

# FRIENDS for Life (health-led)

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.

**FRIENDS for Life is part of a suite of FRIENDS programmes (including Fun FRIENDS 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.

FRIENDS for life is a school-based, universal intervention, which is comprised of 10–12 weekly sessions of one hour each. It is delivered in a group format by teachers to children between the ages of seven and 13. The intervention 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.

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Evidence  
rating: 3

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Cost rating: 1

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## EIF Programme Assessment

FRIENDS for Life (health-led) has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

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Evidence  
rating: **3**

### What does the evidence rating mean?

**Level 3** indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

Note: This evidence rating applies only to the health-led version of this programme. The school-led version of this programme was found to have no effect in the most rigorously conducted study (Stallard et al, 2014). This evaluation satisfies EIF's criteria for a methodologically robust study, and found no statistically significant improvements for programme participants on all measured child outcomes. Consequently it receives an NE rating.

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## 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.

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Cost rating: **1**

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## 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**

**Reduced social anxiety**

### Based on study 1

0.41-point improvement on the Revised Child Anxiety and Depression Scale

Improvement index: **+5**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 55% and worse outcomes than 45% of their peers, if they had received the intervention.

**Long-term** A year later

## Reduced generalised anxiety

### Based on study 1

0.77-point improvement on the Revised Child Anxiety and Depression Scale

Improvement index: **+8**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 58% and worse outcomes than 42% of their peers, if they had received the intervention.

**Long-term** A year later

## Reduced child anxiety and depression

### Based on study 1

2.66-point improvement on the Revised Child Anxiety and Depression Scale

Improvement index: **+7**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 57% and worse outcomes than 43% of their peers, if they had received the intervention.

**Long-term** A year later

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## Key programme characteristics

### Who is it for?

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

- Primary school
- Preadolescents

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### How is it delivered?

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

- Group

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### 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
- Secondary school
- Out-patient health setting

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### How is it targeted?

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

- Universal

## Where has it been implemented?

Brazil, Canada, Finland, Hong Kong, Japan, Mexico, Netherlands, Portugal, Scotland, Singapore, South Africa, Sweden, Taiwan, United Kingdom, Ireland

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## UK provision

This programme has been implemented in the UK.

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## UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

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## Spotlight sets

EIF includes this programme in the following Spotlight sets:

- school based social emotional learning
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## About the programme

### What happens during delivery?

### How is it delivered?

- FRIENDS for life is delivered in 10 sessions of one hour duration each by one practitioner, to a whole class of children.

## What happens during the intervention?

- During each session children are taught skills, aimed at helping them to increase their coping skills, through stories, games, videos and activities. Skills focus on the following:
  - Learning/behaviour – which involves helping children and adolescents to develop six-step problem-solving plans, using coping step plans, and identify role models and support networks.
  - Psychological – involves teaching children and adolescents to be aware of their body clues, to use relaxation techniques and to self-regulate. It also involves group sessions for parents, which are scheduled at regular intervals throughout the duration of the programme.
  - Cognitive – involves helping children and adolescents to use positive self-talk, challenge negative self-talk, evaluate themselves realistically and reward themselves.

The sessions involve a mixture of group work, role plays, workbook exercises, games, and interactive activities. Some tasks are completed at home with the participant's family in order to practise new skills learned.

- The sessions cover the following topics:
  - Session one: Introduction to FRIENDS for life; understanding and accepting difference
  - Session two: Introduction to feelings
  - Session three: Introduction to body clues and relaxation
  - Session four: Self-talk: helpful (green) and unhelpful (red) thoughts
  - Session five: Changing unhelpful (red) into helpful (green) thoughts
  - Session six: Introduction to coping step plans
  - Session seven: Learning for our role models and building support teams
  - Session eight: Using a problem-solving plan
  - Session nine: Using the FRIENDS for Life skills to help ourselves and others
  - Session 10: Review, generalising skills and planning for the future

## **What are the implementation requirements?**

### **Who can deliver it?**

- The practitioner who delivers health-led friends is a psychologist or other allied health professional with NFQ-7/8/9 level qualifications.
- The practitioner who delivers school-led friends is a teacher with NFQ-7/8/9 level qualifications

### **What are the training requirements?**

- The practitioners have two days of programme training of programme training. Booster training of practitioners is recommended.

### **How are the practitioners supervised?**

- Regular supervision of practitioners is provided by an accredited FRIENDS trainer. This takes the form of bi-weekly supervision groups to review session aims and content and address any problems with implementation.

