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GUIDEBOOK INTERVENTION INFORMATION SHEET

Pyramid Club Transition

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	Pyramid Club Transition is a schools-based social and emotional learning intervention for children just entering secondary education who are quiet or shy and prone to internalising symptoms such as low self-esteem and anxiety, and children who appear to have difficulties interacting with peers and adults. It is delivered by a school or voluntary organisation staff member or volunteer to groups of children over 10 sessions of 1.5 hours' duration.
Evidence rating	2+
Cost rating	1
Child outcomes	- Supporting children's mental health and wellbeing - Improved emotional wellbeing - Improved social behaviour.
Child age (population characteristic)	11 years old
Level of need (population characteristic)	Targeted Indicated

Intervention summary	
Race and ethnicities (population characteristic)	Not reported
Type (model characteristic)	Group
Setting (model characteristic)	Secondary school
Workforce (model characteristic)	School or voluntary organisation staff member or volunteer
UK available?	Yes
UK tested?	Yes

Model description

Pyramid Club Transition is a schools-based social and emotional learning intervention for children who are quiet or shy and prone to internalising symptoms such as low self-esteem and anxiety, and children who appear to have difficulties interacting with peers and adults.

Pyramid Club Transition is delivered by three school or voluntary organisation staff members or volunteers to groups of eight to 12 children, over 10 weekly sessions of 1.5 hours' duration. Pyramid Clubs can be run as an after-school activity or during the school day.

The focus of Pyramid Clubs is to support children in building friendships, based on the theory that friendships are key to children's social and emotional development. In the first session, children name their club and collaborate to create their club rules, to encourage children to feel part of an accepting peer group.

Sessions 2 to 10 then focus on building positive emotions and friendships, with each session following a consistent format. Sessions begin with circle time, followed by an art activity lasting approximately 20 minutes designed to encourage creativity and emotional expression, and non-competitive team-building games designed to promote the development of social problem-solving skills. Sessions then incorporate role-play involving behavioural vignettes of potential real-life problems, and end with laughing yoga and a final circle time.

Target population

Age of child	11 years old
Target population	- School children in Year 7 considered shy or quiet and prone to internalising problems - School children in Year 7 with difficulties interacting with peers or adults.

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

Theory of change

Why			How	What		
Science-based assumption	**Science-based assumption**	**Science-based assumption**	**Intervention**	**Short-term outcomes**	**Medium-term outcomes**	**Long-term outcomes**
• Internalising symptoms (e.g. shyness, sensitivity, and social withdrawal) in childhood are predictors of future psychological issues such as anxiety and depression • Children with internalising problems are also more likely to experience long-term negative life outcomes such as poor school achievement, relationship difficulties, and job instability.	Strong socio-emotional competences will enable children and young people to achieve their full potential in school and in life.	Children aged 11 at risk of internalising problems (shyness, social withdrawal, emotional vulnerability).	Pyramid clubs allow children to observe and practise coping skills, and encourage effective social interaction with both peers and adults, developing increased socio-emotional competence.	Improved emotional self-management, competence and coping strategies.	• Reduction in internalising symptoms (shyness, social withdrawal, emotional difficulties) • Enhanced peer relationships and social interactions • Increased confidence and resilience • Better school engagement and academic performance.	• Reduced likelihood of mental health problems • Reduced failure in school • Reduced likelihood of job instability.

Implementation requirements

Who is eligible?	School children in Year 7 considered shy or quiet and prone to internalising problems, and school children in Year 7 with difficulties interacting with peers or adults.
How is it delivered?	Pyramid Club Transition is delivered in 10 weekly sessions of 1.5 hours' duration each by three practitioners, to groups of eight to 12 children. Pyramid Clubs can be run as an after-school activity or during the school day.
What happens during the intervention?	Children are supported to form friendships and develop social and emotional skills in a group setting with significant adult support.

Children form a group identity by setting their own club name and rules in the initial session, and subsequent sessions aim to build positive emotions and social skills using circle time discussions, art activities, collaborative games, role-play, and laughing yoga. |
Who can deliver it?	The practitioners who deliver this intervention are school or voluntary organisation staff members or volunteers.
What are the training requirements?	Staff practitioners have 10 hours of intervention training and volunteer practitioners have 15 hours. Booster training of practitioners is recommended.
How are practitioners supervised?	It is recommended that practitioners are supervised by one external supervisor, with six hours of intervention training per year.
What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: • Training manual • Other printed material • Other online material • Face-to-face training • Fidelity monitoring.
Is there a licensing requirement?	Yes

Implementation requirements (Cont.)

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	*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.

Evidence summary

Pyramid Club Transition's most rigorous evidence comes from a single RCT which was conducted in the UK.

This study identified statistically significant improvements in child- and teacher-reported prosocial behaviour, and reductions in child- and teacher-reported emotional problems, peer problems, and overall psychological difficulties. Improvements were maintained at 12 weeks post-intervention.

Pyramid Club Transition has preliminary evidence of improving a child outcome, but we cannot be confident that the intervention caused the improvement.

