



# Moira Shire Chill Skills Program: Implementation assessment

An evaluation of program facilitation and delivery features



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## Executive summary

This document is an implementation evaluation report of the Chills Skills Program, a Health Promotion commitment of NCN Health and Yarrawonga Health. The Chill Skills program uses natural solutions to help primary school-aged children deal with stress and anxiety. It aims to increase resilience through teaching strategies to be calm and relax, increase confidence, create positive self-talk, and build self-esteem. The evaluation was facilitated through the partnership between NCN Health and the University of Melbourne (UoM), Rural Health Academic Network (RHAN).

### Aim and evaluation design

The evaluation aim was to investigate the Chill Skills Program implementation in a rural area. The objectives were to understand program benefits and challenges and, to explore any contextual adaptations applied. The evaluation design was mixed methods, involving a rapid literature review, analysis of program documents and previous outcome reports, and interviews were undertaken. Researchers gained depth of information through the views and experiences of program facilitators. The study had ethical approval from the University of Melbourne, Office of Research Ethics and Integrity, reference number: 2023-27026-40804-3.

### Results

The rapid literature review examined 15 published studies on child mental health and wellbeing programs and assessed the elements they featured. These elements were compared to the Chills Skills Program, this highlighted the comprehensive nature of Chill Skills which included 13 elements. The number of elements present for compared programs ranged from three to nine.

The Chill Skills Program outcome reports indicated positive change for children through the results of the Strength and Difficulties Questionnaire (SDQ). This measure assesses children and adolescent mental health. Chill Skills teacher-reported scores showed lower mean scores at program end when compared to baseline assessment. This was evident for the total SDQ score and the SDQ subscales.

Overall, ten program facilitators were interviewed about their experiences of the program. These were overwhelmingly positive about the effectiveness of the program. Facilitators gave rich accounts of their observations on change for children who participated in the program. Some interviewees reported receiving feedback from parents that beneficial changes were also noticed at home. Full details about rural challenges and contextual adaptations from facilitator perspectives are provided in the body of this report.

Combining and examining all the evaluation information sources led researchers to develop a proposed Chill Skills Program implementation logic model. This diagrammatic representation is provided in Appendix A. The findings from merging all information from the mixed methods design is the foundation for the recommendations to NCN Health.

### Recommendations

The recommendations, expanded upon in the body of the report, are briefly:

**1. Develop a system of tracking and measuring Chill Skills in Moira Shire.**

Continuous monitoring and evaluation of the Chill Skills program will build knowledge and provide an evidence-base.

**2. Establish a Moira Shire Chill Skills practice group.**

There is potential for a Moira Shire Chill Skills facilitator practice group to be formed, either formally or informally

**3. Plan for the future.**

Future planning for Chill Skills in Moira Shire would provide the NCN and Yarrawonga Health Promotion teams clear direction.

### Conclusion

This evaluation identified that the Chill Skills Program is effective in providing activities that increase children's mental health and wellbeing. In addition, findings support that the program is feasible to implement and scale throughout Moira Shire.

## Acknowledgements

This study took place on the unceded lands of the Yorta Yorta people. We acknowledge the Traditional owners of the land, and we pay our deep respects to all Elders past and present.

The research and evaluation team would like to acknowledge and thank the professionals who contributed their time to participate in interviews. Thankyou also to Lisa Hemmings, the creator of Chill Skills, in sharing her expertise, program data and background information about the program.

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## Acronyms & abbreviations

IICT	International Institute for Complementary Therapies
NCN Health	Nathalia, Cobram, and Numurkah health service campuses
PedQL	Pediatric Quality of Life Inventory
PLS	Plain Language Statement
RLR	Rapid Literature Review
RHAN	Rural Health Academic Network
SDQ	Strength and Difficulties Questionnaire
UoM	University of Melbourne

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## Research and evaluation team

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## Introduction

In 2023, NCN Health requested the Rural Health Academic Network (RHAN), University of Melbourne, to undertake an evaluation of the Chill Skills Program. The Health Promotion Teams at NCN Health, which services the rural townships of Nathalia, Cobram, and Numurkah and, Yarrawonga Health, which services the Yarrawonga area, have been involved with Chill Skills for a number of years. They identified a need to further understand features associated with implementation of the program to then enable them to support it to be rolled out across the Moira Shire located in northern Victoria, Australia.

NCN Health, is a lead partner in Health Promotion activities in the area. In collaboration with RHAN, the Chill Skills evaluation assessed stakeholders' experiences of the program. This assessment is important to establish the implementation needs of the program, to help with funding applications and for potential scalability across the Shire.

## Chill Skills Program description

The Chills Skills Program has been offered regionally in Victoria since 2011, it is targeted at children who are struggling with mental health issues or have experienced, family violence, grief, trauma, or undergoing parent-child relationship challenges. The program is structured in a block of 6 weeks with weekly one-hour sessions which follow the school term. The small group format of 6 to 8 children, is designed for two age groups, children 5-7 years and children 8-12 years. Delivered by a trained facilitator, the sessions include gentle movement, imagination, relaxing stories, mindfulness, meditation, creative activities, and learning about emotions and positive self-talk (Hemmings, 2023).

## Health promotion and young people

Public health promotion activities foster good health and wellbeing (Korin, 2016). They are designed to enable people to increase control over and improve their health and wellbeing and involve the population as a whole in the context of their everyday lives (Korin, 2016).

Health promotion initiatives targeted at primary school aged children, which encompass social and emotional learning programs, mindfulness programs, stress management programs, or emotional wellbeing programs, have been found to promote resilience, increase the development of coping skills, mindfulness, and emotion recognition and management (Fenwick-Smith et al., 2018; Pandey et al., 2018). In addition, these initiatives aid in strengthening skills in young people to develop empathetic relationships, self-awareness, and help-seeking behaviour. Secondary outcomes have been identified as

including decreased symptoms of anxiety, depression, and increased academic outcomes (Fenwick-Smith et al., 2018).

Children living in rural Australia have limited access to health and wellbeing services and experience poorer health, mental health, and developmental outcomes when compared to Australian urban living children (Arefadib & Moore, 2017; Department of Education and Training, 2018). Improving outcomes for rural children can be achieved by collaboration and partnerships such as through local health promotion networks. These networks are responsive to community needs and can join together to identify and provide group programs targeted at a cohort or issue for more sustainable solutions to gaps in services (Sanford et al., 2021).

Understanding the implementation dynamics of rural initiatives is limited in rural Victoria but important to aid the work of health promotion networks. An implementation evaluation assists to document any changes in program content and processes which can support scaling or extending the program, it can also identify the likelihood or feasibility that the program can be successfully implemented (Hauk & Kaser, 2020).

## Evaluation aim and key questions

The aim of the evaluation was to investigate the Chill Skills Program implementation from the views and experiences of program facilitators.

