of the emotional wellbeing of their children was similar to how their children perceived themselves to be feeling. Even so, the numbers on which this conclusion is made is very small and a larger sample would be needed to confirm these findings.

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

Prior to and following each Journey session, the children were asked to colour-in one face on a six-point Likert scale of happy to sad faces, where 1=Happy through to 6=Very sad (Figure 4, 'methods' chapter). The lower the self-reported VAS emotion score (i.e. towards 1), the happier the child felt. The children's sheets did not have the actual scores documented. The total sample (n=24) results are reported in this section because of the direct relationship of the scores to each Journeywork session attended; each pre- and post-session VAS represents a snapshot in time, and gives an indication of the direct impact of Journeywork on the child's wellbeing.

Not all of the children attended all of the Journeywork sessions, and of those who did attend Journeywork sessions, there were 7 occasions when the forms were filled out incorrectly and 6 occasions where the forms were not filled out at all. Two reasons were identified for the children not completing the forms or not completing them correctly: 1) they were in a rush to leave and attend another school session, and 2) they were playing games in filling out the forms.

5.2.1 VAS emotion scores: Total sample over time

The children's VAS emotion scores pre- and post- each Journey session were recorded and the difference in scores calculated by subtracting the 'after' score from 'before' score. A negative result in the difference score indicates an improvement in VAS score and indicates that the children felt better on these occasions. Table 13 shows the results for Time 1 (following one term of Journeywork sessions) and Time 2 (following two terms of Journeywork sessions).

Table 13: Children’s mean VAS emotion scores before and after each Journey session for Time 1 and Time 2

n=24 Child's ID	Time 1			Time 2		
	Mean VAS score		Difference Time 1	Mean VAS score		Difference Time 2
	Before	After		Before	After	
1	3.00	1.83	-1.17 ^a	1.67	1.00	-0.67 ^a
2	1.80	2.20	0.40	1.60	1.40	-0.20 ^a
3	1.00	1.25	0.25	1.33	1.00	-0.33 ^a
4	2.00	1.25	-0.75 ^a	1.43	1.00	-0.43 ^a
5	3.17	2.33	-0.83 ^a	2.00	1.67	-0.33 ^a
6	2.75	2.00	-0.75 ^a	1.00	1.50	0.50
7	2.00	1.60	-0.40 ^a	3.00	2.50	-0.50 ^a
8	1.80	1.60	-0.20 ^a	1.00	1.25	0.25
9	2.67	2.50	-0.17 ^a	2.80	3.00	0.20
10	1.71	1.43	-0.29 ^a	1.75	1.25	-0.50 ^a
11	2.75	2.25	-0.50 ^a	2.75	2.00	-0.75 ^a
12	3.50	2.75	-0.75 ^a	1.83	2.67	0.83
13	2.00	1.60	-0.40 ^a	1.60	1.40	-0.20 ^a
14	2.00	1.40	-0.60 ^a	1.50	1.00	-0.50 ^a
15	1.13	1.00	-0.13 ^a	1.00	1.00	0.00
16	2.17	2.50	0.33	2.00	2.00	0.00
17	2.67	2.67	0.00	3.00	1.71	-1.29 ^a
18	3.00	2.67	-0.33 ^a	3.00	2.67	-0.33 ^a
19	1.63	1.00	-0.63 ^a	1.67	1.17	-0.50 ^a
20	1.17	1.83	0.67	1.00	1.00	0.00
21	2.43	1.71	-0.71 ^a	3.50	2.25	-1.25 ^a
22	2.00	2.00	0.00	1.29	2.43	1.14
23	4.60	1.80	-2.80 ^a	4.60	2.80	-1.80 ^a
24	2.50	2.25	-0.25 ^a	3.00	1.29	-1.71 ^a
Mean (SD)	2.31 (.815)	1.89 (.529)	-0.42^a	2.06 (.939)	1.71 (.674)	-0.35^a
	<i>Felt happier Time 1 (n, %)</i>		<i>18 (75%)</i>	<i>Felt happier Time 2 (n, %)</i>		<i>16 (66.7%)</i>
	<i>No change Time 1 (n, %)</i>		<i>2 (8.3%)</i>	<i>No change Time 2 (n, %)</i>		<i>3 (12.5%)</i>
	<i>Didn't feel as happy Time 1 (n, %)</i>		<i>4 (16.7%)</i>	<i>Didn't feel as happy Time 2 (n, %)</i>		<i>5 (20.8%)</i>

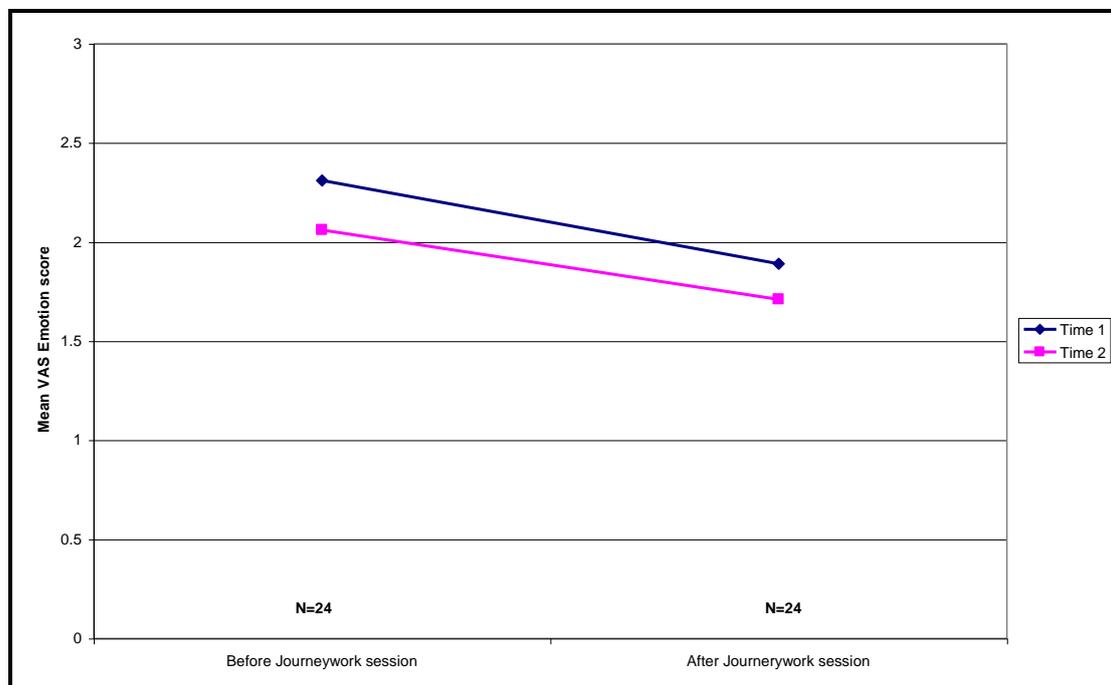
^a = Improved VAS emotion scores over time (i.e. negative difference scores).

As can be seen in Table 13, at Time 1, 75% of children showed a decrease in mean VAS emotion scores indicating that they felt happier, with 8.3% of the children showing no change, and only 16.7% of children showing a slight increase in mean score indicating that they did not feel happier from before to after the session. At Time 2, 66.7% of children showed a decrease in mean VAS emotion scores indicating that they felt happier, with 12.5% showing no change, and 20.8% of children showing a slight increase in mean score indicating that they didn't feel as happy from before to after the session.

Overall, the children felt happier indicated by a decrease in mean VAS emotion scores at both Time 1 and Time2 (i.e. mean_{T1before}=2.31, mean_{T1after}=1.89 and mean_{T2before}=2.06, mean_{T2after}=1.71 respectively). This is illustrated in Figure 16. To test whether the change in VAS emotion scores at each time point was significant; a Wilcoxon Signed Rank test was conducted. The results pre-session to post-session were statistically significant at both Time 1 ($Z_{\text{Time 1}}=-2.726$, $p<.01$) and Time 2 ($Z_{\text{Time 2}}=-2.465$, $p<.05$), indicating a short-term change from before to after attending a Journey session.

These results suggest that the Journey sessions were well received and the children were happier or at ease post-session and provide evidence to support implementing Journeywork for direct changes to children’s emotional wellbeing.

Figure 16: Mean VAS emotion scores before and after each Journey session at Time 1 and Time 2



5.2.2 Impact of number of Journey sessions attended on VAS emotion scores

To investigate the impact of Journeywork on the VAS emotion scores, further analysis was conducted. The number of sessions attended by the children following one term (Time 1) and two terms (Time 2) of Journeywork are shown in Table 14.

Table 14: Number of sessions attended by the total sample of children

Number of sessions	Time 1	Time 2
	Number of children n (%) (n=24)	Number of children n (%) (n=24)
3 or less	1 (4.2%)	6 (25.0%)
4	2 (8.3%)	7 (29.2%)
5	7 (29.2%)	6 (25.0%)
6	7 (29.2%)	5 (20.8%)
7	3 (12.5%)	-
8	4 (16.7%)	-

The mean number of sessions attended at Time 1 was 5.88 ($SD=1.36$; median=6). This reduced slightly at Time 2 to a mean of 4.29 sessions ($SD=1.30$; median=4) (Table 15). The mean VAS emotion score in relation to the mean number of sessions attended is illustrated in Figure 17.

To examine whether there was any relationship between the number of sessions attended by the children and their mean VAS emotion scores, a Spearman's Rank Order Correlation was conducted. The number of sessions attended by the children was statistically significant to their before and after mean VAS emotion scores at Time 1 ($r_{\text{before}} = -.555, p = .005; r_{\text{after}} = -.538, p = .007$), indicating there was a strong correlation between the number of sessions attended and the mean VAS scores (i.e. as the number of sessions increased, the children's mean VAS scores decreased, indicating that they felt happier following Journeywork sessions). At the Time 2 interval, the number of sessions attended by the children was less and found to not be statistically significant to the mean VAS before and after scores, and the correlations were very weak ($r_{\text{before}} = .038, p = .859; r_{\text{after}} = .014, p = .947$) (Table 15).

These findings provide evidence to support that with attendance at regular Journey sessions over time, children's emotional wellbeing can increase.

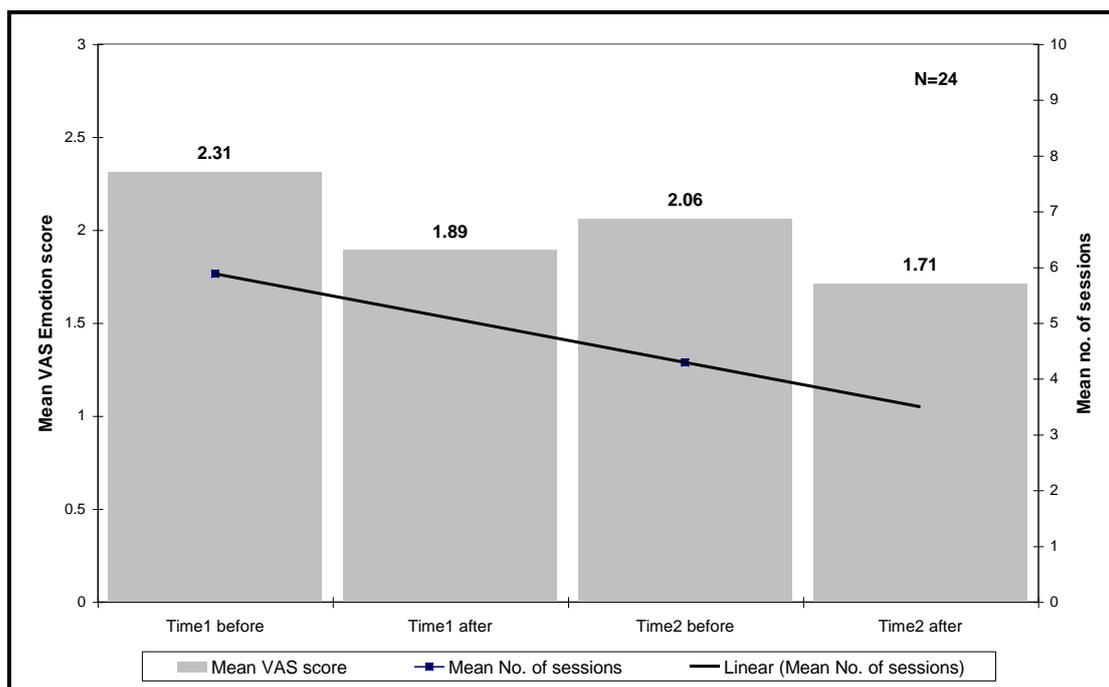
Table 15: Number of sessions attended by VAS emotion scores before and after Journey sessions at Time 1 and Time 2

Children ($n=24$)	Time 1		Time 2	
	Mean VAS Emotion score (SD)	2.31 (.815)	1.89 (.529)	2.06 (.939)
Minimum VAS Emotion score	1.00	1.00	1.00	1.00
Maximum VAS Emotion score	4.60	2.75	4.60	3.00
Median VAS Emotion score	2.09	1.83	1.71	1.45
Mean No. of sessions (SD)	5.88 (1.36)		4.29 (1.30)	
Median no. of sessions	6		4	
Mode no. of sessions	5 ^a		4	
Min – Max no. of sessions	3 – 8		2 – 6	
Spearman's rho	-.555	-.538	.038	.014
Sig. (2-tailed)	.005*	.007	.859	.947

^a Multiple modes exist. The smallest value is shown

* Correlation is significant at the 0.01 level (2-tailed).

Figure 17: Number of sessions attended by VAS Emotion scores before and After at Time 1 & Time 2



5.3 Chapter summary

The results of the *Emotional Wellbeing Questionnaire* show that there was no statistical significance to changes in overall group emotional wellbeing scores over time. Of practical significance is the finding that 63.2% (n=12) of the children completers (n=19) decreased their raw scores from baseline to Time 2, indicating an improvement in emotional wellbeing following completion of Journeywork. Further analysis showed that 21% (n=4) of children improved to the degree that they changed from one level to another level of wellbeing, and one child (5.3%) changed two levels – from major to little challenge to emotional wellbeing. Eleven children 57.9% remained at the same level of wellbeing or challenge to wellbeing. Three children (15.8%) declined in emotional wellbeing from little challenge to mild challenge. This is not surprising because the children were becoming more aware of, and feeling their emotions and one of these children was experiencing difficulties at home during this period of time.

Analysis of the physical, depressed, positive and interpersonal domain sub-group scores indicated that while there was a small change over time, there was no statistically significant difference in the scores across the three time points of baseline, Time 1, and Time 2. On further analysis of the individual children completers with outliers omitted (n=17) the greatest improvement in emotional wellbeing occurred in the depressed feelings domain with 64.7% of the children showing a decrease in depressed feelings scores from baseline to Time 2. This improvement in the depressed feelings domain is of practical significance in supporting the implementation of Journeywork.

For the other domains, 47.1% of children showed an improvement in the physical domain, 41.2% showed an improvement in the positive feelings domain, and 35.3% showed an improvement in the interpersonal domain. In contrast, individual children showed a decline in emotional wellbeing in each domain with 41.2% of children declining in the physical problems and positive feelings domains. The interpersonal relationships domain

showed the greatest number of children with no change in their scores from baseline to Time 2 (n=9, 52.9%). These results are not surprising, because the nature of Journeywork is to increase children's awareness of their feelings. The finding that the majority of children improved in the depressed feelings domain show that overall, they were happier.

In relation to the prevalence of symptoms of greatest challenge, that is, where the children scored a symptom (question) as being present '2= some' or a '3= a lot', the results show that there was a decrease in the number of '2' and '3' responses over time in 50% of the questions. This is suggestive of an improvement in emotional wellbeing, with less children responding to these questions with a '3' or a '2'. A further 4 questions showed no change in the number of children showing symptoms of greatest challenge to emotional wellbeing from baseline to Time 2. In contrast, there were 6 questions where the number of responses with a '2' or a '3' increased from baseline to Time 2. There was one question (symptom) where none of the children rated a score of a '3' or a '2' at Time 2 - question 6 ("I felt down and unhappy"), suggesting a slight improvement in the children who previously scored this a '3' or a '2'. These changes in number of responses are small however, and caution should be taken when making any inferences from these changes over time.

