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Winrow, Eira; Edwards, Rhiannon Tudor

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What makes for effectiveness when starting early – Learning from an integrated school-based violence and abuse prevention programme for children under 12

Nicky Stanley^{a,*}, John Devaney^b, Zain Kurdi^b, Ugur Ozdemir^b, Christine Barter^a, Claire Monks^c, Rhiannon Tudor Edwards^d, Farwa Batool^a, Joanna Charles^d, Nicola Farrelly^a, David Hayes^e, Annemarie Millar^e, Trevor Thompson^c, Eira Winrow^d, Lorraine Radford^a

^a University of Central Lancashire, Preston PR1 2HE, UK

^b University of Edinburgh, Edinburgh EH8 9YL, UK

^c University of Greenwich, London SE10 9LS, UK

^d Bangor University, Bangor LL57 2DG, UK

^e Queen's University Belfast, Belfast BT7 1NN, UK

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ABSTRACT

Background: Integrated programmes addressing varying forms of violence and abuse are increasingly delivered to children under 12 but uncertainty remains about what should be delivered to whom, when and in what dose.

Objective: To examine the impact of Speak Out Stay Safe (SOSS) - an integrated prevention programme for children under 12 - and whether impact varied by age, gender and context.

Participants and setting: A representative UK sample of primary schools in receipt of SOSS was matched with comparison schools not receiving SOSS. At 6 months follow-up, 1553 children from 36 schools completed the survey.

Methods: The matched control study incorporated economic and process evaluations. Survey measures included: children's knowledge and understanding of different forms of violence and abuse, readiness to seek help, knowledge of sexual abuse, perceptions of school culture and health and wellbeing. Perceptions of children, teachers, and facilitators were captured.

Results: At 6 months, children aged 9–10 who received SOSS retained their improved knowledge of neglect and their ability to identify a trusted adult who they would tell about violence or abuse. Children aged 6–7 receiving a shorter version of the programme were less likely to benefit and boys made fewer gains than girls. SOSS improved the knowledge of children with low knowledge of abuse. School culture was closely associated with programme impact.

Conclusion: School-based prevention programmes deliver benefits at low cost but should acknowledge and engage with the specific school context to achieve school readiness and embed programme messages.

* Corresponding author.

E-mail address: NStanley@uclan.ac.uk (N. Stanley).

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1. Introduction

While universal prevention programmes addressing violence and abuse have been delivered in schools for over 30 years (Gubbels et al., 2021; Holloway & Pulido, 2018), there is still uncertainty about what should be taught to which children, at which age and stage of development, by whom and how. Early programmes targeted specific forms of abuse or harm such as child sexual abuse or bullying, and bullying programmes have become particularly well-established in schools with staff perceiving them as highly relevant to their core tasks of behaviour management and attainment. Research has identified the cumulative impact of different forms of childhood harm for development and wellbeing and has moved towards the concept of polyvictimization with different forms of harm and abuse interacting to produce a range of adverse outcomes in both childhood (Finkelhor et al., 2007; Turner et al., 2016) and adulthood (Felitti et al., 1998; Hughes et al., 2017). This suggests that preventive interventions should also target multiple and intersecting forms of harm or abuse (DeGue et al., 2013) and, increasingly, school-based preventive programmes can be described as integrated programmes addressing several forms of harm or abuse.

While the relevance of these programmes for adolescents is widely accepted (UNESCO & UN Women, 2016; World Health Organisation (WHO), 2016), debate continues about their appropriateness for younger children in primary/elementary education. In England, relationships education is now a statutory part of the curriculum in primary schools. The guidance specifies that pupils should receive 'the knowledge they need to recognise and to report abuse, including emotional, physical and sexual abuse' (Department for Education (DfE), 2021). This teaching has encountered resistance from some communities where notions of childhood innocence and concerns about whether relationships and sex education are matters for school or family have surfaced (Lee, 2021).

Such challenges make it essential that there is strong evidence available for the effectiveness of preventive interventions for younger children, especially for teachers, programme designers and policy makers who may be called on to defend these initiatives.

1.1. The Speak Out Stay Safe programme

Speak Out Stay Safe (SOSS) is designed and developed specifically for primary school children aged 5–11 by the National Society for Prevention of Cruelty to Children (NSPCC), the UK's largest child protection charity. SOSS aims to increase children's awareness and understanding of the full spectrum of child violence and abuse, and enable them to seek help from a trusted adult. It is available free to all primary schools in the UK, and in 2018/19 it was delivered to approximately 1.8 million children in 8000 schools (personal communication from NSPCC). At the time of the evaluation, it was delivered in classrooms by NSPCC staff and trained volunteers working in pairs. Schools were offered SOSS at regular intervals with the aim that all children would receive it twice in their primary school career. The manualised programme was available in two versions for children aged 5–7 years and children aged 7–11 years. Both age groups received a presentation delivered to a several classes or grades in a large assembly that lasted 20 minutes for the younger children and 30 minutes for the older children who also received a one-hour interactive workshop.

