

Last reviewed: February 2025

Intervention website: <https://www.foroige.ie/our-work/foroige-youth-mentoring-big-brother-big-sister>

GUIDEBOOK INTERVENTION INFORMATION SHEET

Big Brothers Big Sisters

Please note that in the ‘Intervention summary’ table below, ‘child age’, ‘level of need’, and ‘race and ethnicities’ information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	Big Brothers Big Sisters is a mentoring intervention for children and young people aged 10 to 18 years old. It is delivered by a volunteer mentor to children and young people for a period of 12 months or longer, and aims to improve social, emotional, behavioural, and educational outcomes for children at risk due to social or economic disadvantage.
Evidence rating	3+
Cost rating	N/A
Child outcomes	<ul style="list-style-type: none"> • Supporting children’s mental health and wellbeing <ul style="list-style-type: none"> - Improved emotional wellbeing - Improved prosocial behaviour - Improved parent–child relationships. • Enhancing school achievement and employment <ul style="list-style-type: none"> - Improved school attendance. • Preventing crime, violence and antisocial behaviour <ul style="list-style-type: none"> - Improved behaviour - Reduced involvement in crime. • Preventing substance abuse <ul style="list-style-type: none"> - Reduced substance use.
Child age (population characteristic)	9 to 16 years old

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Intervention summary	
Level of need (population characteristic)	Targeted Selected
Race and ethnicities (population characteristic)	<ul style="list-style-type: none">• African American• Black• Hispanic• Native American• White.
Type (model characteristic)	Individual
Setting (model characteristic)	Community centre
Workforce (model characteristic)	Volunteer mentor
UK available?	Yes
UK tested?	No

Model description

Big Brothers Big Sisters (BBBS) is a mentoring intervention for children and young people between the ages of 10 and 18 years old. It is delivered in the community and aims to improve social, emotional, behavioural, and educational outcomes.

Big Brothers Big Sisters was developed based on the core assumption that a supportive and enduring friendship will develop and reinforce the positive development of a young person. This intervention is aimed at young people aged 10 to 18 years old who have experienced social or economic disadvantage, including those having poor social skills, being shy or withdrawn, having low self-esteem, or living in poverty.

Young people are matched to an adult volunteer, and the young person and ‘big brother or sister’ meet weekly to engage in social and recreational activities. The initial commitment is a minimum of 12 months. Once this relationship has been established, the intervention works to address the identified needs and goals of the young person. Goals may relate to learning a new skill or hobby,

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school attendance or academic performance, or developing social relationships. Activities are tailored to the young person's desired goals, but may include: sport, cooking, board games, eating out, or going to an event.

Target population

Age of child	10 to 18 years old
Target population	Young people typically aged 10 to 14 years old (minimum/maximum age 6 to 18 years old) who come from disadvantaged backgrounds and meet the criteria for participation, including poor social skills, shy or withdrawn, low self-esteem, and economic or social disadvantage.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
A disadvantaged background can negatively impact young people's life chances, including poor educational and social-emotional outcomes, and increased chance of substance misuse and involvement in antisocial behaviour.	A mentoring relationship can provide a supportive role model and opportunities to learn new skills, and improve young people's social-emotional competence, wellbeing, and educational engagement.	Children aged between 6 and 18 who experience low self-esteem, shyness/withdrawn, poor social skills, and/or economic disadvantage.	<ul style="list-style-type: none"> • Mentors are recruited, trained, and matched with mentees. • Matches meet regularly to do social and recreational activities. • BBBS monitors and provides support for mentor–mentee relationships, including closure support. 	<ul style="list-style-type: none"> • Positive relationship with a supportive role model • Opportunities to develop new skills. 	<ul style="list-style-type: none"> • Improved social-emotional competence – improved relationship skills and social awareness • Improved mental wellbeing, including a greater sense of identity, social inclusion, and empowerment • Improved educational engagement, school connectedness, and commitment to learning. 	<ul style="list-style-type: none"> • Improved mental health outcomes • Improved educational outcomes • Improved social outcomes • Reduced substance misuse • Reduced aggressive and problematic behaviour.