Analyses comparing child and parent scores showed no statistical significance in scores over time. These results suggest that overall, the parents' perception of the emotional wellbeing of their children was similar to how their children perceived themselves to be feeling. Even so, the numbers on which this conclusion is made is very small and a larger sample would be needed to confirm these findings. It is important to note that by Time 2, there were only 6 child-parent pairs of data across all three time points

Results from analysis of the visual analogue scale of happy/sad faces pre-session to post-session after receiving Journeywork indicated a statistically significant change in wellbeing at both Time 1 and Time 2 ($Z_{\text{Time1}} = -2.726, p < .01$; $Z_{\text{Time2}} = -2.465, p < .05$). This finding provides evidence to support implementing Journeywork on a regular basis. It is an important finding for both parents and teachers who could learn and apply Journey tools daily to assist children manage their emotions as they arise.

The most significant findings of the emotional wellbeing measures relate to the impact of the number of Journeywork session attended on the emotional wellbeing of the children. Analysis of the results of the *Emotional Wellbeing Questionnaire* showed that there was a statistically significant relationship between the number of Journey sessions attended and decreases (improvement) in emotional wellbeing scores. From baseline to Time 1, when more sessions were attended by the children, the relationship was a strong negative correlation ($r = -.655$) indicating that as the total number of sessions increased over time, the children's total score decreased significantly (emotional wellbeing improved). This relationship was weaker and not statistically significant at the Time 2 interval, where the mean number of Journeywork sessions attended was decreasing. Analysis of the VAS showed that the number of sessions attended by the children was statistically significant to their before and after mean VAS emotion scores at Time 1 ($r_{\text{before}} = -.555, p = .005$; $r_{\text{after}} = -.538, p = .007$), indicating there was a strong correlation between the number of sessions attended and the mean VAS scores. As the number of sessions increased, the children's mean VAS scores decreased significantly, indicating that they felt happier following Journeywork sessions. At the Time 2 interval, the number of sessions attended by the children was less and found to not be statistically significant to the mean VAS before and after scores, and the correlations were very weak ($r_{\text{before}} = .038, p = .859$; $r_{\text{after}} = .014, p = .947$).

These findings are promising, suggesting that with regular Journeywork over time, children's emotional wellbeing can improve.

Chapter 6

Results: Key Informant Voice on the Impact of the Journey Program on Child Emotional Wellbeing and Behaviour

Was very reserved - having a hard time as younger sibling has been very ill; now more loving and coping better with this since Journey – more loving with little brother – writing little poems now about brother to get well (Parent).

6.1 Parent group interview

The parent group interview took place in the school library, after-hours, and was conducted mid-way through Term 3 after the children had completed 11 Journey sessions. Nine parents attended, representing 8 families. Three of the four practitioners were present as well as the researcher.

After introductions, the following questions were asked of the parents.

1. How are your children going? Are they any different?
2. What was your expectation from consenting for your child to participate in the program?

All of the parents were encouraged to participate by initially asking the question and waiting for volunteers to respond, then inviting those who had not yet responded, to do so if they wished.

Following the group interview the parents were provided with the opportunity to discuss their child individually with the practitioner most familiar with their child. The parents took this opportunity to discuss private concerns about how their child was responding to the Journey sessions.

While the parents were waiting to have an individual consultation with a practitioner about their child, a feedback sheet was given to them to complete if they wished, entitled *Journey into Schools: Feedback*. Three of the parents provided written feedback.

The results below are the combined results from analysis of the group interview and the written feedback.

6.1.1 Observed changes in children

Parents reported a number of changes in the wellbeing and behaviour of their children as a result of the child's attendance in the Journey sessions. The changes are discussed below in no particular order, and listed in Table 16, along with examples of the parent's responses. The number (%) of responses in Table 16 reflects more than one response given by each parent.

- More open.
- More loving, caring and coping better.

- Happier.
- Increased confidence and courage to express feelings.
- More focussed.
- Letting go.
- Feeling more comfortable with teacher.
- Sharing what happens in Journey sessions.
- Doesn't share what happens during Journey sessions.
- Support for the Journey program.

The majority of parents reported that their children were happier, more confident, more open, loving and caring since attending Journey sessions. They communicated more with their parents; shared what they were doing in Journey sessions, and expressed their feelings through more cuddling and verbally expressing their love. Three of the parents however, reported that their children did not share what happened during Journey sessions, and one parent reported that their child still seemed very quiet. One parent reported that her child was able to finally share their grief and let go of their grandfather who had died recently. Another parent reported that her child was now liking and feeling more comfortable with her teacher. All of the parents supported the Journey Program.

Table 16: Findings from the parent group interview and written feedback

Themes	Example Statements	Number (%) n=8 Children represented
<i>Observed changes in children</i>		
More open	Our child expresses more openly and regularly on their own accord. More open generally. More open. Big change, particularly since the death of her grandpa recently – she now speaks to me about it. We have cuddles and remembering those moments together.	5 (62.5)
More loving, caring and coping better	... she has become more loving, very caring, and she feels better in herself. We have noticed a more caring and loving side more than usual. ... we have cuddles; More cuddly. [Child's name] is now more cuddly: saying: "I love you" more. Was very reserved – having a hard time as younger sibling has been very ill; now more loving and coping better with this since Journey – more loving with little brother – writing little poems now about brother to get well.	6 (75)
Happier	... She seems to be more happy ...	3 (37.5)
Increased confidence and courage to express feelings	I have noticed very clear changes in her confidence level and courage to express her own feelings. She seems to be more happy and focussed and shows more assertiveness which she did not have in the past. I have noticed a difference with my child that she is more confident.	3 (37.5)
More focussed	She seems to be more happy and focussed	1 (12.5)
Letting go	Big change, particularly since the death of her grandpa recently ... she let it go. It was incredible. She cried and cried and cried and I just let her do it.	1 (12.5)
Feeling more comfortable with teacher	Liking and feeling more comfortable with her teacher.	1 (12.5)
Sharing what happens in Journey sessions	... tells me about Journey sessions; Shares what happens in Journey sessions; Talks about Journey sessions.	5 (62.5)
Doesn't share what happens during Journey sessions.	[These parents were both a bit worried reporting that their child] ... doesn't share what happens in Journey sessions; Doesn't discuss much about Journey; more independent.	3 (37.5)
Support for the Journey program	I feel the Journey Program is very effective for my daughter. Our child's feedback has been fantastic. Your program is doing wonders and we hope it will continue to be taught and allow other children the opportunity to go through their amazing journey. I would like to say that my experience with the Journey has been great. ... Thank you for your wonderful work.	8 (100)

6.1.2 Parent's expectations

In response to the question about their expectations of allowing their children to participate in the Journey Program, the parents all agreed that they “just wanted happier children”, and one parent wanted their child to be a “shining diamond”; wishing for their child to “grow”.

6.1.3 Parent's concerns

Parents were given the opportunity to ask questions of the practitioners. The following questions were raised:

1. What is being instilled into my child?
2. Will the program continue?
3. You know a lot about us? How open are the kids?

In response to the question: “What is being instilled into my child?” the practitioner explained the classroom journey process and referred to the Parent and Child Information Sheets (Appendices 9 and 10) and parent letters (Appendix 15) that were sent out in the first 5 weeks of the program as useful resources for the parents to return to.

The practitioners were unable to answer the question: “Will the program continue” and the parents were referred to the Principal and Wellbeing Coordinator for further information.

Parents appeared concerned that their children would raise private family matters during Journey sessions. This was evidenced by the double question: “You know a lot about us? How open are the kids?”

The practitioners explained that they are not aware of the child's issue during group sessions and during individual sessions the children do not go into detail about what goes on at home. Examples were given of the types of issues children did raise e.g. that they are fighting with siblings, and that they don't like it when their parents fight.

Following the practitioners' answers to this concern, the researcher asked: “How are you feeling now?” All of the parents indicated that were more comfortable.

6.2 Teacher group and telephone interviews

The teacher group interview was conducted mid-way through Term 3 after the children had completed 11 Journey sessions. All of the available teachers in the school who were at the staff meeting participated in the group interview. The individual teacher telephone interviews were conducted with three of the four classroom teachers who had children attending the Journey session and were conducted at the end of the school year. The fourth teacher was unavailable.

Overall, the teachers reported that they had received positive comments from the parents of those children who were attending the Journey sessions, and that the “kids really enjoyed” attending the sessions. The findings presented below are the combined results from the group and three individual interviews.

6.2.1 Difficult to observe individual behaviour changes in a classroom of many children

An important finding during the group interview was that the class teachers of those children who were attending the Journey Program reported that it was difficult to complete the *Emotional Behaviour Questionnaire for Teachers*. They explained that this was because they only had 5 or 6 children out of larger class ranging from 20 to 28 children. Thus, focusing their attention on only a few was problematic when they had so many other children to observe and support. Consequently, a decision was made to discontinue attempting to complete the *Emotional Behaviour Questionnaire for Teachers*.

During individual telephone interviews (at the end of the year), even though the teachers were more aware of those children attending Journey sessions, they once again reported that it was difficult to tell if any behavioural changes had occurred in the children attending Journey sessions because there were so many other children to support. Teacher One had 5 children attending Journey sessions out of 20 students (25%); Teacher Two had 7 out of 27 (26%); and Teacher Three had 5 out of 28 (18%) children attending Journey sessions. Comments included:

They seemed all right. It was difficult to tell with so many in the classroom. I didn't really notice heaps of a difference.

Children who have anger and stress problems are difficult to see...couldn't really tell in the classroom situation.

Can't measure any difference.

Having it in one class would be better; you would notice a difference.

6.2.2 Conduct future Journey sessions with the whole class

Classroom teachers preferred the Journey sessions to be conducted with the whole class rather than with just a few (more emotionally challenged) children from each class. This finding confirmed the original intention of the research team, which was to conduct the study with either, a Year 3, or a Year 4 class. It was on the advice of the school that the research team proceeded to conduct the Program with children who were from four different classes.

One of the main reasons identified that led to children from a number of classes attending the Journey sessions was gaining parental consent. For example, one of the teachers reported that: *You couldn't do it in only one class because we did not have the support of all parents in one class; it's difficult to get the parent's backing.* This teacher added that: *The amount of backing you did get from the parents was good for this school. For example, when we have play nights etcetera, we have difficulty getting parents to come.*

A number of advantages were reported to support conducting Journey sessions with a whole class:

- The teacher would be able to observe behaviour changes in the classroom as a whole
- A mix of children from one class would provide role models of resilience for the more emotionally challenged children
- Scheduling lessons for all of the children would be easier because they would all be doing the same lessons, including Journeywork.

The main disadvantage of having only some children attend the Journey Program was difficulty for the teachers in planning lessons to ensure that no child missed out on important work. This was confirmed succinctly by one of the teachers:

By having some of the children out of the classroom it was difficult to plan what I was teaching and I had to leave anything important to all children were there otherwise they would have missed out; would have had to catch up.

6.2.3 Conflicting teacher priorities and workload

While the teachers supported wellbeing programs being implemented in their school, and the school was implementing some activities already, they reported that they “had a lot on” which prevented them from meeting with the practitioners to learn about and discuss the Journey Program. This was confirmed during the recruitment period, where scheduling information sessions for teachers were unsuccessful. In addition, the practitioners offered individual time for the teachers to experience Journeywork; however, this was also unsuccessful. One of the teachers reported: *We have to do a lot of professional development anyway; this would be one more thing.*

Consequently, the teachers found it difficult to know how to support the practitioners and the children in applying Journeywork. As highlighted by the teachers:

I didn't know what was going on. I only vaguely understood what it was all about, so it was difficult to know how to support you and the program

I didn't have the language to follow through with things like the diamonds and the balloons etcetera.

6.2.4 Children differed in their motivations to attend Journey sessions

Questions arose throughout the study as to the various reasons why children chose to attend the Journey sessions. Both the practitioners and the teachers were aware that in some instances children wished to attend the Journey session, but they had a competing school commitment such as compulsory attendance at drama practise prior to impending play night.

One of the teachers voiced the concern of others, that she felt that for some of the children

... motivation for attending were not always pure. For example, if they didn't want to go to a particular class, they wanted to go to Journey, and if they wanted to go, for example to PE, they wouldn't go to Journey.

These findings highlight the recurring theme that having children from different classes, and as well as competing school commitments, makes attending wellbeing sessions (and indeed, other class sessions) a scheduling challenge for teachers and schools.

6.3 Principal interview

The aims of the interview with the Principal were to:

- seek his perspective of how the children participating in the Journey Program were going
- seek his perspective on engagement of the teachers and parents
- provide an opportunity to discuss sustainability of the Journey Program within his school.

6.3.1 Change in child behaviour fluctuated

The Principal reported that the behaviour of some of the children had improved, however this fluctuated dramatically from time to time.

6.3.2 Conflicting teacher priorities and workload

The Principal echoed the view of the teachers that there was little time to fully learn about what the Journey Program was providing. In response, the practitioner was able to explain various strategies used in the Journey Program that teachers could also be taught to use on a daily basis. The practitioner offered staff education sessions. In addition, *KidsMatter* and how this government framework could fit into his school wellbeing program were discussed. This was particularly pertinent as the Principal was due to attend a *KidsMatter* information day in the near future. However, as the time approached, conflicting priorities prevented the Principal from attending the *KidsMatter* information day at that time.

6.3.3 People and funds needed to further implement wellbeing programs

Regarding sustainability, the Principal was unsure at the time of the interview how the school was going to progress their wellbeing strategy. The Wellbeing Coordinator was on extended leave and further discussion with staff was pending. In addition, the Principal was investigating how he would fund further wellbeing programs. The Principal concluded however, that *if a program works, you do it*.

6.4 Chapter summary

Results from key informant interviews indicated that the parents found their children to be more open, loving, caring and focussed. The parents reported that overall, their children were happier, with increased confidence and courage to express their feelings. The teachers and Principal expressed conflicting priorities in learning about and supporting Journeywork as their workload included a range of areas requiring their attention. In addition, the teachers found it difficult to specifically observe the participating children in the classroom and school yard as they had so many other children to also support and keep safe. Consequently, the teachers would have preferred that Journeywork be conducted in one classroom-group, whilst also recognising that parental consent can prevent this. The Principal reported that while the behaviour of some of the children had improved, this fluctuated dramatically from time to time. In addition, the Principal was unsure how he would access the resources to continue with this and other wellbeing programs.

Chapter 7

Results: Child Voice on the Impact of the Journey Program on Children's daily lives

*I don't keep bad things inside me anymore; I don't hurt my sisters;
I don't fight anymore; I'm more patient and kind.*
(Individual reports from a number of children)

7.1 Learnings and impact questionnaire

On the last day of Journeywork, the children completed a 3-item questionnaire 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...

Of the 24 children who consented to participate in the Program, 18 children (74%) were present during the session and responded to questionnaire.

The themes arising from analysis of the learnings and impact questionnaire are discussed below and listed in Table 17, along with examples of the children's responses. The number (%) of responses in Table 17 reflects more than one response given by each child).

7.1.1 Protective factors that release children's shining potential

From the children's responses, a number of protective factors were identified that release children's shining potential and enhance resilience (refer Table 17). These are:

- Happiness
- Journeywork
- Being able to share concerns
- Sharing family time
- A non-violent environment
- Being treated with respect and dignity
- Being acknowledged and praised

Children reported that when they are happy, their diamond shines. Recall, the diamond in Journeywork is used as a metaphor for the shining potential that is inside each child/person; the child's recognition of their diamond shining is about how they feel when built-up emotions are released. Things that made them happy were: when they were having a good day, playing with friends, and having fun. Two of the children reported that Journeywork made them feel better and that the practitioners helped them release their worries. One child reported that when they are able to tell someone else their worries, they were able to release these worries.

A non-violent environment was identified as protective factor in emotional wellbeing, with one of the children writing that their diamond shines when “no-one fights with violence”. Fighting (with siblings, in the school yard, and between parents) was a recurring theme throughout the study, identified by the teachers and children. Fighting and violence were identified as risk factors to children’s emotional and social wellbeing.

Being treated with respect and dignity, acknowledged and praised were also identified as protective factors as children reported wanting to be treated the way they wanted others to treat them, and their potential shining through when people said good things about them.

7.1.2 Children’s learnings from Journeywork

Themes arising from the children’s reported learnings are reported in Table 17, and these were:

- The use of various Journey tools can help to manage emotions
- Self-acceptance and being nice to others
- Trust
- Emotions can affect the body

The children learnt that using the tools taught during Journeywork sessions enabled them to manage their emotions. Tools used during Journeywork sessions included for example:

- Mindfulness
- Imagery
- Music
- Dance
- Mentors
- Resource balloons
- Writing in an emotional diary
- Expressing gratitude.

The children reported learning to access their inner resilience through breathing in resources from real and imaginary balloons when they were upset, angry and fearful. They learnt that they could control their behaviour and calm themselves down. Furthermore, they learnt how to share their feelings when they are sad and lonely.