Search and review

	Number of studies
Identified in search	8
Studies reviewed	1
Meeting the L2 threshold	1
Meeting the L3 threshold	0
Contributing to the L4 threshold	0
Ineligible	7

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	UK
Sample characteristics	• 226 Year 4 children (aged 7 to 8 years old) and 295 Year 7 children (aged 11 years old) • For this Guidebook entry we are reporting the results of the Year 7 cohort; the Year 4 cohort is considered separately in the Guidebook entry for Pyramid Club Primary.
Race, ethnicities, and nationalities	Not reported
Population risk factors	Not reported
Timing	• Baseline • Post-intervention • 12-week follow-up.
Child outcomes	• Reduced emotional difficulties (child and teacher report) • Reduced peer relationship problems (child and teacher report) • Increased prosocial behaviour (child and teacher report) • Reduced overall psychological difficulties (child and teacher report).
Other outcomes	None
Study Rating	2+
Citation	Cassidy, T., McLaughlin, M. & Giles, M. (2015) Socio-emotional health in school children: An emotion-focused intervention. *International Journal of School and Cognitive Psychology*. 2 (4), 1–7.

Brief summary

Population characteristics

This study involved 226 Year 4 children (7 to 8 years old) and 294 Year 7 children (11 years old) attending 13 participating schools.

Study Design

Pyramid Club Primary (Year 4) and Pyramid Club Transition (Year 7) were evaluated concurrently; Pyramid Club Primary has a separate Guidebook entry.

Within the Year 7 cohort, 162 children were randomly allocated to Pyramid clubs (transition), and 132 to a wait-list control.

All students in Year 4 or Year 7 of participating schools were screened by their class teacher to assess their socio-emotional health using the Strengths and Difficulties Questionnaire. Teachers used students' scores and their knowledge of the students to identify those that they considered to have socio-emotional problems. Students exhibiting externalising symptoms were excluded. Children were then identified for the Pyramid intervention at a multi-agency meeting at which SDQ scores were reviewed. Eligible children were then randomly allocated to a club or a waiting list based on availability of club spaces, resulting in unequal group sizes. Baseline equivalence was established on outcome measures only.

Measurement

Assessments took place at baseline, post-intervention, and 12 weeks after intervention completion.

- **Child report** measures included the Strengths and Difficulties Questionnaire (SDQ; Year 7 children only) and the trait emotional intelligence questionnaire child short form (TEIQue-CSF; Year 7 children only).
- **Teacher report** measures included the Strengths and Difficulties Questionnaire (SDQ) and the trait emotional intelligence questionnaire child – teacher rating version (TEIQue-360S).

Study retention

82.5% (520 children) of the total randomised sample was retained at analysis.

Year 7 sample: 294 children were retained for analysis, with 162 in the intervention condition and 132 in the control condition. Drop out is not stated separately for Year 4 and Year 7 children in the study.

Results

Mixed-model analysis of variance (ANOVA) was conducted on data from the Year 4 and Year 7 cohorts separately. An intention-to-treat design was not followed.

For the Year 7 cohort, the study described significant reductions in children's emotional difficulties, peer relationship problems, and overall psychological difficulties, and improvements in prosocial behaviour, which were all maintained 12 weeks post-intervention.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Emotional difficulties	Strengths and Difficulties Questionnaire (SDQ) – Emotional Symptoms (child report)	Not reported	Yes	294	Post-intervention
Emotional difficulties	Strengths and Difficulties Questionnaire (SDQ) – Emotional Symptoms (teacher report)	Not reported	Yes	294	Post-intervention
Emotional difficulties	Strengths and Difficulties Questionnaire (SDQ) – Emotional Symptoms (child report)	Not reported	Yes	294	12-week follow-up
Emotional difficulties	Strengths and Difficulties Questionnaire (SDQ) – Emotional Symptoms (teacher report)	Not reported	Yes	294	12-week follow-up
Behavioural difficulties	Strengths and Difficulties Questionnaire (SDQ) – Conduct Problems (child report)	Not reported	No	294	Post-intervention

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Behavioural difficulties	Strengths and Difficulties Questionnaire (SDQ) – Conduct Problems (teacher report)	Not reported	No	294	Post-intervention
Behavioural difficulties	Strengths and Difficulties Questionnaire (SDQ) – Conduct Problems (child report)	Not reported	No	294	12-week follow-up
Behavioural difficulties	Strengths and Difficulties Questionnaire (SDQ) – Conduct Problems (teacher report)	Not reported	No	294	12-week follow-up
Behavioural difficulties	Strengths and Difficulties Questionnaire (SDQ) – Hyperactivity (child report)	Not reported	No	294	12-week follow-up
Hyperactivity	Strengths and Difficulties Questionnaire (SDQ) – Hyperactivity (teacher report)	Not reported	No	294	Post-intervention

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Hyperactivity	Strengths and Difficulties Questionnaire (SDQ) – Hyperactivity (child report)	Not reported	No	294	12-week follow-up
Hyperactivity	Strengths and Difficulties Questionnaire (SDQ) – Hyperactivity (teacher report)	Not reported	No	294	12-week follow-up
Peer relationship problems	Strengths and Difficulties Questionnaire (SDQ) – Peer relationship problems (child report)	Not reported	Yes	294	Post-intervention
Peer relationship problems	Strengths and Difficulties Questionnaire (SDQ) – Peer relationship problems (teacher report)	Not reported	Yes	294	Post-intervention
Peer relationship problems	Strengths and Difficulties Questionnaire (SDQ) – Peer relationship problems (child report)	Not reported	Yes	294	12-week follow-up

