Foundations
What Works Centre for Children & Families

Last reviewed: January 2021

Intervention website: https://www.ucl.ac.uk/child-health/research/population-policy-and-practice-research-and-teaching-department/champp/learning-together#Home

GUIDEBOOK INTERVENTION INFORMATION SHEET

Learning Together

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	Learning Together is a school-based social and emotional learning intervention for children aged between 11 to 16 years old. It is delivered by teachers to groups of children on an ongoing basis.
Evidence rating	3
Cost rating	1
Child outcomes	• Supporting children's mental health and wellbeing - Improved emotional wellbeing - Reduced bullying victimisation. • Enhancing school achievement and employment - Improved school attendance - Reduced involvement in school discipline actions. • Preventing crime, violence and antisocial behaviour - Reduced antisocial behaviours - Reduced contact with police - Preventing substance abuse - Reduced substance misuse - Reduced smoking - Reduced alcohol use.
Child age (population characteristic)	11 to 12 years old

Intervention summary	
Level of need (population characteristic)	Universal
Race and ethnicities (population characteristic)	• Asian or Asian British • Black or Black British • Mixed ethnic background • White British • White Other.
Type (model characteristic)	Individual, Group
Setting (model characteristic)	Secondary school
Workforce (model characteristic)	Teachers
UK available?	Yes
UK tested?	Yes

Model description

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

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

The intervention 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 intervention aims to reduce instances of bullying, antisocial behaviour, and poor health outcomes.

The intervention consists of three core components:

- Use of restorative practice embedded in normal classes. This includes circle time, use of restorative language, and use of an enhanced SEL curriculum.
- 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.
- 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.

Target population

Age of child	11 to 16 years old
Target population	Children in secondary school classrooms.

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**
Students who are disengaged from school or involved with anti-school peer groups are at higher risk for negative behaviours such as bullying, substance use, and poor mental health outcomes. Strong commitment to school and involvement in positive peer groups can protect against these risks and promote better psychological functioning.	Enhancing students' commitment to school, their involvement in positive peer groups, and fostering strong relationships between students and staff can improve students' mental wellbeing, reduce risky behaviours, and promote overall health-related quality of life.	School students, particularly those at risk of disengagement, involvement in anti-school peer groups, bullying, substance use, and other negative behaviours.	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.	• Increased student commitment to school and reduced involvement with anti-school peer groups • Improved relationships between students and staff • Enhanced student participation in school decision-making processes.	• Decreased involvement in bullying and other disruptive behaviours • Reduction in smoking, alcohol use, and drug use among students • Improved student mental wellbeing and psychological functioning.	• Sustained positive behaviour and school engagement • Long-term reduction in risk behaviours (e.g. bullying, substance abuse) • Improved overall health-related quality of life and mental wellbeing for students.

Implementation requirements

Who is eligible?	Children 11 to 16 years old in secondary school classrooms.
How is it delivered?	Learning Together is delivered via a whole-school approach on an ongoing basis by classroom teachers to children.
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.
Who can deliver it?	The practitioners who deliver this intervention are teachers: • 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 (among other staff) sits on the action group • One teacher is responsible for delivering the intervention's social and emotional learning curriculum.
What are the training requirements?	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 on the action group and delivering the curriculum do not require specific training. Booster training of practitioners is not required.
How are practitioners supervised?	It is recommended that practitioners are supervised by one external facilitator supervisor, with 24 hours of intervention training.

Implementation requirements (Cont.)

What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: • Training manual • Other printed material • Face-to-face training • Fidelity monitoring.
Is there a licensing requirement?	No
***Contact details**	Contact person: Dr Chris Bonell Organisation: London School of Hygiene and Tropical Medicine Email address: chris.bonell@lshtm.ac.uk Website: https://www.ucl.ac.uk/child-health/research/population-policy-and-practice-research-and-teaching-department/champp/learning-together#Home *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

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

This study identified statistically significant improvements in quality of life and wellbeing, and reductions in psychological problems, truancy, bullying victimisation, contact with the police, cyberbullying perpetration, perpetration of antisocial behaviours, participation in school disciplinary procedures, e-cigarette use, illicit drugs use, smoking, and alcohol use.

Learning Together 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.

