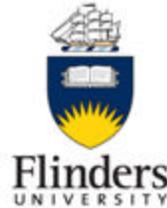


**FLINDERS UNIVERSITY**  
ADELAIDE • AUSTRALIA



*Flinders Human Behaviour & Health Research Unit*

## ***Releasing Children's Shining Potential***

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

**Executive Summary  
of the Journey into Schools Report  
August 2010**

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## 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

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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 <sup>[1]</sup> .
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 <sup>[1]</sup> .
Informants (Key informants)	Well-situated people or people with expertise in the area under study <sup>[2]</sup> . In this case: children, parents, teachers and the principal.
Journey Accredited Practitioner (JP)	<p>A Journey Accredited<sup>®</sup> Practitioner is a practitioner who has completed the curriculum of <i>The Journey Accredited<sup>®</sup> Practitioner Programme</i>, as provided by The Journey<sup>®</sup> Seminars organisation, including completion and successful assessment of at least 45 case studies.</p> <p>To maintain Journey Accredited<sup>®</sup> 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 - <a href="http://www.who.int/topics/mental_health/en/">http://www.who.int/topics/mental_health/en/</a> )
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” <sup>[1]</sup> .
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) <sup>[1]</sup> .
Protective factors	Those factors that ‘produce a resilience to the development of psychological difficulties in the face of adverse risk factors’ <sup>[1]</sup> .
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 <sup>[1]</sup> .
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).

## **EXECUTIVE SUMMARY**





# Journey into Schools Executive Summary

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*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<sup>[3]</sup>. 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<sup>[3]</sup>. While ADHD decreases as children get older, other conditions such as depression tend to increase with age<sup>[4]</sup>. Only one child in every four receives any assistance<sup>[5]</sup>. 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<sup>[3]</sup>. A collaborative approach to mental health promotion, prevention and early intervention programs across the health, education and welfare sectors is required<sup>[5-8]</sup>.

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<sup>[9]</sup> 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<sup>[10]</sup>. 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<sup>[10-12]</sup>, anecdotal evidence<sup>[13-15]</sup>, program evaluation<sup>[16, 17]</sup> and formal review<sup>[18]</sup> 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<sup>[10, 19]</sup>. 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 improve the social and emotional wellbeing of participant primary school children.

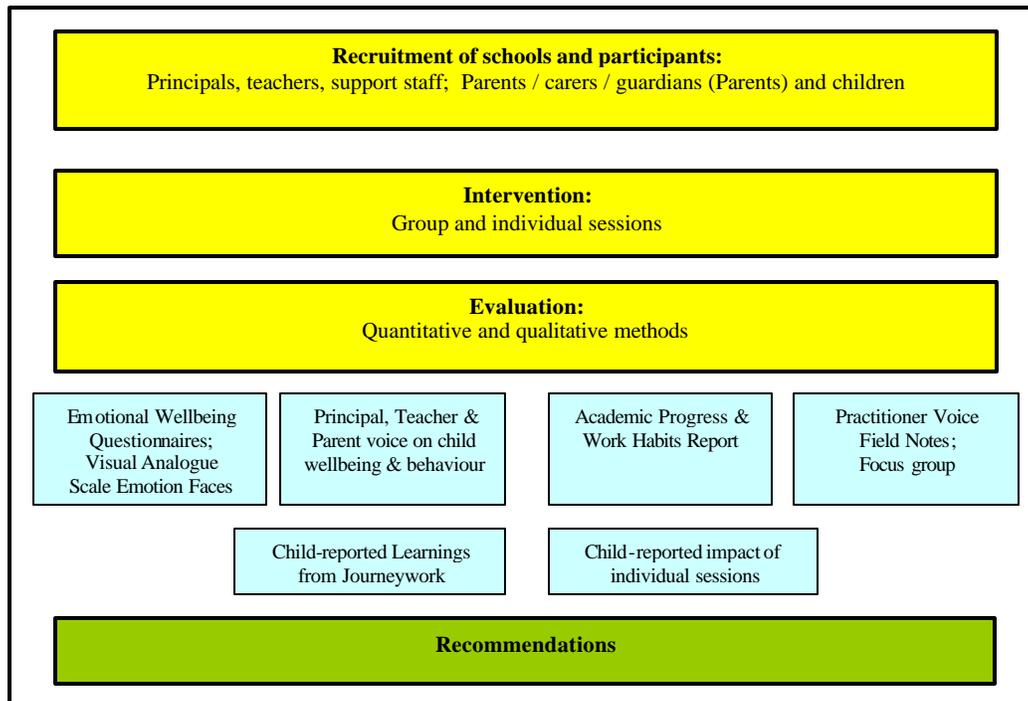
Specific objectives included:

- 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<sup>[20-22]</sup> 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<sup>[10, 19]</sup>.

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<sup>[19]</sup>, anecdotal<sup>[10, 15]</sup> and evaluation<sup>[16, 17]</sup> 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.**

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