



JOURNEY OF HOPE EVALUATION

SEPTEMBER 2021

Acknowledgements

The authors wish to acknowledge the Traditional Owners and Custodians of the lands across Australia on which the Journey of Hope was delivered and the evaluation conducted. Most interview data was collected in-person on Yuin Country, and we would like to pay our respects to Yuin Elders past, present and emerging for allowing us to do that.

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About the Melbourne School of Population and Global Health

The Melbourne School of Population and Global Health's research aims to understand the determinants of health and to contribute to health improvement for all populations, locally and globally, especially those who are most disadvantaged.

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Executive Summary

Background

In the Australian summer of 2019-20, bushfires affected large regions of NSW and Victoria. The extent and intensity of these bushfires was unprecedented, and reflective of the increased severity and likelihood of such fires due to the effects of climate change. Over 3,000 houses were destroyed, over 17 million hectares of land were burned, and 33 people lost their lives (Richards, Brew et al. 2020). Hundreds of schools closed, and thousands of children were displaced from their homes and schools (du Park and Yasukawa 2020).

In response, Save the Children Australia delivered the Journey of Hope program to children in school communities heavily impacted by these devastating bushfires. These children have since also been affected by restrictions relating to COVID-19 and floods occurring in many communities in 2021. Journey of Hope is a school-based group-work intervention for children and early adolescents who have experienced a collective trauma, such as a natural hazard or disaster. The program aims to firstly help them identify and process emotions and understand that it is normal to feel angry, sad or frustrated during scary or difficult situations. Secondly, the program supports children to identify positive coping strategies that they can use to deal with current and future emotional challenges.

Save the Children has delivered the program to approximately 5,000 children in schools from fire affected communities in NSW and Victoria since July 2020. This included 77 schools; 59 in NSW and 18 in Victoria.

The Evaluation

The aim of this evaluation was to examine how Journey of Hope, as an eight-week school-based program, influenced the emotional and interpersonal wellbeing of students. The evaluation included data from 21 NSW schools that received the program in Term 4, 2020 and Term 1, 2021.¹ A mixed-methods approach was adopted and included a stepped wedge cluster-non-randomised trial, as well as student focus group discussions, and interviews with parents and teachers.

Key Findings

The implementation experience was very positive for children and school staff. Students, teachers and parents consistently agreed that the program was serving critical needs given the unprecedented disasters students had recently experienced. The program did not focus on disaster experiences, instead it helped children to understand emotional responses to stress and to build positive coping strategies.

Program participation was associated with statistically significant improvements in students' report of difficulties in their daily lives, in their attitudes to and relationships with others, and in their use of positive coping strategies, which were greater than natural improvements over time. All of these outcomes are likely to contribute to individual recovery and to more positive classroom and home environments, which was reflected in student, teacher and parent reports. Based on wider evidence, these psychosocial improvements are also likely to support children's capacity to learn.

There was no change in use of negative coping strategies by students. This reflects the strengths-based approach of the program but may be a consideration for future program improvements. There was no evidence of the program being associated with harm or deterioration in students' wellbeing or behaviours. While there were some limitations to the evaluation, including lack of randomisation, the findings are consistent with growing evidence of the benefits of implementing universal psychosocial support programs in schools following disaster and support future implementation of the program in disaster affected communities. Further evaluation trials are needed, with randomised allocation to

¹ Victorian schools were unable to participate due to COVID-19 related restrictions put in place by the Victorian Government.

program and comparison groups, and follow up measures, to confirm program impacts and to determine if the effects are sustained. This should be done within a stepped care approach that recognises some students will need higher levels of support. It should also be implemented within a systemic approach in the education sector that recognises time is needed for psychosocial recovery before students are able to regain their academic potential.



1. The Journey of Hope program

This chapter describes why the program was created, how it is delivered and what previous evaluations have found about its impact.

The Journey of Hope program summary

- The program was created to support children experiencing ongoing stress from Hurricane Katrina to learn better ways to manage their emotions.
- It is delivered through one-hour sessions once a week for eight weeks by two trained facilitators in a school.
- Small scale evaluations in the United States and New Zealand have indicated that children who participated in the program showed increased coping skills and prosocial behaviours.
- The University of Melbourne and Save the Children evaluated the program's impact and implementation experience in NSW, Australia.

1.1 The Journey of Hope intervention

Save the Children Australia (Save the Children) is one of Australia's largest aid and development organisations dedicated to helping children and a leading child rights organisation. In response to the extraordinary Black Summer bushfires in 2019-20, Save the Children offered the Journey of Hope program to children in preschools, primary and secondary schools and to adults online in the most heavily impacted areas. Save the Children delivered the program to approximately 5,000 children in schools from fire affected communities in NSW and Victoria since July 2020. This included 77 schools; 59 in NSW and 18 in Victoria.

Journey of Hope is a school-based, group work intervention for children and early adolescents who have experienced a collective trauma, such as a natural hazard or disaster. It was created in New Orleans, United States, in response to children experiencing ongoing stress from Hurricane Katrina (Powell and Blanchet-Cohen 2014). The program is delivered by two trained facilitators working with a group of 8-10 students in one-hour sessions, during school hours once a week for eight weeks. The facilitators help children develop coping skills through structured games, stories and creative play in safe, small groups. The program is designed to support children in normalising emotions associated with a community trauma while developing positive coping strategies. The program is delivered in modules that have been tailored to developmental ages.

The modules developed include:

- Early Years – Preschool
- Early Primary – Year Prep to Year 2
- Upper Primary – Year 3 to 6
- Early High – Year 7 to 9
- Upper High – Year 10 to 12
- Caregivers – Parents and caregivers

This evaluation is concerned with the Upper Primary and Early High modules that were delivered to students in participating schools.

The core objectives of Journey of Hope are to:

- facilitate understanding and normalisation of trauma-related emotions
- promote protective factors such as commitment to school, prosocial behaviours, and peer relationships
- minimise risk factors including conduct problems, inattention, and poor peer relationships
- encourage development of positive coping strategies such as problem solving, emotional regulation, and expressing feelings.

Each session follows a similar routine to promote normalcy for students whilst also creating an emotionally safe place, using developmentally appropriate learning strategies, which include:

- books and dialogue to introduce knowledge, reinforce messages and promote the development of children's literacy and critical thinking skills
- cooperative games to encourage (in a non-competitive manner) teamwork, social skills and awareness of stressors
- art, dance and other forms of movement to give children an opportunity to learn through alternative methods and to provide a creative outlet for expression.

The program's design and delivery approach are grounded in cognitive-behavioural theory, to support social and psychological wellbeing for children after a traumatic experience (Duncan and Arnston 2004). The program takes an ecological approach to prevention and treatment in post-disaster school settings. It draws from examples that strengthen coping skills in group work settings to enhance preventive and protective factors, and reduce negative psychological impacts associated with collective trauma (Lauten and Lietz 2008).



1.2 Evaluation context

There is increasing evidence that school-based psychosocial support programs delivered post disaster can improve mental health outcomes for students (Newman, Pfefferbaum et al. 2014, Fu and Underwood 2015, Brown, Witt et al. 2017). The Journey of Hope program has been delivered and evaluated in small studies in the United States (Blanchet-Cohen and Nelems 2009, Powell and Thompson 2016) and New Zealand (Powell and Blanchet-Cohen 2014) with promising results indicating that children who participated in the program showed increased coping skills and prosocial behaviours (Powell and Thompson 2016). However, further evidence was sought to confirm these findings and to test the program in the Australian context. This current evaluation builds on existing international evidence to examine how an eight-week school-based program may contribute towards the emotional and interpersonal wellbeing of students in primary and secondary schools impacted by the *Black Summer* bushfires, and subsequently by the COVID-19 pandemic and flood events.

The evaluation was conducted between October 2020 and July 2021 in New South Wales, Australia. The evaluation could not extend to Victoria as the State Government placed restrictions on new research in schools or early childhood settings due to the effects of COVID-19.

The evaluation aimed to answer the following questions:

- What was the impact of Journey of Hope?
- Were there any unintended outcomes of the program?
- What factors had an important influence on program outcomes?
- How suitable are the current Journey of Hope tools for measuring program outcomes?
- How could the program be improved for use in future emergency contexts in Australia?

Save the Children commissioned Professor Lisa Gibbs and the University of Melbourne to provide advice and guidance on this evaluation. Save the Children was responsible for some evaluation activities including collecting questionnaire data. Save the Children also conducted focus group discussions and interviews and analysed the qualitative data. The University of Melbourne advised which data collection tools to use, provided guidance on study design and research processes and analysed the quantitative data.

2. The Evaluation Methods

This chapter provides a brief overview of the evaluation methodology.

Evaluation methods summary

- A robust mixed-methods approach gathered data from a range of sources including a student questionnaire, focus groups and interviews.
- 486 students across 21 NSW schools completed the questionnaire before and after the program in Term 4 2020 and Term 1 2021 using a stepped wedge design.
- The questionnaires contained two validated tools: the Strengths & Difficulties Questionnaire (SDQ) and KIDCOPE and two questions from the Roseburg Self Esteem Scale.
- Qualitative data was collected from 7 student focus groups with a total of 37 students, 8 teacher interviews and 6 interviews with parents.
- The data collection met necessary sample sizes for the student questionnaire, though limitations included the non-random sampling.

2.1 Study Design

A mixed-methods approach was used for the evaluation, including student questionnaires (pre and post Journey of Hope program), student focus group discussions and adult (parent and teacher) interviews. A stepped wedge cluster-non-randomised study design was used for the quantitative component to accommodate the pragmatic challenges of conducting an evaluation trial in disaster affected school communities while still enabling rigorous comparison of groups receiving the program versus waiting for the program. The findings identified pre and post changes that account for school-level cluster effects and natural changes over time. A conservative sample size estimate of 40 students in 10 schools (400 total students) demonstrated sufficient power to detect change in the primary outcome measure.

2.2 Sample

All year 4-9 students (n= 1698) from the 35 schools taking part in the Journey of Hope program in Term 4, 2020 or Term 1, 2021 were invited to take part in the evaluation. Informed consent was sought from parents and guardians of all eligible students. Twenty-one of these schools agreed to participate in the evaluation and provided informed consent from parents and guardians.

