Learning Together

Review: January 2021

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Learning Together is a school-based social and emotional learning programme using restorative practices. It is a universal programme for children between the ages of 11 and 16. It is delivered in schools and aims to improve student's commitment to school, promote student's mental wellbeing and health, and reduce involvement in risk behaviours such as violence, antisocial behaviour and bullying.

Evidence rating: **3**

Cost rating: **1**

This programme uses a whole-school approach and is delivered by teachers with input from students and other school staff members.

The programme aims to improve the school environment via restorative practice and improved school-decision making, improving – in turn – students' commitment to school and non-involvement with anti-school peer groups. Ultimately, the programme aims to reduce instances of bullying, anti-social behaviour, and poor health outcomes.

The programme consists of three core components:

1. Use of restorative practice embedded in normal classes. This includes circle time, use of restorative language, and use of an enhanced SEL curriculum.
2. Secondary restorative practice involving restorative conferences, lasting anywhere from 30 minutes to 2 hours, to resolve more serious instances of conflict between pupils in a face-to-face setting.
3. Action groups involving a mix of students, senior management, teachers and support staff. This group reviews school policies to ensure these support restorative approaches and enact other local actions to increase student commitment to school.

EIF Programme Assessment

Learning Together has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence rating: **3**

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme 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.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than£100.

Cost rating: **1**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Improved quality of life

Based on study 1

1.44-point improvement on the Paediatric Quality of Life Inventory

Improvement index: **+6**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 56% and worse outcomes than 44% of their peers, if they had received the intervention.

Immediately after the intervention

Improved wellbeing

Based on study 1

0.33-point improvement on the Short Warwick-Edinburgh Mental Well-Being Scale

Improvement index: **+3**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 53% and worse outcomes than 47% of their peers, if they had received the intervention.

immediately after the intervention

Reduced psychological problems

Based on study 1

0.54-point improvement on the Strengths and Difficulties Questionnaire

Improvement index: **+6**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 56% and worse outcomes than 44% of their peers, if they had received the intervention.

Immediately after the intervention

Enhancing school achievement & employment

Reduced truancy

Based on study 1

3.60-percentage point decrease in truancy (measured using the Ripple measure of Truancy)

Improvement index: **+11**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 61% and worse outcomes than 39% of their peers, if they had received the intervention.

Immediately after the intervention

Preventing crime, violence and antisocial behaviour

Reduced bullying victimisation

Based on study 1

0.03-point improvement on the Gatehouse Bullying Scale

Improvement index: **+3**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 53% and worse outcomes than 47% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced contact with police

Based on study 1

1.91-percentage point decrease in the proportion of participants experiencing contact with the police (measured using National Survey Questions)

Improvement index: **+7**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 57% and worse outcomes than 43% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced cyberbullying perpetration

Based on study 1

2.50-percentage point decrease in cyberbullying perpetration (measured using the Daphne measure of Cyberbullying)

Improvement index: **+10**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 60% and worse outcomes than 40% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced perpetration of anti-social behaviours in or outside school

Based on study 1

0.03-point reduction on the Edinburgh Study of Youth Transitions and Crime measure of antisocial behaviours

Improvement index: **+3**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 53% and worse outcomes than 47% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced participation in school disciplinary procedures

Based on study 1

0.32-point reduction on the Edinburgh Study of Youth Transitions and Crime measure of school discipline

Improvement index: **+7**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 57% and worse outcomes than 43% of their peers, if they had received the intervention.

Immediately after the intervention

Preventing substance abuse

Reduced E-cigarette use

Based on study 1

6.80-percentage point decrease in proportion of participants using E-cigarettes (measured using National Survey Questions)

Improvement index: **+13**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 63% and worse outcomes than 37% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced illicit drugs use

Based on study 1

3.67-percentage point decrease in proportion of participants using illicit drugs (measured using National Survey Questions)

Improvement index: **+16**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 66% and worse outcomes than 34% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced smoking

Based on study 1

6.47-percentage point decrease in proportion of participants smoking (measured using National Survey Questions)

Improvement index: **+13**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 63% and worse outcomes than 37% of their peers, if they had received the intervention.

Immediately after the intervention

Reduced alcohol use

Based on study 1

6.00-percentage point decrease in proportion of participants using alcohol (measured using National Survey Questions)

Improvement index: **+8**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 58% and worse outcomes than 42% of their peers, if they had received the intervention.

Immediately after the intervention

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preadolescents
- Adolescents

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual
- Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Secondary school

The programme may also be delivered in these settings:

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Universal

Where has it been implemented?

United Kingdom

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- school based social emotional learning

About the programme

What happens during delivery?

