

Whole School Approach to Emotional and Mental Well-being: What Works Toolkit

Friends Resilience

Public Health Wales | Date of Review: 2021

This summary is part of a series produced for the Whole School Approach to Emotional and Mental Well-being What Works Toolkit. They are intended to help schools make informed decisions when choosing interventions to improve and promote mental well-being. The interventions reviewed are not endorsed by Welsh Government or Public Health Wales.

Public Health Wales, on behalf of Welsh Government, have examined the best available evidence for interventions to find out if they are effective in improving mental and or emotional well-being outcomes in learners or staff, when delivered in a school setting.

Further information about the methodology and how using evidence can support decision-making is presented as supplementary information.

Friends Resilience

The aim is to prevent anxiety and depression and to develop social and emotional skills that are important to well-being. These include developing confidence, understanding emotions, and developing skills to manage thoughts, feelings and actions.

The intervention includes a wide range of activities. Younger children use more play-based games and story, teenagers and adults use more role-play, discussion and written tasks.

Friends Resilience was developed in Australia by a Psychologist Professor called Paula Barrett.

Further information about the programme is available from www.friendsresilience.org

Evidence rating:

Public Health Wales reviewed the best available evidence of effectiveness for this intervention in Autumn 2021. An expert panel concluded that there is **some promising evidence that Friends Resilience may have a positive effect on health and well-being, but further research is needed.**

Further information about how consensus on this evidence rating was reached is available within supplementary information.

Implications for practice:

Evidence suggests that when the intervention was delivered by an external specialist health or research professional it was more likely to be effective than when delivered by teachers. If using this programme, schools should consider whether they have the time and resource to support delivery in full and exactly as intended by the developer without adaptations.

Local Authorities, Health Boards and Regional Partnerships could consider how they might be able to facilitate access to the programme for all schools in their area to meet identified needs.

Where the programme is used, partnerships should be developed with appropriately skilled academic teams to undertake robust evaluation.

Aspect(s) of well-being it intends to support:

Friends Resilience facilitates understanding of emotions and awareness of self and others. It aims to develop skills in self-regulation, managing thoughts, feelings, actions and in managing relationships. All of which are important to protecting and promoting individual mental well-being.

[Find out more about mental well-being and the things that influence it here.](#)¹

Mechanism of action:

The programme teaches self-regulation strategies, problem solving techniques, and how to engage with positive thoughts and emotions. This helps recipients to manage their own thoughts, feelings, behaviour and to initiate, form and sustain positive relationships.

The developer states that the Friends Resilience programmes are based on theory underpinning cognitive behaviour therapy (CBT). The NHS describes CBT as a talking therapy that can help manage problems by changing the way people think and behave. Friends Resilience is not a treatment programme, the theory is used to inform activities that are designed to improve knowledge and skills.

¹ <https://phw.nhs.wales/topics/promoting-individual-and-community-wellbeing/>

Intended recipients:



Universal (for everyone)

It is suitable for all children, young people and adult staff. It is usually delivered to a whole class/group of learners.

Age range: 4 years – Adult



Staff



Student

There are four versions of the intervention each with specific activities and resources suitable for specific age groups/stage of development:

- **Fun Friends** (4 to 7 years)
- **Friends for Life** (8 to 9 years)
- **My Friends Youth** (10 to 15 years)
- **Adult Resilience** (16 years and over)

Resource requirement:



Delivered by the school

- Sessions delivered in term/curriculum time.
- Courses for learners: 1 hour per week for 10 weeks, (optional 1 hour booster and 1 hour parent session).
- Adult Resilience course for staff: 1 day.
- To deliver schools must either become a licensee or access individual facilitator training from a licensed provider.
 - Licensee costs are negotiated with the developer, starting circa £1600. Each license lasts for 3 years. Licensees can train as many staff to deliver as needed at no additional cost.
 - Individual facilitator training is available for teachers or other professional staff. A 2-day course from a licensee in Wales is £250 per person.
- Each individual facilitator needs their own manual per group they deliver to (circa. £6.50). Everyone taking part in a course needs to have a printed workbook (circa. £8.00) and access to an electronic device so that they can use an e-book.
- Resources must be purchased from the developer in Australia and costs will vary with the exchange rate.²

Language:

Intervention delivery resources are available in English, Welsh, French Canadian, Traditional Chinese, Dutch, Spanish (Mexican), German and Japanese.

