Journey of Hope (Primary)

Review: March 2017

Journey of Hope Primary is a school-based programme for children aged 7–11. It is designed to help children normalise emotions associated with challenging life circumstances and develop positive coping strategies.

It was originally developed in the USA for children who have experienced a natural disaster, but has also been used to help children who have undergone other forms of adversity.

It is a targeted-selective intervention, which selects schoolchildren who have experienced challenging circumstances on the basis that they are at greater risk for social-emotional difficulties. The programme is also available for children aged three to seven (Junior Journey of Hope), 11–14 (Adolescent Journey of Hope), and 14–18 (Teen Journey of Hope). There are also versions of the programme available for parents and carers.

Evidence rating: 2

Cost rating: NA
EIF Programme Assessment

Journey of Hope (Primary) has preliminary evidence of improving a child outcome, but we cannot be confident that the programme caused the improvement.

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

Note: This evidence rating only applies to the Primary version of the programme (for children aged 7-11), and not to the Junior, Adolescent, Teen, Parent or Carer versions of Journey of Hope. Journey of Hope Primary is referred to as Journey of Hope Elementary in the US.

Cost rating

NA indicates that the information required to generate a cost rating is not available at this time.

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Enhancing school achievement & employment

Improved prosocial behaviour - based on study 1
Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Primary school

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Primary school
- Secondary school

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted selective

Where has it been implemented?

Canada, England, New Zealand, Northern Ireland, Scotland, Spain, Ukraine, United States
**UK provision**

This programme has been implemented in the UK.

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**UK evaluation**

This programme’s best evidence does not include evaluation conducted in the UK.
About the programme

What happens during delivery?

How is it delivered?

- Journey of Hope Primary is delivered by one practitioner in eight sessions of one hour’s duration, to groups of 8–10 schoolchildren.
- The groups are run by masters-level social workers, counsellors, or psychologists with prior experience of working with children in schools.

What happens during the intervention?

- Each of the eight sessions is organised around a particular theme. These themes encompass different emotions and situations associated with experiencing traumatic circumstances, as well as particular coping strategies.
- The sessions include discussions designed to help give children greater understanding of these negative emotions, manage difficult situations and learn effective ways of dealing with problems.
- The sessions include role-playing techniques, games, art, and writing activities which help the children explore each theme.

What are the implementation requirements?

Who can deliver it?

- The programme is delivered by one accredited mental health practitioner with longstanding experience working with children and one practitioner with experience working with vulnerable children, but who does not necessarily have to be a mental health professional. Both must have QCF-6 level qualifications.
What are the training requirements?

- The first practitioner requires 16 hours of training. The second practitioner does not require any training if they play a supporting role in the sessions, but are required to undergo the same training as the first practitioner if they play a co-facilitating role. Booster training of practitioners is recommended.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by one host agency supervisor (qualified to QCF-6 level), with 12 hours of programme training.

What are the systems for maintaining fidelity?

- Training manual
- Other printed material
- Face-to-face training
- Fidelity monitoring
- Conference calls to support best practice
- Programme updates for professionals carrying out training or quality and fidelity roles

Is there a licensing requirement?

Yes, there is a licence required to run this programme.
How does it work? (Theory of Change)

How does it work?

- Positive coping mechanisms and self-management techniques support children’s resilience, reducing negative outcomes such as low self-esteem, negative relationships, concentration and behavioural issues, poor educational outcomes associated with stress, adversity, and traumatic experiences.

- Journey of Hope Primary is a child-centred, strengths-based approach to provide children and young people with positive resources to understand and cope positively with emotions caused by challenging life circumstances they may be concerned about or traumatic situations that they have experienced.

- Journey of Hope Primary teaches children to become more resilient, to develop positive coping strategies, to develop positive relationships with peers and trusted adults, to become more aware of their emotions, and better able to concentrate and focus on activities as they have fewer worries.

- Ultimately the long-term aim is to give children mechanisms of coping individually and to support others. This enables them to have long-term positives such as increased self-confidence and self-esteem, more awareness of feelings and how to deal with challenges, more positive relationships with others, more aspiration, and better educational outcomes.

Intended outcomes

Supporting children’s mental health and wellbeing Enhancing school achievement & employment

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About the evidence

Journey of Hope Primary's most rigorous evidence comes from a QED, which was conducted in the USA. This study identified a statistically significant positive impact on a number of child outcomes.

The conclusions that can be drawn from this study are limited by methodological issues, pertaining to inequivalent groups and a lack of clarity in terms of attrition, which is why the study does not receive a higher rating.

Study 1

Citation: Powell & Thompson (2014) | Design: QED

Country: United States

Sample: 134 children between 8 and 12 years old

Timing: One week after intervention

Child outcomes:
Improved prosocial behaviour

Other outcomes:
None measured


Available at
http://journals.sagepub.com/doi/abs/10.1177/1049731514559422
Study design and sample
The first study was a quasi-experimental design using hierarchical linear modelling. Classrooms were assigned to a treatment group or a wait-list control based on the teachers’ preference concerning the timing of the intervention.

The study was conducted in rural Alabama in the USA with a sample of 134 children aged between from three schools, which had recently been affected by tornadoes that hit the area. The children were between 8 and 12 years old.

Measures
Coping skills, commitment to school, behavioural difficulties, and prosocial behaviour were assessed using the Youth Coping Index (YCI), Community That Cares Survey (CTC) – Commitment to School Subscale, Strengths and Difficulties Questionnaire (SDQ) – peer problems, conduct problems, emotional distress, inattention/hyperactivity, and pro-social behaviour subscales.

Findings
The study identified statistically significant positive impacts on a number of child outcomes. At post-test there were statistically significant differences between the intervention and control group on the YCI and the prosocial behaviour subscale of the SDQ.
Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.


The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF’s assessment of the strength of evidence for a programme’s effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF’s work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme’s effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

How to read the Guidebook

EIF evidence standards

About the EIF Guidebook
The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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