Self-acceptance and being nice to others was identified as a theme with children reporting that they learnt that they are very special and that they can be nice to others. Children also reported learning that they could “count on other people” (trust). In addition, there were learnings that emotions can affect the body. For example, one child reported their experience of emotions affecting the body as “when I get angry the black spots go all around my body”.

7.1.3 Impact of Journeywork on children’s daily lives

The children’s responses to the learnings and impact questionnaire indicated that attending the Journey Program had resulted in emotional and behavioural changes. One child however, responded to the cue: *What’s different for me now is...* “Nothing yet” (refer Table 17).

Emotional changes included the following:

- Happier
- Decreased anger
- Decreased worry
- Reduced fear
- Feeling safer
- More caring toward others
- Increased courage to forgive
- Nothing yet.

Emotionally the children reported being happier; experiencing less anger, worry and fear. One child reported that they had “conquered [their] fear of monsters and of being in the dark”. Another child expressed that they now felt “safe all the time”, and another, that they now had the “courage to forgive people”.

Behavioural changes included the following:

- Letting go
- Less fighting
- Working with others
- Increased patience and kindness
- Using the resources taught.

One child reported that they didn’t “keep bad things inside” them anymore (letting go); another child that they didn’t hurt their sister anymore; and another that they didn’t fight anymore. In addition, other children reported that they were working with others, and were more patient and kind; using the resources they were taught.

Table 17: Findings from the learnings and impact questionnaire

Themes	Example Statements	Number (%)
Protective factors		
Happiness	I feel happy; I have a good day; I play with my friends; I play and have fun.	14 (77.8)
Journeywork	I am at Journey and how they make me feel better; The Journey people get me over my worries.	2 (11.1)
Being able to share concerns	I tell someone my worries.	1 (5.6)
Sharing family time	I feel happy when I am with my family.	1 (5.6)
A non-violent environment	No one fights with violence.	1 (5.6)
Being treated with respect and dignity	I am treated the way I want others to treat me.	1 (5.6)
Being acknowledged and praised	People say good things about me.	1 (5.6)
Learnings from journeywork		
The use of various Journey tools can help to manage emotions	That I have to be calm when I'm angry; I can control my behaviour; To breath the balloons when I feel upset; When I'm in fear I breath in some balloons; I learnt that I can blow balloons to help me; How to calm myself down; That I don't need to get angry easily; When you're feeling sad or lonely you speak up; I enjoyed blowing the balloons up.	12 (66.7%)
Self-acceptance and being nice to others	I have a very special person in me; That I can be nice; To be nice.	3 (16.7%)
Trust	Count on other people.	1 (5.6)
Emotions can affect the body	That when I get angry the black spots go all around my body; That there are cells in our bodies.	2 (11.1)
Impact of Journeywork		
Emotional changes: <ul style="list-style-type: none"> • Happier • Decreased anger • Decreased worry • Reduced fear • Feeling safer • More caring toward others • Increased courage to forgive 	I am more happy; I feel very happy; I'm not angry anymore; I don't get worried easily; I have conquered my fear of monsters and of being in the dark; I feel safe all the time; I care about other people; I have courage to forgive people.	10 (55.5%)
Behavioural changes: <ul style="list-style-type: none"> • Letting go • Less fighting • Working with others • Increased patience and kindness • Using the resources learnt 	I don't keep bad things inside me anymore; I don't hurt my sisters; I don't fight anymore; Working with others; I'm more patient and kind; That I can use balloons to help me.	6 (33.3%)
Nothing yet	Nothing yet	1 (5.6)

Thus, the findings from the questionnaire provide evidence from the children themselves on the protective factors that help to release their shining potential. Furthermore, the children learnt how to use the Journey tools to manage their emotions, resulting in both emotional and behavioural changes.

7.2 Chapter summary

Results from the child learnings and impact questionnaire indicate that protective factors that release children's shining potential are general happiness (n= 14; 77.8%), Journeywork, being able to share concerns, a non-violent environment, being treated with respect and dignity, and acknowledged and praised. Participant children reported learning how to use the various Journey tools (n=12; 66.7%), self-acceptance, trust and that emotion can affect the body. In addition, the children reported emotional changes (n=10; 55.5%) as a result of attending the Journey sessions; they were generally happier, with decreased anger, worry and fear. They felt safer, more caring toward others, with increased courage to forgive. Behavioural changes reported (n=6; 33.3%) included the ability to let go of grief, less fighting, increased patience, kindness and ability to work with others. Some of these learnings and changes were reported by only one or two children, therefore in order to confirm these results a larger study would need to be conducted.

Chapter 8

Results: Academic Progress and Work Habits

The results of the total sample (n=24) are reported from December 2008, prior to commencing Journeywork and from December 2009, following completion of Journeywork. The academic results were presented in the school parent reports using the current Victorian Essential Learning Standards (VELS) system. Raw scores were therefore not available for analysis.

8.1 Academic progress results

Analysis of the children's academic progress prior to and following completion of the study showed that overall, all of the children had progressed "At the standard expected" that is, achieving a "C" grade at the end of each assessed year. Thus, no significant changes in scores were found.

Analysis of the individual learning areas in individual reports revealed that prior to commencement of the Journey Program (pre-study) three children were 'above standard' in 1 to 2 of their learning areas and three children were 'below standard' in 4 to 5 of their learning areas. Following the Journey Program (post-study) an additional three children, six in total, achieved 'above standard' in from 1 to 4 learning areas, with three children 'below standard' in from 1 to 5 of their learning areas. One child was 'below standard' in 6 learning areas, and they also achieved 'above standard' in 1 of their learning areas. In addition, one particular child was 'below standard' in 7 areas and 'well below standard' in 1 learning area, however, not to the degree that this affected their final rating of achieving the standard (C grade) for the time of the year. Thus, changes in academic progress for the individual children were variable across the group. Further analysis of the academic results remained problematic because raw data was unavailable for analysis.

8.2 Work habits results

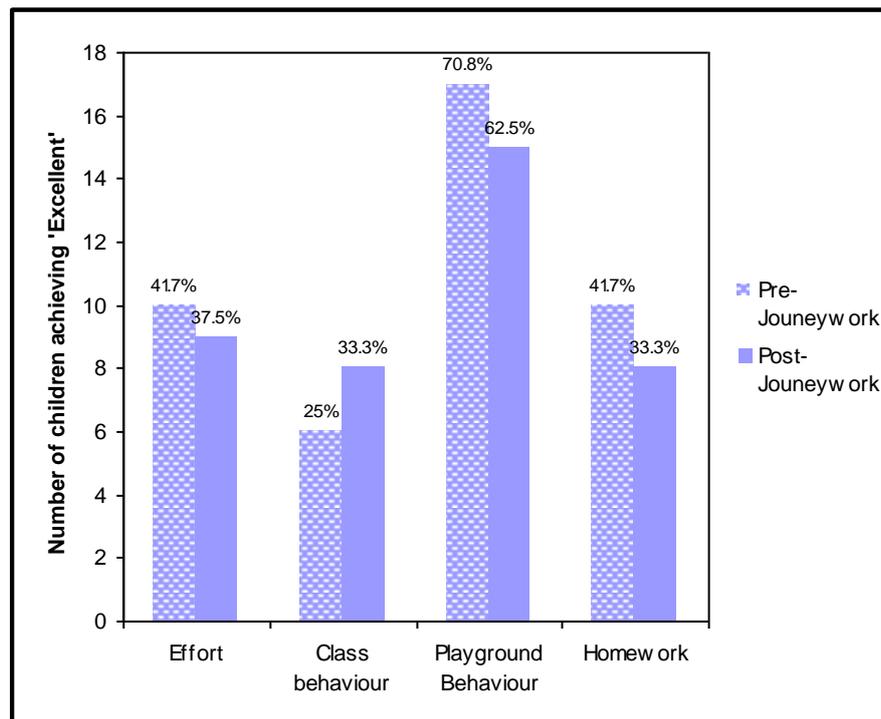
As highlighted in the 'methods' chapter, due to the difference in the number of points in the Likert scales, and the differences in text categories on the scale between 2008 and 2009 time points, only a brief analysis of this data is possible. Consequently, the number of children (count of *n*) in the total sample (n=24) who scored at the extreme ends of the scales which share common reference points; 'Excellent' at both time points, and 'Needs Attention', were the only data able to be analysed. In addition, one child did not have a pre- and post-Journeywork rating for the Playground Behaviour and Homework/Home tasks areas.

As illustrated in Figure 18, there was a decrease in the number of children who scored "Excellent" for 'effort' (from 41.7% to 37.5%), 'playground behaviour' (from 70.8% to 62.5%), and 'homework' (from 41.7% to 33.3%) at the end of the year following Journeywork than at the end of the year before commencing Journeywork. In relation to 'class behaviour' however, there was an increase in the number of children who scored "Excellent" (from 25% to 33.3%). Alternatively, in relation to those children who scored "Needs Attention", there remained only one child for the 'effort' and 'homework' habits areas between the two time periods. For 'class behaviour' and 'playground behaviour'

between the two time points, there was an increase by one child in each of these habits areas ('class behaviour', from 1 child to 2; and 'playground behaviour', from no children to 1).

The results presented here show small to very small changes in the numbers of children scoring "Excellent" or "Needs Attention" over time and further interpretation should be applied cautiously. In addition, it is important to note that the work habits results encompass teachers' assessment of the child in the areas of effort, class behaviour, playground behaviour, and homework/home tasks, and are subjective assessments which are likely to be made by different teachers each year, therefore consistency in assessments vary.

Figure 18: Work habits: Number of children achieving excellent in each area



8.3 Chapter summary

In this chapter the results of the academic progress and work habits of the participating children were presented, noting the difficulty in conducting analysis of these data sets in the absence of raw scores. Overall, there were no changes to academic results, with all of the children progressing "at the expected standard", and there were very little changes to work habits between the two time points.

Chapter 9

Results: Practitioner Voice on the Implementation of Journeywork and Impact on the Children

Field notes were kept by the practitioners throughout the study to document their reflections around implementation of Journeywork in the participating school. In addition, a focus group of the 4 participating practitioners was held on completion of the program to discuss what enabled and what hindered implementation of the program. Analysis of the field notes and results of the focus group are reported below.

9.1 Risk factors impacting on children's social and emotional wellbeing

During group Journeywork sessions the children were invited to share their happy and sad emotions with the group. During the group *Journey Classroom Process* (Appendix 2) however, practitioners are not usually aware of the individual issues or concerns of the children. In contrast, when practitioners are working with children during one-to-one sessions they are often aware of the child's issue(s) or concern(s). From analysis of the practitioners' field notes following the conduct of individual sessions, issues around safety, trust, self-esteem, anger and fear were identified as risks impacting on the children's wellbeing. Examples of individual experiences that caused the children concern were:

- Getting lost in shops or parks (a common experience for many of the children)
- Feeling they are loved less by parents than their siblings
- Fighting with other siblings at home and with other children at school
- Being bullied by siblings or other children
- Being "yelled at", "told off" and punished by parents
- Loss of loved ones e.g. relatives and animals
- Being witness to crime: e.g. seeing others breaking into a car
- Changes in family dynamics e.g. separation of parents
- Sight, hearing and psycho-motor problems making learning difficult, with feelings of appearing "dumb" at school work
- Friends not playing with them anymore.

As reported by the practitioners, individual Journeywork sessions helped to resolve many of these issues. Examples of field notes following sessions are provided below.

In his process a bullying issue surfaced. We worked on his ability to speak up. After the process we made an appointment with the wellbeing officer. When I met him for his next session, he was able to tell the wellbeing officer about the bully and what has been happening in the playground for a long time. The school dealt with it in the right way and he was happy to tell me that the bully had stopped.

Before the process she told me how upset she was that she was the only one in her class who didn't have her pen license. Her motor skills are behind. In her process she tuned in to the communication messages in her brain. When I

saw her for her next session, she was proud to tell that she did get her license.

Remembered a time with a friend; when the friend had met new friends. Felt angry and got aggressive with the others because he didn't want to share his friend. During the process, forgave friend and self, and accepted the changes in friends at that moment in time.

During the process expressed that Pa [grandfather] had recently died; spoke to him at the campfire, realised Pa still loved him; also expressed self-love; felt much better.

9.2 Enablers to implementation of Journeywork

An important enabler to entering a school to conduct the Journey Program was recognition by the school that although they did have wellbeing strategies in place, they needed new program ideas, skills and assistance with particularly challenging children. Thus, the Principal and Wellbeing Coordinator welcomed the program and supported the practitioners throughout the study. In addition, the class teachers supported the children in attending Journeywork sessions by organising their own sessions so that the participating children could attend.

Having parents who recognised the need for specific wellbeing programs and consented to their children participating in the program also enabled the implementation of Journeywork. In addition, the children themselves consented to participation in the program and attended a most of the sessions.

An adequate resource in the form of the appropriate number of Journey Accredited Practitioners was important to ensure successful conduct of the program. For example, with 24 children, at least three to four practitioners are required to ensure the children are well supported. Ensuring alternative practitioners were available to cover sick leave and annual leave was also important.

Leadership and teamwork were important enablers for the practitioners themselves. One of the practitioners took the lead role in ensuring the sessions were designed to meet the needs of this group of children. Regular communication and practitioner meetings ensured that debriefing and feedback was shared, and where needed, adjustments to subsequent sessions were made. It was also important for the practitioners themselves to ensure their own wellbeing was maintained. To ensure this, the practitioners practised Journeywork processes and strategies themselves throughout the study (e.g. mindfulness, introspection, and drawing on internal resources).

In relation to conduct of the Journey sessions themselves, a number of strategies worked well in engaging the children and enhancing integration of the Journey tools:

- Ensuring the sessions were as interactive and as varied as possible
- Being present to the current context of the children. For example, when there had been a fight in the school yard which was continued into the classroom, the practitioners adapted the sessions to deal with issues around hurt, acting out, forgiveness and letting go etc

- Briefing and debriefing with the Wellbeing Coordinator to gain a better understanding of the participant children and issues already recognised by the school
- Breaking into smaller groups when there were larger numbers in attendance
- Stillness exercises (e.g. meditation, use of candles) to bring the children to a place of quiet and calmness.

9.3 Barriers to implementation of Journeywork

The main barrier to the full implementation of the Journey Program was the difficulty in engaging the classroom teachers, other school staff and parents so that they could learn the strategies and tools to reinforce with their children as well as adopt for their own wellbeing. While the practitioners invited the teachers and parents to Journey sessions, and also made themselves available to conduct group or individual sessions at a time convenient to teachers and parents, this offer was not accessed. The teachers for example reported that they already had too much they needed to do.

Particular challenges to conducting the Journey sessions themselves included the following.

- The lack of attendance by some of the children when there were conflicting priorities and other sessions to attend.
- Gaining the attention of all of the children to commence Journeywork sessions. As already highlighted, this group of children were particularly restless and often experienced attention problems. Dividing the larger group into smaller groups assisted in alleviating this problem.

9.4 Chapter summary

Findings from the individual Journey sessions held with the children revealed that the risk factors impacting on the children's' social and emotional wellbeing were getting lost, feelings that they are loved less than their siblings, friends not playing with them anymore, fighting, being bullied, and being "told off", loss of loved ones, being witness to crime, and change in family dynamics. In addition, some of the children reported visual, hearing and psychomotor problems making learning difficult and engendering feelings of appearing "dumb" at school.

Through working with these issues during Journey sessions, children were able to address some of these risk factors. For example, one child who was being bullied at school agreed to finally approach the Wellbeing Coordinator, and the bullying was resolved. Another child who experienced a psychomotor problem preventing her from achieving her competency in using a pen, accessed an area of her brain during the Journey process and soon after, successfully gained her pen competency. Further, a child whose grandfather had died in previous months was able to talk with him during the Journey process, which resulted in her being able to talk to her mother about it, grieve and let him go.

Findings from an analysis of the field notes and focus group revealed that enablers to implementing Journeywork in primary schools included recognition by the school that they needed new program ideas and assistance with challenging children. In addition, parents

who supported their children attending wellbeing sessions were important, along with the children actually attending these sessions. In addition, adequate numbers of trained practitioners were important in supporting larger groups of children, especially where the children were more emotionally challenged. Leadership and teamwork among the practitioners, with regular debriefing, feedback, and practising the Journey skills themselves, enhanced success of the delivery of the program.

Identified barriers to the implementation of Journeywork included difficulty in engaging teachers and parents to learn about Journeywork and therefore use the tools to enhance children's resilience. On occasion, the children were particularly restless and gaining their attention during the session presented challenges. It is important to note, that when people commence Journeywork and become more aware of their feelings, they can meet resistance from the mind; this is normal and can be brought to the attention of participants.