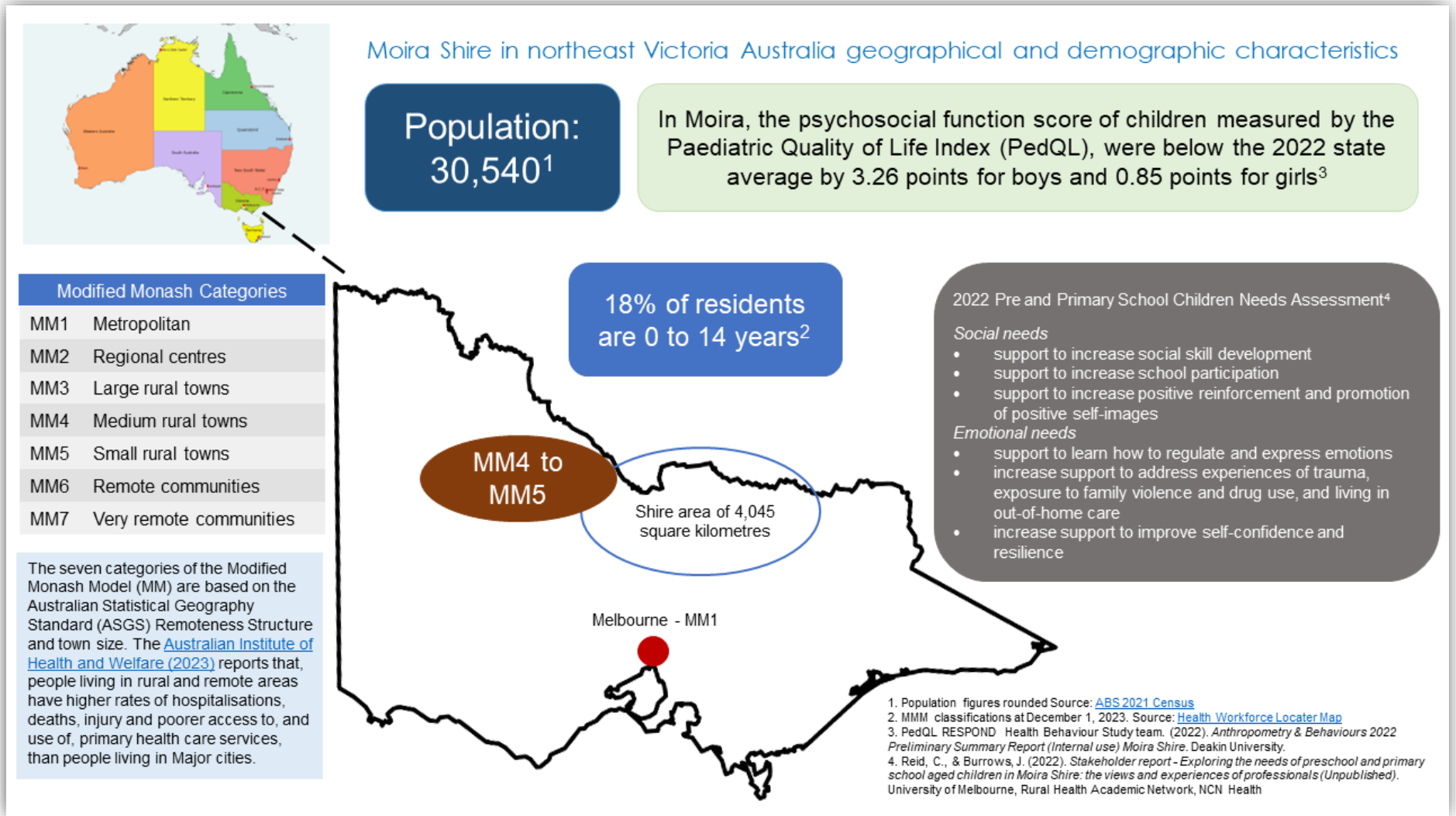
The key evaluation questions were:

1. What are the benefits and challenges of implementing the Chill Skills Program in a rural area?
2. What, if any, contextual adaptations were required of the Chill Skills Program during implementation?

## Study setting

Moiria Shire is in northern Victoria Australia; it encompasses Modified Monash Model (MM) categories 4 to 5. The Modified Monash Model defines locations as city, regional, rural or remote (Australian Government, 2023). The MM classifications are useful as a proxy measure for service and workforce equity and access issues (McGrail et al., 2017). It has also been stratified to compare socio-economic advantage and disadvantage; utilised at a national level this has highlighted the disadvantages encountered by many populations in small rural towns (MM 5) (Versace et al., 2021). Figure 1 provides some important geographical and demographic characteristics of the study setting.

**Figure 1:** Study setting



## Methods

The evaluation design was mixed methods, this involved a rapid literature review of child-focused wellbeing programs, a document review (Chill Skills and Health Services-Health Promotion material) and interviews with the program creator and rurally located facilitators of the program.

## Ethics

The evaluation received ethical approval from the University of Melbourne Office of Research Ethics and Integrity on May 30, 2023, reference number: 2023-27026-40804-3. No incentives were provided to participants to take part in the study.

## Participant recruitment & data collection

The target group were professionals, invited to participate due to their experiences as a facilitator for the Chill Skills Program. The project aimed for interviews with six to eight participants, as stated in the ethics application. Recruitment occurred through coordination with the Health Promotion Teams. A contact list was created, and invitations were circulated via email, accompanied by a Plain Language Statement (PLS), and a project brief. Interviews were negotiated and scheduled during July 2023 with those interested and conducted virtually using the video-conferencing application, Teams (voice recording function only). Consent was provided by participants prior to interviews.