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Peer relationship problems	Strengths and Difficulties Questionnaire (SDQ) – Peer relationship problems (teacher report)	Not reported	Yes	294	12-week follow-up
Prosocial behaviour	Strengths and Difficulties Questionnaire (SDQ) – Prosocial behaviour (child report)	Not reported	Yes	294	Post-intervention
Prosocial behaviour	Strengths and Difficulties Questionnaire (SDQ) – Prosocial behaviour (teacher report)	Not reported	Yes	294	Post-intervention
Prosocial behaviour	Strengths and Difficulties Questionnaire (SDQ) – Prosocial behaviour (child report)	Not reported	Yes	294	12-week follow-up
Prosocial behaviour	Strengths and Difficulties Questionnaire (SDQ) – Prosocial behaviour (teacher report)	Not reported	Yes	294	12-week follow-up

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Psychological difficulties	Strengths and Difficulties Questionnaire (SDQ) – Total Difficulties (child report)	Not reported	Yes	294	Post-intervention
Psychological difficulties	Strengths and Difficulties Questionnaire (SDQ) – Total Difficulties (teacher report)	Not reported	Yes	294	Post-intervention
Psychological difficulties	Strengths and Difficulties Questionnaire (SDQ) – Total Difficulties (child report)	Not reported	Yes	294	12-week follow-up
Psychological difficulties	Strengths and Difficulties Questionnaire (SDQ) – Total Difficulties (teacher report)	Not reported	Yes	294	12-week follow-up
Emotional Intelligence	Trait emotional intelligence questionnaire child short form (TEIQue-CF) (child report)	Not reported	No	Not reported	Post-intervention

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Emotional Intelligence	Trait emotional intelligence questionnaire child – Teacher rating version (TEIQue-360S) (teacher report)	Not reported	No	Not reported	Post-intervention
Emotional Intelligence	Trait emotional intelligence questionnaire child short form (TEIQue-CF) (child report)	Not reported	No	Not reported	12-week follow-up
Emotional Intelligence	Trait emotional intelligence questionnaire child – Teacher rating version (TEIQue-360S) (teacher report)	Not reported	No	Not reported	12-week follow-up

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.

Buckinghamshire Educational Psychology Service. (2005) *Buckinghamshire Pyramid Trust evaluation report January 2002 – July 2005.*

Cassidy, T., McLaughlin, M. & Giles, M. (2014) Group-based intervention to improve socio-emotional health in vulnerable children. *Journal of Psychology and Clinical Psychiatry*. 1 (7), 45.

Jayman, M., Ohl, M., Hughes, B. & Fox, P. (2015) Improving the socio-emotional health of young people in early secondary education: Preliminary findings from a study of the Pyramid Intervention Project. In *Resilience and health in a fast-changing world*. Jagiellonian University Press.

Jayman, M. (2017) *Evaluating the impact of a school-based intervention on the socio-emotional health and school performance of pupils in early secondary education* (Doctoral thesis, University of West London).

Lyons, R. E. (2011) *An evaluation of the use of a Pyramid Club to support shy and withdrawn children's transition to secondary school* (Thesis submitted to University of Manchester for Doctorate in Educational and Child Psychology).

Lyons, R., & Woods, K. (2012) Effective transition to secondary school for shy, less confident children: A case study using 'Pyramid' group work. *Educational and Child Psychology*. 29 (3), 8–26.

McKenna, Á. E., Cassidy, T., & Giles, M. (2014) Prospective evaluation of the pyramid plus psychosocial intervention for shy withdrawn children: An assessment of efficacy in 7- to 8-year-old school children in Northern Ireland. *Child and Adolescent Mental Health*. 19 (1), 9–15.

Ohl, M., Mitchell, K., Cassidy, T., & Fox, P. (2008) The Pyramid Club primary school-based intervention: Evaluating the impact on children's social-emotional health. *Child and Adolescent Mental Health*. 13 (3), 115–121.

Ohl, M. A. (2009) *The efficacy of a school-based intervention on socio-emotional health and well-being of children in middle childhood: An evaluation* (A thesis submitted in partial fulfilment of the requirements of Thames Valley University).

Ohl, M., Fox, P. & Mitchell, K. (2012) Strengthening socio-emotional competencies in a school setting: Data from the Pyramid project. *British Journal of Educational Psychology*. 83 (3), 452–466.

Ohl, M., Fox, P., & Mitchell, K. (2013) The Pyramid Club elementary school-based intervention: Testing the circle time technique to elicit children's service satisfaction. *Journal of Educational and Developmental Psychology*. 3 (2), 204.

Shepherd, J. & Roker, D. (2005) *An evaluation of a 'transition to secondary school' project run by the National Pyramid Trust*. Undertaken by the Trust for the Study of Adolescence (TSA).

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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.