Implementation requirements

Who is eligible?	Young people typically aged 10 to 14 years old (minimum/maximum age 6 to 18 years old) who come from disadvantaged backgrounds and meet the criteria for participation, including having poor social skills, being shy or withdrawn, having low self-esteem, and experiencing economic/social disadvantage.
How is it delivered?	Big Brothers Big Sisters is delivered in weekly sessions where mentors are expected to meet with the child or young people on a one-to-one basis for one to two hours per week for a period of 12 months or longer.
What happens during the intervention?	<ul style="list-style-type: none"> • BBBS staff match an adult volunteer to a child or adolescent. Once this relationship has been established, goals are identified through the intervention and activities are then delivered, tailored towards addressing the identified needs and goals of the young person. • The foremost goal of the intervention is the establishment of a mentor–mentee relationship, and other goals may relate to learning a new skill or hobby, school attendance or academic performance, or developing social relationships. • Goals are updated regularly by BBBS staff as progression occurs and circumstances change, and BBBS provide monitoring support to mentees to support the maintenance of the mentoring relationship.
Who can deliver it?	The practitioner who delivers this intervention is a Volunteer Mentor, supported by a Mentoring Programme Officer.
What are the training requirements?	<ul style="list-style-type: none"> • The practitioners (volunteers) have 10 hours of intervention training. Booster training of practitioners is offered but not compulsory. • The mentoring intervention officers have 24 hours of intervention training. Booster training of 43.5 hours for mentoring intervention officers is recommended.
How are practitioners supervised?	<ul style="list-style-type: none"> • It is recommended that volunteer mentors are supervised by a clinical supervisor, with 67.5 hours of intervention training. • It is recommended that mentoring intervention officers are supervised by a case management supervisor with 67.5 hours of intervention training.
What are the systems for maintaining fidelity?	<p>Intervention fidelity is maintained through the following processes:</p> <ul style="list-style-type: none"> • Training manual • Other printed material • Other online material • Face-to-face training • Fidelity monitoring.
Is there a licensing requirement?	No



Implementation requirements (Cont.)

<p>*Contact details</p>	<p>Contact person: Clare McPhillips</p> <p>Organisation: Foróige</p> <p>Email address: clare.mcphillips@foroige.ie</p> <p>Website: https://www.foroige.ie/our-work/foroige-youth-mentoring-big-brother-big-sister</p> <p>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.</p>
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Evidence summary

Big Brothers Big Sisters most rigorous evidence comes from three RCTs conducted in the United States, so the intervention receives a Level 3+ rating overall. Additionally, one less robust RCT was conducted in Ireland.

Children in the intervention group showed statistically significant improvements across multiple outcomes. At post-intervention, there were reductions in arrests, substance use, depressive and emotional symptoms, peer and conduct problems, and antisocial behaviour. Statistically significant improvements were also seen in emotional and behavioural problems, parental trust, parent–child relationships, school attendance, and social support. Improvements in emotional wellbeing and social support, including support from other adults, were sustained at 18-month and 24-month follow-ups.

Big Brothers Big Sisters 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, as well as at least one more RCT or QED.



Search and review

	Number of studies
Identified in search	15
Studies reviewed	7
Meeting the L2 threshold	1
Meeting the L3 threshold	3
Contributing to the L4 threshold	0
Ineligible	3

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	1,358 families, with children aged between 10 years old and older, where families experience a form of social or economic disadvantage.
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 39% Black • 30% Hispanic • 24% White • 7% Other.
Population risk factors	Families who are experiencing financial hardship, family adversity (e.g. parental incarceration, mental health, or substance abuse issues), and potential behavioural or academic challenges.
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention.
Child outcomes	<ul style="list-style-type: none"> • Reduced arrest • Reduced substance use.