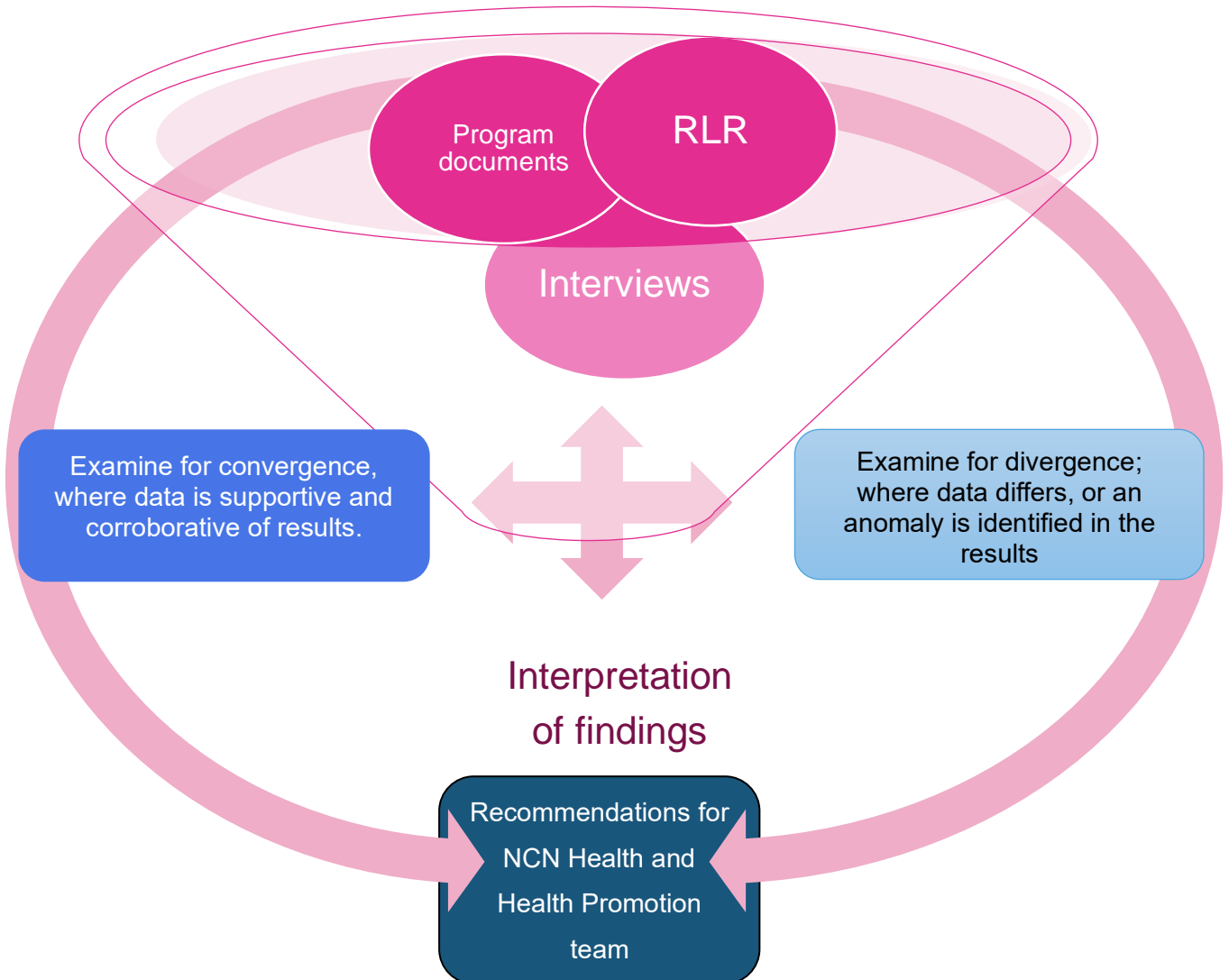
## Data analysis

The rapid literature review of child-focused wellbeing programs was assessed for their main elements, compared, and results presented in a table. Similarly, the document review drew forth program descriptions, results of previous outcome measures all of which were formulated into a summary. The recorded interviews were transcribed to text. These transcripts were analysed using the Qualitative Framework Approach (Goldsmith, 2021; Smith & Firth, 2011). The key evaluation questions were used as an initial *a priori* (framework), an iterative process followed to develop a set of codes and categories which formed an analytical framework to apply to all transcripts. Tables in Microsoft Word were used to generate a researcher-agreed matrix to chart summarised data. Refinement and interpretation followed allowing the presentation of interview themes.

## Synthesis of findings

A mixed methods design requires a final step of synthesising all results from each data source. This means combining all the components for interpretation of the findings and recommendations formed for the evaluation. This is illustrated by Figure 2.

**Figure 2:** Synthesising evaluation data



Interpretation of all findings were used by researchers to develop a proposed Chill Skills Program implementation logic model. This diagrammatic representation is provided in Appendix A. It is based on the previous research of Smith and colleagues (2020), who created the Implementation Research Logic Model (IRLM) to enhance the transparency of describing linkages between concepts and tasks when adopting interventions into care delivery systems (Smith et al., 2020)

## Rapid literature review

The rapid literature review (RLR) was conducted by Claire Candido, a Master of Public Health Student at UoM. The RLR is completed in a short time frame and uses simplified procedures in comparison to the more robust systematic literature review (Smela et al., 2023). The RLR for the Chill Skills evaluation was undertaken over August 2023.

The review eligibility criteria included worldwide studies in English available in peer-reviewed journals from 2008 to 2023. Studies were to include short- or long-term impacts on a child's mental health, wellbeing, and behaviours through a universal or targeted intervention. Exclusions were systematic reviews, parenting education programs, programs not located in schools, and studies that did not involve children aged 5 to 12 years.

Databases searched included PubMed, CINAHL, Psych INFO and Google Scholar, using a combination of search terms: mental health and wellbeing programs, social emotional learning programs, mental health promotion, mindfulness programs, children, students, schools, and primary schools. A total of 18 publications were included, these were refined to 15 studies reviewed, involving child mental health and wellbeing programs. A summary of the studies is provided in Table 2.

**Table 1:** Summary of studies included in the RLR

Country of origin	Number of studies	Target age groups
Australia	6 studies	5 to 8 years 5 to 12 years 5 to 14 years 5 to 18 years x2
Scotland	1 study	9 to 10 years
United Kingdom	2 studies	9 to 10 years 9 to 12 years
Unites States of America	1 study	3 to 5 years
Universal	5 studies	5 to 7 years 5 to 12years 9 to 11 years 5 to 18 years

Data extraction from the included studies involved reading the publications and listing the program elements and cross checking with available program websites. Table 2 provides an overview of the program elements and their presence or absence in the included programs. The two common elements across all programs were 1) can be implemented in schools and 2) can be delivered by teachers.

**Table 2:** RLR comparison of program elements

#	Published program studies compared to Chill Skills	Program elements													
		Can be implemented in schools	Facilitator training	Can be delivered by teachers	Meditation	Creative or Play-based Activities	Relaxing Stories	Use of Music/Sounds	Use of Yoga	Digital Activities/Resources	Education on Positive Self-Talk	Strategies to regulate emotions	Strategies for emotional recognition	Strategies to develop social Skills	Total number of elements
	<b>Chill Skills</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13
1	Anxiety based program in Scottish Primary schools	✓	✓	✓	✓						✓	✓			6
2	Aussie Optimism	✓	✓	✓								✓	✓	✓	6
3	Calm Space	✓	✓	✓	✓	✓	✓					✓			7
4	Friends for Life	✓	✓	✓		✓					✓	✓	✓	✓	8
5	Fun Friends	✓	✓	✓	✓	✓					✓	✓	✓	✓	9

6	Living Mindfully	✓	✓	✓	✓										4
7	Meditation Program in Catholic Schools	✓		✓	✓			✓							4
8	Mental Health in Primary Schools x2	✓	✓	✓											3
9	Mindfulness Attention Program	✓	✓	✓	✓			✓				✓	✓		7
10	Mindful Schools	✓	✓	✓	✓								✓		5
11	Mind Up	✓	✓	✓	✓			✓					✓	✓	7
12	Open Mind	✓	✓	✓	✓				✓			✓	✓		7
13	Resilience Project	✓		✓	✓					✓				✓	5
14	You Can Do It!	✓		✓		✓			✓		✓	✓	✓	✓	8

## Document and process review

Program documents were sourced from the Chills Skills Program creator, the website and from the Health Promotion teams at NCN Health and Yarrowonga Health. Outcome reports using the SDQ is secondary data.