2.3 Data collection

2.3.1 Questionnaire

Students completed a questionnaire at the beginning of the first Journey of Hope session (pre), and then again at the end of the final Journey of Hope session (post, approximately eight weeks later). The pre and post questionnaires included the following measures: Strengths and Difficulties Questionnaire (Goodman, Meltzer et al. 1998, Goodman and Goodman 2009), KIDCOPE (Child Outcomes Research Consortium 2021), and two questions from the Roseburg Self Esteem Scale (Rosenberg 1965). The post questionnaire also included a set of questions about managing emotional responses and their opinions of the Journey of Hope program.

2.3.2 Student focus groups

Students from a sub-sample of eight schools were invited to take part in focus groups at the end of Term 4, 2020. Teachers were asked to identify potential focus group participants with variation in age, gender and degree of engagement with the Journey of Hope program.

Focus groups ran for 30-60 minutes and explored student experiences of the Journey of Hope program. A range of activities were used to foster engagement and discussion, including drawing a Journey of Hope Tree (see Figure 1). Focus groups were facilitated by a SCA staff member (not a Journey of Hope facilitator) and were audio-recorded.

2.3.3 Parent and Teacher Interviews

Semi-structured telephone interviews ran for 20-60 minutes and were conducted with teachers (n=8) and parents (n=6) to explore their experiences of the Journey of Hope program and their perception of the program impacts and experiences of their students or children. Interviews were conducted by SCA's Evaluation Team towards the end of Term 4, 2020.



Figure 1: Journey of Hope tree completed by FGD participants

2.4 Analysis

Descriptive statistics were produced for all questionnaire items. The difference in the primary and secondary outcome measures before and after the program were analysed using linear mixed-effects models, adjusting for age and gender. Interviews and focus groups were inductively, thematically analysed by SCA's Evaluation Team.

2.5 Strengths and Limitations

The strengths of this evaluation include using a mixed-methods approach, which allowed a deep investigation of changes participants experienced through the Journey of Hope program. The stepped wedge design of the quantitative methods of the evaluation provides stronger evidence for program outcomes than a simple pre-post design.

The average response rate for the student questionnaire across the 21 schools participating in the evaluation was around 70 per cent, which is high for a school-based evaluation, ranging from 5 per cent and 100 per cent. It is possible that schools with lower response rates had characteristics which may have influenced the outcomes of the program for their students and were not captured in the evaluation.

Adults and children that participated in the focus groups and interviews were purposefully selected. This means that they were identified by Save the Children facilitators in conjunction with teachers. While the evaluators asked facilitators to invite students from different backgrounds and level of program engagement there is a risk students selected had engaged more strongly with the program.

The qualitative component of the evaluation did not collect data from any secondary school students, or their teachers or parents. The facilitators and teachers were not able to schedule any focus groups with secondary students due to each school's competing timetabling priorities at the end of 2020. As a result, this report does not include insights into the program experiences in secondary school settings.

The evaluation was not able to include any data from Victorian schools as the state government placed restrictions on any new research in schools or early childhood settings in 2020 due to COVID-19. This meant that the evaluation was not able to gather any insights of delivery experience or outcomes in Victorian schools.

3. Evaluation Findings

This chapter explores the implementation insights and experience of the program and answers each of the evaluation questions. The findings cover the program's impact, any unintended outcomes, the factors important to a successful program delivery, whether the monitoring tools were appropriate and what Save the Children might do differently when it runs the program next.

Evaluation findings summary

- Twenty-one schools receiving the Journey of Hope program in NSW participated in the evaluation between in 2020 and 2021.
- Students, teachers and parents were highly satisfied with the program implementation, showing it is feasible and acceptable for delivery in disaster affected school communities in Australia.
- There were consistent reports in the focus group discussions and interviews of how the Journey of Hope program helped students to normalise their emotions.
- Before the program commenced, the average participant SDQ Total Difficulties scores were higher than normative Australian data, indicating that students were experiencing extra difficulties in their daily lives. There was a statistically significant improvement in these scores following participation in Journey of Hope. This improvement was greater than what was naturally occurring over time.
- Statistically significant improvements were also found in the SDQ Prosocial Scale, indicating that the program was successful in helping to build protective factors in students' lives, such as better peer relationships.
- The KIDCOPE data showed program participation was associated with increased use of positive coping strategies by students, above natural improvements over time. This was consistent with qualitative data collected from students.
- The KIDCOPE data also showed there was no change in students' use of negative strategies to cope with stress. This is perhaps not surprising given the strengths-based approach of the program but may be a consideration for future program improvements.
- Having respected facilitators that can create a safe space for the students was identified as an important success factor of the program by parents, teachers and students in focus group discussions and interviews. Teachers also noticed the benefits of the sessions being clearly differentiated from regular classroom activities and formal curriculum activities.

3.1 Sample characteristics

A total of 671 students across 21 schools provided data for the evaluation, of which 486 (72%) completed baseline and follow up questionnaires (Table 1). The response rate for 20 of the schools in the evaluation ranged between 45.8% and 100%, with an average of 73%. One school had only one student take part in the evaluation (response rate of 4.8%). The evaluation was conducted with 11 schools in Term 4, 2020 (7 primary, secondary, 2 K-12) and 11 schools in Term 1 2021 (9 primary, 2 secondary). One school was involved in both school terms, but with different students involved.

Table 1: Data available for analysis. (N=671)

	TOTAL	
	n	%
Baseline & follow up	486	72.4
Baseline only	125	18.6
Follow up only	60	8.9

Most students completed the Upper Primary module of the Journey of Hope program. This was slightly higher in the Term 1 2021 sample compared to Term 4 2020. Table 2 demonstrates some demographic characteristics of students who completed the questionnaires.

Table 2: Demographic characteristics of students involved in the Journey of Hope evaluation, total and by school term. (N=671)

	TOTAL	
	n	%
<i>Program module</i>		
Upper primary (grade 3-6)	616	91.8
Early high (year 7-9)	55	8.2
<i>Gender¹</i>		
Female	364	55.2
Male	296	44.9
<i>Disability²</i>		
Yes	45	8.3
No	500	91.7
<i>Aboriginal/Torres Strait Islander³</i>		
Yes	30	4.5
No	586	87.7
Did not say	52	7.8
	n	mean
Age (years) at baseline ⁴	588	10.9
Age (years) at follow up ⁵	528	10.8
¹ Missing data: Total n= 11; Term 4, n= 9; Term 1, n=2		
² Missing data: Total n= 126; Term 4, n= 43; Term 1, n=83		
³ Missing data: Total n= 3; Term 4, n=3		
⁴ Missing data: Total n= 83; Term 4, n=38; Term 1, n=45		
⁵ Missing data: Total n= 143; Term 4, n=57; Term 1, n=86		

Slightly more girls took part than boys, and around 8% of the sample reported having a disability. This was consistent across school terms. A slightly higher percentage of children in the Term 4 sample identified as Aboriginal or Torres Strait Islander (5.7%) compared to the Term 1 sample (3.3%). On average, children were 11 years of age, and children in the Term 4 sample were about six months older than those in the Term 1 sample.

SCA's Evaluation Team conducted seven focus group discussions with students, eight interviews with teachers and six interviews with parents across eight NSW schools participating in the evaluation. A total of 36 students participated in the focus groups, this included 13 (36%) males and 23 (64%) females. Out of the eight interviews with teachers, six were female and two male. All the parents interviewed were female.

3.2 Implementation insights

The schools that participated in the evaluation were from communities heavily impacted by several adverse events. Firstly, the 2019-20 *Black Summer* bushfires forced some of these communities to evacuate and caused significant impact on individual and family wellbeing (du Park and Yasukawa 2020, Richards, Brew et al. 2020). Secondly, directly following the bushfires, a series of COVID-19 lockdowns forced students out of school and created further impacts on mental health and wellbeing (Tucci, Mitchell et al. 2020). Lastly, in early 2021 significant flooding in NSW disrupted school schedules and some families in these communities were evacuated. Teachers confirmed that there was a need for the program and that it was targeted at the right children and communities. One parent noted:

We went through bushfires and we lost our house and I was really concerned that [the children] didn't have anyone to talk to - I can only do so much. It's just been one disaster after another over the past two years. (P01)

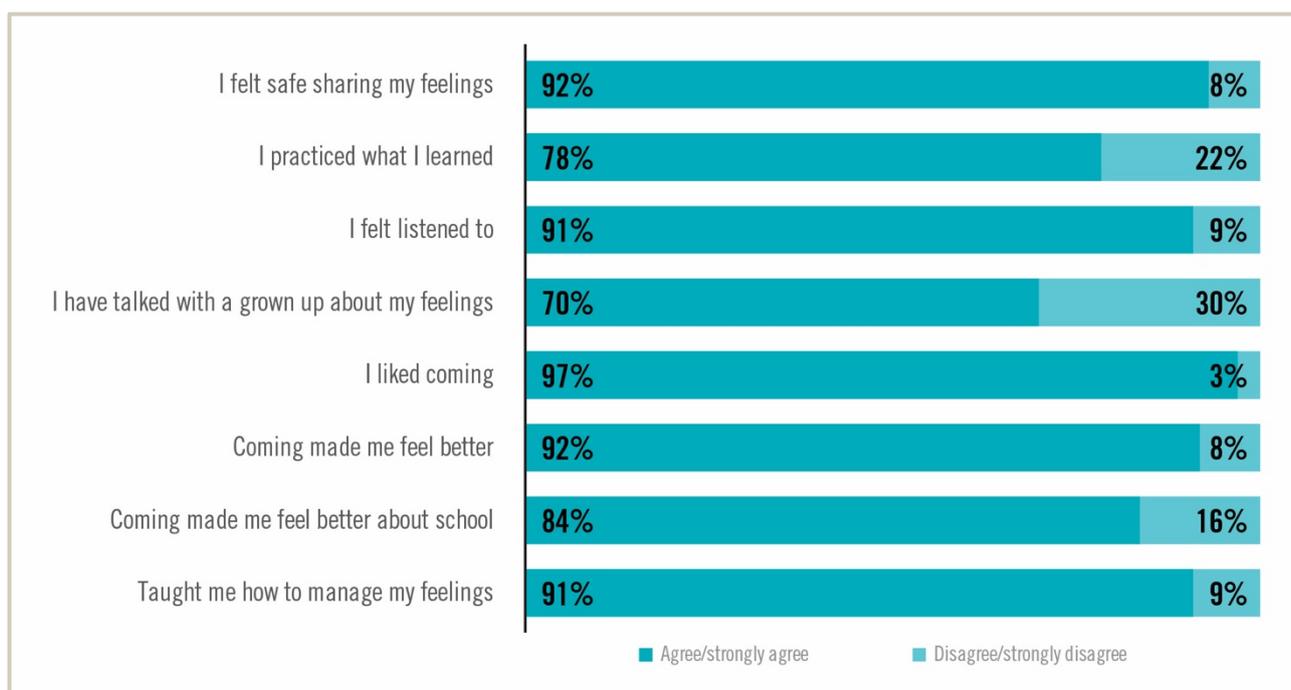
The overall experience of implementing Journey of Hope in the schools was positive according to teachers. Teachers noted that Journey of Hope facilitators were highly self-sufficient; schools needed to make some minor timetable changes and ensure rooms were booked but this had minimal impact on the school.