Study 1	
Other outcomes	None
Study Rating	3
Citation	Dubois, D., Herrera, C., Rivera, J., Brechling, V. & Root, S. (2022) <i>Randomized controlled trial of the effects of the Big Brothers Big Sisters Community-Based Mentoring Program on crime and delinquency: Interim report of findings.</i>

Brief summary

Population characteristics

This study involved 1,358 families across 17 sites in the United States, with a child aged 10 years old or older who experience a form of social or economic disadvantage. 63% were boys. Participants were eligible if they were aged 10 years old or older, had not previously been matched with a mentor, did not have a sibling already in the study or receiving prior agency services, and did not have a severe intellectual disability. Additionally, their parent had to be able to speak and read English or Spanish.

In terms of ethnicity, 39% were Black, 30% Hispanic, 24% White, and 7% Other. Ethnicity distribution was similar between the intervention and control groups.

Study design

1,012 participants were randomly assigned to receive the mentoring intervention and 346 were assigned to a wait-list control group, with a sample allocation ratio of 3:1. Youth were randomly allocated after baseline assessment through a sealed envelope method. Five young people were withdrawn from the study, resulting in a study sample of 1,353, with 1,011 in the BBBS group and 342 in the control group. Wait-list activities included sporting events, 'Bigs for the day' events, gym programmes, and educational activities, and lasted for four years.

Baseline differences between the treatment and control groups were found in three variables, which were controlled for by including them as covariates in the analysis.

Measurement

All measures were taken at baseline and post-intervention.

- **Parent report** measures included report of arrest, property-related delinquent behaviour, and violence-related delinquent behaviour using single items measure adapted from the National Longitudinal Study of Adolescent to Adult Health.



- **Child report** measures included report of arrest, property-related delinquent behaviour, and violence-related delinquent behaviour using single items measure adapted from the National Longitudinal Study of Adolescent to Adult Health; and substance use using a six item measure.

Study retention

Post-intervention

At post-intervention, 18 months after the date of the young person's enrolment, 87% (N=1,176) of the sample were retained, where data was collected from the young person and/or parent, representing 86% (N=869) of the BBBS group and 89% (N=304) of the control group.

Results

Data-analytic strategy

Generalised linear and nonlinear mixed-effects models were used to assess BBBS's effects on the intended outcomes, compared to the control group, with nesting of young people within sites and families, and demographic characteristics as covariates. An intent-to-treat approach was used, and missing data was handled using multiple imputation. Multiple comparison was handled using the Benjamini–Hochberg family-wise adjustment.

Findings

Children in the intervention group demonstrated statistically significant reductions in arrest and substance use at post-intervention.



Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Arrest	Single item measure adapted from the National Longitudinal Study of Adolescent to Adult Health	Cox index - 0.510	Yes	1,353	Post-intervention
Property-related delinquent behaviour	Single item measure adapted from the National Longitudinal Study of Adolescent to Adult Health	Cox index - .155	No	1,353	Post-intervention
Violence-related delinquent behaviour	Single item measure adapted from the National Longitudinal Study of Adolescent to Adult Health	Cox index - .144	No	1,353	Post-intervention
Substance use	Six item measure	Cox index - .370	Yes	1,353	Post-intervention



Individual study summary: Study 2

Study 2	
Study design	RCT
Country	United States
Sample characteristics	764 children aged between 9 and 14 years old where families experience a form of social or economic disadvantage
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 27.7% African American • 21.4% Hispanic • 40.2% White • 11.3% Other.
Population risk factors	Youth are typically from socioeconomically disadvantaged backgrounds, many of whom face risk factors such as single-parent households, financial hardship, and behavioural or emotional difficulties
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention (13-month follow-up).
Child outcomes	<ul style="list-style-type: none"> • Reduced depressive symptoms • Reduced emotional symptoms • Reduced peer problems • Reduced conduct problems.
Other outcomes	None
Study Rating	3
Citation/s	Herrera, C., DuBois, D. L., Heubach, J. & Grossman, J. B. (2023) Effects of the Big Brothers Big Sisters of America Community-Based Mentoring Program on social-emotional, behavioral, and academic outcomes of participating youth: A randomized controlled trial. <i>Children and Youth Services Review</i> . 144, 106742.