The programme utilises a child-appropriate format incorporating film, cartoons, narrative, stickers and discussion. Children are informed about different types of abuse and harm including neglect, physical abuse, sexual abuse, emotional abuse and bullying and about Childline, the NSPCC's free UK helpline that receives calls directly from children. The assembly for older children also covers material on domestic violence. During the interactive workshop, older children explore definitions of abuse and harm in greater depth and discuss why children might feel worried and need someone to talk to. SOSS emphasises that children have a right to speak out, be safe and to receive help if needed. Most participating schools receive SOSS once every two or three years. Schools have the option of delivering an additional fundraising component after programme delivery and approximately 40 % choose to do so with funds raised donated to the NSPCC.

2. Background

There is little robust evidence available on the impact of prevention programmes that address the full range of different types of violence and abuse for children under 12 as covered by SOSS. However, some evaluations have been undertaken of programmes targeting more than one form of harm or abuse for the younger age group. In Scotland, Barron and Topping's (2013) exploratory evaluation of the Tweenies programme addressing bullying, physical and sexual assault, domestic violence and gender issues for children aged 11–14 found significant knowledge gains for younger children but not older. In the US, the Child Safety Matters programme for elementary school children addresses sexual, physical and emotional abuse, neglect, bullying and digital forms of harm. Bright et al.'s (2022) randomised controlled trial in Florida focused on children's knowledge of safe and risky situations which did not encompass neglect. However, the study found that children receiving the programme increased their knowledge significantly by comparison with the control group. Thompson et al. (2022) conducted a randomised control trial of the Play it Safe! programme targeting sexual and physical abuse and delivered to elementary school children in Texas. Again, post-intervention measures showed an increase in knowledge that was significant for younger children only. Higher increases in knowledge for younger children have been identified by other studies of school-based programmes (Jiménez-Barbero et al., 2016; Nickerson et al., 2019) and are likely to be attributable to their lower levels of knowledge at baseline.

There is a substantial body of research on programmes addressing specific forms of harm or abuse delivered to children in primary schools. The evidence base for the effectiveness of bullying programmes is particularly strong. A rapid evidence review conducted for the purposes of this study (Stanley and the TESSE Team, 2021) identified nine systematic reviews of bullying interventions delivered to children under 11; three of these were meta-analyses. Generally, bullying prevention programmes in schools appear effective. Gaffney et al.'s (2019) meta-analysis found that programmes reduced school-bullying perpetration by approximately 19–20 % and school-

bullying victimization by approximately 15–16 %. Programme impact seems higher for children under 10 years (Stanley & the TESSE Team, 2021).

Programmes targeting sexual abuse are more likely to focus on children under 12 (Barron & Topping, 2013). Fryda and Hulme's (2015) review found an improvement in children's knowledge about sexual abuse in 20 out of the 23 evaluations of programmes reviewed. Walsh et al.'s (2015) systematic review included 23 elementary school programmes and concluded that there was moderate evidence for the effectiveness of school-based programmes in increasing children's protective behaviours and knowledge of sexual abuse prevention concepts.

Most reviews of domestic or dating violence prevention programmes concern those delivered to adolescents ((Stanley et al., 2015), but Hale et al.'s (2012) evaluation of a domestic violence prevention programme in England found a positive impact on primary school children's attitudes towards retaliatory aggression and domestic violence but less impact on general attitudes towards aggression and help seeking behaviours (Hale et al., 2012).

Understanding of the factors and settings contributing to impactful programmes is developing, and Gubbels et al.'s (2021) meta-analysis highlights the importance of dosage with longer programmes producing significantly larger effects on children's knowledge. Likewise, Swift et al.'s (2017) study of the 'KiVa' anti-bullying programme developed in Finland and delivered in the US to children aged 8–12 years found that time spent on the programme (dosage) was a key predictor in achieving positive change.

Programme delivery methods are also relevant. Gubbels et al. (2021) emphasise the value of interactive methods of delivery such as games and role play as compared to traditional teaching methods. Finkelhor et al. (2014) identified four key features of a high-quality violence prevention programme: information provided to parents; parents invited to meetings about the programme; role-play and programme length of more than one day.

There are debates concerning who is best equipped to deliver programmes with some (Fox et al., 2014; Wurtele & Kenny, 2018) arguing that teachers are best placed to deliver and embed this learning, while other studies point to teachers' low levels of confidence and skill on these topics (Stanley et al., 2015; Barron & Topping, 2008). Some interventions, such as the KiVa anti-bullying programme (Swift et al., 2017), provide training and curriculum material for delivery by teachers rather than targeting children directly.