There is authorised Welsh translation of all training and delivery resource material for both facilitators and participants.

² All estimate costs dated 2021

Supplementary Information

In March 2021 Welsh Government published the **'Framework on Embedding a Whole School Approach to Mental and Emotional Well-being'**, with the objective of supporting schools to meet the mental health and well-being needs of their students and staff (Education Wales, 2021). One of the ten key requirements and actions documented in this framework was that schools should ensure they only implemented well-being interventions with a **'sound or innovative and developing evidence base'**. The What Works Toolkit aims to provide a summary of the evidence of effectiveness to help schools make informed decisions when choosing interventions.

Methodology

- Information was gathered about the intervention from documentary sources or through direct contact with the provider/developer.
- A review of the best available evidence found in the published literature was undertaken.
- A multidisciplinary panel of experts from health, academia and education agreed on the evidence of effectiveness and an evidence rating statement to support it.
- To reach consensus on an evidence rating, the outcomes considered are those that the intervention intends to improve. Mental and emotional well-being outcomes can include self-confidence or self-esteem, emotional intelligence, and relationship skills, as well as more clinical outcomes such as anxiety. The evidence ratings used in the review were:

| Rating | Evidence |
|--------|--|
| ++ | There is good evidence from reliable studies that this intervention is likely to have a positive effect on health and well-being. |
| + | There is some evidence from studies that this intervention is likely to have a positive effect on health and well-being but this is not conclusive. |
| +/- | There is some evidence from studies that this intervention may have a positive effect on health and well-being but further research is needed. |
| 0 | There is no research evidence on the effectiveness of this intervention or, what is available has significant methodological weaknesses preventing conclusions on effectiveness to be drawn. |
| -/+ | There is some evidence from studies that this intervention may be ineffective in improving health and well-being outcomes but further research is needed. |
| - | There is some evidence from studies that this intervention is likely to be ineffective at improving health and well-being outcomes but this is not conclusive. |
| -- | There is good evidence from reliable studies that this intervention is likely to be ineffective at improving health and well-being outcomes. |

- A full technical report with detailed information on the methods, findings, conclusions and recommendations is available upon request. Please email: hi-programme.support@wales.nhs.uk

Understanding mental health and well-being

Public Health Wales has developed a [Conceptual Framework for Mental Well-being](https://phw.nhs.wales/topics/promoting-individual-and-community-wellbeing/)³. This demonstrates the relationship between mental well-being and other health determinants as well as describing areas for action to promote and protect well-being. The framework presents the building blocks of individual mental well-being, how we think; how we understand our feelings and those of others; how we form relationships; how we understand and make sense of life experiences and how we see our place in the world.

It also recognises the importance of community mental well-being which arises from the connections, networks, and sense of belonging within a community; the shared identity and experience that comes from place, and from how power is experienced and shared.

The [‘Framework on Embedding a Whole School Approach to Emotional and Mental Well-being’](https://gov.wales/framework-embedding-whole-school-approach-emotional-and-mental-wellbeing)⁴ covers a pathway from prevention and promotion of good mental well-being to treatment of mental ill health. It is important that when considering interventions schools can understand where on the pathway an intervention is trying to act, and what aspects of mental well-being an intervention aims to improve.

Understanding and using evidence

There are many different types of evidence. It can come from formal research and evaluation, expert opinion, or lay knowledge and experience.

Certain types of research are more helpful than others in understanding whether an intervention or programme actually makes a difference. Usually, to answer that question fully, you need to compare those pupils, classes or schools who received a programme with those that did not. Other forms of evidence are really important to understand whether people found the programme helpful; whether it was easy to deliver or use.

The number of studies which have been carried out and the number of participants involved in a study are also important. We would have more confidence in a study on hundreds of people than one on 20 or 30 for example. The quality of the research, and how well it was carried out, are also important. We can be much more confident that the findings of a good quality study are true rather than by chance than we can poor quality studies.

Using evidence to understand whether an activity is achieving the aims it set out to help to make the best use of available resources. Basing decisions on published evidence supports credibility and gives schools confidence in the approaches taken.

³ <https://phw.nhs.wales/topics/promoting-individual-and-community-wellbeing/>

⁴ <https://gov.wales/framework-embedding-whole-school-approach-emotional-and-mental-wellbeing>