How is it delivered?

- Learning Together is delivered in schools via a whole school approach. It is recommended that it is delivered on an ongoing basis. It consists primarily of three components:
    - classroom-based social and emotional learning, and circle time, delivered by teachers to cohorts of 30 students throughout the academic year
    - conferences to resolve conflict, led by teachers, for up to five sessions typically lasting between 30 minutes to two hours
    - action groups, delivered by both school staff and a minimum of six students, with six sessions per year each lasting one hour.

What happens during the intervention?

- Schools adopt a whole-school approach focusing on restorative practice. This involves three core components.
    - The first component sees restorative practice woven into the normal, classroom-based curriculum and involves enhanced social and emotional learning material to be taught in PSHE lessons alongside the use of circle time to allow students to informally discuss relationships. This also sees wider school changes such as the use of restorative language by staff.
    - The second component involves the use of restorative conferences to resolve serious instances of conflict between students. This involves a facilitated face-to-face meeting to discuss the incident and its impact on the victim and for the perpetrator to take responsibility for their actions and avoid further harms
    - The third component is an ‘Action Group’ involving a mix of senior staff, teachers, pastoral, and support staff as well as a minimum of six students who meet to review school policy and rules and how students perceive the school environment. This group also reviews the implementation of restorative practice as well as recommending tailed actions to address local priorities as well as the SEL curriculum.

What are the implementation requirements?

Who can deliver it?

- The practitioners who deliver this programme are teachers with QCF-6 level qualifications:
  - one teacher is responsible for leading preventative restorative practices (e.g. classroom-based).
  - one teacher is responsible for leading responsive restorative practices (e.g. conflict conferences).
  - one teacher (amongst other staff) sits on the action group.
  - one teacher is responsible for delivering the programme's social and emotional learning curriculum.

What are the training requirements?

- Practitioners receive between two and 24 hours of programme training, depending on their role. Booster training of practitioners is not required.
  - Teachers delivering preventative restorative practice receive two hours of training.
  - Teachers responsible for leading responsive restorative practice receive 24 hours of training.
  - Teachers and staff sitting on the action group and delivering the social and emotional learning curriculum do not require specific training.

How are the practitioners supervised?

- Practitioner supervision is provided through the following processes:
  - It is recommended that practitioners are supervised by one external facilitator supervisor (qualified to QCF-6 level) with 24 hours of programme training.

What are the systems for maintaining fidelity?

- Programme fidelity is maintained through the following processes:
  - Training manual
  - Other printed material
  - Face-to-face training
  - Fidelity monitoring

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Strong commitment to school and non-involvement with anti-school peer groups protect school students from involvement in bullying, smoking, alcohol use and drug use and promote students' mental wellbeing, psychological functioning and health-related quality of life.
- The intervention aims to increase students’ commitment to school and non-involvement with anti-school peer groups by enhancing relationships between and among school students and staff, and student involvement in decision-making through involving students in school decision-making and by addressing conflict at school through restorative practice.
- In the short term, the programme aims to increase students' commitment to school and non-involvement with anti-school peer groups.
- In the longer term, the programme aims to reduce students' involvement in bullying, smoking, alcohol use and drug use.

Intended outcomes

Supporting children's mental health and wellbeing Enhancing school achievement & employment Preventing crime, violence and antisocial behaviour Preventing substance abuse Preventing risky sexual behaviour & teen pregnancy

Contact details

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About the evidence

Learning Together's most rigorous evidence comes from one RCT which was conducted in the UK.

This study identified statistically significant positive impact on a number of child outcomes.

This programme is underpinned by one study with a level 3 rating, hence the programme receives a level 3 rating overall.

Study 1

Citation:	Bonell et al., 2018
Design:	Cluster RCT
Country:	United Kingdom
Sample:	40 schools, with 7121 students between 11 and 12 years old.
Timing:	Post-test

Child outcomes:

- Improved quality of life
- Improved wellbeing
- Reduced psychological problems
- Reduced truancy
- Reduced bullying victimisation
- Reduced contact with police
- Reduced cyberbullying perpetration
- Reduced perpetration of anti-social behaviours in or outside school
- Reduced participation in school disciplinary procedures
- Reduced E-cigarette use
- Reduced illicit drugs use
- Reduced smoking
- Reduced alcohol use

Other outcomes:

- None measured

Study rating: 3

Bonell, C., Allen, E., Warren, E., McGowan, J., Bevilacqua, L., Jamal, F., ... & Sturgess, J. (2018). Effects of the Learning Together intervention on bullying and aggression in English secondary schools (INCLUSIVE): a cluster randomised controlled trial. The Lancet, 392(10163), 2452-2464.