### Chill Skills

The Chill Skills Program has a website which was valuable for further information. This was professionally presented and easy to navigate. A summary is provided in Figure 3, the evaluators were interested in the facilitator training,

**Figure 3:** Chill Skills website

The screenshot displays the 'Features of the Chill Skills website'. On the left is the 'Chill Skills' logo, which consists of the text 'Chill Skills' in blue above a stylized blue smile with a wavy line for a mouth. Below the logo is the text 'Source: Chill Skills – Chill Skills'. To the right of the logo is a 'Site navigation' menu with five items, each preceded by a square icon: 'Chill Skills – Chill Skills', 'Become a Chill Skills for Kids Coach – Chill Skills', 'Testimonials – Chill Skills', 'Shop – Chill Skills', and 'Contact – Chill Skills'. Further right is an 'IICT APPROVED Training Provider' badge, which includes the IICT logo and the text 'Approved by the International Institute for Complementary Therapists'. Below this badge is a dark blue box with white text that reads 'Training package Chill Skills for Kids Coach'. To the right of the badge is a 'Facilitator training' box containing the text: 'Two days, face-to-face or online training. Package includes: Program manual, activity manual, lesson plans, admin forms, meditation CDs, yoga cards. Resources: App, relaxation routine & CDs'.

The Chill Skills facilitator training has credible status as the program is registered as an approved training provider through the International Institute for Complementary Therapies (IICT). The IICT is a global membership body that provides recognition and credibility for complementary therapists who work in over a thousand modalities. IICT offers professional membership and insurance, along with an application process to become an IICT Approved Training Provider. This credential brings professional recognition to practitioner courses (International Institute for Complementary Therapists, 2024).

Trained facilitators of the Chill Skills Program who are accredited mental health social workers or psychologists may qualify for Medicare rebates as the program meets Medicare requirements for Focused Psychological Strategies. In rural areas, where access to services and professionals are limited, this is important to diversify skills offered by the professional workforce and for efficient service business models; collectively, these two points increases opportunities to meet the needs of rural populations and contributes to access and equity for rural children.

## Chill Skills outcome reports

Previous program outcomes assessments are available. These involve pre- and post-program use of a psychometric measure for mental health problems, the Strengths and Difficulties Questionnaire (SDQ). The SDQ originates from the UK, it was developed for clinicians and researchers as a brief screening instrument to assess for behavioural and emotional problems in children (Goodman & Scott, 1999; Hawes & Dadds, 2004). In the Australian context, the SDQ is used as an outcome measure in Child and Adolescent Mental Health Services (CAMHS) following clinical intervention (Dray et al., 2016; Mathai et al., 2003). Also, it has been used in specialist service areas of Berry Street, one of Australia's largest family service organisations. UK studies found the SDQ had clinical validity as an assessment tool in child and adolescent mental health services (Mathai et al., 2003).

**BOX 1: The SDQ** measures mental health problems by a total SDQ score and three subscale scores (internalising problems, externalising problems and prosocial behaviour). Parent or teacher report-forms for the SDQ are available for 2 to 4-year-olds, 4- to 10-year-olds, and 11- to 17-year-olds (see Appendix E for an example). The tool measures five areas: emotional symptoms; conduct problems; hyperactivity/inattention; peer relationship problems; and prosocial behaviour; with each subscale containing five items in the form of statements requiring a response via a three-point Likert scale (not true, somewhat true, certainly true). There is software associated with the SDQ website for data entry and results calculations.

**Source:** <https://www.sdqinfo.org/a0.html>

The SDQ results available to evaluators (and on the Chill Skills website) involved 20 primary school children in years five and six, the four groups of five students were gender based, i.e., male or female. The program was delivered in Term 4 2020, with 17 children completing Chill Skills. The teacher reported SDQ assessment indicated change post program, with lower mean scores on each dimension of the SDQ and for the total difficulties score. There are also 2022 program results included on a Chills Skills training promotion flyer, citing teacher reported pre- and -post program SDQ results.

Some points of interest from the available SDQ results highlighted that, only mean scores were reported, no statistical analysis was available, nor item internal reliability (Cronbach's coefficient) calculations. The suitability of the SDQ as a pre- and -post measure in a non-clinical environment is unclear. Despite these gaps it is important to note the Chills Skills program creator is committed to gathering evidence about program outcomes.

## Chill Skills at Yarrawonga Health

The Yarrawonga Health – Health Promotion team’s history with the Chill Skills Program has made them strong advocates for the program. Some of the activities undertaken with children are provided in Figure 4. The original driver for the health promotion team to deliver the program came about due to evidence from the Deakin Respond Research and local, identified needs.