Chapter 10

Discussion

This study addressed an area of urgent concern, that is, how to improve the social and emotional wellbeing of primary school children. The pre-test / post-test design included data that were obtained from a variety of informants, using a number of different data collection methods. This triangulation of data ^[20-22] provided access to a multiplicity and diversity of perspectives and data for analysis.

Results from the study show that the Journey Program was successful in improving the social and emotional wellbeing of the majority of participant primary school children. In addition, the children were provided with social and emotional support and learnt to apply the Journeywork tools when dealing with daily life events and the emotions that arise from these.

The most significant findings relate to the impact of the number of Journeywork sessions attended on the emotional wellbeing of the children. Results from both emotional wellbeing measures (the *Emotional Wellbeing Questionnaire* and the VAS), show a statistically significant relationship between the number of Journey sessions attended and improvement in emotional wellbeing. For example, from baseline to Time 1, when more sessions were attended by the children, the relationship was a strong negative correlation ($r = -.655$) indicating that as the total number of sessions increased over time, the children's total emotional wellbeing score decreased significantly (emotional wellbeing improved). This relationship was weaker and not statistically significant at the Time 2 interval, where the mean number of Journeywork sessions attended was decreasing. Analysis of the VAS showed that the number of sessions attended by the children was statistically significant to their before and after mean VAS emotion scores at Time 1 ($r_{\text{before}} = -.555, p = .005; r_{\text{after}} = -.538, p = .007$), indicating there was a strong correlation between the number of sessions attended and the mean VAS scores. As the number of sessions increased, the children's mean VAS scores decreased significantly, indicating that they felt happier following Journeywork sessions. At the Time 2 interval, the number of sessions attended by the children was less and found to not be statistically significant to the mean VAS before and after scores, and the correlations were very weak ($r_{\text{before}} = .038, p = .859; r_{\text{after}} = .014, p = .947$). These findings provide evidence of statistical significance to support the conduct of regular Journeywork in improving children's emotional wellbeing over time.

Results from key informants (the children, parents, teachers, principal and practitioners) indicated that the children learnt to use the tools from their participation in the Journey sessions and emotional and behavioural changes were observed, increasing their resilience in challenging situations. As reported by the Principal, for some of the children this resilience fluctuated dramatically from time to time. As with any wellbeing program, sustained changes may take some time, yet for other children, changes may be integrated and sustained soon after learning new skills ^[12]. There are a number of children who experienced almost immediate results from participation in Journey sessions. As an example, one child was experiencing psychomotor problems in achieving a pen licence, and following an individual session with a practitioner, rapid results were achieved as this child achieved the pen licence competency soon after Journeywork dealing with this issue. It is important to acknowledge that as the mind is subjected to change, resistance may occur; this is normal, and as evidenced above, with regular sessions there was an increase in emotional wellbeing.

Journeywork was shown to assist children in achieving the social and emotional competencies as defined by the Collaborative for Academic, Social, and Emotional Learning (CASEL), that is, self-awareness, social awareness, responsible decision making, self-management and relationship skills [25, 70]. The parents found their children to be more open, loving, caring and focussed. Overall, the parents reported their children were happier, with increased confidence and courage to express their feelings. The children reported the following: feeling safer, improved self-acceptance and trust, decreased anger, worry and fear, and increased understanding that emotion can affect the body (self-awareness); they reported being more caring toward others and increased patience (social awareness); there was increased courage to forgive (responsible decision making); less fighting, more able to share concerns, and letting go of grief (self-management); children reported increased kindness and ability to work with others (relationship skills). While some of these learnings and changes were reported by only one or two children, they are indicative of the changes that can occur with Journeywork.

It is unfortunate that raw academic scores were not available for analysis because the results of the South African studies showed a dramatic improvement in raw scores following one year of Journeywork [19]. In the study reported here, analysis of the overall results from 2008 (prior to Journeywork) and 2009 (following Journeywork) found academic progress to be “at the expected standard”, with no overall changes in results.

The results of this study provide Australian research evidence to support previous studies [19], anecdotal [10, 15] and evaluation evidence from those who have conducted Journeywork in primary schools [16, 17] and are of statistical and practical significance in supporting regular Journeywork being introduced into schools.

As identified in previous studies [68], identifying statistically significant group (population) changes over time when introducing emotional wellbeing interventions is problematic, thus it is also important to consider the practical implications of change experienced by individual participants, acknowledging that with larger sample sizes significant changes may be detected more readily. Thus, a larger study may confirm the findings presented here.

Journeywork, while drawing on techniques such as mindfulness, introspection, guided imagery and forgiveness that have been practised for many years, provides a working, practical, user-friendly model and tools for enhancing the wellbeing of children and adults. These tools can be, and have been taught to children, parents, school teachers, and health professionals including general practitioners, nurses, and psychologists [10, 71]. Journeywork can be integrated into daily life at home and at school as issues and emotions arise. In addition, Journey programs would be suitable for inclusion in the *KidsMatter Programs Guide* making it more accessible to those schools who wish to implement wellbeing programs in their schools. The issue raised by the Principal remains; schools accessing the resources to continue with this and other wellbeing programs.

Chapter 11

Study Limitations

11.1 Learning the tools and integrating Journeywork into daily school and home life

Whilst Journeywork has been successfully conducted with children with minimal engagement of their parents and teachers as was the case in this study, a whole of community approach to emotional wellbeing has been shown to be more beneficial to children and their families. In this study, despite repeated attempts, teachers, parents and school staff did not avail themselves of offers to learn and engage with the tools of Journeywork, often because of conflicting priorities and workload. Consequently, the teachers and most of the parents were unable to reinforce these strategies with the children in the schoolyard and home environment.

11.2 Sample and sample size

While the children participants self-selected, this depended on their parents consenting to their participation in the first instance. Thus, there may have been children who would have liked to participate in the program, whose parents had not consented to their participation. In reverse, while parents had consented and it was stressed that the children also needed to voluntarily consent to participation, it is not known if any coercion by parents occurred. There was confusion among the children about whether they had a choice in attending each week. Once it was reinforced that they had a choice of whether to attend or not, the numbers dropped off slightly. As reported by teachers, it appeared that this cohort of children was among the more emotionally challenged in the school.

Of the 24 participating children, 19 completed all 3 emotional wellbeing questionnaires (baseline, Time 1 and Time 2). A larger sample size would have provided enough power to enable more conclusive findings of the statistical significance of the impact of the Journey Program on the children. Combining the statistical results with the qualitative results provides and increased understanding of the impact of Journeywork on the social and emotional wellbeing and behaviour of the children.

Of the 24 parents of the participating children, there were only 6-matched pairs of parent-child who completed all 3 questionnaires at baseline, Time 1 and Time 2. Consequently, comparative analysis between parents and children of the perceived impact of the Journey Program was difficult to determine. In hindsight, completing the questionnaires by telephone may have increased the return rate.

11.3 Classroom Journeywork

The original intent of the study was to conduct Journeywork with one classroom-group of children. Due to the characteristics of the school and consent given by parents and children, the participant group was from four different classrooms. There were two specific limitations of having only a few children from four different classrooms. In the first instance, it was difficult for each of the teachers to learn about and engage in Journeywork and therefore fully support the children with reminders and integration of the tools in the classroom on a day-to-day basis. Further, it was difficult for the teachers to

observe individual changes in the participating children (e.g. 4 or 5) because they had many more children (from 20 to 28) to support. Thus, the teachers reported that they were unable to accurately complete the *Emotional Behaviour Questionnaire for Teachers* at Time 1 and Time 2, therefore only results from the teacher interviews could be collected.

11.4 Academic results

An unfortunate limitation of the study was the inability to identify any significant change in academic results due to the current VELS system being used in Victorian schools. Raw scores were not available. Therefore any comparison with the South African studies, where considerable improvements in academic progress was made, was unable to be determined ^[10, 19].

11.5 Duration of the intervention

The Journey Program was conducted for two terms of a four-term year. There was a statistically significant correlation between the number of sessions attended and improvement in emotional wellbeing. Thus, evidence from this study suggests that as the number of sessions attended by the children increased, so did their emotional wellbeing. It is important to note that the South African studies were conducted over a full year, therefore, to allow for reinforcement and integration of the tools a longer program duration may be beneficial.

Chapter 12

Conclusion

Our child's feedback has been fantastic. Your program is doing wonders and we hope it will continue to be taught and allow other children the opportunity to go through their amazing journey.

This study achieved its aim. As a result of their participation in Journeywork, the social and emotional wellbeing of the majority of participant primary school children improved. Furthermore, the more sessions that were attended, the greater the improvement in wellbeing, that is, there was a statistically significant relationship between the number of Journey sessions attended and improvement in social and emotional wellbeing.

The children were supported by experienced practitioners, who taught a range of strategies and provided a variety of tools enabling the children to deal with daily life events and emotions. In addition, the children were left happy and at ease immediately following each Journey session.

The specific objective of evaluating the effectiveness of conducting Journey sessions on the children once they were back in their own classroom and in the school yard was difficult to achieve. Teachers had so many other children to care for, that they did not feel that they could accurately complete the teacher questionnaires. Results from the telephone interviews with the teachers supported conducting whole-of-classroom Journey sessions, which was the initial intent of this study.

Evaluating the effectiveness of conducting Journeywork sessions on the academic progress of children was achieved however, without access to actual marks (raw scores), only an overview of academic progression was possible.

The Journey Accredited Practitioners conducting the Journey Program were highly experienced in Journeywork and were able to provide a flexible, user-friendly program that was adaptable to the needs of this particular group of children. In addition, adequate numbers of practitioners (2 to 4) were available to conduct the program for the numbers of participating children (n=24). The fact that the school was looking for new ideas and assistance with wellbeing programs, enabled the program to be implemented in this school. The main barrier to implementing the program fully within the school community was the difficulty in engaging the busy teachers and parents so that they could learn the tools to reinforce with the children in the classroom, school yard and at home. Even so, the majority of children demonstrated their resilience by attending the sessions and sharing their learnings following Journeywork.

Even with the small numbers showing change, the findings of this study are promising, suggesting that with regular Journeywork over time, children's emotional wellbeing can improve. A larger sample size would have provided enough power to enable more conclusive findings. Considering the statistical results along with the qualitative results provides an increased understanding and statistical and practical significance of the positive impact of Journeywork on the social and emotional wellbeing of the participating children.

Chapter 13

Recommendations

The recommendations arising from this research are presented under five strategic areas:

1. Teacher education
2. Community education
3. Accessibility of wellbeing programs
4. Conduct of wellbeing programs
5. Further research

13.1 Teacher education

A brief review of teacher education curricula shows that health and wellbeing units form part of undergraduate teacher education degrees. However, evidence from this study suggests that teachers are looking for innovative ways to manage the often challenging behaviours of some of their primary school children.

Recommendation 1:

That undergraduate and postgraduate degrees and continuing professional education programs for teachers include wellbeing programs such as Journeywork.

As a social and emotional wellbeing program, Journeywork includes easy to use strategies and tools that can be taught to student teachers and then integrated into their daily teaching practices both in the classroom, schoolyard and in communication and engagement with parents.

13.2 Community education

From the commencement of recruitment through to the completion of this study, it was difficult to engage parents, teachers and other school staff.

Recommendation 2:

That prior to commencement of wellbeing programs teachers and school staff learn and engage with the strategies and tools being taught to children, and where at all possible, a wide range of strategies for engaging parents be pursued.

This recommendation is in line with the *KidsMatter* framework which encourages whole of community engagement.

13.3 Accessibility of wellbeing programs

As highlighted by the school Principal and Wellbeing Coordinator, their school had already commenced implementing wellbeing strategies through involvement of some of their teachers. However, they were looking for additional ideas and more formal programs. In doing so, they welcomed the opportunity to participate in this study and the Journey Program. The issue that remained however was funding for ongoing assistance and implementation of wellbeing programs. Reports from other Journey practitioners around Australia who are also conducting Journeywork in schools reveals that while schools welcomed them, the majority do so on a voluntary basis.

Recommendation 3:

That specific funding is made available and easily accessible to schools to conduct wellbeing programs such as Journeywork programs.

It is acknowledged that the *KidsMatter* web site provides a *Programs Guide* and that the *KidsMatter* strategy provides some funding to schools for implementation of wellbeing programs.

13.4 Conduct of wellbeing programs

Evidence from this study suggests that children's attendance in wellbeing programs is an 'add-on' subject rather than being part of the core school curriculum, to be attended by all students.

Recommendation 4:

That wellbeing programs be included as core curriculum subjects to be attended by all children.

Wellbeing programs such as Journeywork teach children skills such as self and social awareness, responsible decision making, self-management and relationship skills and as such need to be part of the core school curriculum. By learning skills of resilience, children will be better placed to learn other subjects such as mathematics, English and art.

13.5 Further research

There are a number of ways of implementing and conducting Journeywork, therefore further research is required with larger samples of children, preferably with a control group for comparison.

Recommendation 5:

That the Department of Health and Ageing, in collaboration with *beyondblue* continue to fund research into new and innovative wellbeing programs such as Journeywork programs.

It is acknowledged that the Australian government in collaboration with *beyondblue* and the Australian Rotary Health Research Fund have already committed much needed funding to the development of a wellbeing framework and development of programs; it is important that this commitment continues.

Chapter 14

References

1. Commonwealth Department of Health and Aged Care. Promotion, Prevention and Early Intervention for Mental Health: A Monograph, Mental Health and Special Programs Branch. Canberra: Commonwealth Department of Health and Aged Care; 2000.
2. Patton M. Qualitative evaluation and research methods Second ed. Newbury Park: Sage Publications; 1990.
3. Sawyer MG, Arney FM, Baghurst PA, Clark JJ, Graetz BW, Kosky RJ, et al. Mental health of young people in Australia: Child and adolescent component of the National Survey of Mental Health and Well-being. Canberra, ACT: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care; 2000.
4. Kay-Lambkin F, Kemp E, Stafford K, Hazell T. Mental health promotion and early intervention in early childhood and primary school setting: A review. *Journal of Student Wellbeing*. 2007;1(1):31-56.
5. Council of Australian Governments. National Action Plan on Mental Health 2006 - 2011. In: Commonwealth of Australia, editor: Canberra; 2006.
6. Australian Health Ministers. The National Mental Health Plan 2003 -2008. Canberra: Commonwealth of Australia; 2003. Report No.: ISBN: 0 642 82327 8.
7. Raphael B. Promoting the mental health and wellbeing of children and young people. Discussion paper: Key principles and directions. . Canberra, ACT: Department of Health and Aged Care, National Mental Health Working Group; 2000.
8. Australian Health Ministers. National Mental Health Policy. In: Commonwealth of Australia, editor: Canberra; 1992.
9. Baer RA. Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*. 2003;10(2):125-43.
10. Bays B. *The Journey for kids: Liberating your child's shining potential*. Hammersmith, London: Element; 2003.
11. Turton S. *Connecting kids with their inner potential through interactive stories, activities and meditations*. Hong Kong: Regal Printing; 2009.
12. Bays B. *The Journey: An extraordinary guide for healing your life and setting yourself free*. London: Thorsons; 1999.
13. Nardella V. Personal Communication. 2010.
14. Berzinski M. Personal Communication. 2008.
15. *Making a real difference for children DVD: The Journey*; 2008.
16. Arcangeli E. *Journey in the classroom results*. Adelaide, South Australia: Available upon request; 2008.
17. Rice R. *The Journey Program Evaluation Report*. Perth, Western Australia: Upper Swan Primary School; June, 2008.
18. Rufo D, Sullivan G. *Report and review of the implementation of the Journey Program*. Newcastle, New South Wales: St Therese's Catholic Primary School, New Lambton and Catholic Schools Office, Newcastle: Contact Cheryl Roberts ~Telephone 6 1 2 4967 6528; 2009.
19. Gopal ND. *The Journey Programme (JP) Evaluation Report*: CEREP University of KwaZulu Natal; 2004, November.
20. McTaggart R. Is validity really an issue for participatory action research? . *Studies in Cultures, Organisations and Societies*. 1998;4(2):211-36.