Brief summary

Population characteristics

This study involved 764 young people across two BBBS agencies on the West Coast of the United States, with a child aged 9 to 14 years old who experience a form of social or economic disadvantage. 57.8% were boys. All youth between the ages of 9 and 14 years old whose parent or guardian applied for them to participate in the agency's BBBS intervention and who were approved for intervention participation following the agency's standard application process were eligible for the study.

27.7% of study participants identified as African American, 21.4% as Hispanic, 40.2% as White, and 11.3% represented other racial or ethnic backgrounds.

Study design

379 participants were randomly assigned to receive the mentoring intervention and 385 were assigned to a wait-list control group, where participants could be matched to a mentor after the study. Siblings were randomly assigned together into the same group. Youth were randomly allocated after baseline assessment by a survey research firm contracted to assist with the study. Siblings participating in the trial were 'nested' and randomly assigned together, receiving the same treatment. There were no statistically significant differences between the treatment and control group at baseline on demographic measures and outcome measures.

Measurement

All measures were taken at baseline and post-intervention.

- **Parent report** measures included the Strengths and Difficulties Questionnaire.
- **Child report** measures included the Short Mood and Feelings Questionnaire, the Social Emotional and Character Development Scale (SECDs), of the Self-Perception Profile for Children (SPPC), a 7-item measure adapted from the Trust scale of the Inventory of Parent and Peer Attachment (IPPA), a 5-item scale of misconduct, a report of how often school skipping had occurred, and a report on grades currently received in four subject areas.

Study retention

Post-intervention

85.6% (N= 654) of the sample were retained at post-intervention, representing 87% (330) of BBBS participants and 84.1% (324) of control group participants, although retention was lower on parent- and child-measures separately. Differences between attriters and those who remained in the study were found for three variables; those who remained in the study were less likely to be from single-parent households, reported higher levels of depressive symptoms, and were more likely to have skipped school at baseline.



Results

Data-analytic strategy

Ordinary least squares and logistic regression models were used to assess the effects of BBBS on the intended outcomes, compared to the control group, controlling for agency, youth gender, ethnicity, age receipt of free/reduced school meal, parent education level, and single-parent household. An intent-to-treat approach was used, and missing data was addressed using listwise deletion. In rare cases that data was missing at baseline, the mean value of the remainder of the sample was substituted.

Findings

Children in the BBBS group demonstrated statistically significant reductions in depressive symptoms, emotional symptoms, peer problems, conduct problems, and total emotional and behavioural difficulties at post-intervention, compared to the control group.

Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
Child outcomes					
Depressive symptoms	Short Mood and Feelings Questionnaire (SMFQ) (Child report)	d = 0.146	Yes	628/629	Post-intervention
Emotional symptoms	Strengths and Difficulties Questionnaire (Parent report)	d = 0.212	Yes	631–634	Post-intervention
Prosocial behaviour	Prosocial Behavior subscale of the Social Emotional and Character Development Scale (SECDS) (Child report)	d = 0.032	No	628/629	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
Prosocial behaviour	Prosocial subscale of the SDQ (Parent report)	$d = 0.130$	No	631–634	Post intervention
Social acceptance	Social Competence subscale of the Self-Perception Profile for Children (SPPC) (Child report)	$d = 0.070$	No	628/629	Post-intervention
Peer problems	Peer Problems subscale of the SDQ (Parent report)	$d = 0.253$	Yes	631–634	Post-intervention
Parent–child relationship quality	Trust scale of the Inventory of Parent and Peer Attachment (IPPA) (Child report)	$d = 0.111$	No	628/629	Post-intervention
Misconduct	5-item scale of misconduct (Child report)	$d = -0.030$	No	628/629	Post-intervention
Conduct problems	Strengths and Difficulties questionnaire (SDQ) conduct problems subscale (Parent report)	$d = 0.138$	Yes	631–634	Post-intervention
Hyperactivity	Hyperactivity subscale of the SDQ (parent report)	$d = 0.092$	No	631–634	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants*	Measurement time point
Self-perception of academic ability	Self-Perception Profile for Children (SPPC) (Child report)	$d = 0.073$	No	628/629	Post-intervention
Skipping school	Two-item measure (Child report)	$d = 0.121$	No	557	Post-intervention
Academic performance	Five-scale measure (Child report)	$d = 0.091$	No	628/629	Post-intervention
Emotional and behavioural difficulties	Strengths and Difficulties questionnaire (SDQ) excluding the prosocial scale (Parent report)	$d = 0.220$	Yes	631–634	Post-intervention
* A range of participant numbers is provided for child- and parent-measures, so the exact number for each measure is not known.					