[The facilitators were] very easy to deal with ... Sometimes we will get [new] programs where you need to chase your tail to get it happening in your school. We did not have to do that with Journey of Hope. It was awesome. (T03)

Similarly, the students were highly satisfied with the program. Respondents to the student questionnaire described their experience of the group positively. The majority agreed or strongly agreed that they liked coming to the group (97%), felt safe sharing their feelings with the group (92%), felt listened to by the group (91%) and indicated that coming to the group made them feel better (92%) (Chart 1). In the focus group discussions, using an anonymous 'paper plate' activity, students wrote a range of positive words about the program. Some of the most common words written down were: 'fun', 'good times', 'happy', 'safe', 'exciting'.



Chart 1: Answers to 8 questions in the post-questionnaire on managing emotions and opinions of program



3.3 What was the impact of Journey of Hope?

3.3.1 Outcome 1: Facilitate understanding and normalisation of trauma-related emotions

Many of the students interviewed were able to demonstrate an understanding that challenging emotions are normal and experienced by everyone. One student said that: “I learnt that bad emotions are normal...It’s okay to tell people how you feel. I understand my feelings now”. Another student said that they now have the skillset to “Let [my] feelings out in a good way that won’t hurt people,...it’s okay to cry,...it’s okay to get scared.” Another student said they were able to “share [emotions]”... and to not be “scared to share”. One student said that in the group they were able to “get stuff out so [I] don’t worry about them anymore”. Students said they learnt “not to be quiet” and to talk freely about their positive and negative emotions, such as “how to talk to someone about sadness”. There were no students in the focus group discussions who said the program was unhelpful in understanding trauma-related emotions. One teacher noted:

They are less anxious about the fires at school, they have moved on ... I think it was the program that allowed them to do that ... the bushfires were a big part of everyday life ... they were trying to process it ... and it made them quite emotional. But since the program they get less emotional ... [Journey of Hope] has been an avenue for them to process ... they are a lot more resilient. (T02)

Several teachers spoke about how the students are better equipped to identify and deal with strong or challenging emotions, such as anxiety. Some examples given by interviewees suggested that, as a result of the program, the children have tools, language and strategies to normalise their emotions. One student described a new way that she would manage a situation that would have previously distressed her:

I get embarrassed a lot, especially when there are a lot of people from high school walking past and they judge me, and [now] I just think that I’m a good person, I’m thoughtful and I’m just me. (S16)

Parents interviewed agreed on the value of the program and its importance in developing an understanding of emotions. Three out of the six parents said that they had noticed changes in the way their children responded to strong emotions and believed this may have been due to the program.

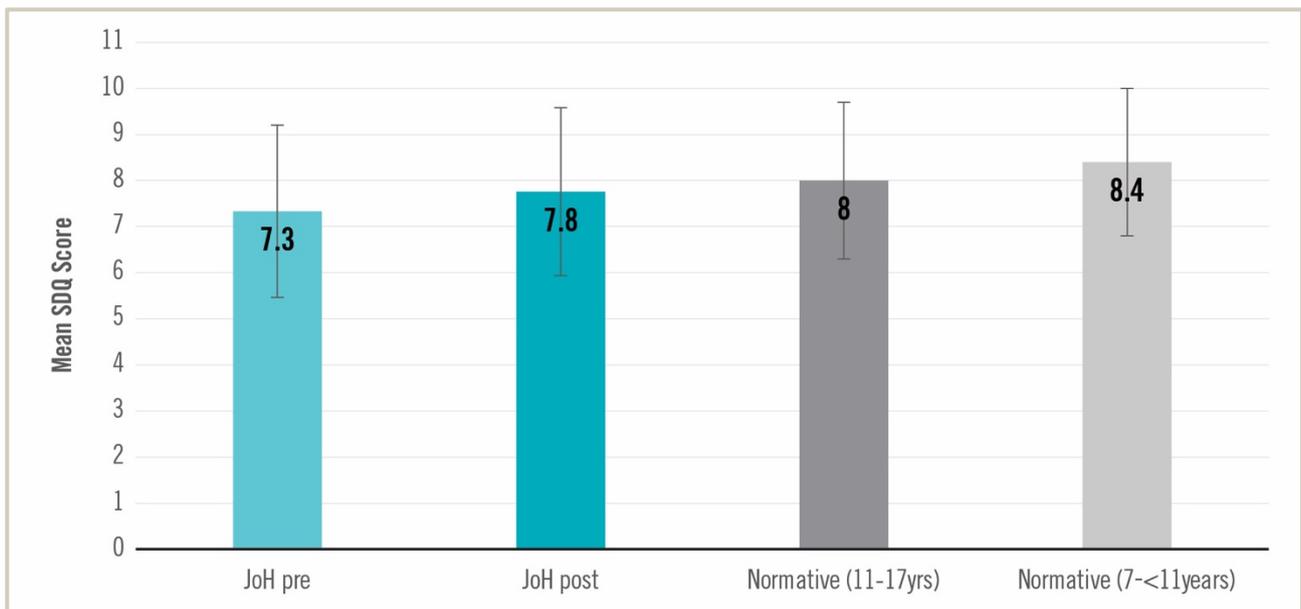
The main thing is that it has given them a common place and language to talk to each other when they are dealing with big feelings and social dramas. They have got that common experience and education to deal with it. (P04)

Overall, students, parents and teachers believed the program gave students an opportunity to learn how to identify and understand their emotions. Students were confident in articulating challenging emotions and how they experience them. A strength of the program is that students felt confident and comfortable talking about challenging emotions with their peers in the program.

3.3.2 Outcome 2: Promote protective factors such as commitment to school, prosocial behaviours, and peer relationships

The evaluation findings provide evidence of the program promoting protective factors such as school commitment and prosocial behaviors. The SDQ Prosocial Scale measures prosocial behaviours, such as sharing, being helpful and other behaviours promoting positive relationships. Overall, children in the evaluation had a slightly lower average score on this subscale at baseline compared to Australian normative data (Chart 2). After accounting for age, gender and school term, between baseline and follow-up there was a significant increase (approximately ½ a point) in the estimated average score of the prosocial subscale. This was consistent for the overall sample and the age subgroups.

Chart 2: SDQ mean scores (and SD) for SDQ prosocial subscale, pre (n= 608) and post (n=533) JoH program compared to norms (self-report) for Australian children (Mellor 2005) 11-17yrs (n=553) and 7-10yrs (n=357)



The focus group discussions and interviews supported these findings. Several students in the focus groups spoke about recent experiences where they helped a peer manage an emotional problem or stressful situation. When a peer is visibly angry or stressed, several students expressed that they would approach and comfort them to give them a sense of safety.

I learnt to listen to people more. I always did listen to people, but now more than usual and [I'm] giving them strategies [to help with stress or being upset]. (S29)

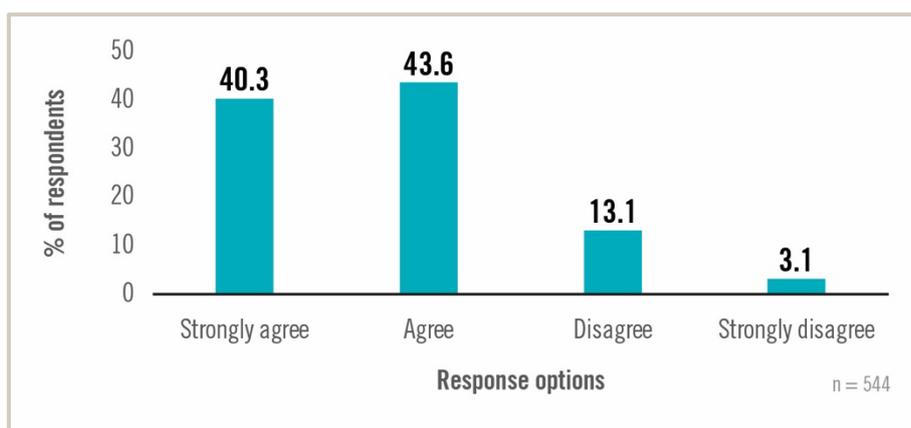
Two teachers from different schools observed that interactions between children had improved since the program and strongly believed this was due to Journey of Hope. The four other teachers interviewed suggested their students were more settled but it was unclear to them whether this was due to the program or other factors.

Our children, they are much happier and our school and our behaviors are much more settled, and I believe that's been the impact of the program. And because of that impact we have decided to [scale the Journey of Hope program up] at the school. (T02)

I definitely recognise a few of our sensitive students with PTSD after January last year were very teary at the start of the year. Everything was overwhelming. Socially and emotionally they were drained. Their friends did not know what more to do. It becomes a bigger issue. By the end of the program the kids had an understanding of each other [and they would ask themselves:] "Maybe they have a worry that I could ask about" or "Maybe I'm that kid's support person." They became a lot more supportive of each other. (T01)

Finally, findings from the questionnaire suggest that the program may have improved how students felt about school. At the end of the program, 84% of students reported that Journey of Hope made them feel better about coming to school (Chart 3), while about 16% disagreed.

Chart 3: Question 7: JoH made me feel better about coming to school.



