

Last reviewed: September 2017

Intervention website: <https://www.positiveaction.net/>

GUIDEBOOK INTERVENTION INFORMATION SHEET

Positive Action

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	Positive Action is a school-based intervention for children aged 4 to 15 years. It is delivered by teachers to primary and secondary school classrooms on an ongoing basis. The intervention aims to support social and emotional learning by helping students to develop positive behaviours and attitudes.
Evidence rating	3+
Cost rating	1
Child outcomes	<ul style="list-style-type: none"> • Preventing risky sexual behaviour and teen pregnancy <ul style="list-style-type: none"> - Reduced sexual activity. • Preventing crime, violence and antisocial behaviour <ul style="list-style-type: none"> - Reduced violence. • Preventing substance abuse <ul style="list-style-type: none"> - Reduced substance misuse.
Child age (population characteristic)	6 to 9 years
Level of need (population characteristic)	Universal

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Intervention summary	
Race and ethnicities (population characteristic)	<ul style="list-style-type: none">• African American• American Indian• Asian• Hispanic• Multiple ethnic backgrounds• Native Hawaiian or Other Pacific Islander• Other Asian• White non-Hispanic.
Type (model characteristic)	Group
Setting (model characteristic)	<ul style="list-style-type: none">• Primary school• Secondary school.
Workforce (model characteristic)	Teacher
UK available?	Yes
UK tested?	No

Model description

Positive Action is a school-based intervention targeting children aged between 4 and 15 years old to promote social and emotional learning.

It helps students develop positive behaviours and attitudes through lessons focused on six key areas: self-concept, healthy actions for body and mind, interpersonal skills, self-management, continuous self-improvement, and honesty.

In the ‘self-concept’ topic, pupils learn the core idea that positive actions create positive feelings, reinforcing a cycle where thoughts influence actions and emotions. In the ‘positive actions for body and mind’ topic, lessons teach healthy habits, problem-solving, decision-making, curiosity, and creativity. In ‘positive actions for getting along with others’, pupils are encouraged to develop empathy, kindness, cooperation, and effective communication. In ‘positive actions for managing oneself’ skills taught include self-control, time management, and managing personal resources. In ‘positive actions for self-improvement’, pupils practice goal setting, persistence, and turning challenges into opportunities. In ‘positive actions for honesty’, lessons promote honesty with oneself and others, emphasising responsibility and accountability.

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Delivered by teachers using structured lesson plans, sessions include engaging activities such as role-playing, discussions, music, games, and creative projects to foster emotional growth and wellbeing.

Target population

Age of child	4 to 14 years old
Target population	This intervention is a universal intervention targeting participating school students

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
Reduced internalising and externalising problems improve the chances of positive child development, academic achievement, and success in life.	Positive self-concept, self-management, control, and regulation skills, problem-solving skills, prosocial attitudes and skills, honesty with self and others, goal-setting, planning for the future, and persistence to reach one's goals all protect children and youth from internalising problems (anxiety, depression) and externalising behaviours (disruptive behaviour, violence, substance use).	All children in primary and secondary school.	<p>Positive Action:</p> <ul style="list-style-type: none"> • Teaches young people positive actions that help youth feel better about themselves and intrinsically motivate them • Creates a positive school climate that is supportive of positive behaviours by teachers and students • Engages parents and the broader community in supporting/reinforcing positive behaviours by youth. 	Youth have measurably better self-concept, self-control, decision-making, prosocial attitudes and skills, honesty, and goal-setting skills.	<ul style="list-style-type: none"> • Reduced symptoms of anxiety and depression • Fewer externalising behaviours (disruptive behaviours, violence, and substance use) • Increased child engagement at school • More positive health behaviours (physical activity, nutrition) • Improved peer-relations and prosocial behaviours • Improved school attendance and academic achievement. 	<ul style="list-style-type: none"> • Reduced anxiety and depression in adolescence and adulthood • Reduced externalising behaviours in adolescence and adulthood • Improved long-term academic and employment outcomes.