21. Beattie J, Cheek J, Gibson T. Development of a curriculum and self directed learning package for the quality use of medications by registered nurses (Final Report). Adelaide: The Queen Elizabeth Hospital and the Faculty of Nursing, University of South Australia; 1996.
22. Lather P. Issues of validity in openly ideological research: Between a rock and a soft place. *Interchange*. 1986;17(4):63-84.
23. Cahill H, Wyn J, Smith G. The welfare needs of Victorian Catholic schools. East Melbourne, Victoria: Catholic Education Commission of Victoria; 2004 May.
24. Stansfeld S. Social support and social cohesion. In: Marmot M, Wilkinson R, editors. *Social Determinants of Health*. New York: Oxford University Press; 1999.
25. CASEL. *Safe and Sound: An educational leader's guide to evidence-based social and emotional learning (SEL) programs*. Chicago: Collaborative for Academic, Social, and Emotional Learning; 2003.
26. Commonwealth of Australia. *Values education study: Final Report*. In: Department of Education Science and Training, editor. Canberra: Curriculum Corporation; 2003.
27. Cox E, Caldwell P. Making Policy Social. In: **Winter I**, editor. *Social Capital and Public Policy in Australia*. Melbourne: Australian Institute of Family Studies; 2000.
28. Burns ET. *From Risk to Resilience: A journey with heart for our children, our future*. Dallas, Texas: Marco Polo Publishers; 1996.
29. Slee PT, Lawson MJ, Russell A, Askell -W, H, Dix KL, Owens L, et al. *KidsMatter Primary Evaluation: Final Report*. Bedford Park: Centre for Analysis of Educational Futures, Flinders University of South Australia; 2009.
30. KidsMatter. *The Programs Guide*. [cited 30th April 2010]; Available from: <http://www.kidsmatter.edu.au/programs-guide/>
31. David D, Szentagotai A. Cognitions in cognitive-behavioural psychotherapies: Toward an integrative model. *Clinical Psychology Review*. 2006;26:284-98.
32. Harris R. *The happiness trap: Stop struggling, start living*. Woolombi, NSW: Exisle Publishing Limited; 2007.
33. Harris R. Embracing your demons: An overview of Acceptance and Commitment Therapy. *Psychotherapy in Australia*. 2006;12(4):2-8.
34. Curran E. *Guided imagery for healing children and teens: Wellness through visualization*. Hillsboro, Oregon, USA: Beyond Words Publishing Inc.; 2007.
35. Cheung M. *Therapeutic games and guided imagery: Tools for mental health and school professionals working with children, adolescents, and their families*. Chicago, IL, USA Lyceum Books; 2006.
36. Hernandez-Guzman L, Gonzalez S, Lopez F. Effect of guided imagery on children's social performance. *Behavioural and cognitive psychotherapy*. 2002;30(4):471-83.
37. Harris R. *ACT made simple: An easy-to-read primer on Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger Publications, Inc; 2009.
38. Davis M, Robbins Eshelman E, McKay M. *The relaxation and stress reduction workbook*. Fifth ed. Oakland, CA: New Harbinger Publications Inc.; 2000.
39. Freeman L, Cohen L, Stewart M, White R, Link J, Palmer JL, et al. The experience of imagery as a post-treatment intervention in patients with breast cancer: Program, process, and patient recommendations. *Oncology Nursing Forum*. 2008;35(6):E116-21.
40. Shaw S. Listening to diabetes: Using guided imagery for relaxation and insight. *Diabetes Self-Management*. 2008;25(5):38-40.
41. Hatler C. Using guided imagery in the emergency department. *Journal of Emergency Nursing*. 1998;24(6):518-22.
42. Huth MM, Van Kuiken DM, Broome ME. Playing in the Park: What school-age children tell us about imagery. *Journal of Pediatric Nursing*. 2006;21(2):115-25.

43. Pölkki T, Pietilä A, Vehviläinen-Julkunen K, Laukkala H, Kiviluoma K. Imagery-Induced Relaxation in Children's Postoperative Pain Relief: A Randomized Pilot Study. *Journal of Pediatric Nursing*. 2008;23(3).
44. Dobson RL, Bray MA, Kehle TJ, Theodore LA, Pech HL. Relaxation and guided imagery as an intervention for children with asthma: A replication. *Psychology in schools*. 2005;24(7):707-20.
45. Ader R. *Psychoneuroimmunology*. American Psychological Society. 2001;10(3):94-101.
46. Zachariae R. *Psychoneuroimmunology: A bio-psycho-social approach to health and disease*. *Scandinavian Journal of Psychology*. 2009;50:645-51.
47. Rothschild B. *The body remembers casebook: Unifying methods and models in the treatment of trauma and PTSD*. New York: W. W. Norton & Company; 2003.
48. Pert C. *Molecules of emotion: The science behind mind-body medicine*. New York: Scribner; 1997.
49. Chopra D. *Quantum healing: Exploring the frontiers of mind/body medicine*. New York: Bantam Books; 1989.
50. The Journey. <http://www.thejourney.com/australasia/testimonials.htm>. 2008.
51. Journey Outreach. Journey in schools overview. Available upon request: africa@journeyoutreach.com.
52. Silver RJ. Journey in schools: An overview. 2006.
53. Pitsis C. *An angel in my heart*. Mullaway, NSW: Carol Pitsis; 2008.
54. Weissman MM, Orvaschel H, Padian N. Children's symptom and social functioning self-report scales: Comparison of mother's and children's reports. *Journal of Nervous Mental Disorders*. 1980;168(12):736-40.
55. Barkmann C, Erhart M, Schulte-Markwort M, The BELLA study group. The German version of the Centre for Epidemiological Studies Depression Scale for Children: Psychometric evaluation in a population-based survey of 7 to 17 years old children and adolescents - results of the BELLA study. *Eur Child Adolesc Psychiatry (Suppl 1)*. 2008;17:116-24.
56. Radloff LS. The CES-D scale: A self-report depression scale for research in the general population. *Appl Psychol Meas*. 1977;1:385-401.
57. Lombardo KL, Motta RW. Secondary trauma in children of parents with mental illness. *Traumatology*. 2008;14(3):57-67.
58. Fendrich M, Weissman MM, Warner V. Screening for depressive disorder in children and adolescents: Validating the Centre for Epidemiologic Studies Depression Scale for Children. *American Journal of Epidemiology* 1990;131(3):538-51.
59. Faulstich ME, Carey MP, Ruggiero L, Enyart P, Gresham F. Assessment of depression in childhood and adolescence: An evaluation of the Centre for Epidemiological Studies Depression Scale for Children (CES-DC) *Am J Psychiatry*. 1986;143(8):1024-7.
60. Smarr KL. Measures of psychological status and wellbeing. Measures of depression and depressive symptoms. *Arthritis & Rheumatism (Arthritis Care & Research)*. 2003;49(5S):S134-S46.
61. Shields BJ, Palermo TM, Powers JD, Grewe SD, Smith GA. Predictors of a child's ability to use a visual analogue scale. *Child: Care, Health and Development*. 2003;29(4):281-90.
62. VCAA. *Victorian Essential Learning Standards*. 2009 [cited; Available from: <http://vels.vcaa.vic.edu.au/overview/index.html>]
63. Emerson RM, Fretz RI, Shaw LL. *Writing ethnographic field notes*. Chicago: The University of Chicago Press; 1995.
64. Grbich C. *Qualitative Research in Health*. St Leonards, NSW: Allen & Unwin; 1999.
65. SPSS for Windows, Rel. 17.0.0 Chicago; 2008.

66. Sawyer MG, Pfeiffer S, Spence SH. Life events, coping and depressive symptoms among young adolescents: A one-year prospective study. *Journal of Affective Disorders*. 2009;117:48-54.
67. Bettge S, Wille N, Barkmann C, Schulte-Markwort M, Ravens-Sieberer U, The BELLA study group. Depressive symptoms of children and adolescents in a German representative sample: Results of the BELLA study. *Eur Child Adolesc Psychiatry (Supplement 1)*. 2008;17:71-81.
68. *beyondblue*. *beyondblue* Schools research initiative: Report of key findings (2003-2005). Melbourne, Victoria: beyondblue; 2007.
69. Streubert H, Carpenter D. *Qualitative Research in Nursing*. New York: Lippincott; 199.
70. Zins JE, Elias MJ. Social and Emotional Learning. In: Minke KM, Bear GG, editors. *Children's Needs 111*. Bethesda, Maryland: National Association of School Psychologists; 2006. p. 1-13.
71. Hayes SC, Shenk C. Operationalizing mindfulness without unnecessary attachments. *Clinical Psychology: Science and Practice*. 2004;11(3):249-54.

APPENDICES



Appendix 1: *KidsMatter* Programs Guide Examples and Criteria

 KidsMatter Programs Guide - Component 2 Program Categorisation Table <i>General Programs</i>	
<h3>Component 2:</h3> <h4>Social and emotional learning (SEL) for students</h4>	
<p>Categorisation Key</p> <hr/>	
<p>Sound SEL instructional practice</p> <ul style="list-style-type: none"> <input type="radio"/> No or minimal coverage. <input checked="" type="radio"/> Consistent provision of information only. <input checked="" type="radio"/> Consistent opportunities for guided in-lesson skill practice. <input checked="" type="radio"/> Consistent opportunities for skill application beyond the lesson. 	<p>Identified theoretical framework</p> <p>The authors and/or developers of the program have identified a recognised theoretical framework that the interventions/activities used in the program are based on.</p> <p>✓ Yes</p>
<p>Other factors</p> <p>Evidence of effectiveness</p> <ul style="list-style-type: none"> <input type="radio"/> Program effectiveness not empirically supported. There were no evaluations submitted that met the inclusion criteria, OR the preponderance of evidence does not show positive program impacts on behavioural measures. <input checked="" type="radio"/> Single study documents positive behavioural outcomes at post-test. <input checked="" type="radio"/> Multiple studies* document positive behavioural outcomes at post-test, OR a single study finds positive behavioural impacts at a follow-up at least one year after the intervention ended. <input checked="" type="radio"/> Multiple studies* document positive behavioural outcomes at post-test, with at least one study indicating positive behavioural impacts at follow-up at least one year after the intervention ended. <p><small>*to count as a separate evaluation study, the report must be based on a different sample or data set than described in another study.</small></p>	<p>Structured sessions</p> <ul style="list-style-type: none"> <input type="radio"/> Program comprises a collection of activities that are not structured formally into sessions. <input checked="" type="radio"/> Program is loosely arranged into sessions with minimal instructions for implementation. <input checked="" type="radio"/> Program comprises a series of formally structured sessions with basic instructions for implementation. <input checked="" type="radio"/> Program comprises a series of formally structured sessions with comprehensive instructions (i.e. detailed facilitator notes, examples, responses etc.) to ensure consistent implementation.
	<p>Student assessment measures</p> <ul style="list-style-type: none"> <input type="radio"/> No formal tools are provided for individual student assessment. <input checked="" type="radio"/> Formal tools provided for infrequent individual student assessment. <input checked="" type="radio"/> Formal tools provided for individual ongoing test-based student assessment. <input checked="" type="radio"/> Formal tools provided for individual ongoing performance-based student assessment.

<http://www.kidsmatter.edu.au/wp/wp-content/uploads/2010/01/component-2-general-2010.pdf>

Component 2:

Social and emotional learning (SEL) for students

Categorisation Key continued

Designed for, or demonstrated applicability to, special student groups

- C** Culturally and linguistically diverse (CALD)
- I** Indigenous
- LS** Low socioeconomic status and disadvantaged
- R** Rural settings
- S** Special needs (e.g. Learning disabilities, intellectual disability, physical disabilities etc.)

Formal parent/carer component provided

- ✓ Consistent activities and materials for skill practice to take place at home are provided as part of the program,
OR
Structured parent/carer sessions are provided as part of the program.

Staff professional learning (PL)

Staff professional learning (PL) available

- ✓ Yes
- R** Program training and/or implementation are restricted to specific staff members, such as a school psychologist, or those who have completed preliminary training levels.
- E** Professional learning for school staff is not required, as program can only be implemented by an external agency (i.e. Community Health Centre, organisation etc.).

Staff professional learning (PL) compulsory

It is compulsory that staff professional learning be undertaken prior to the implementation of the program.

- ✓ Yes

Component 2: Social and emotional learning (SEL) for students General programs Key: ○ = Not evident ◐ = Limited ◑ = Promising ● = Strong Program title Age range (yrs)		Sound SEL instructional practice					Other factors					Staff PL	
		1. Self-awareness	2. Social awareness	3. Self-management	4. Responsible decision making	5. Relationship skills	Evidence of effectiveness	Identified theoretical framework	Structured sessions	Student assessment measures	Designed for, or demonstrated applicability to, special student groups	Formal parent / carer component provided	Staff professional learning (PL) available
Aussie Optimism	8-13	●	◐	●	●	●	●	✓	●	◐	R, LS	✓	✓
Being Me	9-12	◐	◐	◐	◐	◐	○	◐	○				
BOUNCE BACK!	5-15	●	●	●	●	●	○	✓	●	◐			✓
Bright Ideas	8-12	◐	○	◐	○	○	◐	✓	●	○	R		✓
Digging Deep	8-16	◐	◐	◐	○	○	○	✓	○	○			
Friendly Kids, Friendly Classrooms	5-12	◐	◐	◐	◐	◐	◐	✓	◐	○			✓
Friendly Schools and Families	4-13	◐	◐	◐	●	●	●	✓	◐	●		✓	✓
FRIENDS for Life	4-11	●	◐	●	●	○	●	✓	●	○	C, LS	✓	✓
Heart Masters	5-12	◐	◐	◐	○	◐	○	✓	◐	●			✓
I Can Problem Solve	4-12	●	●	●	●	●	●	✓	●	○	LS		
Literature for Life	10-12	○	○	○	○	○	○	✓	◐	○			
MPower Girls	10-12	○	◐	○	○	◐	○	✓	◐	○			✓
Passport Program	6-14	●	◐	●	◐	●	○	✓	◐	○			
PATHS Curriculum	5-12	●	●	●	●	●	●	✓	●	◐	C, S, LS, R	✓	✓
Peer Mediation	11-12	○	◐	○	◐	●	○	✓	○	○			✓
Program Achieve	6-12	●	●	●	●	●	○	✓	●	●	C, I	✓	✓
Quest 4 Values	5-12	◐	○	◐	○	◐	○	✓	◐	○			✓
Resilient Kids (Primary)	5-12	◐	○	◐	◐	○	○	✓	◐	○		✓	
Rock and Water	9-12	○	○	○	◐	○	○	✓	◐	○			✓
Second Step	4-13	●	◐	●	●	●	●	✓	●	◐	C, R	✓	✓
Skills for Growing	5-11	●	○	●	●	●	●	✓	◐	●		✓	✓
Social Decision Making/Social Problem Solving	4-14	●	◐	●	●	●	●	✓	●	●	S	✓	✓
Steps to Respect	8-12	◐	◐	●	●	●	◐	✓	●	●			✓
Stop Think Do Social Skills Training	4-12	◐	◐	◐	◐	◐	◐	✓	●	◐	S, LS		✓
Stories of Us: Belonging	9-12	○	◐	○	○	◐	○	✓	◐	○			
Stories of Us: Bullying	9-12	○	◐	○	○	◐	○	✓	◐	○			
Sunshine and Rainbows	5-8	◐	◐	○	◐	○	○	✓	◐	○			✓
Thinking, Feeling, Behaving	6-12	◐	◐	◐	◐	◐	○	✓	◐	○			
Values Education Toolkit	4-14	◐	◐	◐	◐	◐	○	✓	○	○			✓

Applicability to special student groups: C = CALD I = Indigenous LS = Low SES R = Rural S = Special needs Staff PL: R = Restricted E = External agency only
 Note: A more detailed key is provided at the end of this document

<http://www.kidsmatter.edu.au/wp/wp-content/uploads/2010/01/component-2-general-2010.pdf>

Appendix 2: *The Journey Classroom Process*

The Process is used by Accredited Journey Practitioners and is the Intellectual Property of the Copyright Holder, Brandon Bays, developer of The Journey method

Appendix 3: Letter of Introduction to the Principal

Supporting the Values Education agenda Enhancing resilience & coping with difficult emotions

Dear [Name of School Principal,]

I hold the position of Senior Research Fellow in the Flinders Human Behaviour and Health Research Unit at Flinders University. Along with my colleagues, we will be running a Journey Program in one classroom, in a selection of schools in terms one and two of 2009. See the attached Principals and Teachers information for an overview of a Journey Program.

The Journey Program in schools has been conducted in Newcastle (NSW) for over three years (refer DVD, Track 1: Making a difference with children). The Journey Program has also been used extensively in South Africa with significant results (refer DVD, Track 4: Journey Outreach). (Report available upon request). Teachers and parents have found:

- Those children have been provided with skills to increase their self-confidence and coping.
- An improvement in general behaviour in the classroom and playground.
- An improvement in academic performance.
- A reduction in emotional outbursts and unsocial behaviour.
- Reduced bullying.
- Provision of practical tools and help to students.

Now, the program is gradually being introduced into more schools in Australia as well as schools in England and New Zealand.