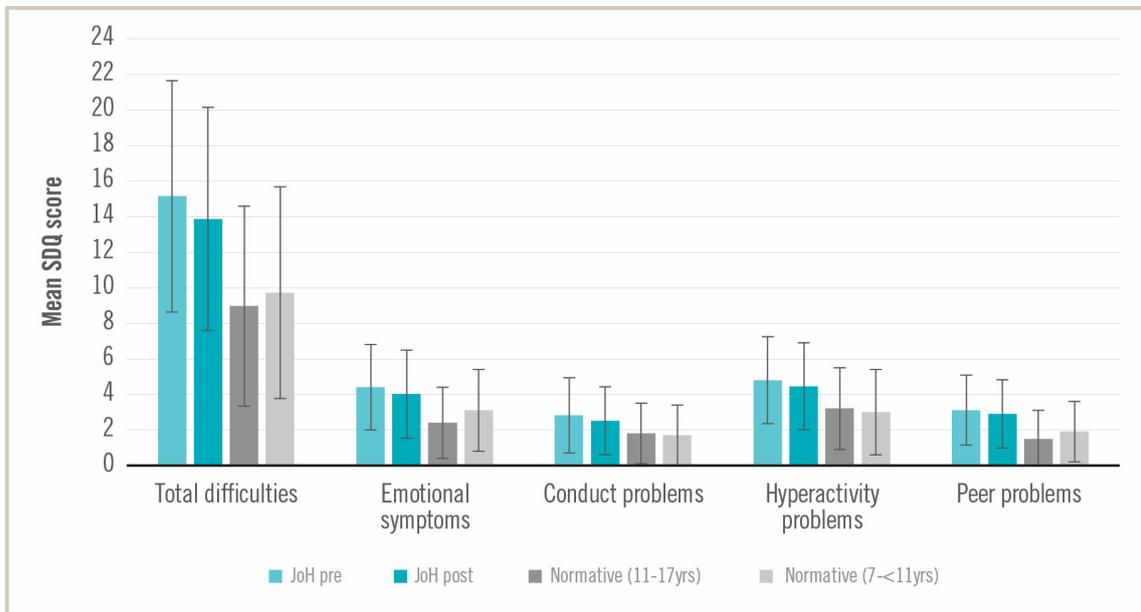
In summary, the evaluation found that students in the program significantly increased their prosocial behaviors which included developing relationships, being more empathetic with their peers and feeling better about going to school.

3.3.3 Outcome 3: Minimise risk factors including conduct problems, inattention, and poor peer relationships

The evaluation provides evidence of the Journey of Hope program helping to reduce risk factors for children experiencing behavioural and emotional problems. The SDQ Total Difficulties score (the primary outcome measure for this evaluation) combines several questions exploring hyperactivity, emotional problems, conduct problems and peer problems. This scale ranges from 0 – 40, with a higher score indicating more difficulties. Interestingly, students in this evaluation had higher average scores on all of the difficulties subscales and an average SDQ Total Difficulties scale score of 15.1 (SD 6.5) at baseline which is around 6 points higher than the mean normative scores reported for Australian children (Chart 4) (Mellor 2005). This suggest that students in this evaluation were, on average, experiencing more

difficulties than other Australian children. This is not surprising given the multiple disasters many had experienced in addition to the COVID-19 pandemic. This finding is consistent with Section 3.2 which discusses the collective trauma experienced by the communities due to a series of extraordinary disasters.

Chart 4: SDQ mean scores (and SD) for Total Difficulties and subscales, pre (n= 608) and post (n=533) JoH program compared to norms (self-report) for Australian children (Mellor 2005) 11-17yrs (n=553) and 7-10yrs (n=357).



The questionnaire showed a significant decrease, of approximately 1 point, in the estimated average SDQ Total Difficulties score between baseline and follow up. This was recorded in the overall sample and the subsample of grade 3-6 children (Chart 5) after adjusting for age, gender and school term. The average score also decreased by about .75 points in year 7-9 children, but this was not statistically significant.

Chart 5: Estimated mean change in SDQ Total Difficulties score (adjusted for age, gender and school term) pre and post JoH program



Focus group discussions and interviews supported the findings from the questionnaire, with most students speaking about how Journey of Hope influenced the way they would respond to conduct problems such as bullying at school. Students from some interviews talked about the *Stone Rescue* activity in Session 6, an interactive game where students had to walk past the bully (a Facilitator) and avoid getting tagged. Several students said they learned a lot during the sessions on bullying, which included some role play activities, and helped them learn how to manage bullying at school.

I learnt how to stand up...ignore it and also tell the teacher.

One teacher mentioned the usefulness of the bullying game that was delivered in Session 6 and that she will consider using it in her classes. A second teacher reported improvements in how some of their students deal with bullying after the program.

[There was one student] who was bushfire-affected but also going through a lot of family breakdown... She was very emotional last year. But, I can see now that if she's confronted or she's in a [bullying] situation where she might not feel okay, instead of crying or not dealing with it, she's able to stand up and say, "I don't like the way you're speaking to me", or disengage from [the situation] and not take things so personally. (T01)

Two of the six parents interviewed spoke about how their children had mentioned the bullying module to them at home. These parents reported that their children were experiencing challenges with bullying so the session was relevant and useful.

The bullying session enlightened [my child], it was a hard conversation about different scenarios. It taught them that there is a right way and a wrong way to deal with [bullies]. (P02)

In summary, the questionnaire data provides evidence of the program helping to reduce overall difficulties and therefore critical risk factors for children experiencing behavioural and emotional problems. The focus groups and interviews supported this finding and provided context, particularly in relation to how children cope with bullying.



3.3.4 Outcome 4: encourage development of positive coping strategies such as problem solving, emotional regulation, and expressing feelings

The evaluation found that program participants had developed new knowledge of positive coping strategies and increased their use of these strategies after the program. The KIDCOPE scale within the questionnaire showed that between baseline and follow up there was a statistically significant increase in the average number of positive coping strategies students reported using when they faced a stressful event (Chart 6). This increase was greater in older children. Additionally, at the end of Journey of Hope, 91% of students agreed or strongly agreed that the program had taught them how to manage their feelings (Chart 7).

Chart 6: Average positive coping strategies used by student between pre and post questionnaire

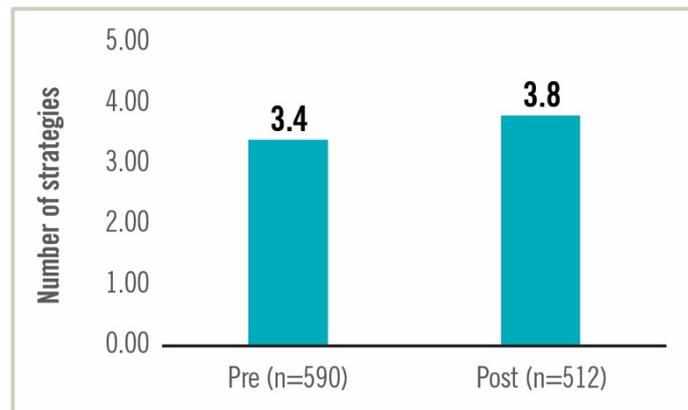
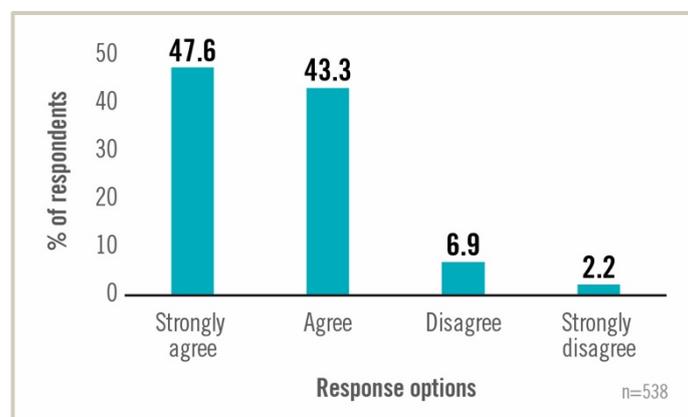
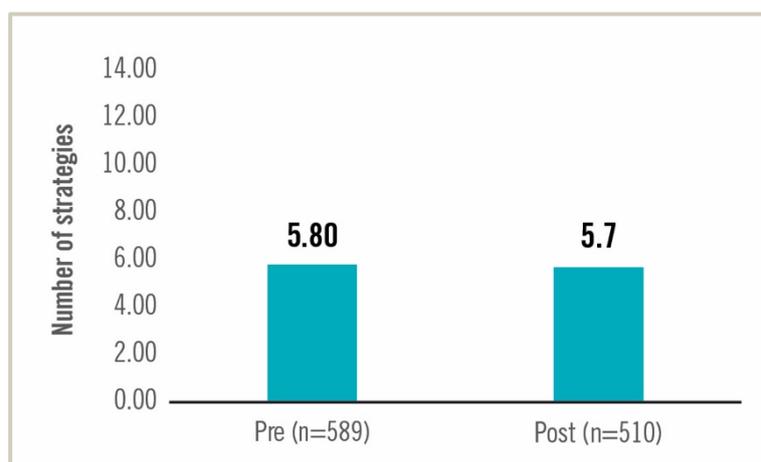


Chart 7: Question 8: JoH taught me to manage feelings



Interestingly, no difference in the estimated mean number of negative coping strategies used was observed between baseline and follow up in the total sample (Chart 8) or age sub-groups. This means that program participants were still as likely to use a negative coping strategy at the end of the program as they were at the start. Facilitators provide a safe space for children to raise the various strategies they have or could use to cope with stress. When negative strategies are raised by participants, facilitators are trained to softly steer them towards positive options to practice instead. Facilitators do not criticise negative strategies.

Chart 8: Average use of negative strategies between pre and post questionnaire.



