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Fun FRIENDS

Review: March 2017

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Fun FRIENDS is part of a suite of FRIENDS programmes (including Friends for Life and FRIENDS for Youth), which aim to improve resilience (or coping) skills in children and reduce anxiety and improve mental health and wellbeing.

The programme is based on cognitive behavioural therapy and positive psychology.

Fun FRIENDS is a school-based, universal intervention for children between the ages of four and seven. It uses a play-based and experiential learning approach to provide cognitive behavioural skills in a developmentally appropriate manner.

During each session children are taught skills, aimed at helping them to increase their coping skills through stories, games, videos, and activities.

It also involves group sessions for parents which are scheduled at regular intervals throughout the duration of the programme.

Evidence rating: **2**

Cost rating: **1**

EIF Programme Assessment

Fun FRIENDS has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

Evidence rating: **2**

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.

Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than£100.

Cost rating: **1**

Child outcomes

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

Supporting children's mental health and wellbeing

Improved behaviour and emotional functioning (parent report)

Based on study 2

Preventing crime, violence and antisocial behaviour

Reduced behavioural inhibition (teacher report)

Based on study 1

Reduced inhibition (parent report)

Based on study 2

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

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

- Preschool
- 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

The programme may also be delivered in these settings:

- Primary school
- Out-patient health setting

How is it targeted?

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

- Universal

Where has it been implemented?

Australia, Brazil, Canada, Finland, Hong Kong, Japan, Liberia, Netherlands, Portugal, Scotland, Singapore, South Africa, Sweden, Taiwan, Ireland

UK provision

This programme has been implemented in the UK.

UK evaluation

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

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- school based social emotional learning

About the programme

What happens during delivery?

How is it delivered?

- Fun FRIENDSis delivered in five sessions of 2 to 2.5 hours' duration each by one teacher to groups of children in the classroom. In the evaluation studies assessed by EIF for the strength of evidence rating, the programme was delivered in 10 sessions, with two additional booster sessions.

What happens during the intervention?

- Fun FRIENDS uses a play-based approach to provide cognitive-behavioural skills in a developmentally appropriate manner. The main skills taught in the programme are:
  - Learning/behaviour – involves helping children to develop six-step problem-solving plans, using coping step plans, and identify role models and support networks.
  - Cognitive – involves helping children to use positive self-talk, challenge negative self-talk, evaluate themselves realistically and reward themselves.
  - Psychological – involves teaching children to be aware of their body clues, to use relaxation techniques, and to self-regulate.
- The skills are all aimed at helping children to increase their coping skills and are taught through stories, games, videos and activities.
- Parents also receive some information training in order to ensure that children's learning is further encouraged in the home.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is a psychologist, teacher or allied health with QCF-6 level qualifications.

What are the training requirements?

- The practitioners have eight hours of programme training. Booster training of practitioners is recommended.
- During training practitioners receive psycho-education about childhood anxiety. They also learn about the theoretical rationale of Fun FRIENDS and instruction in delivery and facilitation of the programme.

How are the practitioners supervised?

- Supervision of practitioners is not required.

What are the systems for maintaining fidelity?

- Training manual
- Other online material
- Face-to-face training
- Facilitator manual

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?

- Coping skills increase a child's resilience and protects children from developing anxiety.
- The programme aims to teach coping skills such as understanding and managing emotions to assist children in responding to uncomfortable emotions in appropriate and helpful ways.
- In short term, children have better awareness of their emotions and helpful emotion management techniques that enable them to better cope with stressful or uncomfortable situations.
- In the longer term, children will be less likely to develop anxiety disorders.

Intended outcomes

Supporting children's mental health and wellbeing

Contact details

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About the evidence

Fun FRIENDS' most rigorous evidence comes from a cluster RCT which was conducted in Australia.

The conclusions that can be drawn from this study are limited by methodological issues. These issues include statistical models not controlling for baseline differences between the groups and a lack of clarity in terms of attrition, which is why a higher rating is not achieved. A programme receives the same rating as its most robust study, and so Fun FRIENDS receives a level 2 rating overall.

Study 1

Citation:	Pahl & Barrett (2010)
Design:	Cluster RCT
Country:	Australia
Sample:	263 children in preschools between 4 and 6 years old (mean = 4.56; SD = .51)
Timing:	Post-intervention

Child outcomes:

- Reduced behavioural inhibition (teacher report)

Other outcomes:

- None measured

Study rating: 2

Pahl, K. M., & Barrett, P. M. (2010). Preventing anxiety and promoting social and emotional strength in preschool children: A universal evaluation of the Fun FRIENDS program. *Advances in School Mental Health Promotion, 3*(3), 14–25.

Available at

http://www.tandfonline.com/doi/abs/10.1080/1754730X.2010.9715683

Study design and sample

This was a cluster RCT conducted in Brisbane, Australia. The sample was made up of 263 participants (137 males, 126 females) between the ages of four and six (mean = 4.56; SD = .51).

Schools volunteered to participate in the study. Classes were matched on socio-economic status, class size, and gender balance. The number of schools allocated to the treatment or control group is not reported. 129 children (66 males, 63 females) were allocated to the wait-list control group, while 134 children (71 males, 73 females) were allocated to the treatment group.