**Figure 4:** Chill Skills activities

Making owls out of clay activity after listening to the Three Owls story



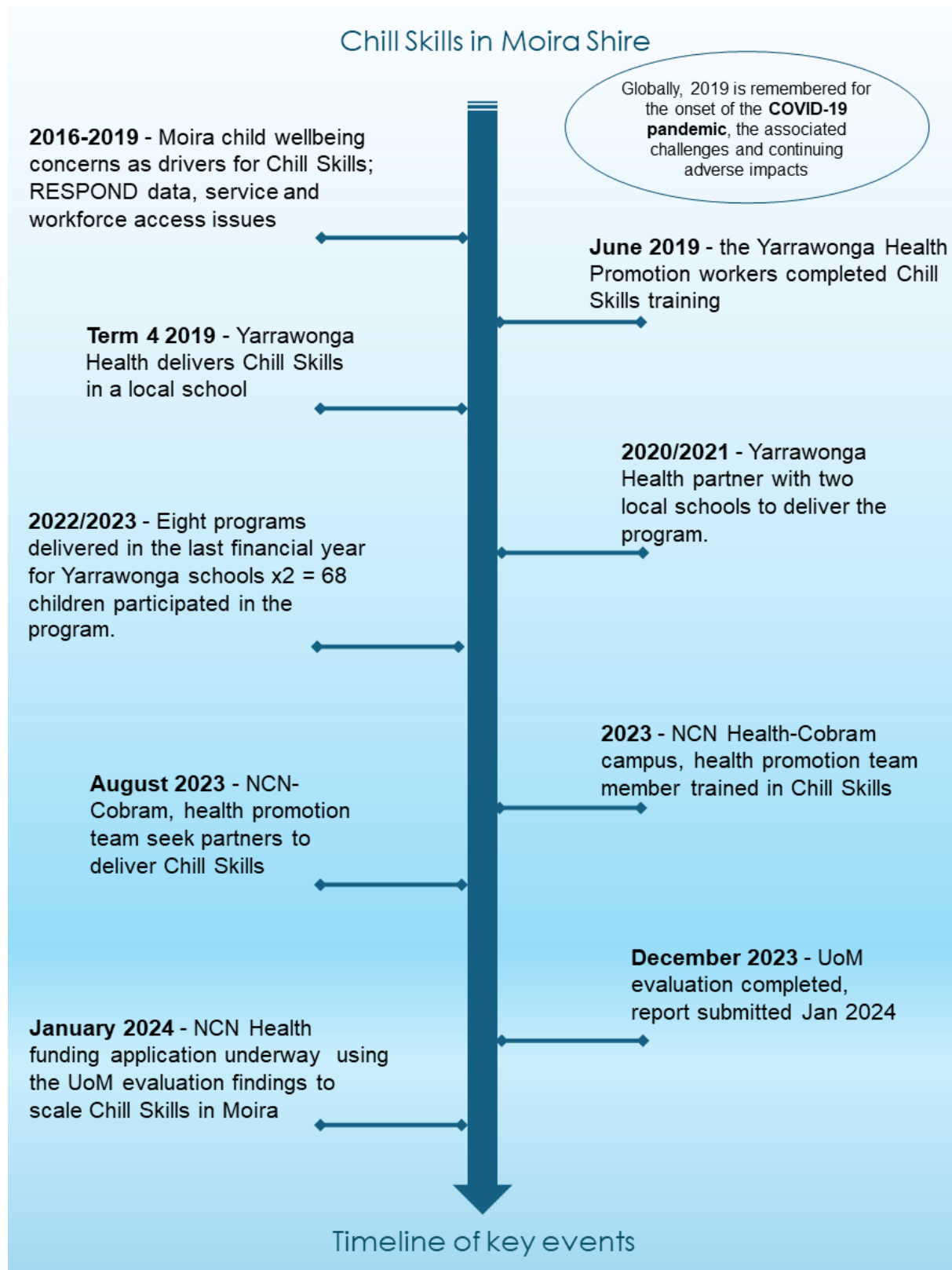
Children drawing a Mandala.



The Deakin Respond Research is a part of the Health Behaviours Monitoring Study commenced by the Deakin University Obesity Centre in 2016 in Moira and surrounding areas. The research was repeated in 2019, one component measured health-related quality of life scores on the dimensions of physical wellbeing, and psychosocial wellbeing (Hayward & Allender, 2020).

The Yarrawonga team were concerned about these results for the children in their service catchment. The team also identified a lack of counselling services for children and mental health and wellbeing programs locally, exacerbated by workforce limitations such as a shortage of social workers to support child mental health. A timeline of Moira Chills Skills key events is shown in Figure 5, on the following page.

**Figure 5:** Moira Chills Skills key events



## Interview findings

Overall, ten people agreed to an interview, which exceeded the target number (six to eight) stated in the ethics application. Participants reported a range of experiences with the program, some had many years of facilitation experiences, others were newly trained. All participants had experience of working with children and rural service delivery in fields such as health promotion, social, emotional wellbeing, and the welfare sector. Main themes and supporting quotes are described and presented next.

### Program benefits

Interview transcripts gave rich accounts of program benefits, indicating that the program was effective in creating positive change for children. These are presented under three subheadings.

#### *Benefits for children*

Facilitators identified benefits were incremental as the children progressed through the sessions.

*I love seeing the benefits as they went on, being able to relax, fully relax and look forward to that story and getting more expression as they got more comfortable as that relationship was built. (#08)*

#### *Benefits for facilitators*

Facilitators identified gaining a measure of satisfaction for themselves working within the program. This is an important implementation factor as facilitators were confident about the program.

*Each group of children, noticing small changes as they progress through the program, I found it very rewarding. (#10)*

#### *Program package benefits*

All interviewees spoke positively about the facilitator training, the program manual, and resources; such features are enablers for implementation.

*When we went through the activities, I could feel the effects on myself so I could see how that would be useful for children. It was very a very practical hands-on session, so I could definitely relate to it rather than sitting there looking at slides. I could see and feel how that would work in a group of children. (#07)*

## Program challenges

The challenges of program implementation are presented under subheadings, these are broad and would relate to implementation of any child wellbeing program so are not a specific barrier or criticism of Chill Skills.

### *Building relationships and partnerships*

The building of relationships and partnerships take time for any undertaking. The Moira Health Promotion teams also had additional barriers with the COVID-19 pandemic, which lengthened the time necessary to build partnerships to implement Chill Skills in local schools.

*The schools being engaged is very important and can be a challenge. (#02)*

Acceptance of the program with children also takes time but was overcome.

*When we first started, so that was term 4 2020, it was slow whereas now I have kids that run up to me in the playground to ask, "is it their turn for Chill Skills this time"?*  
(#09)

### *Funding*

A recurring challenge noted in the interviews was the impact of funding constraints. Funding was important to train facilitators and to purchase resources to deliver the program.

*There's the challenge of financially being able to continue the program, being able to continue to train people in Chill Skills so that they can utilize it more, spread it more with children. (#09)*

### *Access and equity and schools*

Schools were seen as the most viable option in the rural area to host Chill Skills, as a regular, ongoing undertaking to benefit a larger proportion of the Moira population of young people experiencing wellbeing challenges. Schools offer children and parents equity and access to such programs.

*I do believe all primary schools and kindergartens, at least the bare minimum, need to be teaching some form of self-regulation. How to regulate their emotions. That's never been in our Victorian curriculum. (#05)*

However, schools have restrictions with timetabling as they have curriculum to deliver. Hence it takes negotiation with schools to allocate a spot to deliver Chill Skills. Time of day is also critical for students, for example core subjects such as English and maths are

scheduled for the morning when students are more likely to be alert and receptive for learning. Similarly, the end of the day when students are tired are more suited to less intensive topics. Facilitators stated late morning was a good option and most suited to Chill Skills.

### *Program updates*

Maintaining the program to be congruent with modern technology is challenging. A few facilitators highlighted struggles with resources such as CDs. Digital formats were recommended as enablers to enhance accessibility. The Chill Skills app was suggested as limited, but the Chill Skills creator is updating when able.