Individual study summary: Study 3

Study 3	
Study design	RCT
Country	United States
Sample characteristics	1,138 children aged between 10 and 16 years old



Study 3	
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 43% White • 57% Minority ethnic. <p>Of those from a minority ethnic background:</p> <ul style="list-style-type: none"> • 71% African American • 18% Hispanic • 5% Mixed race • 3% Native American • 3% Other ethnic group.
Population risk factors	<ul style="list-style-type: none"> • 90% of participants lived with only one of their parents • 40% lived in homes receiving public assistance or food stamps • 40% had family histories of substance abuse • 28% had family histories of domestic violence • 27% had experienced emotional, physical, or sexual abuse.
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention (18 months).
Child outcomes	<ul style="list-style-type: none"> • Improved social skills • Decreased substance use • Improved parental trust • Improved relationships and social support • Improved school attendance.
Other outcomes	None
Study Rating	3
Citation	Grossman, J. B. & Tierney, J. P. (1998) Does mentoring work? An impact study of the Big Brothers Big Sisters program. <i>Evaluation Review</i> . 22 (3), 403–426.

Brief summary

Population characteristics

This study involved 1,138 families living in the United States, with a child aged between 10 and 16 years old who experience a form of social or economic disadvantage. 62.4% were boys, and over 55% of participants were members of an ethnic minority group. Of those from minority groups, the majority were African American (71%), 18% were Hispanic, 5% were Mixed race, 3% were Native American, and 3% were from other ethnic groups. 90% of participants lived in single-parent households, and over 40% were living in poverty.



Study design

571 participants were randomly assigned to receive the mentoring intervention and 567 were assigned to a wait-list control group, where participants could be matched to a mentor after the study. Youth were randomly allocated through an independent survey subcontractor. There were no statistically significant differences between the treatment and control group at baseline on demographic measures and outcome measures.

Measurement

All measures were taken at baseline and post-intervention.

- **Child report** measures included a one-item measure of alcohol use, a one-item measure of drug use, the Features of Children's Friendship Battery (FCFB), the Inventory of Parent and Peer Attachment (IPPA), and single-item measures of drug use, and a single-item number of times to have hit someone, damaged property, and stolen something.
- **Administrative data** included the Grade Point Average (school achievement).

Study retention

Post-intervention

84% (959) children participated in post-intervention assessment, representing 85% (487) of BBBS participants and 83% (472) of control group participants. Differences between attriters and those who remained were not reported in the study.

Results

Data-analytic strategy

Ordinary Least Squares and logistic regression models were used to assess the effects of BBBS on the intended outcomes, compared to the control group, controlling for age, gender, ethnicity, experience of abuse, home environment factors and BBBS agency. For initiation of drug use, only those youth who had not previously reported using illegal drugs were included in the analysis. Missing data was handled through listwise deletion, and an intent-to-treat approach was used.

Findings

Children in the intervention group demonstrated statistically significant improvements in parental trust, parent–child relationships and school attendance, and statistically significant reductions in substance use and antisocial behaviour at post-intervention, compared to the control group.