Available at: Effects of the Learning Together intervention on bullying and aggression in English secondary schools (INCLUSIVE): a cluster randomised controlled trial - The Lancet

Study design and sample

This study is a rigorously conducted RCT.
The study involved random assignment of secondary school students to a Learning Together treatment group and a usual practice group.
This study was conducted in the UK, with a sample of students between the ages of 11 and 12.

Measures

Bullying victimisation was measured using the Gatehouse Bullying Scale (GBS) (child self-report)
Perpetration of aggression was measured using the school misbehaviour subscale of the Edinburgh Study of Youth Transitions and Crime (ESYTC) (child self-report)
Quality of life was measured using the Paediatric Quality of Life Inventory (child self-report)
Wellbeing was measured using the Short Warwick-Edinburgh Mental Well-Being Scale (child self-report)
Psychological problems were measured using the Strengths and Difficulties Questionnaire (child self-report)
Bullying perpetration was measured using the bullying subscale of the Modified Aggression Scale (child self-report)
Substance use was measured using age-appropriate questions taken from national surveys (child self-report)
Substance abuse, sexual risk behaviour, use of NHS health services, and contact with the police was measured using age-appropriate questions taken from national surveys (child self-report)
Cyberbullying victimisation and perpetration was measured using the Daphne measure of cyberbullying (child self-report)
Student-reported observations of other students perpetrating aggressive behaviours at school was measured using a scale created by the study authors (child self-report)
Perpetration of antisocial behaviour in or outside school was measured using the ESYTC measure of antisocial behaviour (child self-report)
Participation in school disciplinary procedures was measured using the ESYTC measure of school discipline (child self-report)
Truancy was measured using the Ripple measure of truancy (child self-report)
E-cigarette use was measured using a scale created by the study authors (child self-report)
Perceived lack of school safety was measured using the HSE measure of school safety (child self-report)

Findings

This study identified statistically significant positive impact on a number of child outcomes.
This includes:

- Self-reported experience of bullying victimisation
- Quality of life
- Wellbeing
- Psychological problems
- Substance use
- Contact with police
- Cyberbullying perpetration
- Perpetration of antisocial behaviour in or outside of school
- Participation in school discipline procedures
- Truancy
- E-cigarette use

Other studies

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

Bonell, C., Dodd, M., Allen, E., Bevilacqua, L., McGowan, J., Opondo, C., ... & Viner, R. M. (2020). Broader impacts of an intervention to transform school environments on student behaviour and school functioning: post hoc analyses from the INCLUSIVE cluster randomised controlled trial. BMJ open, 10(5), e031589 - **This reference refers to a randomised control trial, conducted in the UK.**
Bonell, C., Allen, E., Opondo, C., Warren, E., Elbourne, D. R., Sturgess, J., ... & Viner, R. M. (2019). Examining intervention mechanisms of action using mediation analysis within a randomised trial of a whole-school health intervention. J Epidemiol Community Health, 73(5), 455-464 - **This reference refers to a randomised control trial, conducted in the UK.**
Bonell, C., Beaumont, E., Dodd, M., Elbourne, D. R., Bevilacqua, L., Mathiot, A., ... & Allen, E. (2019). Effects of school environments on student risk-behaviours: evidence from a longitudinal study of secondary schools in England. J Epidemiol Community Health, 73(6), 502-508 - **This reference refers to a randomised control trial, conducted in the UK.**
Bonell, C., Allen, E., Warren, E., McGowan, J., Bevilacqua, L., Jamal, F., ... & Mathiot, A. (2019). Modifying the secondary school environment to reduce bullying and aggression: the INCLUSIVE cluster RCT. Public Health Research, 7(18), 1-164 - **This reference refers to a randomised control trial, conducted in the UK.**
Warren, E., Bevilacqua, L., Opondo, C., Allen, E., Mathiot, A., West, G., ... & Bonell, C. (2019). Action groups as a participative strategy for leading whole?school health promotion: Results on implementation from the INCLUSIVE trial in English secondary schools. British Educational Research Journal, 45(5), 979-1000 - **This reference refers to a randomised control trial, conducted in the UK.**
Bonell, C., Allen, E., Christie, D., Elbourne, D., Fletcher, A., Grieve, R., ... & Viner, R. M. (2014). Initiating change locally in bullying and aggression through the school environment (INCLUSIVE): study protocol for a cluster randomised controlled trial. Trials, 15(1), 1-14 - **This reference refers to a randomised control trial, conducted in the UK.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

How to read the Guidebook

EIF evidence standards

About the EIF Guidebook

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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