

Learning Together Primary Schools pilot randomized controlled trial

Submission date 02/11/2023	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 03/11/2023	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 17/01/2025	Condition category Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Bullying is really common, particularly in primary schools and among poorer children. It is experienced by 1 in 4 children. It harms young people's mental and physical health. 'Restorative practice' is a way for schools to deal with bullying. Rather than just punishing bullies, teachers use restorative practice to work out what happened and prevent it from happening again. Bullies are made to understand the harm they caused and change their behaviour. 'Learning Together' is a programme that currently delivers restorative practice in secondary schools. It also involved students making decisions about how their schools are run. We evaluated Learning Together in English secondary schools. We found it reduced bullying and improved students' mental health. We now want to adapt it for primary schools. This is important because primary schools lack effective methods to prevent bullying. Earlier intervention in primary schools is likely to work better.

Who can participate?

Students aged 7-11 years in primary schools in south-east England

What does the study involve?

We will first work with the staff and students from two primary schools to adapt Learning Together. We will also involve some other children in this work. We will use information from a survey of schools and a review of existing research to inform this work. As part of this, we will decide whether Learning Together in primary schools needs to include lessons on how students can manage their emotions and friendships. Then we will try out the adapted version of Learning Together in other schools. To do this, we will recruit six primary schools. We will ask students and teachers in these schools to fill in questionnaires at the start about bullying and mental wellbeing. Then we will randomly pick four schools to receive Learning Together and two to act as comparisons. The Learning Together schools will get a report on their students' needs - how much bullying there is and how is the students' mental well-being. These schools will then set up an 'action group' made up of some staff and students. This group will review the needs report and decide how to deliver restorative practice in their school. A charity called 'Place2Be' will help schools run these groups. All the staff in these four schools will also be trained in the basics of restorative practice. Four or five staff per school will be trained in more depth to lead restorative practice in their schools. If we decide that Learning Together for primary schools

should also include lessons, schools will do these. We will do observations and interviews in these four schools to see how it is going. After 1 year, we will ask students and teachers in all six schools to fill in questionnaires again. This is a way of seeing whether there is now less bullying and better mental health in the schools that have delivered the intervention. In this study, we are checking that these methods are doable. Based on all this research, we will figure out if it would be possible and useful to do a larger study. This larger study would see if Learning Together works in reducing bullying and improving students' mental health. We will share our findings with scientists, schools, young people, policy-makers and the public.

What are the possible benefits and risks of participating?

Potential benefits include reduced bullying and improved mental health. Potential risks are inconvenience and upset as a result of data collection.

Where is the study run from?

London School of Hygiene & Tropical Medicine (UK)

When is the study starting and how long is it expected to run for?

June 2020 to September 2025

Who is funding the study?

National Institute for Health and Care Research (NIHR) (UK)

Who is the main contact?

Prof. Chris Bonell, chris.bonell@lshtm.ac.uk

Study website

<https://www.lshtm.ac.uk/aboutus/people/bonell.chris>

Contact information

Type(s)

Public, Scientific, Principal Investigator

Contact name

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

1

Study information

Scientific Title

Adaptation and pilot randomized controlled trial of Learning Together Primary Schools, a whole-school restorative practice intervention to reduce bullying and promote mental health

Study objectives

1. Is it possible to adapt Learning Together for primary schools?
2. Is progression to a Phase III randomized controlled trial (RCT) justified in terms of pre-specified criteria?
3. Are outcome and covariate measures well completed and reliable?
4. Which methods to survey teachers are most feasible?
5. With what rates are schools recruited and retained?
6. What do qualitative data suggest about how context influences implementation and about refinements to the theory of change?
7. Are any potential harms suggested and how might these be mitigated?
8. What is treatment as usual in control schools and is there any evidence of contamination between arms?
9. Are methods for economic evaluation feasible?

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 13/02/2024, London School of Hygiene & Tropical Medicine research ethics committee (Keppel St, London, WC1E 7HT, United Kingdom; +44 (0)20 7636 8636; ethics@lshtm.ac.uk), ref: 29958

Study design

Pilot randomized controlled trial

Primary study design

Interventional

Secondary study design

Cluster randomised trial

Study setting(s)

School

Study type(s)

Prevention

Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

Health condition(s) or problem(s) studied

Prevention of bullying among primary school students

Interventions

The intervention comprises schools instituting action groups comprising staff and students (externally facilitated by staff from the Place2Be charity) which review a report on student needs (informed by student baseline survey) to plan local provision, plus teacher-delivered restorative practice sessions to address conflict and other behavioural incidents among students aiming to restore relationships (with external training provided by the L30 relational systems company).

Control schools continue with existing provision focused on bullying prevention.

Intervention Type

Behavioural

Primary outcome measure

1. Student-level self-reported bullying victimisation in the past 2 months measured using the Revised Olweus Bully/Victim Questionnaire at 12 months post-baseline
2. Student-level self-reported bullying perpetration in the past 2 months measured using the Revised Olweus Bully/Victim Questionnaire at 12 months post-baseline

Updated 16/02/2024 to change timepoint from 17 months post-baseline to 12 months post-baseline.

