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Adapting and piloting the ‘Belonging’ student and teacher brief intervention to build school belonging, promote mental health and prevent violence in English secondary schools

Submission date 03/02/2025	**Recruitment status** Recruiting	[X] Prospectively registered [X] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [X] Record updated in last year
Registration date 18/02/2025	**Overall study status** Ongoing	
Last Edited 10/03/2026	**Condition category** Other	

Plain English summary of protocol

Background and study aims

Poor mental health, violence, school exclusion, and substance use are common issues among young people. Schools can help prevent these problems by improving students' sense of belonging. However, current efforts in English secondary schools can be time-consuming for teachers. Studies in the US show that simpler, shorter interventions can help students feel they belong, benefiting their education and health. This study aims to adapt these US interventions for English secondary schools.

Who can participate?

Students in year 9 (ages 13-14 years) and their teachers from six English secondary schools will participate in the study.

What does the study involve?

The study will start with surveys of students and teachers in May/June 2025, asking about mental health, bullying, and substance use. Four schools will be randomly chosen to receive the new intervention, while two will continue as usual for comparison. In the intervention schools, students will have two classroom sessions to learn that school challenges are normal and don't mean they don't belong. Teachers will have two online training sessions to learn empathetic approaches to student misbehavior. Observations, surveys, and interviews will be conducted throughout the school year to see how the intervention is going. After one year, the surveys will be repeated.

What are the possible benefits and risks of participating?

Students who participate in the intervention group may benefit in terms of improved mental health. Teachers who participate in the intervention group may benefit in terms of reduced burn-out. There are minimal risks of trial participants being upset by some of the questions they answer on mental health and bullying.

Where is the study run from?
The study is run by the London School of Hygiene & Tropical Medicine.

When is the study starting and how long is it expected to run for?
January 2025 to September 2026

Who is funding the study?
The study is funded by the National Institute for Health and Care Research (UK)

Who is the main contact?
Professor Chris Bonell, chris.bonell@lshtm.ac.uk

Contact information

Type(s)
Public, Scientific, Principal investigator

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Integrated Research Application System (IRAS)
337030

National Institute for Health and Care Research (NIHR)
160965

Study information

Scientific Title
Optimisation and pilot RCT of the ‘Belonging’ brief intervention to build school belonging, promote mental health and prevent violence in secondary schools

Study objectives
1. Is it possible to combine the US Student Belonging intervention and the Teacher Empathetic Discipline interventions, culturally optimized for English secondary schools and branded as the Belonging intervention?
2. Is progression to a phase III RCT justified in terms of pre-specified criteria concerning

intervention and trial feasibility and acceptability?
3. Are outcome and covariate measures well completed and reliable?
4. With what rates are schools recruited and retained?
5. What do qualitative data suggest about how context influences implementation and interacts with intervention mechanisms?
6. Are any potential harms suggested and how might these be mitigated?
7. What is usual practice in control schools?
8. Are methods for economic evaluation feasible?

Ethics approval required
Ethics approval required

Ethics approval(s)
submitted 24/01/2025, London School of Hygiene & Tropical Medicine Intervention Research Ethics Committee (Keppel Street, London, WC1E 7HT, United Kingdom; +44 (0)20 7636 8636; ethics@lshtm.ac.uk), ref: 31596

Study design
Interventional randomized controlled trial

Primary study design
Interventional

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Promotion of mental health and prevention of violence and substance use

Interventions
Intervention
All year-9 students receive two x 15-20-minute classroom sessions early in year 9 working through the student booklet. Students are offered the idea that educational challenges and worries are normal, and not indicative of a lack of belonging. Teachers complete two x online sessions (45, 25 minutes). In the first, teachers read an introduction and student stories describing their experiences in school and relationships with teachers, then respond to writing prompts. In the second, they read a teacher's story and respond to writing prompts.

Comparator
This will be treatment as usual with schools continuing with existing activities to promote student mental health and prevent violence and bullying. Process evaluation will describe this. PPIE suggests that no UK schools currently use interventions resembling those proposed.

Random allocation
After baseline surveys, schools will be randomly allocated 2:1 to intervention and control by the London School of Hygiene & Tropical Medicine clinical trials unit (CTU), stratified by free school meals. A 2:1 allocation in the pilot RCT will enable us to pilot randomisation while ensuring sufficient diversity of schools in the intervention arm for intervention piloting. Schools will be given unique study numbers to preserve allocation concealment within the CTU. The CTU will pass on allocations to the fieldwork team who will then inform schools.

Follow-up
We will conduct follow-up surveys at 12 months post-baseline (Jun-Jul 2026) with students at the end of year 9 (paper questionnaire) plus all teachers (online questionnaire). NB. Baseline surveys will be done pre-randomisation with year-8 students aged 12-13 and teachers in June /July 2025.