*It would be nice to see all of that in a digital format ... there's not a lot of CD players around anymore.” (#02)*

### *Program adaptations*

Facilitators spoke of adaptations they had made to the program. The reasons for these varied but none related to shortcomings of Chill Skills. In relation to implementation, facilitator skills in adapting to context is important for the success of Chill Skills.

### *Reducing program elements*

Due to time constraints some facilitators reduced program content.

*We might omit reading a book. (#03)*

### *Consideration of group dynamics*

The mix of children, gender, age and issues and the number of children in each group were critical considerations and important for contextual adaptations.

*Sometimes it [relaxing stories] wouldn't work for the older boys. It would work for the five-year-olds. (#04)*

*Change it up to suit what age group you're working with. (#01)*

## Discussion

The current document reported on the findings of an implementation evaluation for the Chills Skills Program in Moira Shire. The purpose of the evaluation was to provide information for the Health promotion teams of NCN Health and Yarrawonga Health. Researchers focused on understanding program benefits and challenges and, to explore the application of contextual adaptations.

The Chills Skills Program promotes the wellbeing of primary school aged children. Investing in strategies which support children at pre and primary school age enables them to thrive across the life-span (Reid et al., 2023). Previous research has established that early intervention is essential to prevent future chronic mental ill health (Darling et al., 2021). The health promotion teams in Moira are working with schools to incorporate the small group format program, Chill Skills. In rural areas where access to individualist early intervention is scarce and resource intensive, such partnerships enable delivery of programs with increased reach (i.e., to a group) to meet community needs (Reid et al., 2023)

The school environment is an important rural setting to implement child health and wellbeing programs as teachers have in-depth knowledge of students and can identify which children would benefit from extra help (Christensen et al., 2017). Programs embedded in schools have been shown to increase mental health awareness and to build capacity to identify mental health issues (Darling et al., 2021; Giles-Kaye et al., 2023). In addition, delivery in schools can reduce access and equity issues due to geographical location, isolation and barriers for parents associated with time and travel (West, 2017). As was identified by interviewees in this evaluation, programs outside school hours are extremely difficult for rural families to engage in.

The combination of activities in the Chill Skills Program provided a holistic approach, this range of elements contributes to program success. Past research has noted that programs limited to meditation were described as boring by children but have potential to improve memory and attention (Campion & Rocco, 2009). Programs which include creative activities are describe as fun by children, this type of participant satisfaction element increases program effectiveness (Janz et al., 2019). Facilitators interviewed for the Moira evaluation indicated the multi-elements combined in Chill Skills were an overall strength of the program.

## Limitations

This study has been strengthened by its mixed methods design, which involved examining a range of data sources to support and confirm our findings. However, the limitations of the

evaluation must also be stated. The RLR found it difficult to gather information on some of the programs in the included studies, as they required purchasing of the material to determine what was in the program. Therefore, some elements of each of these programs may have been missed. Also, to note is the limited amount and type of interview participants. It is common for rural research to have low participant numbers; this does not reduce the importance of rural research findings. In terms of type of participants, we were able to capture the experiences of Chill Skills facilitators. It would be valuable to also seek the opinions of host organisations of the program, particularly schools. Future evaluations of Moira Shire instigated programs could pursue this information, along with direct feedback from parents and children.

## Recommendations

The following recommendations are formulated from the findings of the evaluation as relevant to the Moira Shire, NCN Health and Yarrawonga Health implementation of the Chill Skills Program. It is suggested that the creator of the program, Lisa Hemmings, be consulted and invited to provide an opinion if any of the recommendations are acted upon.

As stated earlier in this evaluation, it takes time to foster relationships and partnerships to scale the Chill Skills program in Moira Shire. It also takes time to see benefits of a program. It is not possible to measure long term impact for an individual child attending Chill Skills but at a health promotion or public health level there are opportunities to measure program success through program numbers and measures of satisfaction. Therefore, the main recommendations are to:

### **1. Develop a system of tracking and measuring Chill Skills in Moira Shire**

Continuous monitoring and evaluation of the Chill Skills program will build knowledge and provide an evidence-base. This system would provide opportunities to:

- collate program roll out, such as number of facilitators trained, partners, hosts, number of programs, numbers of children.
- develop, test and incorporate facilitator led evaluation of programs within Moira Shire (see example Appendix C)
- develop, test and incorporate host site (teacher) and parent satisfaction feedback mechanisms (see example Appendix D)
- establish a central collation point for this information

## **2. Establish a Moira Shire Chill Skills practice group.**

There is potential for a Moira Shire Chill Skills facilitator practice group to be formed, either formally or informally. This group is a platform:

- where funding opportunities and partnerships can be explored,
- to share and discuss experiences and increase practice skills
- to create opportunities to update facilitator training
- to document challenges, successes, and program adaptations.

## **3. Plan for the future**

Future planning for Chill Skills in Moira Shire would provide the NCN Health and Yarrawonga Health – Health Promotion teams clear direction. Planning could encompass:

- clarifying the Moira Shire roll out lead organisation/s or collaboration
- clarifying if processes are needed such as MOU's, e.g., between the collaboration and the Chill Skills creator; or between schools and the Health Promotion teams
- planning of responsibility of promotion of the program to potential schools or others to approach and who will negotiate these partnerships for Chill Skills delivery
- annual dates for scheduled Moira Shire facilitator training, including target numbers, venues, costs etc.
- clarifying who will lead funding submissions and the organisations where any successful funding will be managed.