### **What are the systems for maintaining fidelity?**

- Training manual
- Other printed materials
- Other online materials
- Video or DVD training
- Face-to-face training
- Fidelity monitoring

### **Is there a licensing requirement?**

There is no 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

Casey Dick Friends Resilience [licensing@friendsresilience.org](mailto:licensing@friendsresilience.org)  
<https://friendsresilience.org/>

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## About the evidence

The most rigorous evidence for FRIENDS for Life (health-led) comes from a RCT, which was conducted in the UK. This is a rigorously conducted (level 3) study, which has identified a statistically significant positive impact on a number of child outcomes. A programme receives the same rating as its most robust study, and so FRIENDS for Life (health-led) receives a level 3 rating overall.

## Study 1

**Citation:** Stallard et al (2014)

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**Design:** RCT

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**Country:** United Kingdom

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**Sample:** 1,442 children aged 9-10 years

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**Timing:** 12 months

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### Child outcomes:

- Reduced social anxiety
  - Reduced generalised anxiety
  - Reduced child anxiety and depression
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### Other outcomes:

- None measured
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### Study rating: 3

Stallard, P., Skryabina, E., Taylor, G., Phillips, R., Daniels, H., Anderson, R., & Simpson, N. (2014). Classroom-based cognitive behaviour therapy (FRIENDS): a cluster randomised controlled trial to Prevent Anxiety in Children through Education in Schools (PACES). *The Lancet Psychiatry*, 1(3), 185–192.

Available at [http://thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)70244-5/abstract](http://thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70244-5/abstract)

### Study design and sample

This study was carried out in the UK. The sample was comprised of state-funded junior schools in Bath, UK, with all children aged nine to ten in participating schools being eligible unless they were not attending school. The study design was a three-group cluster RCT. Allocation of schools took place once all schools were recruited and balance between trial arms on a range of key characteristics was achieved. 45 schools were enrolled: 14 (n = 497 children) were randomly assigned to school-led FRIENDS, 14 (n = 509) to health-led FRIENDS, and 12 (n = 442) to usual school provision

### Measures

The primary outcome measure was the Revised Child Anxiety and Depression Scale (RCADS). Children also completed the Rosenberg Self-Esteem Scale, the Penn State Worry Questionnaire for Children, and measures of the degree to which children have bullied others or have been the victim of bullying, satisfaction with six aspects of everyday life and overall life satisfaction (subjective well-being). Parents completed the Revised Child Anxiety and Depression Scale (RCADS-30-P). Class teachers completed the impact rating of the Strengths and Difficulties Questionnaire (SDQ) for all children in their class.

### Findings

The authors reported a significant difference in adjusted mean RCADS at 12 months for health-led FRIENDS compared with school-led FRIENDS and usual school provision. Analysis of other secondary outcomes and parent and teacher completed measures identified no differences between treatment groups at 12 months.

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## 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.

Liddle, I., & Macmillan, S. (2010). Evaluating the FRIENDS programme in a Scottish setting. *Educational Psychology in Practice*, 26(1), 53–67 - **This reference refers to a pre-post study, conducted in the UK.**

Ruttledge, R., Devitt, E., Greene, G., Mullany, M., Charles, E., Frehill, J., & Moriarty, M. (2016). A randomised controlled trial of the FRIENDS for Life emotional resilience programme delivered by teachers in Irish primary schools. *Educational & Child Psychology*, 33(2) - **This reference refers to a quasi-experimental design, conducted in Ireland.**

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Stallard, P., Simpson, N., Anderson, S., Carter, T., Osborn, C., & Bush, S. (2005). An evaluation of the FRIENDS programme: a cognitive behaviour therapy intervention to promote emotional resilience. *Archives of Disease in Childhood*, 90(10), 1016–1019 - **This reference refers to a pre-post study, conducted in the UK.**

Stallard, P., Simpson, N., Anderson, S., & Goddard, M. (2008). The FRIENDS emotional health prevention programme. *European Child & Adolescent Psychiatry*, 17(5), 283–289 - **This reference refers to a pre-post study, conducted in the UK.**

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## 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.

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[How to read the Guidebook](#)

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[EIF evidence standards](#)

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[About the EIF Guidebook](#)

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## 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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10 Salamanca Place, London SE1 7HB | +44 (0)20 3542 2481

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