Child outcomes			
Outcome	**Improvement index**	**Interpretation**	**Study**
Improved quality of life	+6	1.44-point improvement on the Paediatric Quality of Life Inventory (Immediately after the intervention)	1
Improved wellbeing	+3	0.33-point improvement on the Short Warwick-Edinburgh Mental Well-Being Scale (Immediately after the intervention)	1
Reduced psychological problems	+6	0.54-point improvement on the Strengths and Difficulties Questionnaire (Immediately after the intervention)	1
Reduced truancy	+11	3.60-percentage point decrease in truancy (measured using the Ripple measure of Truancy) (Immediately after the intervention)	1
Reduced bullying victimisation	+3	0.03-point improvement on the Gatehouse Bullying Scale (Immediately after the intervention)	1
Reduced contact with police	+7	1.91-percentage point decrease in the proportion of participants experiencing contact with the police (measured using National Survey Questions) (Immediately after the intervention)	1

Child outcomes			
Outcome	**Improvement index**	**Interpretation**	**Study**
Reduced cyberbullying perpetration	+10	2.50-percentage point decrease in cyberbullying perpetration (measured using the Daphne measure of Cyberbullying) (Immediately after the intervention)	1
Reduced perpetration of anti-social behaviours in or outside of school	+3	0.03-point reduction on the Edinburgh Study of Youth Transitions and Crime measure of antisocial behaviours (Immediately after the intervention)	1
Reduced participation in school disciplinary procedures	+7	0.32-point reduction on the Edinburgh Study of Youth Transitions and Crime measure of school discipline (Immediately after the intervention)	1
Reduced e-cigarette use	+13	6.80-percentage point decrease in proportion of participants using E-cigarettes (measured using National Survey Questions) (Immediately after the intervention)	1
Reduced illicit drugs use	+16	3.67-percentage point decrease in proportion of participants using illicit drugs (measured using National Survey Questions) (Immediately after the intervention)	1
Reduced smoking	+13	6.47-percentage point decrease in proportion of participants smoking (measured using National Survey Questions) (Immediately after the intervention)	1

Child outcomes			
Outcome	**Improvement index**	**Interpretation**	**Study**
Reduced alcohol use	+8	6.00-percentage point decrease in proportion of participants using alcohol (measured using National Survey Questions) (Immediately after the intervention)	1

Search and review

	Number of studies
Identified in search	7
Studies reviewed	1
Meeting the L2 threshold	0
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	6

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	UK
Sample characteristics	40 schools, with 7,121 students aged between 11 and 12 years old.
Race, ethnicities, and nationalities	• 39.7% White British • 25% Asian or Asian British • 14% Black or Black British • 8.6% White Other • 7% Mixed ethnic background • 5.1% Other • 0.7% Chinese or Chinese British.
Population risk factors	The sample included students from diverse socioeconomic backgrounds, with approximately 36% eligible for free school meals. High incidences of bullying and aggression were reported in the school environment.
Timing	• Baseline • 24-month follow-up • 36-month follow-up.
Child outcomes	• Improved quality of life (Child report) • Improved wellbeing (Child report) • Reduced psychological problems (Child report) • Reduced bullying victimisation (Child report) • Reduced contact with police (Child report) • Reduced illicit drugs use (Child report) • Reduced smoking (Child report) • Reduced alcohol use (Child report) • Reduced truancy (Child report) • Reduced cyberbullying perpetration (Child report) • Reduced cyberbullying victimisation (Child report) • Reduced participation in school disciplinary procedures (Child report) • Reduced perpetration of antisocial behaviour in or outside school (Child report) • Reduced E-cigarette use (Child report).
Other outcomes	None
Study Rating	3

Study 1	
Citations	**Study 1a:** Bonell, C., Allen, E., Warren, E., McGowan, J., Bevilacqua, L., Jamal, F., … & Viner, R.M. (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. **Study 1b:** 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.

Brief summary

Population characteristics

This study involved a sample of 6,667 children aged 11 to 12 years old in South East England. Just over half (52.7%) of the participants were female. The majority (39.7%) identified as White British, 25% Asian or Asian British, 14% Black or Black British, 8.6% White Other, 7% Mixed ethnic background, 0.7% Chinese or Chinese British, and 5.1% Other.

Study design

20 schools (3,516 students) were randomly allocated to receive the Learning Together intervention, and 20 to a control group (3,605 students). Randomisation was stratified by key school-level determinants of violence, including: (1) single sex versus mixed sex school; (2) school-level deprivation, as measured by the percentage of students eligible for free school meals; and (3) student attainment.

Measurement

Measures were completed at baseline, 24 months follow-up, and 36-month follow-up

- **Child report** measures included the Paediatric Quality of Life Inventory, the Short Warwick-Edinburgh Mental Well-Being Scale, the Strengths and Difficulties Questionnaire, the Gatehouse Bullying Scale, the Edinburgh Study of Youth Transitions and Crime, the Ripple measure of truancy, the Daphne measure of cyberbullying, the HSE measure of school safety, as well as questions adapted from national surveys and measures created by the authors to assess e-cigarette use and being stopped, reprimanded, or picked up by the police.

Study retention

94.3% (6290) of participants participated in the 24-month follow-up assessment, representing 94.4% (3195) of intervention participants and 93.2% (3095) of control participants.