Secondary outcome measures

Current secondary outcome measures as of 01/05/2024:

1. Student-level teacher-reported social and emotional problems measured using the Strengths and Difficulties Questionnaire total difficulties score at 12 months post-baseline
2. Student-level self-reported cyber-bullying victimisation measured using the DAPHNE measure at 12 months post-baseline
3. Student-level self-reported wellbeing at school measured using the Adapted How I Feel About My School questionnaire at 12 months post-baseline
4. Student-level student attendance/attainment measured using routine data at 12 months post-baseline
5. Teacher-level self-reported perceived behaviour of students in their class measured using the Pupil Behaviour Questionnaire at 12 months post-baseline
6. Teacher-level self-reported self-efficacy measured using the Teacher Sense of Efficacy scale at 12 months post-baseline
7. Teacher-level self-reported burnout measured using the Maslach Burnout Inventory at 12 months post-baseline

Previous secondary outcome measures:

1. Student-level teacher-reported social and emotional problems measured using the Strengths and Difficulties Questionnaire total difficulties score at 12 months post-baseline
2. Student-level self-reported cyber-bullying victimisation measured using the European Cyberbullying Intervention Project Questionnaire at 12 months post-baseline

3. Student-level self-reported wellbeing at school measured using the Adapted How I Feel About My School questionnaire at 12 months post-baseline
4. Student-level student attendance/attainment measured using routine data at 12 months post-baseline
5. Teacher-level self-reported perceived behaviour of students in their class measured using the Pupil Behaviour Questionnaire at 12 months post-baseline
6. Teacher-level self-reported self-efficacy measured using the Teacher Sense of Efficacy scale at 12 months post-baseline
7. Teacher-level self-reported burnout measured using the Maslach Burnout Inventory at 12 months post-baseline

Updated 16/02/2024 to change timepoint from 17 months post-baseline to 12 months post-baseline.

Overall study start date

16/06/2020

Completion date

30/09/2025

Eligibility

Key inclusion criteria

Current inclusion criteria as of 16/02/2024:

Students in years 3-6 (aged 7-11 years) as well as their teachers at baseline and follow-up during the trial. No students deemed competent to complete data collection will be excluded from research recruitment unless they do not assent to the research or parents withdraw them from the research. Those who have mild learning disabilities or limited English will be supported to complete the questionnaire by researchers.

Previous inclusion criteria:

Students in years 2-6 (aged 6-11 years) as well as their teachers at baseline and follow-up during the trial. No students deemed competent to complete data collection will be excluded from research recruitment unless they do not assent to the research or parents withdraw them from the research. Those who have mild learning disabilities or limited English will be supported to complete the questionnaire by researchers.

Participant type(s)

Learner/student

Age group

Child

Lower age limit

7 Years

Upper age limit

11 Years

Sex

Both

Target number of participants

960

Total final enrolment

1059

Key exclusion criteria

1. Students who do not assent to the research or whose parents withdraw them from the research
2. Those who have more than mild learning disabilities or very limited English who cannot be supported to complete the questionnaire by researchers

Date of first enrolment

01/05/2024

Date of final enrolment

31/07/2024

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

London School of Hygiene and Tropical Medicine

Keppel Street

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Sponsor information

Organisation

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Sponsor type

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Funder(s)

Funder type

Government

Funder Name

National Institute for Health and Care Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Knowledge exchange will target public health and education policy-makers, school staff and students, and the public. The purpose of dissemination at this stage is to raise awareness of the intervention approach and share findings about its feasibility, rather than to support immediate scale-up. Knowledge exchange is built into the proposed work from the outset via the policy stakeholder group. As well as reporting in the NIHR Public Health Research journal, we will submit at least two open-access papers, and present at the Science Media Centre and two conferences (European Society for Prevention Research; Lancet UK Public Health Science). We will develop plain English research summaries for participating schools, the children's and policy stakeholder groups, and various national and regional school health research networks. We will

offer webinars to support this communication. This engagement aims to recognise the contribution of organisations and individuals that we have involved in the pilot RCT, continue the collaboration via two-way communication, and ensure these groups are willing to continue the collaboration into a future phase III RCT. We will draft an article for the Times Education Supplement about the research. We will use social media to increase public awareness. We will present emerging findings at two meetings with policy-makers (including health and social care and education department officials, and public health agencies in the UK nations) and via the Mental Elf website. This is intended to maintain policy interest in the intervention so that policy stakeholders would be supportive of a phase III RCT should this pilot RCT suggest its feasibility. Some of this dissemination activity will continue beyond the pilot RCT period, supported by the work of institutionally funded staff.

Learning Together Primary Schools will be developed as a potentially scalable programme for schools. The most important scientific outputs generated by this project will be increased knowledge about the feasibility and acceptability of delivering and trialling this intervention. This will inform the development of a subsequent proposal to NIHR for a phase III effectiveness trial. Within this effectiveness trial, schools would fund the intervention as they will in the pilot RCT. We will assess in this pilot RCT whether this funding model is likely to remain feasible in the near future. If the phase III trial found the intervention to be effective, this would be scaled up, marketing the intervention to schools, local authorities and school networks. Accreditation for the intervention would then be sought from Blueprints for Positive Youth Development and Early Intervention Foundation to promote scale-up, as it has done with the original Learning Together intervention. As described above, the phase III trial would conduct several analyses of implementation, and moderation aiming to inform and contribute to the scalability and transferability of the intervention. Intellectual property newly generated by the study will be held by LSHTM which will grant a license for collaborating institutions and organisations to use this appropriately. Existing third-party intellectual property (restorative practice training materials, survey measures) will be used with permission in this study.

Intention to publish date

15/10/2025

Individual participant data (IPD) sharing plan

The datasets generated during the current study will be available upon request from Chris Bonell (chris.bonell@lshtm.ac.uk)

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version 1.0	16/10/2023	03/11/2023	No	No
Protocol file	version 1.1	06/02/2024	16/02/2024	No	No
Protocol file	version 1.2	01/05/2024	30/05/2024	No	No
Protocol file	version 1.3	17/05/2024	30/05/2024	No	No
Protocol file	version 1.4	19/06/2024	09/07/2024	No	No
Protocol file	version 1.5		08/11/2024	No	No

[Protocol file](#)

version 1.6

17/01/2025

No

No