Focus groups and interviews supported the questionnaire findings in relation to use of positive coping strategies. Students from all focus groups spoke about the strategies they learnt in the program to cope with stress and anger in different aspects of life including at home or at school. Students pointed to practical ways to deal with stress such as “remembering to get fresh air when you’re sad”, “taking a deep breath”, “breathing”, “meditating”, “drawing”, “listening to music”, or “going on a walk”. These strategies were often included on the Journey of Hope Tree data collection activity. Some of these strategies were specifically taught as per the program manual while others were learnt through brainstorming as part of a program activity. Two students explained new coping strategies learnt in Journey of Hope:

When I get tired – I don’t sleep well, and I get – and when I get tired, I get, like, angry. [When this happens] I do the count to 10 thing that they taught us. And then, I have a bunch of, like, stress toys that I just use. (S21)

It [Journey of Hope] was encouraging you to tell your story. So, you can be heard and you don’t have to keep it in anymore. So, you can fix things and just stress less. I use these things at home. (S09)

The majority of teachers and parents reported that their students and children had demonstrated improved coping strategies since participating in the program. Several teachers gave examples of where they had noticed behaviour changes in their students when confronted with a stressful situation. All parents said that the program was useful for teaching children important ways to deal with stress and anxiety. One teacher spoke about how students can identify and talk about their emotions in ways that were not possible before the program. A teacher and a parent commented on changes of behaviour they had observed:

[The program] did make a huge difference in the sense that [when one of my student’s faced a stressful situation] he did not run, he was able to come and say, “I need a break”, things like that, that I know that they’d discussed in Journey of Hope. (T04)

[My child] learned that it’s ok to get angry. She has used tools learnt in the workshop, especially useful when dealing with her little sister, who can often frustrate her. [She] can now come back and reset and deal with stressful things. [She] can easily acknowledge the frustration in a better way and come back and manage with it in a calmer way. (P02)

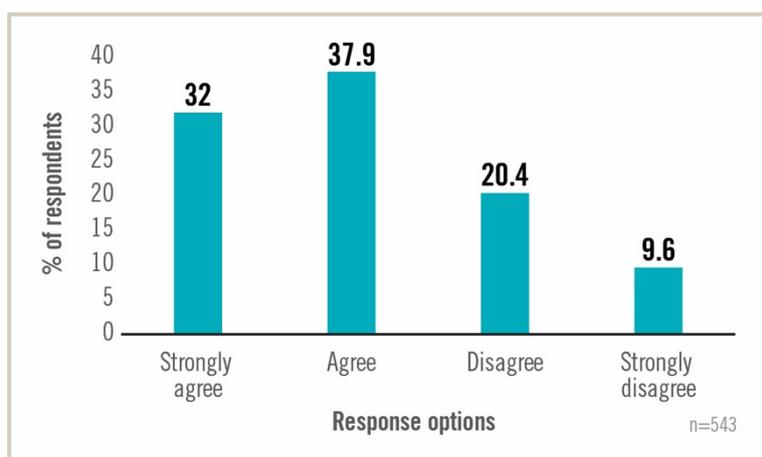
Some other teachers and parents were highly supportive of the program but stopped short of attributing any significant behaviour change or improved coping mechanisms to the program. Teachers all agreed that the Journey of Hope program was a contributing factor to settling the general mood and a “settled term”. Teachers and parents recognised that Journey of Hope complemented a lot of previous psychosocial support programs that may have been run through the school or community. All teachers and parents interviewed were pleased the program was being delivered and all recognised its relevance to these schools. However, for several people interviewed, the impact on improving coping strategies was unclear.

I think it is a great program that addresses social and emotional wellbeing ... I think we have seen our school as quite settled [after the program] and there was a flow on effect, a whole of school effect. I wondered how much Journey of Hope is influencing where our students are. It is always hard to gauge that. (T05)

The program definitely helped but not sure to what extent. It definitely revisited some things they had learnt in their younger years. Over the years, they have done a lot of programs so not sure of the effect of this one. (P01)

In line with the answers to the KIDCOPE scale and interview and focus group data, a similar finding was found with Question 4 of the post-program questionnaire. Question 4 asked: *In the last month I have talked with a grown up about my feelings*. About 67% of students either agreed or strongly agreed, suggesting that the increase in coping strategies learned may include talking to adults such as their parents (Chart 9). While there was no baseline to indicate whether this figure indicated a change, it is nonetheless encouraging that two thirds of the students reported having recently spoken to adult about their feelings. However, 30% disagreed with this statement. This may mean that while students are comfortable talking about their feelings in their group (Question 1), this might not extend to their parents or other significant adults in their lives.

Chart 9: Question 4: *In the last month I have talked with a grown up about my feelings*



Overall, the evaluation results suggest that students learned new positive coping strategies from the program, which they then put into practice when faced with stressful events. However, no change was shown in negative coping behaviours.

3.4 Were there any unintended outcomes of Journey of Hope?

3.4.1 Relevance for all students

Most teachers and one parent said that they were pleased how the program appeared relevant to all students regardless of background or experience with disaster.

I think it is an invaluable experience for any student. I do not think it matters on their experience or where they are coming from. It is a beneficial experience for anyone. They all took so much from it and even the high needs kids felt like they had a place there. (T02)

We found that it is quite inclusive of everything. It does not have to be that they were traumatized by the fires. They could just have social or emotional issues that they can address through that program. It is quite diverse which is what we all liked about it as staff before taking it on. It was such a benefit for everyone, not just those children who were affected. (T01)

Why can't all students do it? You don't need a bushfire to do it. (P01)

3.4.2 Indirect support for parents

Another encouraging unintended outcome of the program was the positive impact it appeared to have on some parents of the young people in the program. About half of the teachers passed on positive feedback they had heard from parents.

Parents were so thankful. A lot of our parents live quite rural. After the fires a lot of parents were quite lost in knowing how to support their kids when they live [multiple hours from the closest city]. The parents were struggling themselves. So, I think it took some weight off their shoulders. (T02)

All the parents interviewed were grateful that the program was run as they knew it provided support that they were often unable to provide at a critical time. Parents felt that their children needed extra support given their bushfire, flood and COVID-19 experience and were often unsure where it was going to come from. In one case, where the parent had spoken to their daughter about the program and her experience, the parent reported improved understanding of their child's feelings.

It made me learn a bit more about where my daughter's coming from as a child. I realised that it might be me that's worrying that she might not be coping. We put our own ideas and thoughts onto our children. (P05)

Most of the families in the bushfire affected communities had experienced a series of significant setbacks since 2019. The program gave some parents reassurance that their children were receiving improved support through the Journey of Hope Program.

3.5 What factors had an important influence on program outcomes?

3.5.1 Respected facilitators created a trusting space

One of the important factors in successful program implementation was the qualified and respected facilitators that led each Journey of Hope program in schools. All students spoke very highly about their facilitators, especially how they created a safe, comfortable and trusting space.

You can be honest with the group and nothing will happen... All you guys want to do is just help us. So, nothing bad has happened. They [the facilitators] helped, and they were caring, no matter what happened. (S07)

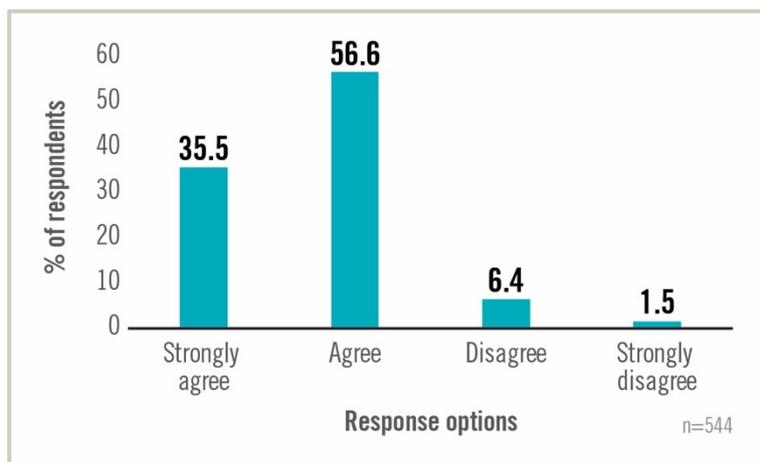
All teachers and parents also spoke highly about the facilitators, including the ways they interacted with the students as well as their ability to be flexible and adapt to changes at schools. In some cases, facilitators had been former School Teachers and had strong connections with the community which contributed to the smooth program delivery.

The Journey of Hope facilitators have been really easy to work with and been a positive influence in our school, all of their interactions with our staff, our admin staff, all the kids – the kids enjoy seeing the facilitators in our school. (T03)

[The facilitator] was perfect for the role. The way she was involved in the community. There's trust and respect and they are well liked by the children. She was able to get that message across because of the relationship and experience. (P02)

These findings were mirrored in the questionnaire, with 92% of students agreeing or strongly agreeing that they felt safe sharing their feelings with the group (Chart 10). This is consistent with the feedback received through the focus groups. Participants were generally very open and comfortable sharing their thoughts and feelings with the evaluators. Sometimes focus group participants were quite emotional during the sessions but were clearly supported by the other participants to share their feelings openly. It was clear that a safe environment had been established by the facilitators and appreciated by the students.

Chart 10: Question 1: I felt safe sharing my feelings with the group



In summary, trained and trusted facilitators made participants feel comfortable to speak about their feelings. This was supported by clear rules for the group to ensure confidentiality and contribute to participants feeling safe.

3.5.2 Distinct from school and schoolwork

Another factor important to program implementation was that it was clearly distinct from the regular classroom activities and school curriculum. While the Journey of Hope program was delivered in school grounds during the school day, it was delivered in a way that was different to regular classroom activities. There were strong connections between the facilitators and participants. The facilitator-participant connection was not based on the power dynamics that are common between teachers and students. Participants also understood what the facilitators were trying to achieve which was clearly different to curriculum-based classes. Stakeholders believed this was important to the program's outcomes and implementation experience.

Even if we [teachers] tried to teach those skills, the impact would not be the same... They [the facilitators] know what they are talking about. ... The way it was delivered, it would never be possible to do that in the classroom. (T02)

I think the fact that because the kids did not do it in our classroom either, they went to somewhere else across the school ... Journey of Hope was something different and exciting and a completely different person ... they got more immersed in it. (T04)

To summarise, teachers reported that facilitators created an environment where students were comfortable contributing and talking about things that they would not normally talk about in a typical classroom with a regular teacher.



3.6 How suitable are the Journey of Hope tools for measuring program outcomes?

The Journey of Hope monitoring tools are relevant to measuring the program's intended outcomes and are consistent with what has been used in Journey of Hope evaluations in the past. The self-report Strengths and Difficulties Questionnaire or SDQ (Goodman, Meltzer et al. 1998, Goodman and Goodman 2009) was chosen because it is validated for use with youth aged 11-17 years old and has been previously used successfully by the University of Melbourne with younger children in a guided-completion format. The average age of students who completed the questionnaire was 11 years old. Similarly, the KIDCOPE tool has been used in research as a measure of coping strategies with children of this age range (Child Outcomes Research Consortium 2021).

One potential limitation identified in the evaluation was that there may be a ceiling effect with the KIDCOPE data. Five positive coping strategies are listed in the tool, and on average children reported using 3-4 of these strategies prior to the Journey of Hope program. This made it difficult to assess any large changes in positive coping strategies after program. It would be useful to explore the feasibility of incorporating additional positive strategies in this tool, particularly those that match what is taught in the Journey of Hope program. However, both the SDQ and KIDCOPE scales were demonstrated to be sensitive to change and therefore useful for inclusion in future Journey of Hope evaluations.