Implementation requirements

Who is eligible?	Students 4 to 15 years old in participating schools.
How is it delivered?	<p>Positive Action is delivered by one teacher, to classrooms of children and young people.</p> <p>The K-6 curriculum (5 to 11 years old) is delivered in 140 sessions of 15-minute duration. The Grade 7 to 8 curriculum (12 to 13 years old) is delivered in 82 sessions of 15-minute duration each (21 hours total). The Grade 9 to 12 (14 to 17 years old) curriculum is delivered in 132 sessions of 15-minute duration each (33 hours total).</p>
What happens during the intervention?	<p>Positive Action sessions follow a structured curriculum covering six core topics across grade levels:</p> <ul style="list-style-type: none"> • Self-concept: Pupils learn the core idea that positive actions create positive feelings, reinforcing a cycle where thoughts influence actions and emotions. • Positive actions for body and mind: Lessons teach healthy habits, problem-solving, decision-making, curiosity, and creativity. • Positive actions for getting along with others: Pupils develop empathy, kindness, cooperation, and effective communication. • Positive actions for managing oneself: Skills include self-control, time management, and managing personal resources. • Positive actions for self-improvement: Pupils practise goal-setting, persistence, and turning challenges into opportunities. • Positive actions for honesty: Lessons promote honesty with oneself and others, emphasising responsibility and accountability. <p>Activities include role-playing, discussions, music, games, journaling, and more, engaging pupils in social and emotional learning.</p>
Who can deliver it?	The practitioner who delivers this intervention is a classroom teacher (or counsellor, facilitator, or specialist).
What are the training requirements?	The practitioners have a half day to a full day of intervention training. Booster training of practitioners is recommended. Additional training components (i.e. family and community components) add another half to full day of training.
How are practitioners supervised?	It is recommended that practitioners are supervised by one host-agency supervisor, with one full day of intervention training.



Implementation requirements (Cont.)

What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: <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?	Yes
*Contact details	<p>Organisation: Positive Action</p> <p>Email address: info@positiveaction.net</p> <p>Website: https://www.positiveaction.net/</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>

Evidence summary

Positive Action's most rigorous evidence comes from two RCTs conducted in the United States consistent with Foundations' Level 3 evidence strength threshold.

The first study identified statistically significant reductions in serious violence-related behaviours, and in lifetime prevalence of substance use.

The second study identified statistically significant reductions in serious violence-related behaviours, sexual activity, and lifetime substance use.

Positive Action can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QRD demonstrating a statistically significant positive impact on at least one child outcome, as well as at least one more RCT or QED.



Child outcomes			
Outcome	Improvement index	Interpretation	Study
Reduced serious violence-related behaviours	+11	36% decrease in serious violence-related behaviours (measured using a researcher-developed survey into number of violence-related behaviours) – immediately after the intervention (study 1)	1, 2
Reduced sexual activity	Not available	Not available	2
Reduced lifetime prevalence of substance use	+9	31% decrease in substance use (measured using a researcher-developed survey into number of substance use behaviours) – immediately after the intervention	1
Reduced lifetime substance use	Not available	Not available	2

Search and review

	Number of studies
Identified in search	12
Studies reviewed	2
Meeting the L2 threshold	2
Meeting the L3 threshold	2
Contributing to the L4 threshold	0



	Number of studies
Ineligible	10

Individual study summary: Study 1

Study 1	
Study design	Cluster RCT
Country	United States
Sample characteristics	This study involved approximately 510 primary school children aged 8 to 9 years old
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 46% African American • 27% Hispanic • 17% Other or Mixed racial background • 7% White non-Hispanic • 3% Asian.
Population risk factors	<ul style="list-style-type: none"> • Participating schools were from urban neighbourhoods • 75% of students in the school district were eligible for free or reduced-price lunch • 16% of students in the school district were English language learners • Among students in Grades 3 to 8 in the school district, only 62% met or exceeded standards on the Illinois Standards Achievement Test (ISAT) 2007.
Timing	<ul style="list-style-type: none"> • Baseline (autumn Grade 3) • Post-intervention (end of Grade 5).
Child outcomes	<ul style="list-style-type: none"> • Reduced serious violence-related behaviours (child report) • Reduced lifetime prevalence of substance use (child report).
Other outcomes	None
Study Rating	3
Citation	Li, K.-K., Washburn, I., DuBois, D. L., Vuchinich, S., Ji, P., Brechling, V., Day, J., Beets, M. W., Acock, A. C., Berbaum, M., Snyder, F. & Flay, B. R. (2011) Effects of the Positive Action programme on problem behaviors in elementary school students: A matched-pair randomised control trial in Chicago. <i>Psychology & Health</i> . 26 (2), 187–204.



Brief summary

Population characteristics

This study involved approximately 510 children attending 14 elementary schools in the Chicago Public School system aged between 8 and 9 years old. The sample was predominantly African American (46%) and Hispanic (27%), with 7% White non-Hispanic, 3% Asian and 17% other or mixed racial background. 51% of the participants were boys. An urban school district was chosen due to research indicating higher levels of aggression, delinquency and drug use among students attending urban schools compared to rural schools and reported higher levels of exposure to violence for students attending urban schools compared to suburban or rural. 75% of students in the school district were eligible for free or reduced-price lunch, 16% of students in the school district were English language learners, and among students in Grades 3 to 8 in the school district, only 62% met or exceeded standards on the Illinois Standards Achievement Test (ISAT) 2007.