## **Conclusion**

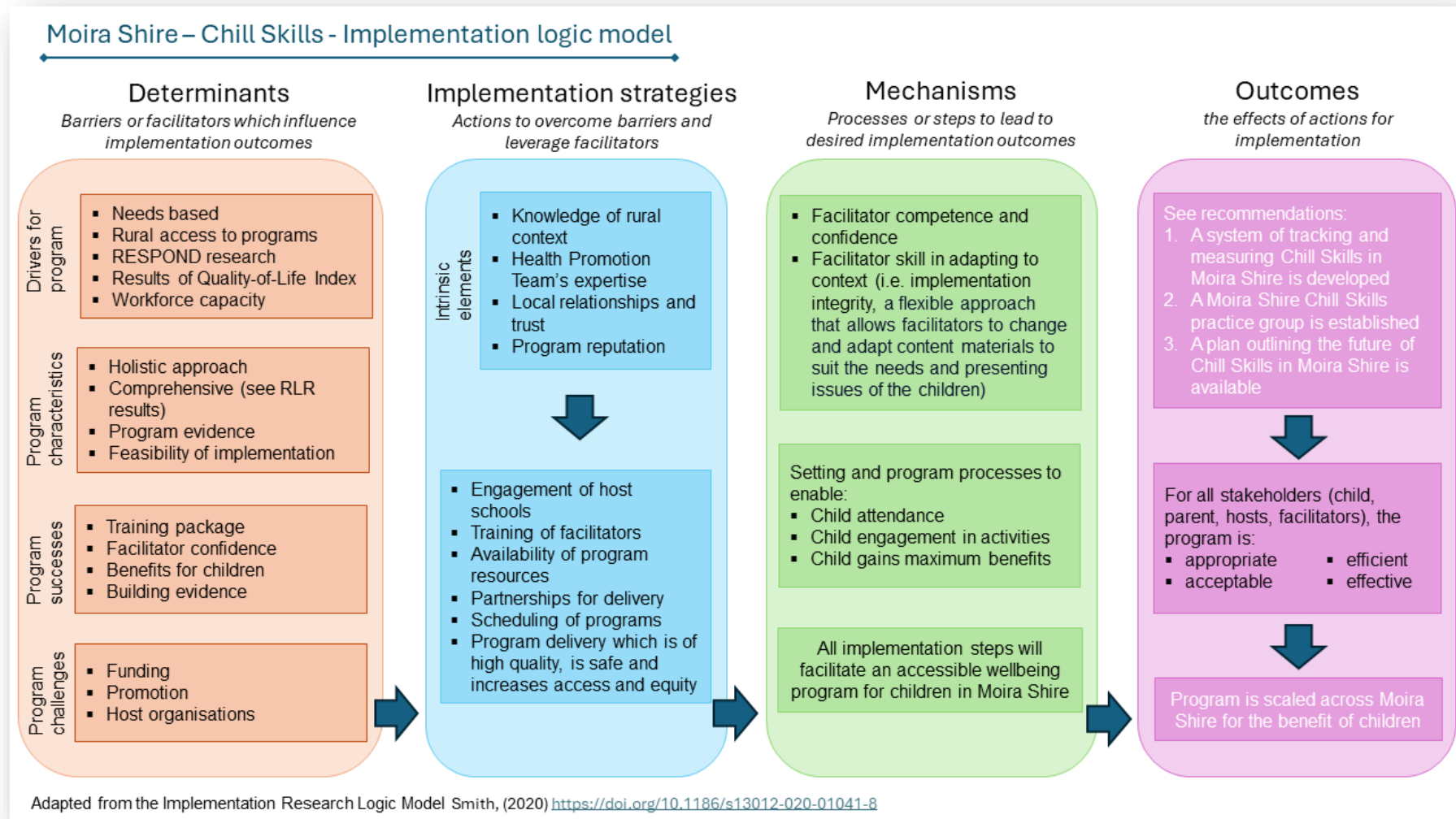
The evaluation of Chill Skills implementation in Moira Shire found that whilst there are challenges to implementation locally, the program is beneficial in providing effective activities that increase a child's mental health and wellbeing. Children learn how to relax, regulate their emotions, gain confidence, and improve their emotional expression. Through further parentship and funding support the program is feasible to implement and scale throughout Moira Shire.

## References

- Arefadib, N., & Moore, T. (2017). *Reporting the health and development of children in rural and remote Australia*. [www.rch.org.au/ccch/research-projects/Reporting the Health and Development of Children in Rural and Remote Australia/](http://www.rch.org.au/ccch/research-projects/Reporting%20the%20Health%20and%20Development%20of%20Children%20in%20Rural%20and%20Remote%20Australia/)
- Australian Government. (2023). *Modified Monash Model* Australian Government Department of Health and Aged Care. Retrieved 12 October 2022 from <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>
- Campion, J., & Rocco, S. (2009). Minding the mind: The effects and potential of a school-based meditation programme for mental health promotion. *Advances in school mental health promotion*, 2(1), 47-55. <https://doi.org/10.1080/1754730X.2009.9715697>
- Christensen, D., Fahey, M. T., Giallo, R., & Hancock, K. J. (2017). Longitudinal trajectories of mental health in Australian children aged 4-5 to 14-15 years. *PLoS One*, 12(11), e1-20. <https://doi.org/10.1371/journal.pone.0187974>
- Darling, S., Dawson, G., Quach, J., Smith, R., Perkins, A., Connolly, A., Smith, A., Moore, C., Ride, J., & Oberklaid, F. (2021). Mental health and wellbeing coordinators in primary schools to support student mental health: protocol for a quasi-experimental cluster study. *BMC Public Health*, 21(1), 1-14. <https://doi.org/10.1186/s12889-021-11467-4>
- Department of Education and Training. (2018). *AEDC national report 2018*. [www.aedc.gov.au/resources/detail/2018-aedcnational-report](http://www.aedc.gov.au/resources/detail/2018-aedcnational-report)
- Dray, J., Bowman, J., Freund, M., Campbell, E., Hodder, R. K., Lecathelinais, C., & Wiggers, J. (2016). Mental health problems in a regional population of Australian adolescents: association with socio-demographic characteristics. *Child and adolescent psychiatry and mental health*, 10, 1-11. <https://doi.org/10.1186/s13034-016-0120-9>
- Fenwick-Smith, A., Dahlberg, E. E., & Thompson, S. C. (2018). Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs. *BMC Psychology*, 6(1). <https://doi.org/10.1186/s40359-018-0242-3>
- Giles-Kaye, A., Quach, J., Oberklaid, F., O'Connor, M., Darling, S., Dawson, G., & Connolly, A.-S. (2023). Supporting children's mental health in primary schools: a qualitative exploration of educator perspectives. *The Australian Educational Researcher*, 50(5), 1281-1301. <https://doi.org/10.1007/s13384-022-00558-9>
- Goldsmith, L. J. (2021). Using Framework Analysis in Applied Qualitative Research. *Qualitative Report*, 26(6), 2061-2076 <https://doi.org/10.46743/2160-3715/2021.5011>
- Goodman, R., & Scott, S. (1999). Comparing the Strengths and Difficulties Questionnaire and the Child Behavior Checklist: is small beautiful? *Journal of abnormal child psychology*, 27, 17-24.
- Hauk, S., & Kaser, J. (2020). A search to capture and report on feasibility of implementation. *American Journal of Evaluation*, 41(1), 145-155. <https://doi.org/10.1177/1098214019878784>
- Hawes, D. J., & Dadds, M. R. (2004). Australian data and psychometric properties of the Strengths and Difficulties Questionnaire. *Australian & New Zealand Journal of Psychiatry*, 38(8), 644-651.
- Hayward, J., Becker, D., Morton, S., Whelan, J, Brown, A., Brown, V., Nichols, M., , & Allender, S., Strugnell, C. . (2020). *RESPOND Regional Child Health Behaviours and Anthropometry Report (2019): Ovens Murray & Goulburn Regional Report*. Retrieved December 12 2023 from <https://iht.deakin.edu.au/wp-content/uploads/sites/153/2022/05/RESPOND-Regional-Report-2019.pdf>
- Hemmings, L. (2023). *Chill Skills*. Retrieved 15 December 2023 from <https://chillskills.com.au/>
- International Institute for Complementary Therapists. (2024). *International Institute for Complementary Therapists*. Retrieved January 01 2024 from <https://www.myiict.com/>