Intervention Type
Behavioural

Primary outcome(s)
Current primary outcome measures as of 03/11/2025:
For this pilot trial, the primary outcome is assessment of criteria for progression to phase III RCT as follows:
1. Randomisation occurs and 5+ schools continue;
2. Interventions achieve 70+% fidelity and reach;
3. Interventions acceptable to 70+% of students and teachers;
4. Student survey response rates are 80+% in 5+ schools; and
5. Informed by qualitative research, hypotheses developed about how contextual factors affect intervention implementation and mechanisms.

The precise metrics used to assess implementation fidelity and acceptability were to be defined in phase one when intervention materials are optimised. These have been defined as follows:
1. Our progression criteria for randomisation, response rates and qualitative research are self-explanatory and do not require further elaboration.
2. Our progression criteria for intervention fidelity and reach has been subdivided into the following four subcriteria (measured during intervention delivery via logbooks and at 12-month follow-up via student survey): 70% of students in 3 or more intervention schools submit at least one completed booklet; 70% of teachers in 3 or more intervention schools complete at least one online session; of those students submitting a booklet, 70% of the spaces where students are asked to respond to questions are completed in 3 or more intervention schools; and of those teachers completing an online exercise, 70% of the spaces where teachers are asked to respond to questions are completed in 3 or more intervention schools.
3. Our progression criteria for acceptability has been subdivided into the following two subcriteria (measured at 12-month follow-up via student and teacher surveys): 70+% of students in 3 or more intervention schools responding to the endline survey answer yes to a question about the acceptability of the intervention; and 70+% of teachers in 3 or more intervention schools responding to the endline survey answer yes to a question about the acceptability of the intervention.

Previous primary outcome measures:
For this pilot trial, the primary outcome is assessment of criteria for progression to phase III RCT as follows:
1. Randomisation occurs and 5+ schools continue;
2. Interventions achieve 70+% fidelity and reach (measured during intervention delivery via logbooks and at 12-month follow-up via student survey);
3. Interventions acceptable to 70+% of students and teachers (measured at 12-month follow-up via student and teacher surveys);
4. Student survey response rates are 80+% in 5+ schools (assessed via student baseline and 12-month follow-up surveys); and

5. Informed by qualitative research, hypotheses developed about how contextual factors affect intervention implementation and mechanisms (informed by interviews and focus groups with staff and students conducted during intervention delivery).

Key secondary outcome(s))
The study will assess primary and secondary outcome measures for use in a phase III trial:

Co-primary outcomes
1. Student-reported psychological difficulties assessed via Strengths and Difficulties Questionnaire by student survey at 12-month follow-up
2. Student-reported mental wellbeing via Short Warwick Edinburgh wellbeing scale by student survey at 12-month follow-up

Student-reported secondary outcomes:
1. Student reported aggression (Edinburgh Study of Youth Transitions and Crime school misbehaviour subscale) by student survey at 12-month follow-up
2. Student reported bullying victimisation and perpetration in past 2 months (Revised Olweus Bully/Victim Questionnaire) by student survey at 12-month follow-up
3. Student-reported substance use (tobacco, alcohol and drug use) assessed using existing NHS measures by student survey at 12-month follow-up
4. Student-reported Child Health Utility (CHU)9D measure by student survey at 12-month follow-up

Other secondary outcomes:
1. Student exclusions and attendance at 12-month follow-up (routine data)
2. Teacher-reported perceived behaviour of students (Pupil Behaviour Questionnaire by teacher survey at 12-month follow-up
3. Teacher-reported self-efficacy (Teacher Sense of Efficacy scale) by teacher survey at 12-month follow-up
4. Teacher-reported burnout (Maslach Burnout Inventory) by teacher survey at 12-month follow-up

Completion date
30/09/2026

Eligibility

Key inclusion criteria
The study population is defined as students in year 8 (aged 12-13 years) at baseline plus all teachers. All student-reported measures are suitable for students in this age-group. The research will be inclusive, including of special educational needs and disability (SEND) students. No students deemed competent by teachers to complete data collection will be excluded from recruitment unless they do not consent to, or their 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)
Healthy volunteer, Learner/student

Healthy volunteers allowed
No

Age group
Child

Lower age limit
12 years

Upper age limit
13 years

Sex
All

Total final enrolment
0

Key exclusion criteria
Students not deemed competent by teachers to complete data collection.

Date of first enrolment
01/03/2025

Date of final enrolment
30/06/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
London School of Hygiene & Tropical Medicine
Keppel Street
London
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WC1H 9SH

Sponsor information

Organisation
London School of Hygiene & Tropical Medicine

ROR

https://ror.org/00a0jsq62

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

Individual participant data (IPD) sharing plan
The datasets generated and/or analysed during the current study will be available on reasonable request to the PI supported by a protocol and ethics committee approval.
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IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file		17/01/2025	04/02/2025	No	No
Protocol file	version 1.1		03/11/2025	No	No