Save the Children designed a facilitators' guide at the end of Term 4 2020 to help facilitators administer the tool as consistently as possible across schools. This included ways to define 'tricky' words and how to maintain participants' engagement throughout the data collection and not influence student answers. This guide was most relevant for the Upper Primary module participants while facilitators from the Early High module did not report needing the guide. Facilitators also participated in a monitoring and evaluation training session which included introductions to the questionnaires, recording client's registrations and methods to promote data integrity. The questionnaire response rate was high suggesting the students were able to complete the questionnaires with the right support. The response rate for 20 of the schools in the evaluation ranged between 45.8% and 100%, with an average of 73.0%. The facilitators guide and training should be mandatory for future implementations of Journey of Hope.

3.7 How could the program be improved for use in future emergency contexts in Australia?

3.7.1 Improve program communications

Parents and guardians should be encouraged to talk to their children about the program.

The program could be improved by introducing a more effective way of communicating program content to parents and guardians before and during program delivery. All program participants were given factsheets before and at the end of the program. However, some parents reported they either did not see the factsheet or only received it at the end of Term. Parents noted:

We need a bit more information for the parents. Then we can ask the right questions and encourage them to open up. It would help to have the kids to explain [the program] to me. And if they have understood it. We can learn together. I didn't know exactly what they said and learnt in the session. So maybe a short [summary of the program]. I could ask: "Have you practiced your breathing?" Not sure what other coping mechanisms were covered. (P01)

I thought it was some kind of counseling program. I think it took me a while to sign the [consent and registration] note because I wasn't 100% sure and I didn't have time to chase it to understand. It didn't make sense to me. It was a bit complicated the way it was explained. For a parent that's not involved in the school it is hard to know. Is there any website? But I got a nudge from my child, she said: "C'mon mum I want to join the program." But I understood enough about the program to know it wouldn't be of harm. I trust the school. (P05)

Maybe an information night where [my child] and I can go along and get some ideas on what the program is about and what it is doing [would be useful]. (P03)

It could be beneficial to send parents/guardians weekly emails or paper-based tip sheets that point out what content was covered in that week. Parents or guardians could then have a weekly conversation about Journey of Hope content with their child.

3.7.2 Continue to promote Journey of Hope as a strengths based program

Schools are more likely to engage with the program if they are certain that it is not designed to distress students by revisiting traumatic events.

The program could be improved for further use in emergency contexts by continuing to promote the program as being strengths-based and not focused on the disaster. The intention of the program is to focus on positive coping strategies and strengths-based solutions to dealing with stress. Parents and teachers appreciated that the program avoided digging up traumatic memories and instead taught generalised coping skills. Most of the teachers interviewed reported that they knew Journey of Hope was a generalised program. However, it was noted that some parents or teachers did not join the program because they were worried that the sessions might re-traumatise or disrupt their children or students.

That was one of the key things as well that made it quite easy to decide to run the program, was that it was very clear at the start that it wasn't going to be something that tried to provoke kids recalling traumatic experiences. That was something that we were very mindful of, and even probably one of the reasons why some of our staff have chosen to not run [the program] with certain cohorts. It is because they did not want students reliving traumatic experiences, but it was very clear from my interactions with the facilitators that that wasn't something that was a focus of the program. (T03)

What I did not expect was that it was about letting them think about everything else besides just focusing on the bushfires and COVID and the negatives. ... 'Cause I thought the kids might want to speak through and focus on that as a way of just letting it out. But, obviously the program's tailored really well for them to process and go through the disaster that they've experienced, but also not make that the focus. (T02)

Some parents didn't want their child to join ... We have quite a few students who are fostered students and they were already receiving other counseling help so some of those parents thought this program could be an over-load. (T05)

Save the Children could consider positioning Journey of Hope as a school-based wellbeing program as opposed to primarily a disaster recovery program. The evaluation found that adults connected to the program believed that Journey of Hope was relevant to all students regardless of background or experience with disaster.

3.7.3 Ensure facilitators are adequately trained and supported to collect data

The monitoring and evaluation tools are appropriate if enough training and support is provided.

In future implementations of Journey of Hope, Save the Children should ensure that facilitators are adequately trained and supported in using the monitoring and evaluation tools. The evaluation found that the tools used for measuring outcomes are appropriate but only when the right training and support was provided. A facilitator's guide to administering the tools should be retained and improved over time. Currently all new facilitators receive one training session on administering the tools and this should continue and be made mandatory.

3.7.4 Consider adapting KIDCOPE to include more positive coping strategies

The KIDCOPE questions could be enhanced if adapted to include program strategies as options.

While the KIDCOPE validated scale is relevant to the program's outcomes (see Section 3.6), it could be adapted and improved by incorporating additional positive strategies, particularly those that match with what is taught in the Journey of Hope program. The evaluation found that one potential limitation identified in the evaluation was that there may be a ceiling effect with the data collected through the KIDCOPE validated tool. There are five positive coping strategies available for selection in the tool. On average participants reported using 3-4 of these strategies prior to the Journey of Hope program. This made it difficult to assess any large changes in strategies at the end of the program. Therefore, it is worth Save the Children considering the feasibility of incorporating additional positive strategies in this tool, particularly those that are taught in the sessions.

4. Discussion

This evaluation of Journey of Hope was conducted to assess program impacts, any unintended outcomes, influencing factors, suitability of the evaluation tools and insights for program improvements based on its implementation in NSW following the *Black Summer* 2019-20 bushfires and during the COVID-19 pandemic. This was a highly disrupted period for the participating school communities, which is characteristic post disaster (Casserly 2006). A process evaluation was not conducted as part of this evaluation but the full implementation of the program in 77 schools (21 of which participated in the evaluation) and the high program experience scores in student follow up questionnaire responses and in focus groups and interviews, demonstrated its feasibility and acceptability in post-disaster communities in Australia.

The delivery of the program by trained facilitators to all students in nominated year levels in participating schools situates it within Level 1 of a stepped care approach – i.e. a universal delivery model that includes support, education and advice on self-care strategies. A stepped care approach is recommended to support post-disaster psychosocial recovery for all ages to address different levels of mental health needs (Phoenix Australia - Centre for Posttraumatic Mental Health 2020). Direct involvement in a disaster event and exposure to the many personal, family and community changes that arise in the aftermath can cause distress for children and young people. The Journey of Hope program educates students about these impacts and normalises the variable emotional responses to this distress. Students, parents and teachers all reported the program provided students with an opportunity to learn how to identify and understand their emotions. Evidence indicates that while the majority of adults and children will recover and adapt to disaster exposure, some will develop mental health problems that without intervention can cause ongoing difficulties (Bonanno, Brewin et al. 2010).

Students' pre-program SDQ Total Difficulties scores were on average higher than normative Australian data, indicating that they were experiencing extra difficulties in their lives. The evaluation showed statistically significant improvements following program participation. These effects were greater for primary school students. Statistically significant improvements were also shown in the SDQ Prosocial Scale which assesses how students relate to others, through their responses to statements such as *I try to be nice to other people – I care about their feelings*. Similarly, statistically significant improvements were shown in students' use of positive coping strategies, such as *I try to fix the problem by doing something or talking to someone*, this was particularly evident for secondary school students. Strategies for managing bullying were nominated by students, parents and teachers in focus group discussions and interviews, as being especially useful.

Importantly, the stepped wedge design confirms that all of these improvements were greater than what was occurring naturally for students over time. There will always be variability in how students respond to disaster exposure and other forms of adversity. However, evidence indicates that there are common disaster recovery trajectories over time including *resilience* where the person shows little impact from the experience, *recovery* where there are initial impacts but these improve over time, *delayed* where the person seems fine initially but problems develop over time, and *chronic* where the initial difficulties don't improve and become an ongoing challenge (Bonanno 2008). These positive evaluation findings have not been differentiated for different recovery profiles but overall indicate that the program contributed to positive recovery trajectories for students and potentially mitigated delayed or chronic mental health problems.

Previous studies conducted on academic progress in Australian schools affected by bushfires have demonstrated the psychosocial impacts on students' capacity to learn (Gibbs, Nurse et al. 2019). This suggests these post-disaster psychosocial support programs are important in restoring students' academic pathways as well as their mental health and wellbeing. Previous studies have demonstrated the relationship between social and emotional learning programs in schools and academic outcomes (Gibbs, Nurse et al. 2019). However, it is not likely to be a quick fix and there is a clear need for education

policy following mass emergency events that disrupt schooling and are traumatic for many. This should involve time and resources for student psychosocial recovery as an investment in long term academic outcomes rather than trying to prioritise and fast track academic recovery.

No change was shown in student scores on use of negative coping behaviours, such as *I yelled, screamed or got mad* [in response to a recent upset]. This is perhaps not surprising because the Journey of Hope program takes a strengths-based approach which focuses on positive coping behaviours and doesn't directly address negative coping behaviours. Failing to reduce these behaviours is likely to cause difficulties for the individual students and also those around them, and therefore may be an important consideration for future program improvements. Fortunately, students, teachers and parents all reported on students' uptake of the positive strategies they learned in the program for dealing with stress, such as going for a walk.

Unintended or unanticipated program outcomes included parent gratitude for a program that would help in supporting their child's needs and that was relevant regardless of level of exposure because it focused on emotions and coping strategies and not disaster experiences. There were some reports that parents did not consent to the program or evaluation because of concerns it may focus on the disaster so communication to parents about this issue would be valuable in future. The evaluation showed that the program was not associated with any pattern of deterioration in student strengths and difficulties or coping strategies. This is a particularly important finding in terms of children's right to safety (UNCRC 1989) and ensuring that any program delivered for students exposed to disasters does not contribute to harm. The most at-risk students in terms of mental health and wellbeing are likely to be absent from school and their need for targeted programs (step 2 in the stepped care approach) and/or professional treatment (step 3) may be missed. It is notable that this evaluation showed that 84% of those students who did participate in the program reported that they felt better about going to school.

The evaluation findings of positive program impacts in Australia build on previous positive evaluations of Journey of Hope in USA and New Zealand (Powell 2011, Powell and Blanchet-Cohen 2014, Powell and Leytham 2014, Powell and Thompson 2016, Powell and Holleran-Steiker 2017). They also align with international evidence of the potential contribution of post-disaster psychosocial support programs, including those delivered by trained lay facilitators, to positive recovery outcomes for children and teenagers (Rolfesnes and Idsoe 2011, Newman, Pfefferbaum et al. 2014, Fu and Underwood 2015, Brown, Witt et al. 2017). While the evidence is growing there are still many limitations in strength of evidence and heterogeneity of interventions and measures. Therefore, this evaluation makes an important contribution to the evidence base.

