Zippy’s Friends

Reviews: February 2019; March 2017

Zippy’s Friends is a universal school-based programme for children between the ages of five and seven.

The programme is designed to promote the mental health and emotional wellbeing of all young children by increasing their repertoire of coping skills and by stimulating varied and flexible ways of coping with problems in day-to-day life.

Zippy’s friends is a 24-week course, split into 6 modules (one module is made up of four sessions). Each module covers a different theme, including:

1. Feelings
2. Communication
3. Making and breaking relationships
4. Bullying and conflict
5. Change and loss
6. We cope

A summary module enhancing the learning from all of the above.
 EIF Programme Assessment

Zippy's 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.

What does the plus mean?

The plus rating indicates that a programme’s best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

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:

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<td>Reduction in bullying at class level (teacher report) - based on study 2b</td>
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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:

- Children's centre or early-years setting

How is it targeted?
The best available evidence for this programme relates to its implementation as:

- Universal
Where has it been implemented?

Argentina, Belgium, Brazil, Bulgaria, Canada, China, Czech Republic, Denmark, El Salvador, England, France, Iceland, India, Ireland, Jordan, Kuwait, Lithuania, Mauritius, Mexico, Netherlands, Norway, Palestine, Panama, Poland, Portugal, Russia, Scotland, Singapore, Slovakia, South Korea, Trinidad and Tobago, United States, Wales

UK provision

This programme has been implemented in the UK.

UK evaluation

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

What happens during delivery?

How is it delivered?

- Zippy’s Friends is delivered in 24 sessions of 45-60 minutes’ duration each by one practitioner, to groups of children.

What happens during the intervention?

- Zippy’s Friends is based on six stories about three cartoon characters, their families and friends and the pet stick insect Zippy.
- At the beginning of each module, teachers will read out a story about Zippy and his friends and pause at several points to ask the children questions about how the characters are feeling. Selected extracts are read in each of the following sessions.
- Children then engage in a variety of games, activities, role playing and discussion to further reflect on what has been learned.
- Over the course of 24 weekly lessons, children explore themes related to emotions, communication, relations, and conflict resolution through the many day-to-day problems, sorrows, and joys experienced by Zippy and his friends.
- There is an additional parenting component to the programme. Parents can attend information sessions and receive a guide to the programme which allows them to be aware of what the programme is covering, and what their children are learning. Home activities are sent home after each module.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is a teacher with QCF-6 level qualifications.
What are the training requirements?

- The teachers have six hours of programme training. Booster training of practitioners is not required.
- During the training, the philosophy and theoretical basis of Zippy's Friends are explained. Other components covered during training include, the concept of coping and its implications for the wellbeing of children; how the programme is structured; and the rationale behind the various activities. Teachers become familiar with each of the six modules, and work through the various activities.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by 1 external supervisor (qualified to QCF-7/8) with 7-12 hours of programme training.

What are the systems for maintaining fidelity?

- Training manual
- Other printed material
- Other online material
- Fidelity monitoring
- International workshop for external supervisors

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?

- Children and adults who have a larger repertoire of coping strategies experience fewer negative consequences, in the short and long terms, after experiencing difficult or stressful life situations. The ability to evaluate whether specific coping strategies are useful in certain circumstances and, consequently, to choose more helpful strategies is related to successful adaptation at many stages in life.

- Zippy’s Friends explicitly teaches children coping skills including how to choose appropriate coping strategies for their situation. There is a focus on coping strategies by which children develop their abilities to be helpful and supportive of others, as well as training children to mediate conflicts and problems in their social environment.

- In the short term, children increase their coping and social skills, enabling young children to better cope with everyday adversities. Children show better self-awareness and self-regulation and more empathy. The class climate improves with reduced conflict and bullying, and a shared language for talking about problems.

- The intended long-term outcomes are improved mental health and social and emotional resilience. Zippy’s Friends equips children with the tools to be able to get on in school, in the workplace, in relationships, and in citizenship, preventing the future development of a wide range of mental health problems.

Intended outcomes

Supporting children’s mental health and wellbeing

Contact details

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About the evidence

Zippy’s Friends most rigorous evidence comes from three cluster RCTs which were conducted in the UK, Ireland, and Norway.

These studies identified statistically significant positive impact on a number of child outcomes.