- Janz, P., Dawe, S., & Wyllie, M. (2019). Mindfulness-based program embedded within the existing curriculum improves executive functioning and behavior in young children: A waitlist controlled trial. *Frontiers in Psychology, 10*, 1-10. <https://doi.org/10.3389/fpsyg.2019.02052>
- Korin, M. R. (2016). Theory and Fundamentals of Health Promotion for Children and Adolescents. In M. R. Korin (Ed.), *Health Promotion for Children and Adolescents* (pp. 9-21). Springer US. [https://doi.org/10.1007/978-1-4899-7711-3\\_2](https://doi.org/10.1007/978-1-4899-7711-3_2)
- Mathai, J., Anderson, P., & Bourne, A. (2003). Use of the strengths and difficulties questionnaire as an outcome measure in a child and adolescent mental health service. *Australasian Psychiatry, 11*(3), 334-337. <https://doi.org/10.1046/j.1440-1665.2003.00544.x>
- McGrail, M. R., Russell, D. J., & Humphreys, J. S. (2017). Index of Access: A new innovative and dynamic tool for rural health service and workforce planning. *Australian Health Review, 41*(5), 492-498. <https://doi.org/10.1071/AH16049>
- Pandey, A., Hale, D., Das, S., Goddings, A.-L., Blakemore, S.-J., & Viner, R. M. (2018). Effectiveness of Universal Self-regulation-Based Interventions in Children and Adolescents: A Systematic Review and Meta-analysis. *JAMA Pediatrics, 172*(6), 566-575. <https://doi.org/10.1001/jamapediatrics.2018.0232>
- Reid, C., Burrows, J., Sprunt, R., & Dolar, A. (2023). Supporting the needs of pre-and primary school children in rural Victoria: Multidisciplinary views and experiences. *The Australian journal of rural health, 31*(6), 1142-1153. <https://doi.org/10.1111/ajr.13019>
- Sanford, C., Saurman, E., Dennis, S., & Lyle, D. (2021). 'We're definitely that link': the role of school-based primary health care registered nurses in a rural community. *Australian Journal of Primary Health, 27*(2), 76-82. <https://doi.org/10.1071/PY20149>
- Smela, B., Toumi, M., Świerk, K., Francois, C., Biernikiewicz, M., Clay, E., & Boyer, L. (2023). Rapid literature review: definition and methodology. *Journal of Market Access & Health Policy, 11*(1), 2241234. <https://doi.org/10.1080/20016689.2023.2241234>
- Smith, J., & Firth, J. (2011). Qualitative data analysis: the framework approach. *Nurse Researcher, 18*(2), 52-62. <https://doi.org/10.7748/nr2011.01.18.2.52.c8284>
- Smith, J. D., Li, D. H., & Rafferty, M. R. (2020). The Implementation Research Logic Model: a method for planning, executing, reporting, and synthesizing implementation projects. *Implementation Science, 15*(1), 84. <https://doi.org/10.1186/s13012-020-01041-8>
- Versace, V. L., Skinner, T. C., Bourke, L., Harvey, P., & Barnett, T. (2021). National analysis of the Modified Monash Model, population distribution and a socio-economic index to inform rural health workforce planning. *Australian journal of rural health, 29*(5), 801-810. <https://doi.org/10.1111/ajr.12805>
- West, F. (2017). *The invisible children: the state of country children's health and development in Australia*. <https://policycommons.net/artifacts/10771122/the-invisible-children/11648720/>

## Appendix A. Chill Skills Program – Proposed Implementation Logic Model



## Appendix B. Interview questions

1. Firstly, can you tell me about your background and your involvement in the Chill Skills Program?
2. What was your experiences of the facilitator training for the program?
3. Was there parts of the program you adapted to be more suitable for implementation or delivery in your context?
4. Can you share any observations about the benefits of the program?
5. Can you share any observations about the challenges of the program?
6. Reflecting on your experiences what would assist to roll this program out more broadly in Moira Shire?
6. Would you like to share any other feedback about the Chill Skills Program?

## Appendix C. Example facilitator evaluation form

Facilitator	Co-facilitator
Year / term	Program site
Number of children commencing program	Number of children completing program
Year level/s of children	Age range of children
Session 1: Overall comment	
Successes	Challenges
Session 2: Overall comment	
Successes	Challenges
Session 3: Overall comment	
Successes	Challenges
Session 4: Overall comment	
Successes	Challenges
Session 5: Overall comment	
Successes	Challenges
Session 6: Overall comment	
Successes	Challenges
Program completion overall comment	

## Appendix D: Example teacher and parent feedback forms

<b>Moira Shire Chills Skills teacher feedback</b>				
<i>Insert brief description ..</i>				
Name of host school	Year and term of program		Students' year level/s	
Thinking about the group of children attending please rate your opinion on the following:				
1. Overall, how engaged were the group of children in the Chill Skills activities?				
Not at all engaged	Slightly engaged	Engaged	Very engaged	Extremely engaged
2. Overall, how beneficial was the Chill Skills program to the group of participating children?				
Not at all beneficial	Slightly beneficial	Beneficial	Very beneficial	Extremely beneficial
3. As the supervising teacher how satisfied overall were you with the Chill Skills program?				
Not at all satisfied	Slightly satisfied	Satisfied	Very satisfied	Extremely satisfied
4. Would you like to add any comments?				

<b>Moira Shire Chill Skills parent feedback</b>			
<i>Insert brief description ..</i>			
Program date:			
Which school does your child attend?		What year level is your child in?	
<b>Please tick your view for each of the following</b>		<b>Yes</b>	<b>No</b>
1. Were you satisfied with the Chill Skills program offered to your child?			
2. Did your child talk to you about the Chill Skills program?			
3. Did your child practice any Chill Skills activities at home?			
4. Overall, did you feel that your child benefited from attending Chill Skills?			
5. Would you like to add any comments?			

## Appendix E: SDQ parent or teacher report form for 4-10year olds

Source: <https://www.sdqinfo.org/a0.html>

<b>Strengths and Difficulties Questionnaire</b>		<b>P or T 4-10</b>		
For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.				
Child's name .....	Male/Female			
Date of birth.....				
	<b>Not True</b>	<b>Somewhat True</b>	<b>Certainly True</b>	
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signature .....	Date .....			
Parent / Teacher / Other (Please specify):				
<b>Thank you very much for your help</b>				
<small>© Robert Goodman, 2005</small>				