Measures

Four measurement tools were used to assess the effectiveness of Fun FRIENDS.

1. The Preschool Anxiety Scale (PAS) was completed by parents to assess children's anxiety symptoms.

2. The Behavioural and Emotional Rating Scale (BERS) was completed by parents and teachers to assess children's emotional and behavioural strengths.

3. The Behavioural Inhibition Questionnaire (BIQ) was completed by parents and teachers in order to assess the frequency of behaviours associated with behavioural inhibition.

4. The Behaviour Intervnetion Rating Scale (BIRS), was completed by parents and teachers.

Teachers and parents completed all the relevant measures for both groups at pre-test (T1) and post-test (T2). Parents completed the same measures at one-year follow-up for the treatment group only.

Findings

Results indicated that there was a significant Group x Time x Gender interaction for the teacher report on behavioural inhibition (BIQ) ($p < .05$). There were no significant Group x Time x Gender interactions for the parent reports.

Long-term maintenance effects for the intervention group (ie within-group difference) were analysed using a series of one-way repeated measures ANOVAs. Results indicated a significant increase in mean scores from pre-intervention to 12-month follow-up on the BERS.

Study 2

Citation:	Anticich et al (2013)
Design:	Cluster RCT
Country:	Australia
Sample:	488 children (aged four-seven) in Brisbane Australia across 14 schools.
Timing:	Post-test and 12-month follow-up

Child outcomes:

- Improved behaviour and emotional functioning (parent report)
- Reduced inhibition (parent report)

Other outcomes:

- Parenting stress (PSI – parent self-report) was measured. Only findings for comparison of mother and father levels of parental distress were reported (ie no results for parents in control group versus parents in intervention group).

Study rating: 2

Anticich, S. A., Barrett, P. M., Silverman, W., Lacherez, P., & Gillies, R. (2013). The prevention of childhood anxiety and promotion of resilience among preschool-aged children: A universal school based trial. *Advances in School Mental Health Promotion, 6*(2), 93–121.
Available athttp://www.tandfonline.com/doi/abs/10.1080/1754730X.2013.784616?journalCode=rasm20

Study design and sample

This was a cluster RCT conducted in Australia. The sample included 488 children (aged four-seven). Most of the children were white and working to middle class.
The participating schools were matched on socio-economic status, and then randomly assigned to the one of three groups; (1) intervention group, (2) active control group (receiving the You Can Do It[1] intervention), or (3) a waitlist control group.
Four schools (159 children) were assigned to the intervention group, five schools (196 children) were assigned to the You Can Do it active control group, and five schools (133 children) were assigned to the waitlist control group.

Measures

Parents and teachers completed a battery of measures. Each of the measures were completed at three time points, including pre-intervention (T1), post-intervention (T2), and 12-month follow-up (T3). These measures included:
Parent-completed measures for child

1. Preschool Anxiety Scale (PAS): used to assess childhood anxiety symptoms.
2. Behavioural Inhibition Questionnaire (BIQ): parent report questionnaire used to assess the frequency of behaviours associated with behavioural inhibition.
3. Behavioural and Emotional Rating Scale, second edition (BERS-2): parent report measure used to assess children's emotional and behaviour strengths.

4. Strengths and Difficulties Questionnaire: used to assess psychological adjustment in children aged 3 to16 years.

5. Devereux Early Childhood Assessment Clinical Form: used to evaluate behaviour related to social and emotional resilience and concerns in preschool-aged children aged two to five years.

Teacher completed measures

1. The DECA-C Teacher Report: Identical to the parent report form – this evaluates social and emotional resilience and concerns in preschool-aged children.

Parent-completed measures for self

1. Depression, Anxiety and Stress Scale (DASS-21): self-report assessment used to measure parental anxiety, depression and stress.

2. The Hospital Anxiety and Depression Scale (HADS): used to assess anxiety and depression.

3. Parenting Stress Index, Short Form (PSI-SF): used to measure stress within the parent child relationship.

Findings

An exploratory factor analysis was first conducted on all measures. Four factors were identified and labelled as follows:

- Factor one - Behavioural and emotional functioning
- Factor two - behavioural difficulties
- Factor three – Behavioural Inhibition
- Factor four - parenting stress

With regard to factor two (behavioural difficulties) the Fun FRIENDS intervention group improved significantly more that the waitlist control group at post-test ($p < 0.001$), but not at follow up. The Fun FRIENDS intervention group did not however improve significantly more than the You Can Do it group at post-test or follow-up.
With regards to factor three (Behavioural Inhibition) the Fun FRIENDS intervention group improved significantly more than both the waitlist control and You Can Do it group at post-test and follow-up (all *p*s <0.001).
With regard to factor four (parenting stress), the analysis did not consider the differences between parents in the treatment and control groups. Rather, the analysis considered the differences in parenting stress between mothers and fathers. There was no significant respondent (mother vs. father) X time interactions.
[1] The You Can Do It CBT-based social and emotional skills intervention. It is a universal intervention delivered by teachers in the classroom setting, which aims to promote confidence and social and emotional strength. Unlike the Fun FRIENDS programme, You Can Do It does not involve any specific training for facilitators in terms of the implementation of the programme. Teachers received the programme material and manual and were required to administer the programme as per the implementation directions.

Guidebook

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

EIF

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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