A programme receives the same rating as its most robust study, which in this case is the Clarke et al. (2014), Holen et al., (2012.a & b), and Sloan et al., (2018) studies, and so the programme receives a Level 2+ rating overall.

### Study 1

**Citation:** Clarke et al (2014)  |  **Design:** Cluster RCT

**Country:** Ireland  |  **Study rating:** 2+

**Sample:** 766 children (aged 7–8) across 52 classes, in 44 schools

**Timing:** Pre intervention (T1); immediately after the intervention (T2); and at 12-month follow-up (T3)

**Child outcomes:**

Improved emotional literacy (teacher report)

**Other outcomes:**

None measured

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Study design and sample

This was a cluster RCT conducted in Ireland, involving a sample of 766 children (aged seven to eight) from disadvantaged schools. Schools were recruited from target areas where support could be provided by health promotion specialists in piloting the programme.

Schools were randomly assigned to one of three arms:

1. Intervention Group type I (15 schools; 18 classes; 276 children)
2. Intervention Group type II (15 schools; 18 classes; 277 children)
3. Control Groups (14 schools; 18 classes; 222 children).

Teachers in intervention group type one were asked to implement the programme with fidelity as faithfully as possible. Teachers in intervention group type two were not required to implement the programme with strict levels of fidelity. The control group did not receive Zippy’s Friends, however, the Social, Personal and Health Education (SPHE) curriculum, which is mandatory in primary schools in Ireland, was also available to all schools.

Measures

Two measures were used to evaluate the impact of the intervention. The Emotional Literacy Checklist was used to measure emotional literacy. The Strengths and Difficulties Questionnaire (SDQ) was used to assess children’s emotional and behavioural functioning. Both measures have established properties in terms of reliability and validity.

Teachers completed measures for both groups at three time points: before the intervention (T1); immediately after the intervention (T2); and at 12-month follow-up (T3). Teachers were therefore responsible for implementing the intervention as well as completing the various measures.

Findings

On the Children’s Emotional Literacy Checklist findings at post-test indicated significant direct effects on the subscales of self-awareness ($p < 0.001$); self-regulation ($p \& 0.01$); motivation ($p < 0.001$); and Social Skills ($p < 0.001$). There were no significant findings for the subscale of empathy. At 12-month follow-up findings indicated significant indirect effects on the subscales for self-awareness ($p < 0.01$); self-regulation ($p < 0.05$); motivation ($p < 0.01$); and social skills ($p < 0.01$). There were again no significant findings for empathy at either post-test or follow-up.

On the SDQ findings at post-test and 12-month follow-up indicated no significant effects on the subscales of emotional symptoms; hyperactivity; peer relationship problems; or pro-social behaviour. With regards to the subscale of conduct problems, children in the control group decreased significantly in comparison to the treatment group ($p < 0.05$). This effect was not maintained at the 12-month follow-up.
Study 2a

Citation: Holen et al (2012) | Design: Cluster RCT

Country: Norway | Study rating: 2+

Sample: 1,483 children (aged 7–8) across 91 second-grade classes, in 35 schools

Timing: Pre intervention (T1) and immediately after its completion (T2)

Child outcomes:
Improved impact score (teacher report)
Improved impact score (teacher report)
Improved impact score (teacher report)

Other outcomes:
None measured


Available at http://www.tandfonline.com/doi/abs/10.1080/01443410.2012.686152

Study design and sample
This was a matched-pair cluster RCT conducted in Norway. It involved 1,483 children aged seven to eight (mean = 7.3; SD = 0.32), from 91 second grade classes in 35 schools. Almost half (49.3%) of the sample was female, and 75.9% of the children lived with both parents.

The schools were matched in pairs using available variables considered important for the outcome:

- School socioeconomic profile (provided by the local authorities)
- Percentage of special teaching
- Ethnic minority backgrounds (data on relevant matching variables were provided by Norwegian School Statistics)

Schools from each pair were then randomly assigned to the control or intervention group. 18 schools (745 children from 47 classes) were assigned to the intervention group, while 17 schools (738 children from 44 classes) were assigned to the control group.
Measures
Several measures were used to measure the impact of the programme on child outcomes:

Measure 1: Kidcope Questionnaire (Parent version) was used to assess children’s coping strategies. The study made use of a Norwegian (Bokmål) version of Kidcope, which was translated and back-translated by the Norwegian Institute of Public Health. Parents used an adapted adolescent version of the measure.