Study 3: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Alcohol use	Single-item measure on initiation of alcohol use (Child report)	Not reported	No	959	Post-intervention
Drug use	Single-item measure on initiation of drug use (Child report)	Not reported	Yes	959	Post-intervention
Aggressive behaviour	Single-item on number of times hit someone (Child report)	Not reported	Yes	959	Post-intervention
Involvement in crime	Single-item on number of times stole something (child report)	Not reported	No	959	Post-intervention
Involvement in crime	Single-item on number of times damaged property (child report)	Not reported	No	959	Post-intervention
School achievement	Grade Point Average (Administrative data)	Not reported	No	959	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Number of times skipped school	Single-item on number of days skipped school (Child report)	Not reported	Yes	959	Post-intervention
Parent–child relationship	Inventory of Parent and Peer Attachment (IPPA) (Child report)	Not reported	Yes	959	Post-intervention
Parental trust	Inventory of Parent and Peer Attachment (IPPA) (Child report)	Not reported	Yes	959	Post-intervention
Parental Communication	Inventory of Parent and Peer Attachment (IPPA) (Child report)	Not reported	No	959	Post-intervention
Parental anger and alienation	Inventory of Parent and Peer Attachment (IPPA) (Child report)	Not reported	No	959	Post-intervention
Youth relationship with peers	Features of Children's Friendship Battery (FCFB) (Child report)	Not reported	No	959	Post-intervention



Individual study summary: Study 4

Study 4	
Study design	RCT
Country	Ireland
Sample characteristics	164 young people aged between 10 and 16 years old who experienced some form of social or economic disadvantage
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 87% Irish • 7% Irish Traveller • 2% Any other White background • 1% African • 1% Any other Asian background • 1% Other.
Population risk factors	<ul style="list-style-type: none"> • 46% of the youth did not live with both parents • The most common reasons for referral were that the young person was affected by economic disadvantage, had poor social skills, or was shy and withdrawn.
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention (12 months after baseline) • Six-month follow-up • 12-month follow-up.
Child outcomes	<ul style="list-style-type: none"> • Improved relationships and social support • Improved emotional wellbeing.
Other outcomes	None
Study Rating	2
Citation	Dolan, P., Brady, B., O'Regan, C., Brumovska, T., Canavan, J. & Forkan, C. (2011) <i>Big Brothers Big Sisters (BBBS) of Ireland: Evaluation study. Report 1: Randomised control trial and implementation report</i> . UNESCO Child and Family Research Centre, National University of Ireland Galway.



Brief summary

Population characteristics

This study involved 164 young people aged 10 to 16 years old living in Ireland (mean age 12 years old), who experience a form of social or economic disadvantage. 49% were boys.

87% of participants were Irish-born youth; 7% of the sample were from an Irish Traveller background; 2% were from any other White background, and 3% African, Asian, or Other.

46% of youth lived in a one-parent household.

Study design

84 participants were randomly assigned to receive BBBS plus regular youth activities and 80 were assigned to a control group with regular youth activities alone. Youth were randomly allocated through a stratified random approach, blocking sample by location and gender. There were no statistically significant differences between the treatment and control group at baseline on demographic measures and outcome measures.

Measurement

Measures were administered at baseline, at post-intervention (after 12 months), and at six-month and 12-month follow-ups.

- **Child report** measures included the Children's Hope Scale, the Social Acceptance subscale of Harter's self-perception profile, a School Liking measure, the Scholastic Efficacy Scale, the Misconduct Scale, items from the National Survey on alcohol and cannabis use, the Parental Trust Scale (Inventory of Parent Attachment), and the Social Provisions Scale.
- **Parent report** measures included the Strengths and Difficulties Questionnaire.

Study retention

Post-intervention

84% (N=137) children participated in post-intervention assessment, and 79% (N=130) of parents. Retention of teachers was substantially lower at all timepoints. Differences between attriters and those who remained were not fully reported in the study, though statistically significant differences between attriters and completers were reported on two outcome measures (school liking and total social support, with attriters have *higher* school liking and school support).