My colleagues and I would like to conduct a pilot study of the impact of this program on students in Australian primary schools in Melbourne. We are therefore offering your school the opportunity to participate, in terms one and two of 2009. There will be no charge to you or the students. We will also be conducting an evaluation of the effects of the program on the students. See the attached Principals and Teachers information for an overview of the evaluation.

One of the researchers will be ringing you in the next week to make an appointment to discuss the program and the evaluation, and answer any questions you may have. In the meantime, please find enclosed the DVD which provides information about the Journey Program as it was conducted in a school in Newcastle, NSW, and in South Africa, and the effects it has had on teachers, parents and children.

Also included are:

- Written letters of support from parents, a school, and a doctor
- Journey for Kids book (donation as teacher/parent resource)
- An Angel in my Heart book (donation to children's library)

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting report or other

publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Any enquiries you may have concerning this project should be directed to me at the address given above or by telephone on 9457 6456, fax 9457 6456 or e-mail jill.beattie@flinders.edu.au.

Thank you for your attention and assistance.

Yours sincerely

Dr. Jill Beattie
Senior Research Fellow,
Flinders Human Behaviour and Health Research Unit,
Flinders University

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee. For more information regarding ethical approval of the project the Secretary of the Committee can be contacted by telephone on 8201 5962, by fax on 8201 2035 or by email sandy.huxtable@flinders.edu.au.

Appendix 4: Principal and Teacher Information Sheet and Consent Forms

Principal and Teacher Information Sheet and Consent Form - Journey into Schools

Dear Principal/Teacher

Your school has been invited to participate in a pilot program introducing *Journeywork* into metropolitan primary schools, in one classroom (year 3 or 4), in four to eight schools in Victoria, in Terms 1 and 2 of 2009. Dr Jill Beattie from the Flinders University of South Australia, with a team of researchers, who are also Journey Practitioners, counsellors and a psychotherapist, are conducting the study.

Before you agree to your school/classroom participating in the study, please read the information below.

Why is this pilot program being carried out?

While the Journey program is currently running successfully in schools in NSW, WA, SA, and South Africa, only South Africa has conducted research and produced a Report showing evidence of the success of the Program. A copy of the Report is available upon request. In addition, a DVD has been provided to you to see how the Journey Program has been conducted in Newcastle (NSW) refer DVD, Track 1: Making a difference with children, and in South Africa - refer DVD, Track 4: Journey Outreach.

The aim of this pilot is to evaluate the effectiveness of the Program in Australia, for Australian children and schools. This study uses a pre-test / post-test design to evaluate the impact of Journeywork on the academic and social and emotional wellbeing of a selection of primary school students.

What is the aim of the study?

The aims of this pilot are to:

1. improve the social and emotional wellbeing of participant primary school children
2. provide support and tools for children in dealing with daily life events and emotions
3. evaluate the effectiveness of conducting Journeywork sessions on the academic results of children
4. evaluate the effectiveness of conducting Journeywork sessions on the social and emotional wellbeing of children and the classroom environment
5. evaluate the effectiveness of conducting Journeywork sessions on children's behaviour in the classroom environment
6. produce Australian evidence of the effects of Journeywork on the academic, social and emotional wellbeing of participant children.

What is Journeywork?

The Journey is a simple process, similar to a guided meditation, which allows each child to reflect on past events that may have caused some difficulty e.g. when they were scared. They are able to get access to an actual memory of an event that made them upset in some way eg when they got angry; achieve a level of understanding, awareness

and ultimately forgiveness for themselves and any others involved e.g. the person they were angry at. This provides an opportunity for each child to let go and move on from old issues which may have caused emotional or physical blocks, and limited their ability to reach their full potential. Children are given practical tools for dealing with future issues. It complements current work being done in many schools today such as values education, and Journeywork is being adopted by an increasing number of schools around Australia.

The actual process involves an imaginary journey inside the body where the child uncovers a childhood memory that made them feel a certain way, e.g. scared, lonely, angry, or sad. The memory is played onto a cinema screen and briefly described. Resources are then selected 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 cinema screen with the child seeing how it would have been different or felt different with new resources. An imaginary campfire is set up and invited to this fire are people involved in the memory who the child would like to speak to. 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 able 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. This can be reinforced by regular Journeywork over the subsequent weeks.

What is the benefit to the children and the school?

The social and emotional learning goals of Journeywork aim to develop children's ability to recognise and manage emotions, develop caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively.

Journeywork has helped children in a number of ways, including:

- Increased academic performance
- Better attendance rates
- Improved interaction between peers
- Reduced bullying
- Better relationships with their teachers
- An increase in self-esteem and confidence
- Improved behaviour and discipline in the classroom and playground
- Provision of practical tools for children

It is anticipated that these benefits will be achieved in this project. Parents and teachers will experience children with decreased behavioural issues. The children will have the tools to deal with life events and the many emotions they encounter daily. Relationships with peers will be more positive.

Are there any risks to children participating in journeywork?

During participation in all Journeywork sessions, emotional issues and sad or unhappy memories will arise for students; this is the nature of this work. During the first four introductory sessions the children will identify happy times as well as sad times, and these have the potential to be embarrassing to parents e.g. they may have gotten lost at the shopping centre. During the actual Journey Classroom processes emotional issues and sad or unhappy memories will arise and these will be dealt with during the journey inside themselves. It is possible however, that following journeywork, children will express other emotions e.g. anger. During the journey sessions, children will have been given strategies for dealing with emotions as they arise. Parents are encouraged to allow these emotions to be expressed and emptied out. Parents will have the contact details of the practitioner, should they wish to discuss these emotions further.

During the Journey Classroom processes the actual issue(s) are confidential to the children, because they whisper to themselves during this time. However, there is the potential for abuse issues to arise. From the experience of others who are conducting this work in schools in Australia, this has not occurred to date.

However, should any abuse be uncovered, this will be reported to the teacher and school principal. This is because mandatory reporting of child abuse was legislated in Victoria in 1993 via an amendment to the Children and Young Persons Act 1989 which mandates professionals to report suspected cases of physical and sexual abuse. Professionals mandated are doctors, nurses, police, teachers and school principals. Reports are made to the Department of Human Services (Community Care).

What support will the children receive?

Appropriate child to researcher/practitioner ratios will be allocated to ensure that the children have ample support during the process, and for any children who may require extra assistance to complete their process, resulting in a feeling of ease.

The researchers are all Journey Practitioners, with two being professional counsellors and one being a psychotherapist. They all have the experience and skills to manage a variety of emotional issues with children, if they occur, and if need be, after the classroom process, and/or at a later time, in partnership with the teacher, school nurse/counsellor/chaplain, other health professional and/or their parents. The researchers do not usually know what the issue(s) was, just that it has been dealt with and released, however, in the rare event that any suspected abuse issues arise these will be brought to the attention of the teacher and Principal. The teacher will remain in the classroom and will also be able to provide any additional support required.

The researchers/practitioners will make 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 are going. One-to-one time will be offered for any child, teacher and/or parent who wishes assistance individually, inside and outside of school hours, free of charge. The parents will be given the name and contact telephone and mobile numbers of the researchers/practitioners.

When will this be happening and how long will it take?

Sessions will be conducted weekly in Terms 1 and 2 of 2009, a total of 18 weeks.

Each Journey session will take approximately 20 to 30 minutes, with a total of 45 to 60 minutes in the classroom with the children. The teacher will remain in attendance at this time.

For those children who do not have consent to participate they will go into the care of another teacher/staff member for that period of time.

Should any children require additional support immediately following the classroom session, the teacher will remain with the class while the researcher spends an additional 10 minutes re-processing the children in a quiet area of the school near the classroom. Each of the questionnaires will take no longer than 10 minutes to complete.

What will the teacher need to do?

Before we can approach parents to seek their informed consent for their child to participate in the program, we require the teacher's permission for his/her classroom to participate

The teacher will need to provide de-identified academic results for December 2008 and end of term 1 and 2, 2009. These can be given to the researcher when they are in the school.

The teacher will send the Parent Information Sheet and Consent form, and Child Information Sheet home, by their usual method. This will include an invitation for the parents/guardians to attend an information session, at a time recommended by the teacher. The teacher is invited to attend this session.

The teacher will be asked to complete a 9-item Emotional Behaviour questionnaire about the children's general behaviour in the classroom prior to commencing Journeywork, again on completion of term 1, and again on completion of term 2. The teacher's de-identified questionnaires will be returned in a sealed pre-paid envelope addressed to the researcher.

What will the parents/guardians need to do?

The parents will need to read the Parent Information and Child Information Sheets before giving informed consent for their participation. They will be invited to an information evening to meet the researcher and have any questions answered. Once the parents have had time to talk with significant family members and the child, they will be advised to contact the researcher to decline or agree to participate. Where parents have not been able to attend the information session, they will be asked to contact the researcher to discuss the information and ask any questions arising.

The parents will be asked to complete a 20-item Emotional Wellbeing questionnaire about their child's emotional wellbeing before commencing Journeywork, again after completion of term 1 and again after completion of term 2. The parents de-identified questionnaires will be returned in a sealed pre-paid envelope addressed to the researcher.

What will the children need to do?

The children will receive the Child Information Sheet about the program. They will also be able to choose each week whether or not they participate in the session. Each week the children will participate in Journeywork in the classroom. For those children who do not have consent to participate they will go into the care of another teacher/staff member for that period of time. Should any children require additional support immediately following the classroom session, the teacher will remain with the class while the researcher spends an additional 10 minutes re-processing the children in a quiet area of the school near the classroom.

Prior to, and following each Journey session, each child will be given a set of smiley faces from sad to happy, and asked to colour-in how they feel. Using the smiley faces visual analogue scale, we can measure the effect of the individual sessions and also ensure the child is left happy and at ease.

The children will be asked to complete a 20-item Emotional Wellbeing questionnaire about their emotional wellbeing before commencing Journeywork, again after completion of term 1 and again after completion of term 2. The children's de-identified questionnaires will be completed in the classroom and handed straight to the researcher.

Will any other staff member be involved?

School counsellors, the nurse, chaplain, or other wellbeing staff may already be working with some of the children, therefore, prior to commencement of Journeywork, these school staff members will be made aware of the Journeywork being conducted in the specific classroom in the school. They will be invited to the parent information session and the researcher will be available by person or telephone to answer any questions they may have.

What does giving informed consent mean?

Giving your consent means that you have read this information sheet, fully understand the schools/classrooms, the child's, your, and the parent's participation in the pilot, and signed the written consent form accompanying this information. A separate consent form has been provided for the Principal and for the teacher. In addition, you will have had any of your questions answered to your satisfaction.

How will the results of the pilot be used?

The results will be written into a report and paper for publication to assist in providing evidence of the effects of Journeywork for Australian children and classrooms. The school and the Department of Education and Early Childhood Development, Victoria will be given a copy of the report. Parents can access the report upon request.

How will my privacy be protected?

An identifier (ID) will be allocated to your school, the class, the children, teacher and parents for participation and completion of the questionnaires. The school's name that of the teacher, children, and parents will not be used in any report or publication. All individual information will be given an identifier and the participants will remain anonymous

This information will not be seen or used by anyone except the researchers. Your information will not be given to any other person without your permission. All information will be coded without names.

During the conduct of the study the de-identified data will be stored securely in a designated office of the Principal Researcher where the study is being conducted in Melbourne, after which time it will be securely stored in the Flinders University for a period of 5 years. Data on the researcher's computer will be password protected.

Will I be paid for participation?

You will not be paid for participation. There has been no specific funding allocated for the completion of this study.

Is taking part in the pilot voluntary?

Yes. Neither you nor the parents and children have to participate in the pilot if you/they do not want to.

If you do choose to participate and then want to withdraw without giving a reason, that's OK – this will not affect you, your school, classroom, the children or parents.

If you have any further questions

If you have any further questions about the pilot or *Journeywork* itself, or the evaluation questionnaires, please do not hesitate to contact **Dr Jill Beattie on telephone 9457 6456**.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee. For more information regarding ethical approval of the project the Secretary of the Committee can be contacted by telephone on 8201 5962, by fax on 8201 2035 or by email sandy.huxtable@flinders.edu.au.

This research project has also been approved by the Department of Education and Early Childhood Development, Victoria.

PRINCIPAL
CONSENT FORM FOR PARTICIPATION OF SCHOOL IN A PILOT RESEARCH STUDY
INTRODUCING JOURNEYWORK INTO SCHOOLS

I

being over the age of 18 years hereby consent to my school participating as requested in the Principal/Teacher Information Sheet, for the pilot research project on Journeywork in schools.

- I have read and understood the Principal/Teacher Information provided.
- Details of procedures and any risks have been explained to my satisfaction.
- 3. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
- 4. I understand that:
 - I and my school may not directly benefit from taking part in this pilot.
 - I, the teachers, children and parents will not be paid for participation in the project.
 - I, the teachers, children and parents are free to withdraw from the project at any time and they are free to decline to answer particular questions.
 - While the information gained in this study will be published as explained, I, my school, the teachers, children and parents will not be identified, and individual information will remain confidential.
 - Whether I, my school, the teachers, children and parents participate or not, or withdraw after participating, will have no effect on the school/classroom, or any of us personally.
 - I may ask that the program be stopped at any time, and that I and my school/classroom may withdraw at any time from the sessions or the research without disadvantage.
- 5. I have had the opportunity to discuss taking part in this research with colleagues, staff members, a family member or friend.

Principal's signature.....Date.....

Researcher - I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name.....

Researcher's signature.....Date.....

NB: Two signed copies should be obtained – one to be retained by the participant, and one to be retained by the researcher.

TEACHER
CONSENT FORM FOR PARTICIPATION IN A PILOT RESEARCH STUDY
INTRODUCING JOURNEYWORK INTO SCHOOLS

I

being over the age of 18 years hereby consent to my classroom participating as requested in the Principal/Teacher Information Sheet, for the pilot research project on Journeywork in schools.

I also consent to participating by filling out the Emotional Behavioural Questionnaires.

1. I have read and understood the Principal/Teacher Information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
4. I understand that:
 - I and my classroom may not directly benefit from taking part in this pilot.
 - I, the children and parents will not be paid for participation in the project.
 - I, the children and parents are free to withdraw from the project at any time and they are free to decline to answer particular questions.
 - While the information gained in this study will be published as explained, I, my school, the teachers, children and parents will not be identified, and individual information will remain confidential.
 - Whether I, my classroom, children and parents participate or not, or withdraw after participating, will have no effect on the classroom, or any of us personally.
 - I may ask that the program be stopped at any time, and that I and my classroom may withdraw at any time from the sessions or the research without disadvantage.
5. I have had the opportunity to discuss taking part in this research with colleagues, staff members, a family member or friend.

Teacher's signature.....Date.....

Researcher - I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name.....

Researcher's signature.....Date.....

NB: Two signed copies should be obtained – one to be retained by the participant, and one to be retained by the researcher.

Appendix 5: Letter of Support: Parents whose child had experienced Journeywork

30TH MARCH 2008

MELBOURNE

Our 9-year-old son, expressed concerns about not enjoying school at the very end of the 2007 year. We were hoping to start fresh in 2008, however, unfortunately the problem became worse. He became so anxious that he couldn't even get into the car at home to go to school. We tried everything we could think of to help and support him but nothing seemed to work. The Journey had been recommended to us a while ago and it seemed we were being led to it through this experience.

After his first session, our son came home and said, "I think you should do the journey Mum, and Dad and anyone really. It would be good for anyone to do whether you are sick or not." He loved it so much he wanted to go back, which he did for another 2 sessions. Each time we noticed his desire to return to school becoming greater and the effort it took slowly lessening. We truly believe that the Journey, along with the understanding and support of his teacher, Vice- Principal and Principal, assisted our son in overcoming his anxiety and all the emotions that were holding him back. Not only did he start enjoying school again but in the last 2 weeks of Term 1 he had his first sleepover at a friend's house and went on his first school camp, which meant 2 nights and 3 days away from home. We couldn't believe it was the same boy and he was having so much fun.

It has been an amazing transition. From a child who would very rarely go to friend's places for plays or birthday parties, he has discovered an independence from us that we haven't seen in him before. It's almost like he has found a part of himself that he didn't know was there. Our son says he finds it easier to be away from his mum and dad now and that he feels like he can just be himself around his friends at school instead of having to be someone else.

We are all looking forward to Term 2!!!