Measure 2: Kidcope Questionnaire (Child version) was used to self-assess coping strategies. Many of the children were not yet able to read and the questionnaire therefore only contained pictures, signs, and numbers. Teachers helped the children to complete the questionnaire. The authors indicated that they were not aware of this format having been tested in any previous studies.

Measure 3: Extended Norwegian version of the Strengths and Difficulties Questionnaire (SDQ) was completed by both parents and teachers, and was used to assess mental health.

Measures were completed at two points, immediately before the start of the intervention (T1) and immediately after its completion (T2).

Findings
Findings indicated no significant impacts for the parent report on the SDQ. On the teacher’s report (SDQ) there was a positive finding only for impact (d = -.146; p < .05). The impact score was part of the SDQ scale, and was a continuous measure based on whether the respondent thought the child had any problems, and if so, ratings of the chronicity, distress, social impairment, and burden to others were included.

On the Kidcope, findings indicated improved oppositional behaviour (d = -.380; p < .01) on the child report; and increased active strategies (d = .186; p < .01) on the parent report.
Study 2b

**Citation:** Holen et al (2012) | **Design:** Cluster RCT

**Country:** Norway | **Study rating:** 2+

**Sample:** Reduction in bullying at class level (FEESS; teacher report), improved social integration at class level (FEESS; teacher report), improved academic skills at class level (FEESS; teacher report)

**Timing:** Pre intervention (T1) and immediately after its completion (T2)

**Child outcomes:**
Improved social integration at class level (teacher report)
Improved academic skills at class level (teacher report)
Reduction in bullying at class level (teacher report)

**Other outcomes:**
None measured

This paper describes additional outcomes from study 2a described above. In this case:

**Measures**

Measure 1: The FEESS 1-2 (Teacher version) was used to measure emotional and social school experiences. This is a German scale that includes two questionnaires:

1. SIKS – which measures social integration, classroom climate, and self-concept of school readiness/academic skills
2. SALGA – which measures school attitude, effort, joy of learning, and feelings of being accepted.

Only the SIKS questionnaire was used in this study.

Measure 2: The FEESS 1-2 (Child version) was used to self-assess emotional and social school experiences.

**Findings**

With regards to the teacher report on the FEESS 1-2 measure, findings indicated a significant reduction in bullying ($d = .550; p < .01$); improved social climate ($d = .614; p < .01$); improved social integration ($d = .325; p < .01$); and improved academic skills ($d = .415; p < .01$).

Children’s assessments did not indicate any significant findings.

### Study 3

**Citation:** Sloan, Gildea, Miller, & Thurston, 2018 | **Design:** Cluster RCT

**Country:** United Kingdom | **Study rating:** 2+

**Sample:** 83 schools and 3,904 children were involved in the trial. Children were between the ages of 6-7.

**Timing:** Pre-intervention (T1) and immediately after its completion (T2).

**Child outcomes:**

Improved self-regulated learning

**Other outcomes:**

None


Study design and sample
The third study is a cluster RCT.

This study involved random assignment of schools to an Intervention group (Zippy’s Friends) and a control group (treatment as usual).

This study was conducted in the United Kingdom, with a sample of children in the intervention group who were 50% male. 17% of the intervention children were eligible for free school meals (FSM), and 21% spoke English as an additional language. In the control group, 52% of the children were male, 13% were eligible for FSM, 16% spoke English as an additional language.

Measures

- Reading was measured using the Hodder Group Reading Test (Self-report).
- Emotional self-regulation was measured using the Children’s Anger Management Scale (Self-report).
- Self-regulated learning was measured using the attention/persistence and emotional control subscales of the Learning Behaviour Scale (Teacher report).
- Social Skills was measured using the social skills subscale of the Social Skills Information System (Pupil report).

Findings
This study identified statistically significant positive impact on a child outcome.

This includes self-regulated learning.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity around whether the treatment and control group have continued to be equivalent on baseline characteristics after attrition, and measurement of self-regulated learning (teacher report) not being blind to group assignment, hence why a higher rating is not achieved.
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 Trimbos Institute, the Netherlands (2016). An evaluation of the Zippy's Friends and Apple's Friends programmes.


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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