It can be challenging to conduct rigorous research in post-disaster environments. This was true for this evaluation, with the mixed-method study design chosen carefully to gain insights into program impacts while accommodating pragmatic concerns and constraints in relation to school participation, sample size, and administrative burden. The stepped wedge cluster non-randomised approach provided a means to assess pre and post changes that accounted for school-level cluster effects and any natural improvements in student wellbeing and coping strategies over time. While there were some study limitations including lack of randomisation, the evaluation findings provide support for implementation of the Journey of Hope program in school communities in Australia. Further evaluation trials are needed, with randomised allocation to program and comparison groups, and follow up measures, to confirm program impacts and to determine if the effects are sustained. Identified program improvements for future include communicating program activities to parents while it is being implemented to encourage families to discuss the program at home and further embed strategies. Further research is needed to confirm program benefits for schools with culturally and ethnically diverse student populations, for preschool and lower primary children, and upper secondary students, and to identify any differences in program effects for children in different life circumstances.

5. Conclusion

This evaluation of the Journey of Hope program in school communities affected by the *Black Summer* bushfires in NSW, Australia showed that it was highly valued by the students, teachers and parents. Children learnt new positive coping strategies for dealing with stress and were able to use them when needed. They reported less difficulties in their daily lives following participation in the program. There was no change in students' self-reported use of negative coping strategies. There was no evidence of harm arising from program participation. The trained facilitators were reported to be an important aspect of successful program implementation. Further evaluation trials would contribute to increased understanding of program impacts in different contexts. The existing evaluation tools would suit that purpose with minor modifications.

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Appendices

Appendix 1 – Pre and Post Questionnaires

Pre-program questionnaire for JoH participants

Thank you for joining Journey of Hope.

Save the Children is really interested in learning about how participants are going and your experience with the program.

We'd like to ask some questions about your experience. It'll only take about 10-15 minutes and your answers will help make the program better for other children and young people.

You don't need to complete this survey if you would rather not. It won't affect your involvement in the Journey of Hope program. If you don't want to do it, we have an activity sheet you can do while you wait for the others.

We may also share your answers with our research partners, the University of Melbourne, to help us to analyse the results and who may publish research about Journey of Hope. If we do this, we'll make sure not to use your name. Your name won't be shared with anyone outside Save the Children.

Are you OK with us using your answers to help us understand and improve the Journey of Hope?

- YES
- NO

CODE	
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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 how things have been for you over the last 2 months.

#		NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
1	I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I am restless, I cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	I get a lot of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I usually share with others, for example music, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I get very angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	I would rather be alone than with people of my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	I am constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	I fight a lot. I can make other people do what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	I am often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	I am easily distracted, I find it difficult to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#		NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
17	I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	I am often accused of lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Other children or young people pick on me or bully me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	I often volunteer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	I think before I do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	I take things that are not mine from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	I get along better with adults than with people my own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	I have many fears, I am easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	I finish work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think of something that recently upset you. Fill in the bubbles to indicate 'yes' if you did the things described, or 'no' if you did not.

#		YES, I DID THIS	NO, I DID NOT DO THIS
1	I just tried to forget it	<input type="radio"/>	<input type="radio"/>
2	I did something like watch TV or played a game to forget it	<input type="radio"/>	<input type="radio"/>
3	I stayed by myself	<input type="radio"/>	<input type="radio"/>
4	I kept quiet about the problem	<input type="radio"/>	<input type="radio"/>
5	I tried to see the good side of things	<input type="radio"/>	<input type="radio"/>
6	I blamed myself for causing the problem	<input type="radio"/>	<input type="radio"/>
7	I blamed someone else for causing the problem	<input type="radio"/>	<input type="radio"/>
8	I tried to fix the problem by thinking of answers	<input type="radio"/>	<input type="radio"/>
9	I tried to fix the problem by doing something or talking to someone	<input type="radio"/>	<input type="radio"/>
10	I yelled, screamed, or got mad	<input type="radio"/>	<input type="radio"/>
11	I tried to calm myself down	<input type="radio"/>	<input type="radio"/>
12	I wished the problem had never happened	<input type="radio"/>	<input type="radio"/>
13	I wished I could make things different	<input type="radio"/>	<input type="radio"/>
14	I tried to feel better by spending time with others like family, grownups, or friends	<input type="radio"/>	<input type="radio"/>
15	I didn't do anything because the problem couldn't be fixed	<input type="radio"/>	<input type="radio"/>

Fill in the circle that describes how much you agree or disagree with what is written below.

#		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	I feel that I am a person of worth. I am as good as anybody else	○	○	○	○
2	I feel that there are a lot of good things about me	○	○	○	○
3	My feelings can be affected by things that have happened to me in my past	○	○	○	○
4	My feelings can affect how I treat others	○	○	○	○
5	Sometimes I just don't have words to describe how I feel	○	○	○	○

THANK YOU SO MUCH FOR HELPING US WITH OUR QUESTIONNAIRE! 😊

Post program questionnaire for JoH participants

Thank you for being part of Journey of Hope.

Save the Children is really interested in learning about your experience with the program.

We'd like to ask some questions about you and your experience. It'll only take 5-10 minutes and your answers will help make the program better for other children and young people.

You don't need to complete this questionnaire. If you don't want to do it, we have an activity sheet you can do while you wait for the others.

We may also share your answers with our University research partners, the University of Melbourne, to help us to analyse the results and who may publish research about Journey of Hope. If we do this, we'll make sure not to use your name. Your name won't be shared with anyone outside Save the Children.

Are you OK with us using your answers to help us understand and improve the Journey of Hope?

- YES
- NO

CODE	

Think about your time in the Journey of Hope group and fill in the circle next to your answer choice.

#		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	I felt safe sharing my feelings with the group	○	○	○	○
2	I practiced what I learned in the group	○	○	○	○
3	I felt listened to by the group	○	○	○	○
4	In the last month I have talked with a grown up about my feelings	○	○	○	○
5	I liked coming to the group	○	○	○	○
6	Coming to the group made me feel better	○	○	○	○
7	Coming to the group made me feel better about school	○	○	○	○
8	The group taught me how to manage my feelings	○	○	○	○

For each item below, 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 how things have been for you over the last 2 months.

#		NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
1	I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I am restless, I cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	I get a lot of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I usually share with others, for example music, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I get very angry and often lose my temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	I would rather be alone than with people of my age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	I am helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	I am constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	I have one good friend or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	I fight a lot. I can make other people do what I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	I am often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Other people my age generally like me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	I am easily distracted, I find it difficult to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	I am often accused of lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Other children or young people pick on me or bully me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	I often volunteer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	I think before I do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	I take things that are not mine from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	I get along better with adults than with people my own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	I have many fears, I am easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	I finish work I'm doing. My attention is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think of something that recently upset you.

Fill in the bubbles for 'yes' if you did the things described, or 'no' if you did not.

#		YES, I DID THIS	NO, I DID NOT DO THIS
1	I just tried to forget it	<input type="radio"/>	<input type="radio"/>
2	I did something like watch TV or played a game to forget it	<input type="radio"/>	<input type="radio"/>
3	I stayed by myself	<input type="radio"/>	<input type="radio"/>
4	I kept quiet about the problem	<input type="radio"/>	<input type="radio"/>
5	I tried to see the good side of things	<input type="radio"/>	<input type="radio"/>
6	I blamed myself for causing the problem	<input type="radio"/>	<input type="radio"/>
7	I blamed someone else for causing the problem	<input type="radio"/>	<input type="radio"/>
8	I tried to fix the problem by thinking of answers	<input type="radio"/>	<input type="radio"/>
9	I tried to fix the problem by doing something or talking to someone	<input type="radio"/>	<input type="radio"/>
10	I yelled, screamed, or got mad	<input type="radio"/>	<input type="radio"/>
11	I tried to calm myself down	<input type="radio"/>	<input type="radio"/>
12	I wished the problem had never happened	<input type="radio"/>	<input type="radio"/>
13	I wished I could make things different	<input type="radio"/>	<input type="radio"/>
14	I tried to feel better by spending time with others like family, grownups, or friends	<input type="radio"/>	<input type="radio"/>
15	I didn't do anything because the problem couldn't be fixed	<input type="radio"/>	<input type="radio"/>

Fill in the circle that describes how much you agree or disagree with what is written below.

#		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	I feel that I am a person of worth. I am as good as anybody else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I feel that there are a lot of good things about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU SO MUCH FOR HELPING US WITH OUR QUESTIONNAIRE! 😊

Appendix 2 – Focus Group Discussion Guide

Journey of Hope – Group Chat

Student focus group

The child focus groups will be conducted as semi-structured discussions, using activities such as mind maps, anonymous thoughts written on flying paper plates, and the emoticon activity as a prompt to guide the discussion if required. This document provides an introduction script, some notes on Child Wellbeing and activities.

Introduction script for focus group

STAGE	ELEMENTS	SCRIPT EXAMPLE
Introduction	Who am I? Where am I from? Who will be helping me?	<i>Hi, my name is _____, and I am from SCA; which is the organization the brought the Journey of Hope sessions to your school.</i> <i>This is _____, they are from _____ and they will be helping me today.</i>
Purpose	Why am I here? What do I want? Why?	<i>We're travelling to different schools talking with the students about what it was like to be part of Journey of Hope.</i> <i>Today I'd like to chat with you as a group so that I can hear about some of the things you learned and whether you found it helpful.</i> <i>This will help us to learn and make the sessions even better.</i>
Activity	What are we going to do? How long will it take?	<i>As part of our chat, we can:</i> <ul style="list-style-type: none"> • <i>Make the Journey of Hope Tree – where I ask some questions and you draw on the leaves</i> • <i>write on the back of paper plates and frisbee them into a basket</i> • <i>use emoticons to tell us how you felt about the sessions</i> <p><i>Our talk will take about 40 minutes today and we will record it because everything you tell us is important and we don't want to miss any of it!</i></p> <p><i>When we have finished all of our 'chats' we will join everyone's thoughts and ideas together to make a story about the Journey of Hope that we can share.</i></p> <p><i>Is it ok it we record this?</i></p>
Privacy	Who will hear/ know what I say?	<i>We won't use anyone's name in our 'story/study', so no one will know what <u>you</u> tell us (not your class, teacher, person who looks after you).</i>
Consent	Parent Consent	<i>We have asked the person who looks after you whether it's ok for us to talk to you about the Journey of Hope and they have said it is ok.</i>
	Child Consent (Now)	<i>But – if you don't want to talk to us about the Journey of Hope that's ok, no one will be upset with you (not me, not your teacher, and not the person who looks after you) AND of course you can still be a part of the sessions!</i>
	Child Consent (Later)	<i>And – if you start to talk to us, but change your mind, that's also ok. Just let us know and we can stop whenever you want.</i>
	Student Questions	<i>If I have said anything that you don't understand you should tell me now and I can explain it to you. Does anyone have any questions?</i>
	Confirm	<i>What do you think? Would you like to be part of the group activity to let us know what it was like to be part of the Journey of Hope program? If so, come on in. If not, it is totally fine, you can just return to your classroom.</i>

Prep: Child wellbeing

Reminder - this is not a therapeutic group; however big emotions may arise.