J and D (Parents)

Appendix 6: Letter of Support: St. Therese's Primary School



St Therese's Catholic Primary School, New Lambton

Burke Street
PO Box 321
New Lambton NSW 2305
Telephone: (02) 4957 4922
Fax: (02) 4952 1637
Website: newlmbtn.mn.catholic.edu.au
Email: admin@newlmbtn.mn.catholic.edu.au

27 February 2007

Cheryl Roberts has been working with children in our school for the past three years with the Journey program. All these children have been experiencing some type of difficulty, for example low self esteem, separation anxiety, bullying, etc. With their parents' permission, I have referred many children to Cheryl and have witnessed amazing changes to their overall disposition and behaviour. Parent feedback has also been most positive.

Cheryl has also supported another teacher and myself in using the classroom Journey program in our respective classes. Again this has had a significant effect in our classrooms and we plan to continue the program this year with our new classes.

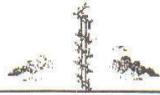
I have great respect for Cheryl and her work and we value her wonderful contribution to our community.

Vickie Pettett
Religious Education Coordinator
St Therese's School, New Lambton

Appendix 7: Letter of Support: Dr. Mark Naim

18/05 2007 11:03 FAX 49610497

001/009



Dr Mark R. Naim

M.B., Ch.B. F.R.A.C.G.P.

Sunday, 7 May 2006

Ms Sheryl Roberts
14 Mabel Street
Georgetown NSW 2298

Ref: Journey Therapy

Dear Sheryl,

This is the letter you requested, regarding the use and nature of Journey therapy.

This form of psychotherapy has been used around the world, for over 10 years now. It has the ability to resolve deeply held memories and beliefs, which are interfering with the health and well-being of the individual. It has been widely reported on, and has been universally found to be effective, and very safe, both with adults and children. You will know of the work done with children in Natal, South Africa.

More particularly, I came across Journey work in 1999, and started using it then. I carefully wrote up and followed all the cases I worked with, and it was the results I was getting that convinced me to continue with this therapy. It is worth saying that I wasn't an easy convert to this therapy, coming from a very conservative medical background, where management of cases is largely evidence-based, based on best available current information. It took me a long time to be convinced of the merits of Journey therapy, but to the point where I now use it more and more in everyday practice.

As you know, I have now completed the Organization's formal training, to be an accredited therapist. I have also submitted an application to the Ethics Committee of a major teaching hospital here in Sydney, to formally study the effect of Journey therapy on selected cancer patients.

I see this form of therapy becoming even more widely used, in mainstream therapy teaching and practice.

I wish you well in your endeavours.

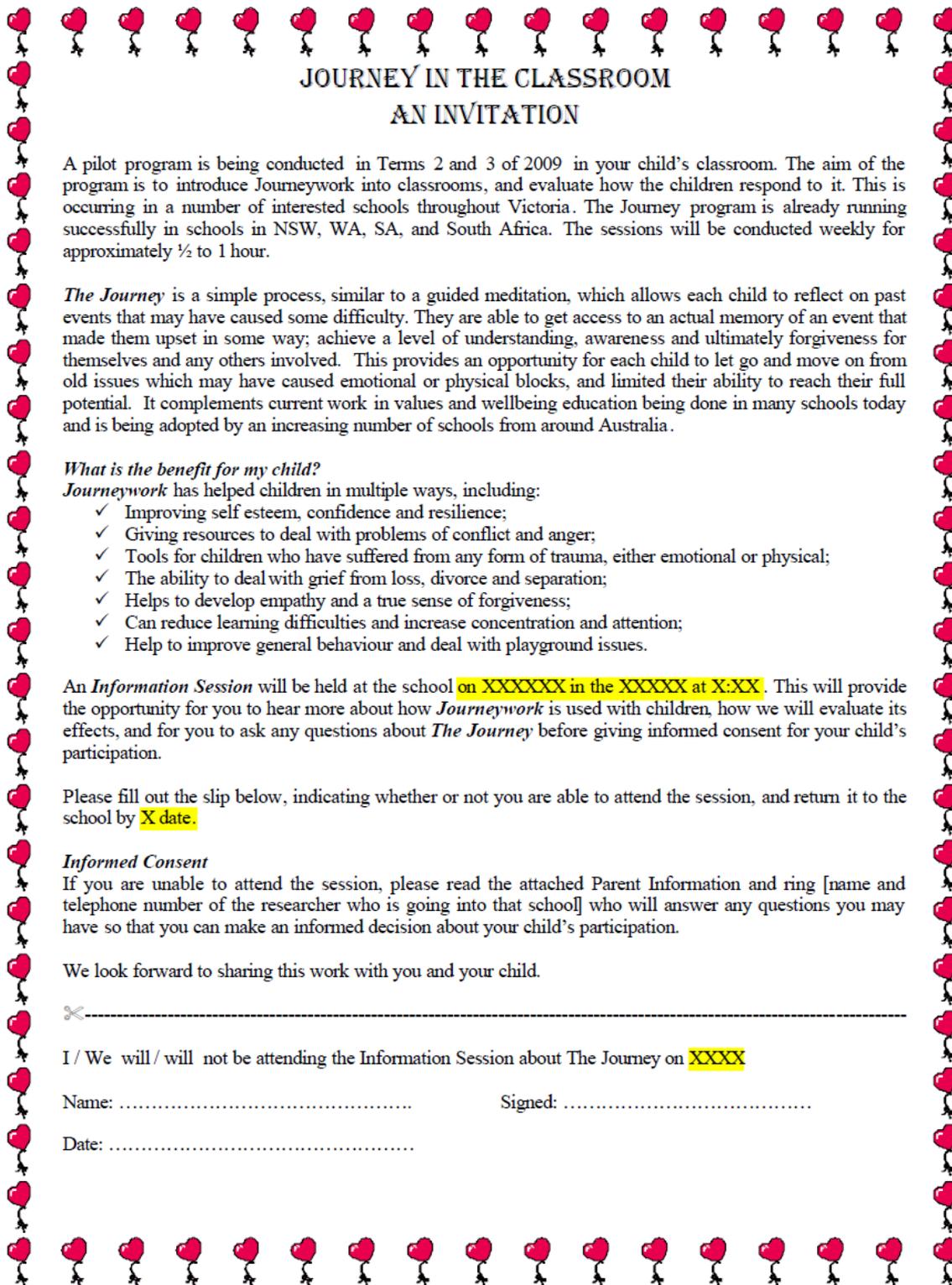
Best regards,

88 Edgecliff Road, Woolahra NSW 2025

Tel: 9386 5688 * Mobile: 0412 748 261 * e-mail: robmark@optusnet.com.au

Provider number: 36458 HX

Appendix 8: Invitation to Parents to Attend an Information Session



JOURNEY IN THE CLASSROOM
AN INVITATION

A pilot program is being conducted in Terms 2 and 3 of 2009 in your child's classroom. The aim of the program is to introduce Journeywork into classrooms, and evaluate how the children respond to it. This is occurring in a number of interested schools throughout Victoria. The Journey program is already running successfully in schools in NSW, WA, SA, and South Africa. The sessions will be conducted weekly for approximately ½ to 1 hour.

The Journey is a simple process, similar to a guided meditation, which allows each child to reflect on past events that may have caused some difficulty. They are able to get access to an actual memory of an event that made them upset in some way; achieve a level of understanding, awareness and ultimately forgiveness for themselves and any others involved. This provides an opportunity for each child to let go and move on from old issues which may have caused emotional or physical blocks, and limited their ability to reach their full potential. It complements current work in values and wellbeing education being done in many schools today and is being adopted by an increasing number of schools from around Australia.

What is the benefit for my child?
Journeywork has helped children in multiple ways, including:

- ✓ Improving self esteem, confidence and resilience;
- ✓ Giving resources to deal with problems of conflict and anger;
- ✓ Tools for children who have suffered from any form of trauma, either emotional or physical;
- ✓ The ability to deal with grief from loss, divorce and separation;
- ✓ Helps to develop empathy and a true sense of forgiveness;
- ✓ Can reduce learning difficulties and increase concentration and attention;
- ✓ Help to improve general behaviour and deal with playground issues.

An *Information Session* will be held at the school on XXXXXXX in the XXXXXX at X:XX. This will provide the opportunity for you to hear more about how *Journeywork* is used with children, how we will evaluate its effects, and for you to ask any questions about *The Journey* before giving informed consent for your child's participation.

Please fill out the slip below, indicating whether or not you are able to attend the session, and return it to the school by X date.

Informed Consent
If you are unable to attend the session, please read the attached Parent Information and ring [name and telephone number of the researcher who is going into that school] who will answer any questions you may have so that you can make an informed decision about your child's participation.

We look forward to sharing this work with you and your child.

✂-----

I / We will / will not be attending the Information Session about The Journey on XXXX

Name: Signed:

Date:

Original template prepared by Elena Arcangeli

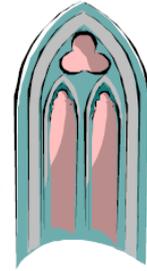
Appendix 9: Information Sheet and Consent Form for Children

We're inviting you on a JOURNEY.....
A Wonderful ADVENTURE inside your body.....
And this is how it goes



Step down the
Very Magical
Staircase....

.... And behind the Special Door
Where you will find your own
special friend, a very helpful
Guide or Mentor.....
I wonder who it will be ???



Then onto a
Fantastic ADVENTURE
inside the body



..... In the COOLEST vehicle
you could EVER imagine !!!



Then you will
discover a part of
your body that is not
feeling so good



And at the most BEAUTIFUL
campfire you will clear out the
unhealthy bits and receive LOTS
of balloons filled with the perfect
qualities to help make you feel
strong and healthy inside



With your big bright shiny
torch you will look around and
see how healthy your body part
is now.....

Then its time to travel back
to the doorway & run back
up the stairs.
And That's It!



Are YOU ready to go on this journey of ADVENTURE ??

CHILD
GIVING MY PERMISSION TO BE IN THIS PILOT RESEARCH PROJECT
Introducing Journeywork into Schools

I....., am accepting the invitation and giving my permission to stay in the classroom for the journey sessions, as requested on the invitation information sheet.

1. I understand that I am part of a pilot research project on Journeywork in schools, and I have read and understood the Child Information/Invitation Sheet given to me.
2. I have been able to ask questions about what will happen.
3. I understand that once a week for terms 1 and 2, a lady will be coming to our classroom and taking us on the adventure.
4. I understand that I will feel happy and unhappy feelings and I will empty these out and feel better after the session.
5. I understand that I may not feel better, and if that happens, the lady will help me on my own to feel better.
6. I understand that it is possible that other sad feelings may come up for me after the sessions, and I can get help from my parents or the lady if I want to.
7. I give my permission for my teacher to give the lady my school marks from last year and end of term 1 and 2 this year. These marks will not have my name on them, but will have a number on them to make sure they won't be given to anyone else.
8. I also know that I will be filling out an Emotional Wellbeing form before I start the sessions, after term 1 and after term 2.
9. I can keep a copy of the Information/invitation Sheet and this Consent Form.
10. I understand that my mother and/or father will also be filling out an Emotional Wellbeing form about me before I start the sessions, after term 1 and after term 2.
11. I understand that my teacher will be filling out an Emotional Behaviour form about our class before we start the sessions, after term 1 and after term 2.
12. I understand that:
 - I may not directly benefit from taking part in this research.
 - I, the school, and teachers will not be paid for participation in the project.
 - I am able to stop doing the sessions and filling out the forms and that I don't have to answer all of the questions if I don't want to.
 - The information from this project will be written in a report, and my school, my parents and I will not be identified, so our individual information will remain confidential.
 - If I don't want to do this, I don't have to, and I will be treated the same as I always have by my teacher and parents.
 - I understand that if I do this or not, it will not affect my school progress or marks.
13. I have talked to my parents about doing this project.

Child's signature and name

.....**Date**.....

Researcher - I certify that I have explained the study to the child and consider that she/he understands what is involved and freely consents to her/his participation.

Researcher's signature and name

.....**Date**.....

NB: Two signed copies should be obtained – one to be retained by the participant, and one to be retained by the researcher.

Appendix 10: Parent Information Sheet and Consent Form

Child Consent Form Journey into Schools

Dear Parent

Your school has agreed to participate in a pilot program introducing *Journeywork* schools in Terms 1 and 2 of 2009. Dr Jill Beattie from the Flinders University of South Australia, with a team of researchers, who are also Journey Practitioners, counsellors and a psychotherapist, are conducting the study.

Before you agree for your child to take part in *Journeywork* sessions, please read the information below.

Why is this pilot program being carried out?

While the Journey program is currently running successfully in schools in NSW, WA, SA, and South Africa, only South Africa has conducted research and produced a Report showing evidence of the success of the Program.

The aim of this pilot is to evaluate the effectiveness of the Program in Australia, for Australian children and schools. This study uses a pre-test / post-test design to evaluate the impact of Journeywork on the academic and social and emotional wellbeing of a selection of primary school students. This means that questionnaires will be filled out before commencing Journeywork and again after these sessions have been conducted.

What is the aim of the study?

The aims of this pilot are to:

1. improve the social and emotional wellbeing of participant primary school children
2. provide support and tools for children in dealing with daily life events and emotions
3. evaluate the effectiveness of conducting Journeywork sessions on the academic results of children
4. evaluate the effectiveness of conducting Journeywork sessions on the social and emotional wellbeing of children and the classroom environment
5. evaluate the effectiveness of conducting Journeywork sessions on children's behaviour in the classroom environment
6. produce Australian evidence of the effects of Journeywork on the academic, social and emotional wellbeing of participant children.

What is Journeywork?

The Journey is a simple process, similar to a guided meditation, which allows each child to reflect on past events that may have caused some difficulty eg when they were scared. They are able to get access to an actual memory of an event that made them upset in some way e.g. when they got angry; achieve a level of understanding, awareness and ultimately forgiveness for themselves and any others involved eg the person they were angry at. This provides an opportunity for each child to let go and move on from old issues which may have caused emotional or physical blocks, and limited their ability to

reach their full potential. Children are given practical tools for dealing with future issues. It complements current work being done in many schools today such as values education, and Journeywork is being adopted by an increasing number of schools around Australia.

The actual process involves an imaginary journey inside the body where the child uncovers a childhood memory that made them feel a certain way, e.g. scared, lonely, angry, or sad. The memory is played onto a cinema screen and briefly described. Resources are then selected 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 cinema screen with the child seeing how it would have been different or felt different with new resources. An imaginary campfire is set up and invited to this fire are people involved in the memory who the child would like to speak to. 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 able 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. This can be reinforced by regular Journeywork over the subsequent weeks.

What is the benefit to the children and the school?

The social and emotional learning goals of Journeywork aim to develop children's ability to recognise and manage emotions, develop caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively.

Journeywork has helped children in a number of ways, including:

- Increased academic performance
- Better attendance rates
- Improved interaction between peers
- Reduced bullying
- Better relationships with their teachers
- An increase in self-esteem and confidence
- Improved behaviour and discipline in the classroom and playground
- Provision of practical tools for children

It is anticipated that these benefits will be achieved in this project. Parents and teachers will experience children with decreased behavioural issues. The children will have the tools to deal with life events and the many emotions they encounter daily. Relationships with peers will be more positive.

Are there any other effects on the children?

During participation in Journeywork emotional issues will arise for students; this is the nature of this work. During the first four introductory sessions the children will identify happy times as well as sad times, and these have the potential to be embarrassing to parents e.g. they may have gotten lost at the shopping centre. During the actual Journey Classroom processes the actual issue(s) are confidential to the children, because they whisper to themselves during this time. However, there is the potential for abuse issues to arise. From the experience of others who are conducting this work in schools in Australia, this has not occurred to date.

What support will the children receive?

Appropriate child to researcher/practitioner ratios will be allocated to ensure that the children have ample support during the process, and for any children who may require extra assistance to complete their process, resulting in a feeling of ease.

The researchers are all Journey Practitioners, with two being professional counsellors and one being a psychotherapist. They all have the experience and skills to manage a variety of emotional issues with children, if they occur, and if need be, after the classroom process, and/or at a later time, in partnership with the teacher, and/or you, their parent, the school nurse/counsellor/chaplain, or other health professional. The researchers do not usually know what the issue(s) was, just that it has been dealt with and released. The teacher will remain in the classroom and will also be able to provide any additional support required.

The researchers/practitioners will make themselves available, by telephone and in person, to the teachers, you (as parents), other school staff, and the children throughout the project to answer any questions arising and/or to discuss how the classroom sessions are going. One-to-one time will be offered for any child, teacher and/or parent who wishes assistance individually, inside and outside of school hours, free of charge.

Your researcher/practitioner is [name], and she can be contacted on [telephone and mobile number].

When will this be happening and how long will it take?

Sessions will be conducted weekly in Terms 1 and 2 of 2009, a total of 18 weeks. Each Journey session will take approximately 20 to 30 minutes, with a total of 45 to 60 minutes in the classroom with the children. The teacher will remain in attendance at this time. For those children who do not have consent to participate they will go into the care of another teacher/staff member for that period of time.