Study design

Seven schools (approximately 310 students) were randomly assigned to the Positive Action condition and seven schools (approximately 310 students) to the control condition using a matched-pair randomised controlled design with schools as the unit of randomisation, with schools matched on multiple school level demographics including attendance rate and free lunch receiving rate, and crime rates in the school's neighbourhood.

There were baseline differences in the ethnicities of students in the two groups, with more African American students and fewer students of other or mixed racial background in the control condition compared to the Positive Action condition. Controlling for demographic variables and clustering of students, there were no significant differences between groups on baseline levels of problem behaviours.

Measurement

Assessments took place at baseline (autumn Grade 3), and post intervention (after three years of intervention). Interim data collection occurred at spring Grade 3, autumn Grade 4, and spring Grade 4; primary outcome measures were only completed at post-intervention (spring Grade 5).

All timepoints

- **Child report measures** included six items from the Aggression Scale, and the Frequency of Delinquent Behavior Scale.

Post-intervention

- **Child report measures** included researcher-developed survey questions regarding students' lifetime substance use and serious violence-related behaviours.



Study retention

Students both entered and left the intervention and control classrooms across the study period; children participating in follow-up assessments included both students who had been present at baseline and students who had entered the study at a later date.

620 children participated at baseline assessment, representing 50% (310) of intervention group participants and 50% of (310) control group participants.

82.3% (510) children participated in the post-intervention assessment, representing 83.9% (260) of intervention group participants and 80.6% (250) of control group participants.

Results

Data-analytic strategy

A series of multilevel overdispersed Poisson models were used to estimate the intervention's effects on the intended outcomes. All students with parental consent at data collection were included in the study; students leaving study schools were not included in analyses. Multiple imputation was used for missing values using switching regression, with cases missing outcomes deleted after imputation.

Findings

Youth in the intervention group showed statistically significant improvements in lifetime prevalence of substance use, serious violence-related behaviour and disruptive behaviours at post-intervention (after three years of intervention).

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Substance use	Lifetime substance use survey items (child report)	IRR = 0.69	Yes	approx. 500	Post-intervention
Serious violence-related behaviour	Serious violence-related behaviour survey items (child report)	IRR = 0.63	Yes	approx. 500	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Bullying behaviour	6 items from Aggression Scale (child report)	IRR = 0.59	Yes	approx. 500	Post-intervention
Disruptive behaviour	Frequency of Delinquent Behaviour Scale (child report)	IRR = 0.73	No	approx. 500	Post-intervention

Individual study summary: Study 2

Study 2	
Study design	Cluster RCT
Country	United States
Sample characteristics	This study involved primary school children between 6 and 8 years old from 20 public elementary schools in Hawaii. The final sample consisted of 1,714 children with parental consent.
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 26.1% Hawaiian • 22.6% Multiple ethnic backgrounds • 20.6% Other Asian • 8.6% Non-Hispanic White • 7.8% Other • 4.7% Other Pacific Islander • 4.6% Japanese • 1.7% American Indian • 1.6% African American • 1.6% Unknown.
Population risk factors	<ul style="list-style-type: none"> • At least 25% of each school's students were receiving free or reduced-price lunch • All schools were in the lower 3 quartiles of SAT scores among Hawaiian schools.
Timing	<ul style="list-style-type: none"> • Baseline (1st Grade – cohort 1, 2nd Grade – cohort 2) • Post-intervention (5th Grade – 3 (cohort 2) or 4 (cohort 1) years post-baseline).



Study 2	
Child outcomes	<ul style="list-style-type: none"> Reduced sexual activity (child report) Reduced serious violence-related behaviours (Child and teacher report) Reduced lifetime substance abuse (Child report).
Other outcomes	None
Study Rating	2+
Citation	Beets, M. W., Flay, B. R., Vuchinich, S., Snyder, F., Acock, A., Burns, K., Washburn, I. J. & Durlak, J. (2009) Use of a social and character development program to prevent substance use, violent behaviors, and sexual activity among elementary-school students in Hawaii. <i>American Journal of Public Health</i> . 99 (8), 1–8.

Brief summary

Population characteristics

This study included 1,714 primary school children aged 6 to 8 years old in the United States. The sample was diverse, comprising 26.1% Hawaiian, 22.6% of multiple ethnic backgrounds, and 20.6% of other Asian backgrounds, with an equal gender distribution (50% boys). Schools participated if they met eligibility criteria, including at least 25% of students receiving free or reduced-price lunch, SAT scores in the lower three quartiles among Hawaiian schools, locations on Oahu, Maui, or Molokai, operation as public K-5 or K-6 schools, and student stability rates above 80%.