STAGE	ELEMENTS	SCRIPT EXAMPLE
Student wellbeing	Student self-care	<p>Before we start, I want to let you know that sometimes we all feel big emotions, which is something your learned in the Journey of Hope, and it's ok.</p> <p>Thinking back to what you learned, I want you to remember one thing you can do while we're having our chat today if you start to feel big emotions.</p> <p>You can either write it on a piece of paper and put it in your pocket to remind yourself, or you can hold it in your head; but don't forget to try it if you need to.</p> <p>Another thing you could do is let _____ know and they can help you to decide what you'd like to do. (e.g. return to the classroom, sit with you while you try your calming idea)</p>
Sign-off	Thank you What next Student self-care	<p>We want to thank you for helping us out by telling us about the Journey of Hope and hope you had some fun today.</p> <p>Like we said at the start, our next job is to join everyone's thoughts and ideas together into one story so that we can make the Journey of Hope even better.</p> <p>Before we go though, we'd like to remind you one last time about big emotions and to remember to let someone important to you know if you want to sit with them and talk for a bit.</p>

STUDENT Ice Breaker – Parachute

RESOURCES REQUIRED:	Parachute
SET-UP:	Follow normal JoH parachute process.
EXPLANATORY SCRIPT FOR STUDENTS:	Follow normal JoH parachute process.

STUDENT Activity 1: Journey of Hope Tree

Students stick post-its (leaves) to a large piece of paper on a wall displaying an outline of a tree called the JoH tree. Students write answers to the questions on the post-its.

ROLE OF PRIMARY FACILITATOR	<ul style="list-style-type: none"> • Explain the activity. • Energise the students • Use explanatory script
ROLE OF SECONDARY FACILITATOR	<ul style="list-style-type: none"> • Take the prepared tree and affix to wall • Write answers for younger children or those having trouble • At end of activity, photograph trees and fold them up to take with us
RESOURCES REQUIRED	<ul style="list-style-type: none"> • Large (1m x 1m) butcher's paper with an outline of tree on it • Different coloured post-its to stick to tree • Textas
SET-UP	<ul style="list-style-type: none"> • Butchers paper with tree outline is fixed to the wall using blue tack or tape by secondary facilitator
EXPLANATORY SCRIPT FOR STUDENTS	<ul style="list-style-type: none"> • We want to grow our JoH Tree • And we need you to add leaves to it by writing down some ideas to questions and sticking them up • If you need some help writing, let us know and we'll help you • Read out the question list, pausing so students can write on post-its and stick to the tree

QUESTIONS	<ul style="list-style-type: none"> • I'm really interested in hearing your thoughts about the Journey of Hope program you have been doing at school • Would you be able to tell me a little about the program? Write down a word that comes to mind when you think about JoH. • What parts of the program worked well/did you find helpful? (for you/for others?) • What parts of the program didn't work so well/did you not find helpful? (for you/for others?) • Do you feel that anything changed because of the program (for you/your classmates/your school/your family?) • What might you say to other children who were thinking of doing the program?
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STUDENT Activity 2: Emoticons on paper plates

Students are asked to select one or more of the emoticons from the Emoticon Poster. The student then draws it on a paper plate and questions are asked.

ROLE OF PRIMARY FACILITATOR:	<ul style="list-style-type: none"> • Introduce the activity and what's expected of everyone.
ROLE OF SECONDARY FACILITATOR:	<ul style="list-style-type: none"> • Prepare paper plates and textas
RESOURCES REQUIRED:	<ul style="list-style-type: none"> • Paper plates, emoticon poster, textas.
SET-UP:	<ul style="list-style-type: none"> • Paper plates in centre of group, with textas. The poster next to facilitator.
EXPLANATORY SCRIPT FOR STUDENTS:	<ul style="list-style-type: none"> • Ask the children to draw the emoticons they choose • Say out loud: "<Student's Name> selected this one" • Ask them the following <i>Questions</i>
QUESTIONS:	<ul style="list-style-type: none"> • Can you explain to me why you selected that emoticon?
	<ul style="list-style-type: none"> • Additional prompting questions if required: • What expression/emotion is that emoticon representing? • How is that emotion related to you? • What do you do when you feel like that? • Has the program made a difference to how you manage your feelings?
	<ul style="list-style-type: none"> • The researcher may select different emoticons and ask the students: • How would you respond if one of your classmates looked like that? • Which of these [emotions] can be difficult to deal with? • What do you do to manage difficult emotions? (your emotions and other people's emotions) • Where did you learn to do that

STUDENT Activity: Feedback on paper plates

ROLE OF PRIMARY FACILITATOR:	Introduce the activity and what's expected of everyone.
ROLE OF SECONDARY FACILITATOR:	Prepare paper plates and textas
RESOURCES REQUIRED:	Paper plates, textas.
SET-UP:	Paper plates in centre of group, with textas, and two chairs in the side of the classroom as 'goals'
EXPLANATORY SCRIPT FOR STUDENTS:	<p>We'd really appreciate your feedback on the JoH program. Your feedback may help improve the program for other students. All the feedback you give us is anonymous. This means that no one will know you wrote it.</p> <p>Now take a texta and a paper plate and write some of the things you thought we could do better in the Journey of Hope.</p> <p>And when you're done, stand here, about 5 metres back from the goals, and see if you can frisbee your plate through the goals.</p>

Appendix 3 – Teacher and Parent Interview Guide

Journey of Hope Evaluation – Parent and Teacher Interview Guide

The Parent and Teacher interviews will be conducted as semi-structured discussions, using question prompts to guide the discussion.

Introduction script for Parent and Teacher Interviews

STAGE	ELEMENTS	SCRIPT EXAMPLE
Introduction	Who am I? Where am I from? Who will be helping me?	<i>Hi, my name is Lachie Alexander and I am from Save the Children, which is the organisation that brought the Journey of Hope sessions to your school in Term 4 last year.</i>
Purpose	Why am I here? What do I want? Why?	<i>I am talking with the parents/teachers about what it was like for their children/students to be part of the Journey of Hope.</i>
Activity	What are we going to do? How long will it take?	<i>I am going to ask you some questions to guide our chat today. It usually takes about 20 minutes and (if you agree) we will record it to ensure we capture what you tell us accurately. Recording the chat will allow me to come back to it later. Is that OK?</i>
Privacy	Who will hear/ know what I say?	<i>All information you provide will be de-identified and collated with others to identify themes of the JoH program. So I will never quote you directly.</i>
Consent	Participant Consent	<i>Feel free to stop at any point and/or withdraw your consent to use your feedback. Just let me know.</i>
	Questions	<i>Do you have any questions?</i>
	Confirm	<i>Do you agree to:</i> <i>Before we start, I've just got to double check a few things:</i> <i>The first is whether I can record our chat? This is helpful for me as I'll be able to revisit our conversation later – is that ok?</i> <i>And just to confirm, you're to participate in this interview?</i> <i>After the interview, I'm planning on connecting your answers with other teachers/parents. Is this ok?</i> <i>And then Reporting your feedback (e.g., as part of group themes to school or funders)</i>
Wellbeing	Support	<i>Reminder - this is not a therapeutic interview; however, parents and teachers were also impacted by the [event], so it is important to recognise your own self-care needs that may arise when discussing the Journey of Hope and reach out for support if needed.</i>

Activity: Parent and Teacher Interview

ROLE OF PRIMARY FACILITATOR:	Contact the respondent. Audio-record the session. Take notes. Load audio file to SharePoint and delete from recording device within 24hrs of interview.	
ROLE OF SECONDARY FACILITATOR:	n/a	
RESOURCES REQUIRED:	Audio recording device, e.g., phone.	
SET-UP:	Identify appropriate room/space to conduct interview or phone interview	
EXPLANATORY SCRIPT FOR PARENTS/TEACHERS:	See <i>Introduction script for Parent and Teacher Interviews</i> above	
QUESTIONS:	TEACHER	PARENT
	As a teacher of children involved in JoH, what was your experience of the Journey of Hope program? What practical impact did it have on the school or students?	As a parent of a child involved in JoH, what was your experience of the Journey of Hope program?
	Did you notice any changes in the children that participated in the program?	Did you notice any changes in your child once they joined the program? (specific behaviours)
	Were there any unexpected outcomes from the Journey of Hope program?	Were there any unexpected outcomes from Journey of Hope program?
	What do you believe was the impact (if any) of the program on the school?	What do you believe was the impact (if any) of the program on your child at school?
	What were the things that helped the program run smoothly?	
	What were the any things that prevented the program running smoothly?	
	What would you say to other teachers or schools that may be considering this program?	What would you say to other parents that may be considering this program?
	Your school was impacted by the fires last year – did this create any difficulties in running or participation in the JoH program that may have not be experienced by a school not affected by the fires?	Your school was impacted by the fires last year – did this create any difficulties in participating in the JoH program that may have not be experienced by a school not affected by the fires?
What would you suggest we do to improve the program?	What would you suggest we do to improve the program?	

Sign off script for Parent and Teacher Interviews

STAGE	ELEMENTS	SCRIPT EXAMPLE
Sign-off	<ul style="list-style-type: none"> • Thankyou • What next 	<p><i>Thanks so much for giving us your time and feedback about the Journey of Hope.</i></p> <p><i>We will now put all the information and feedback from everyone together and identify themes that will help us to work out what is working and what can be improved moving forward.</i></p> <p><i>We will provide an overview of this to schools.</i></p>

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- Paul Ramsay Foundation
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- Sabemo Foundation
- St George Foundation
- World Nomads



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