Should any children require additional support immediately following the classroom session, the teacher will remain with the class while the researcher spends an additional 10 minutes re-processing the children in a quiet area of the school near the classroom. Each of the questionnaires will take no longer than 10 minutes to complete.

What will I (parents/guardians) need to do?

You will receive the Parent Information and Child Information Sheets before giving informed consent for participation. This will be sent in the usual manner communication is sent via the teacher. You will need to read this information sheet and the information for your child, and let your child have a read of what the process is about.

You will also be invited to an information evening to meet the researcher, and see a DVD on how the Journey Program has been conducted in Newcastle (NSW) and in South Africa. All of your questions will be answered. Once you have had time to talk with significant family members and the child, you can contact the researcher to decline or agree to participate. If you are unable to attend the information session, you are asked to contact the researcher to discuss the information and have any questions answered.

We are also asking your permission for your child's teacher to give the researcher your child's academic results from December 2008 and end of term 1 and 2 2009. These results will have your child's name removed and replaced with a number, to ensure they remain confidential.

You will also be asked to complete a 20-item Emotional Wellbeing questionnaire about your child's emotional wellbeing before commencing Journeywork, again after completion of term 1 and again after completion of term 2. Your de-identified questionnaires will be returned in a sealed pre-paid envelope addressed to the researcher.

What will the children need to do?

Once you have given your informed consent for your child to participate, and your child has been given the Child Information Sheet about the program from you, they will also be able to choose each week whether or not they participate in the session.

Each week the children will participate in Journeywork in the classroom. For those children who do not have consent to participate they will go into the care of another teacher/staff member for that period of time. Should any children require additional support immediately following the classroom session, the teacher will remain with the class while the researcher spends an additional 10 minutes re-processing the children in a quiet area of the school near the classroom.

Prior to, and following each Journey session, each child will be given a set of smiley faces from sad to happy, and asked to colour-in how they feel. Using the smiley faces visual analogue scale, we can measure the effect of the individual sessions and also ensure the child is left happy and at ease.

The children will be asked to complete a 20-item Emotional Wellbeing questionnaire about their emotional wellbeing before commencing Journeywork, again after completion of term 1 and again after completion of term 2. The children's de-identified questionnaires will be completed in the classroom and handed straight to the researcher.

What does giving informed consent mean?

Giving your informed consent means that you have read this information sheet, fully understand your child's and your participation in the pilot, and signed the written consent form accompanying this information. In addition, you will have had any of your questions answered to your satisfaction.

How will the results of the pilot be used?

The results will be written into a report and paper for publication to assist in providing evidence of the effects of Journeywork for Australian children and classrooms. The school and the Department of Education and Early Childhood Development, Victoria will be given a copy of the report. You can access the report upon request.

How will my privacy be protected?

An identifier (ID) will be allocated to your school, the class, the children, teacher and parents for participation and completion of the questionnaires. The school's name that of the teacher, children, and parents will not be used in any report or publication. All individual information will be given an identifier and the participants will remain anonymous

This information will not be seen or used by anyone except the researchers. Your information will not be given to any other person without your permission. All information will be coded without names.

During the conduct of the study the de-identified data will be stored securely in a designated office of the Principal Researcher where the study is being conducted in Melbourne, after which time it will be securely stored in the Flinders University for a period of 5 years. Data on the researcher's computer will be password protected.

Will I be paid for participation?

You will not be paid for participation. There has been no specific funding allocated for the completion of this study.

Is taking part in the pilot voluntary?

Yes. Neither you nor your child has to participate in the pilot if you/they do not want to.

If you do choose to participate and then want to withdraw without giving a reason, that's OK – this will not affect you, your school, classroom, or your child.

If you have any further questions

If you have any further questions about the pilot or *Journeywork* itself, or the evaluation questionnaires, please do not hesitate to contact **Dr Jill Beattie on telephone 9457 6456**.

Your School Principal and classroom teacher have given permission for Journeywork sessions in your school. If you have any further questions, feel free to contact the Principal.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee. For more information regarding ethical approval of the project the Secretary of the Committee can be contacted by telephone on 8201 5962, by fax on 8201 2035 or by email sandy.huxtable@flinders.edu.a

Appendix 11: Pre and Post Emotional Wellbeing Questionnaire for Children

Journeywork in Schools Program EMOTIONAL WELLBEING QUESTIONNAIRE FOR CHILDREN Prior to commencing Journeywork NB The same questionnaire will be given on completion of term 1 and term 2	
--	--

Date : _____	Child's ID: _____
School ID : _____	Score: _____
Class ID: _____	

INSTRUCTIONS

Below is a list of the ways you might have felt or acted. Please check how *much* you have felt this way during the **past week**.

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating, I wasn't very hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt like I was just as good as other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt like I couldn't pay attention to what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
6. I felt down and unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt like I was too tired to do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt like something good was going to happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt like things I did before didn't work out right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt scared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
11. I didn't sleep as well as I usually sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I was more quiet than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely, like I didn't have any friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I felt like kids I know were not friendly or that they didn't want to be with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
16. I had a good time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I felt like crying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt people didn't like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. It was hard to get started doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Well done!

When you have finished, please give this to the Journey person

Thank you

Reference: Weissman MM, Orvaschel H, Padian N. 1980. *Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports.* Journal of Nervous Mental Disorders 168(12):736-740.

Appendix 12: Pre and Post Emotional Wellbeing Questionnaire for Parents

Journeywork in Schools Program EMOTIONAL WELLBEING QUESTIONNAIRE FOR PARENTS

Prior to commencement of the Program

NB The same questionnaire will be given on completion of term 1 and term 2

Date : _____ Parent's ID: _____
 School ID : _____ Child's ID: _____
 Class ID: _____ Score: _____

INSTRUCTIONS

Below is a list of ways you may have sensed your child was feeling from how he/she acted. Please tick the box that best describes what you sensed about your child during the *past week*.

DURING THE PAST WEEK		Not At All	A Little	Some	A Lot
1.	Seems to be bothered by things that don't usually bother him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Doesn't seem to like eating. Says he/she is not very hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I/We don't seem to be able to make him/her feel better when he/she has been unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Seems to accept that he/she is just as good as other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Doesn't seem to be able to pay attention to what he/she is doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DURING THE PAST WEEK		Not At All	A Little	Some	A Lot
6.	Seems to be down and unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Seems to be too tired to do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Acts like something good is going to happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Having trouble doing things, which he/she could easily do before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Acts as if he/she is scared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DURING THE PAST WEEK		Not At All	A Little	Some	A Lot
11.	Doesn't sleep as well as he/she usually sleeps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Seems to be happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Seems more quiet than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Acts as if children he/she knows aren't friendly or don't want to be with him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DURING THE PAST WEEK		Not At All	A Little	Some	A Lot
15.	Seems to be having a good time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Looks as if he/she is going to cry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Looks sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Acts as if people don't like him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	It's hard to get him/her started to do things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Please add any other comments you feel would be helpful.				

When completed, please return this questionnaire to the researcher in pre-paid, self-addressed envelope provided. Thank you for your continued support.

Reference: Weissman MM, Orvaschel H, Padian N. 1980. *Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports.* Journal of Nervous Mental Disorders 168(12):736-740.

Appendix 13: Pre and Post Emotional Behaviour Questionnaire for Teachers

<p>Journeywork in Schools Program</p> <p>EMOTIONAL BEHAVIOUR QUESTIONNAIRE FOR TEACHERS</p> <p>Prior to commencing Journeywork NB The same questionnaire will be given on completion of term1 and term 2</p>
--

Date : _____ Teacher's ID: _____

School ID : _____

Class ID: _____

INSTRUCTIONS

Please indicate the extent to which you *agree or disagree* with each of the following statements by ticking **ONE** of the boxes per statement.

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
1. Childrens' general behaviour in the classroom is challenging.	<input type="checkbox"/>				
2. Childrens' general behaviour in the playground is challenging.	<input type="checkbox"/>				
3. The children don't seem to be able to concentrate for very long.	<input type="checkbox"/>				
4. Emotional outbursts are a common event.	<input type="checkbox"/>				
5. Unsocial behav iour is a common event.	<input type="checkbox"/>				
6. Bullying is a common event.	<input type="checkbox"/>				
7. The children have low self-confidence.	<input type="checkbox"/>				
8. The children don't have many skills to deal with their emotions.	<input type="checkbox"/>				
9. Please add any other comments you feel would be helpful.					

When completed, please return this questionnaire to the researcher in pre-paid, self-addressed envelope provided.

Thank you for your continued support

Appendix 14: Pre and Post Visual Analogue Scale of Emotion Faces

Journeywork in Schools Program

HOW DO YOU FEEL

BEFORE JOURNEYWORK

Date : _____

Child's ID: _____

School ID : _____

Class ID: _____

How do you *feel* now? (colour in only one face)



AFTER JOURNEYWORK

Date : _____

Child's ID: _____

School ID : _____

Class ID: _____

How do you *feel* now? (colour in only one face)



Appendix 15: Information Sheets to Parents following the First Five Sessions

Journey into School Pilot Program 2009

Week 1 - 5/5/09

Thank you parents and children for participating in program. We trust that it will be beneficial to all c also lots of fun.



In this week's session we covered the following:

1. Confidentiality
We honour each other's feelings and not misuse the information we hear.
2. Happy cells
Our bodies are made up of many, many cells. There are some happy and healthy cells. Happy cells keep us feeling energetic, full of fun, and our heart is able to receive love and give love easily. When all our cells are healthy and happy we are able to concentrate in class, we are able to express ourselves creatively, we offer kindness and friendship to others. When our cells are healthy and a happy radiance shines from within like a beautiful bright shinning diamond. You shine because you are this bright shinning diamond. When our Diamond is shining it's brightest, we feel good inside, we feel good about ourselves.
3. Unhappy cells
Sometimes something happens to us that give us an unhappy or sad feeling inside. These unhappy feelings kind of get stuck in our cells. Because these unhappy feelings are stuck inside, our bright shinning diamond begins to get a little bit dimmer. Our light gets turned down. When our body holds on to these unhappy feelings, the unhappy cells can get stuck instead of healing. Our body starts to feel heavy instead of light and happy.
4. Balloons
The children imagined breathing in and being filled with Love from a pink balloon, Fun, Laughter and Joy, from a yellow balloon, and Safety from a blue balloon.

We look forward to next week's session, and in the meantime if you have any questions or concerns, please do not hesitate to call any of us on the following numbers.

Suzanne Dowd	9779 3860	0407 827 602
Jan Henderson	9723 0922	0419 493 571
Sue Leeder	9432 6469	0419 751 578

Journey into School Pilot Program 2009

Week 2 - 12/5/09

Thanks again for your participation in this program. It has been another week of mixing learning and



In this week's session we covered the following:

1. Confidentiality/Group Agreement
We reminded the children of the Confidentiality Agreement, and further clarified the rules and boundaries for these sessions, with input from everyone.
2. Journey into Schools Pilot Program
We explained the Journey into schools pilot program to the children, and their part in the program.
3. Unhappy cells/Happy cells/Diamond
We reinforced the lessons learnt from the previous week about unhappy and happy cells, and the diamond that they really are.
4. Balloons of Resources
Today we went into more detail about balloons and special resources that can help us feel better in the times we feel unhappy. Each balloon is filled with a special quality, a special inner strength or essence. When we breathe in these qualities, it gives us an inner strength that will help us to resolve our troubles. These balloons can be used every morning, every night and at particular times when you are worried.
5. Mood Card Meditation
The children selected a Mood card and meditated to music, imagining themselves with the resource on their mood card. "Today I will Stand Tall like the trees", is an example of one of the mood cards.

We look forward to next week's session, and in the meantime if you have any questions or concerns, please do not hesitate to call any of us on the following numbers.

Suzanne Dowd	9779 3860	0407 827 602
Jan Henderson	9723 0922	0419 493 571
Sue Leeder	9432 6469	0419 751 578

Journey into School Pilot Program 2009

Week 3 - 19/5/09

Thanks again for your participation in this progr
Another week has been and gone, they go so fas



In this week's session we covered the following:

1. Confidentiality/Group Agreement
We reminded the children of the Confidentiality Agreement or Group Agreement that was agreed to the previous weeks.
2. We played a parachute game.
3. Suzanne read a story called "An angel in my heart" to the class, to familiarise the children with the Journey process that will be used in the future sessions.
4. Mentors
A Mentor can also be known as a guide, a guardian or a companion. It is someone in whose company you feel safe, protected and you can trust. It can be anyone, someone the children know personally, someone they would like to know, or someone born of their imagination. It can be their favourite cartoon or comic character, a wizard, a fairy or an angel, or perhaps a favourite character from a movie. It is someone in the child's imagination that they feel safe with.
5. Stuck Cells
Cells sometimes get stuck with some uncomfortable feelings in them. That happens when something upsets us or someone does something that might cause our feelings to be hurt. Because the children have been alive for only a few years, they might not have learned how to say how they feel, or know what words to use.
We need to help their bodies feel happy and healthy again so that their Diamond can really shine.
The Journey process they will be doing in the next few weeks knows how to help you clean up sad stuck cells.
6. Diamond Pass The Parcel
Today we passed around a parcel with examples of stuck cells, and removed the layers until a diamond was revealed.

We look forward to next week's session, and in the meantime if you have any questions or concerns, please do not hesitate to call any of us on the following numbers.

Suzanne Dowd	9779 3860	0407 827 602
Jan Henderson	9723 0922	0419 493 571
Sue Leeder	9432 6469	0419 751 578

Journey into School Pilot Program 2009

Week 4 - 26/5/09

Four weeks into the program. The previous weeks have been a lead up to the children working with their unhappy memories. This week we work with some of their unhelpful thoughts, and they are taught how they can change them.



In this week's session we covered the following:

1. Confidentiality/Group Agreement
We reminded the children of the Confidentiality Agreement or Group Agreement that was agreed to the previous weeks.
2. We played a game.
3. We recapped the story "An Angel in My Heart" from last week.
4. Listing things that hurt the children.
In small groups we asked the children to list all the things that hurt them in the past, that they can remember. Things like being left out, not feeling good enough and not being smart enough etc.
5. Thought Change Process
Through a guided meditation, we ask the children to replace all their unhelpful thoughts with helpful, healthy ones.

Again, if you have any questions or concerns, please do not hesitate to call any of us on the following numbers.

Suzanne Dowd	9779 3860	0407 827 602
Jan Henderson	9723 0922	0419 493 571
Sue Leeder	9432 6469	0419 751 578

Journey into Schools Pilot Program 2009

Week 5 - 2/6/09

This will be the last weekly notice, unless something comes up, that you, as parents, need to be informed of.

The first 4 sessions have been a lead up to the actual Journey Classroom process, which we commenced this week.



In the previous weeks we introduced the concepts used in the Journey process, for example, emotions arising from memories can be stored in the cells of the body, mentors, and resources.

Each week, from now to the end of the program, the children will receive a Journey Classroom process, along with playing some fun and educational games with us.

We have attached the simple diagram of the Journey process again so you can see what the children experience.

Your child may experience emotions arising after these sessions. Please be aware that this is normal, and allow your child to feel whatever emotion arises. If they need to cry, let them cry, and if they are angry, encourage them to simply sit and feel the anger, rather than act it out, knowing that it will pass.

If possible, encourage your child to talk to you about whatever they are feeling, if they want to, and about whatever memories arose during the session. In working with them, it opens up the doors for communication between you and your child.

If you feel that your child is obviously feeling strong emotion, but is unable to talk to you about it for whatever reason, suggest they draw the emotion, or write about it in a journal. These suggestions allow your child to express the emotion in a safe way, rather than act it out. Once the emotion is felt and allowed to pass through, they will naturally move to feeling happy again, as children do.

Early in term 3, we will be holding an information night for parents, to answer your questions and to pass on strategies on how you can support your child. We will let you know the date when it is finalised. Until then please call one of us on the numbers below if you are unsure of how to handle the emotions arising in your child. We are more than happy to help.

It is a pleasure working with your beautiful child, and we hope this experience is beneficial to your child and family.

Please keep this notice so that in the future, if you have any questions or concerns, you have the phone numbers to contact us. Please do not hesitate to call any of us at any time.

Suzanne Dowd	9779 3860	0407 827 602
Jan Henderson	9723 0922	0419 493 571
Sue Leeder	9432 6469	0419 751 578

Once again, thank you for allowing your child to participate in this program.

Appendix 16: Examples of Previous Pre- and Post- Journeywork Session Drawings

Used here with permissions from The Journey.