Six-month follow-up

86% (N=141) children participated in 6-month follow-up assessment, and 80% (N=132) of parents.

12-month follow-up

82% (N=135) children participated in 24-month follow-up assessment, and 79% (N=130) of parents. Overall, 77% (126) children participated in all follow-up assessments.



Results

Data-analytic strategy

Multilevel regression analyses were used to evaluate the effects of BBBS on the intended outcomes, controlling for time of assessment, compared to the control group. An intent-to-treat approach was used. A separate regression analysis was conducted to compare outcomes for the participants in treatment group who were actually matched with a mentor. Multiple imputation was used for missing data, with listwise deletion of participants with only the baseline measure.

Findings

Children in the intervention group demonstrated statistically significant improvements in emotional wellbeing, emotional and behavioural problems, and social support across all timepoints modelled together (post-intervention, six-month follow-up, and 12-month follow-up).

Limitations

The conclusions that can be drawn from this study are limited by lack of information on the baseline equivalence of the retained sample, and differences between attrited and retained participants which are not accounted for in analyses.

Study 4: Outcomes table

Outcome	Measure	Effect size*	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Emotional wellbeing	Children's Hope Scale (Child report)	d = .30 d = 0.42 d = 0.22	Yes	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
Emotional wellbeing	Social Acceptance Scale (Child report)	d = 0.10 d = 0.23 d = .07	No	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)



Outcome	Measure	Effect size*	Statistical significance	Number of participants	Measurement time point
Emotional and behavioural problems (Total difficulties)	SDQ (Parent report)	d = -0.15 d = -0.16 d = -0.11	Yes	123	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
Emotional wellbeing (Prosocial behaviour)**	SDQ (Parent report)	d = -.24 d = -0.02 d = 0.28	No**	123	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
Education outcomes (School liking)	School liking measure (Child report)	d = -.16 d = .05 d = .04	No	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
Education outcomes (Self-efficacy for academic achievement)	Scholastic Efficacy Scale	d = .15 d = .09 d = -.02	No	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
Antisocial behaviour (Misconduct)	Misconduct scale	d = .09 d = .00 d = -.05	No	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)



Outcome	Measure	Effect size*	Statistical significance	Number of participants	Measurement time point
Alcohol use	Measures from National Survey on alcohol use	d = .09 d = .10 d = .11	No	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
Cannabis use	Measures from National Survey on cannabis use	d = .26 d = .10 d = .17	No	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
Relationships and social support (Parental trust)	Parental Trust Scale (Child report)	d = .14 d = .22 d = .16	No	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
Relationships and social support (Perceived friend support)	Social Provisions Scale (Child report)	d = .05 d = .18 d = .19	No	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
Relationships and social support (Perceived parental support)	Social Provisions Scale (Child report)	d = .07 d = .18 d = -.02	No	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)



Outcome	Measure	Effect size*	Statistical significance	Number of participants	Measurement time point
Relationships and social support (Perceived sibling support)	Social Provisions Scale (Child report)	d = .16 d = .38 d = .14	No	144	Post-intervention
Relationships and social support (Perceived other adult support)	Social Provisions Scale (Child report)	d = .41 d = .24 d = .13	Yes	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
Relationships and social support (Total perceived social support)	Social Provisions Scale (Child report)	d = .26 d = .35 d = .13	Yes	144	Across all timepoints (post-intervention, six-month follow-up, 12-month follow-up)
<p>* The effect sizes are listed for post-intervention, 6-month, and 12-month follow-up timepoints.</p> <p>** For Prosocial Behaviour, there was a significant interaction of group * time, reflecting the decrease of prosocial behaviour scores in the control group from post-intervention to 12-month follow-up, and a smaller increase in scores in the BBBS group.</p>					

Other studies

No other studies were identified for this intervention.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.