Study design

Schools were stratified based on school level characteristics and randomised, resulting in 10 schools being randomly assigned to the Positive Action condition and 10 schools to a business-as-usual control condition.

At baseline, no significant differences were found between intervention and control schools on a range of characteristics and self-reported or teacher-reported negative student behaviours, indicating baseline equivalence across all study schools.

Measurement

Assessments took place at post-intervention (after three or four years of intervention).



Post-intervention

- **Child report** measures included experimenter-developed survey questions about lifetime substance use, involvement in violent behaviours, and voluntary sexual activity.
- **Teacher report** measures included a 7-item behavioural checklist.

Study retention

Study retention information is not reported. Students both entered and left the intervention and control classrooms across the study period; children participating in follow-up assessments included both students who had been present at baseline and students who had entered the study at a later date.

Results

Data-analytic strategy

Two-level overdispersion random-effects Poisson models were used to model intervention effects on substance use and violent behaviours outcomes (teacher and student report), and a two-level logistic regression model was used to model intervention effects on the sexual activity outcome (student report only). Students who moved schools during the study were excluded from final analyses; however, imputation was not detailed.

Findings

Students in the intervention group showed statistically significant reductions in student-reported sexual activity and lifetime substance use, and student and teacher reported serious violence-related behaviours at post-intervention, after three or four years of intervention exposure in PA group classrooms.

Limitations

The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity in terms of attrition and differential attrition rates (it is unclear how many individuals were assigned to each condition, the extent to which these individuals remained in the study is unclear – the number of stayers in the analysis sample is not reported); what is reported suggests that mobility is high, and analyses of differential attrition demonstrating baseline equivalence of the analysis sample on key outcome variables are not provided, hence why a higher rating is not achieved.

Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Substance use	Standard frequency of use questionnaire (child report)	RR: 0.41	Yes	1,714	Post-intervention
Substance use	Behavioural checklist (teacher report)	RR:0.66	No	1,182	Post-intervention
Violent behaviours	Seven-item questionnaire (child report)	RR: 0.42	Yes	1,714	Post-intervention
Violent behaviours	Behavioural checklist (teacher report)	RR=0.54	Yes	1,182	Post-intervention
Sexual activity	One-item questionnaire (child report)	OR: 0.24	Yes	1,714	Post-intervention

Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Flay, B. R. (2010) *The Positive Action family program: A pilot randomized trial and replication*. (Unpublished report, Oregon State University).

Flay, B. R. (2012) *Randomized evaluation of the Positive Action pre-K program* (Unpublished manuscript).

Flay, B. R. & Allred, C.G. (2003) Long-term effects of the Positive Action Program. *American Journal of Health Behavior*. 27 (Supplement 1), S6–S21.

Flay, B. R. & Slagel, M. (2006) *The Positive Action family program: A pilot randomized trial*. (Unpublished manuscript).



Flay, B. R., Allred, C. G. & Ordway, N. (2001) Effects of the Positive Action Program on achievement and discipline: Two matched-control comparisons. *Prevention Science*. 2 (S1), S21–S33.

Guo, S., Wu, Q., Smokowski, P.R., Bacallao, M., Evans, C. B. R. & Cotter, K. L. (2015) A longitudinal evaluation of the Positive Action Program in a low-income, racially diverse, rural county: Effects on self-esteem, school hassles, aggression, and internalizing symptoms. *Journal of Youth and Adolescence*. 44 (11), 2337–2358.

Oakes, W. P., Lane, K. L., Cox, M., Magrane, A., Jenkins, A. & Hankins, K. (2012) Tier 2 supports to improve motivation and performance of elementary students with behavioral challenges and poor work completion. *Education and Treatment of Children*. 35 (4), 547–584.

Schmitt, S. A., Flay, B. R. & Lewis, K. (2014) A pilot evaluation of the Positive Action prekindergarten lessons. *Early Child Development and Care*. 184 (2), 71–90.

Smokowski, P. R., Guo, S., Wu, Q., Evans, C. B. R., Cotter, K. L. & Bacallao, M. (2016) Evaluating dosage effects for the Positive Action Program: How implementation impacts internalizing symptoms, aggression, school hassles, and self-esteem. *American Journal of Orthopsychiatry*. 86 (3), 310–322.

Washburn, I. J., Acock, A., Vuchinich, S., Snyder, F., Li, K.-K., Ji, P., Day, J., DuBois, D. L. & Flay, B. R. (2011) Effects of a social-emotional and character development program on the trajectory of behaviors associated with character development: Findings from three randomized trials. *Prevention Science*. 12 (3), 314–323.

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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.