89.4% (5960) of participants participated in the 36-month follow-up assessment, representing 89.9% (3087) of intervention participants and 86.6% (2873) of control participants.

Results

Data-analytic strategy

Mixed linear regression models with random effects at the school and individual levels were used to estimate the intervention's effects on the intended outcomes. An intent-to-treat design was used.

Findings

Youth in the intervention group showed statistically significant reductions in smoking, alcohol, substance use, e-cigarette use, psychological problems, participation in school disciplinary procedures, bullying victimisation, truancy, cyberbullying perpetration, and police contact at the 36-month follow-up. Statistically significant improvements were observed in perceived lack of school safety and cyberbullying victimisation at the 24-month follow-up and statistically significant improvements in quality of life and wellbeing were found at the 36-month follow-up.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Quality of life	Paediatric Quality of Life Inventory (Child report)	0.14	Yes	5,960	36 months
Wellbeing	Short Warwick-Edinburgh Mental Well-Being Scale (Child report)	0·07	Yes	5,960	36 months
Bullying victimisation	Gatehouse Bullying Scale (Child report)	−0·05	No	6,290	24 months

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Bullying victimisation	Gatehouse Bullying Scale (Child report)	–0·08	Yes	5,960	36 months
Bullying perpetration	Modified Aggression Scale – Bullying subscale (Child report)	–0·12	No	5,960	36 months
Perpetration of aggression	Edinburgh Study of Youth Transitions and Crime – School misbehaviour subscale (Child report)	–0·03	No	6,290	24 months
Perpetration of aggression	Edinburgh Study of Youth Transitions and Crime – School misbehaviour subscale (Child report)	–0·01	No	5,960	36 months
Psychological problems	Strengths and Difficulties Questionnaire (Child report)	–0·14	Yes	5,960	36 months
Substance Use	Questions adapted from national surveys (Child report)	OR = 0·51	Yes	5,960	36 months
Alcohol Use	Questions adapted from national surveys (Child report)	OR = 0·72	Yes	5,960	36 months

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Smoking	Single item measure (Child report)	OR = .058	Yes	5,960	36 months
Perpetration of antisocial behaviour	Edinburgh Study of Youth Transitions and Crime – Antisocial measure (Child report)	−0·03	No	6,290	24 months
Perpetration of antisocial behaviour	Edinburgh Study of Youth Transitions and Crime – Antisocial measure (Child report)	−0·01	No	5,960	36 months
Police contact	Self-report item (Child report)	OR = 1.00	Yes	5,960	36 months
Use of NHS and health services	Self-report item (Child report)	OR = 1·00	No	5,960	36 months
Age of sexual debut	Self-report item (Child report)	−0·12	No	5,960	36 months
Contraception at first sex	Self-report item (Child report)	OR = 1·00	No	5,960	36 months
E-cigarette use	Self-report item (Child report)	OR = 0.60	Yes	6,290	24 months
E-cigarette use	Self-report item (Child report)	OR = 0.60	Yes	5,960	36 months

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Cyberbullying perpetration	Daphne measure of cyberbullying (Child report)	OR = 0.90	No	6,290	24 months
Cyberbullying perpetration	Daphne measure of cyberbullying (Child report)	OR = 0.65	Yes	5,960	36 months
Cyberbullying victimisation	Daphne measure of cyberbullying (Child report)	OR = 0.77	Yes	6,290	24 months
Cyberbullying victimisation	Daphne measure of cyberbullying (Child report)	OR = 0.80	No	5,960	36 months
Perpetration of antisocial behaviour in or outside school	Adapted from ESYTC measure of antisocial behaviour	MD= −0.009	No	6,290	24 months
Perpetration of antisocial behaviour in or outside school	Adapted from ESYTC measure of antisocial behaviour	MD= −0.031	No	5,960	36 months
Participation in school disciplinary procedures	Edinburgh Study of Youth Transitions and Crime – School discipline measure (Child report)	MD= −0.160	Yes	6,290	24 months

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Participation in school disciplinary procedures	Edinburgh Study of Youth Transitions and Crime – School discipline measure (Child report)	MD= −0.320	Yes	5,960	36 months
Truancy	Ripple measure of truancy (Child report)	OR=0.92	No	6,290	24 months
Truancy	Ripple measure of truancy (Child report)	OR=0.64	Yes	5,960	36 months
Perceived lack of school safety	Health Schools Ethos (HSE) measure of school safety (Child report)	OR=1.39	Yes	6,290	24 months
Perceived lack of school safety	Healthy Schools Ethos (HSE) measure of school safety (Child report)	OR=1.05	No	5,960	36 months

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.

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. *Journal of Epidemiology and Community Health*. 73 (5), 455–464. **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.**

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.**

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. *Journal of Epidemiology and Community Health*. 73 (6), 502–508. **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.**

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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.