In addition to the mediating effects of age mentioned above, there are also indications that some groups of children may benefit more than others. Wood and Archbold's (2015) US study of the 'Red Flag Green Flag People' sexual abuse prevention programme for second, third and fourth graders found that girls retained more knowledge than boys at two-years follow-up. Stanley et al.'s (2015) review of domestic violence prevention programmes also found that, where programmes showed differential gender effects, girls had better outcomes than boys. However, in common with Wurtele and Kenny (2018), the review concluded that generally programmes failed to address diversity. Such findings suggest that programmes designed for large-scale delivery need to identify ways of addressing diversity in respect of gender, age and socio-economic levels among children and their communities.

2.1. Study aims

This study aimed to discover if an integrated preventive programme could improve knowledge and understanding of abuse and other forms of harm for children aged 6–11 and enable retention of that knowledge over six months. We planned to explore whether impact varied for different groups of children, particularly by age and gender, and to take account of context: specifically, school readiness for the programme and school culture. A secondary aim was to undertake a cost consequence analysis of the SOSS programme.

3. Methods

3.1. Design

The study utilised a matched control design involving a student completed outcome survey, economic evaluation and process evaluation. The wide and ongoing delivery of SOSS made a randomised control trial design unfeasible. The development of the survey was informed by a review of tools and measures (Stanley & the TESSE Team, 2021) which found no tested measures for children under 12 that covered changes in knowledge for all the types of violence and abuse addressed by SOSS. The survey therefore included a combination of a bespoke tool designed by the research team (but informed by existing tools such as the What If Situations Test (WIST) (Wurtele et al., 1998)) and tested measures. The acceptability of the methods and tools was tested by a feasibility study involving six schools (Barter et al., 2022). As a result, modifications were made to the survey which had proved too long and demanding for younger children aged 6–7 and in the full study, only the older children completed the full survey while younger children completed a shortened version. The feasibility study also revealed that some questions included in tested measures involving double negatives were challenging for both younger and older children and these were re-phrased. Some North American idioms from tested measures were also replaced for the benefit of a UK audience.

Schools delivering SOSS ($n = 40$) were recruited from across the UK along with comparison schools ($n = 34$) that had not received SOSS in the preceding two years. Intervention and comparison schools were matched based on the proportion of children in receipt of free school meals (FSM), (as a proxy for economic deprivation); religious ethos of the school; and rural/urban location.

3.2. Participants

In each school, a class of younger children aged 6–7 years and a class of older children aged 9–10 years participated in the

evaluation. In total, 1841 children in intervention schools and 1701 children in comparison schools completed the baseline survey, with a good balance in relation to key demographic factors such as gender (Table 1). Follow-up measures six months after programme delivery were only able to be completed in 36 schools due to the pandemic restrictions (see Limitations section) and 1553 children ($n = 803$ in intervention schools, $n = 750$ in comparison schools) participated in the survey at follow-up. Fig. 1 shows the participant flow through the study in line with Consolidated Standards of Reporting Trials (CONSORT) guidelines (Schulz et al., 2010).

3.2.1. Procedure

Researchers administered the survey to children in their classes. Children in intervention schools completed the attractively designed survey on hand-held tablets at three time-points: T1 (baseline pre-test) seven days before programme delivery; T2 (post-test) within 14 days after delivery; and T3 (follow-up) six months after baseline. In comparison schools, the survey was completed within 14 days of programme delivery in the matched intervention school (T1) and again six months after baseline (T3).

All participating schools received book tokens worth £200. Comparison schools were also offered the opportunity to receive the SOSS programme nine months after the first data collection point when all follow-up data had been collected.

3.3. Measures

The survey contained four measures:

1. A bespoke tool measured children's readiness to tell; their ability to identify an appropriate trusted adult to tell and their recognition of different forms of violence and abuse. Only older children answered this last question. Both younger and older children's readiness to tell was measured by asking whether they would tell someone, and their ability to identify an appropriate trusted adult was tested by asking who they would tell. Both questions were asked in relation to a series of short scenarios describing different forms of violence and abuse (see Appendix 1). Two of the scenarios included additional questions that examined children's allocation of responsibility for abuse. The internal consistency of the measure of children's readiness to tell was consistent across age groups (younger children $\alpha = 0.68$; older children $\alpha = 0.67$); as was the measure of children's ability to identify a trusted adult (younger children $\alpha = 0.75$; older children $\alpha = 0.73$). Children's ability to recall a helpline number (Childline) was also tested.
2. The Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-R) (Tutty, 1995) measures knowledge of sexual abuse and includes some questions on bullying. The CKAQ-R contains 24 true-false items and an item on the acceptability of children sending a photo of themselves in underwear was added ($\alpha = 0.88$).
3. A shortened version of the Elementary Authoritative School Climate Survey (ASCS) (Cornell, 2016) measured older children's perceptions of school culture. This contained 11 items requiring a yes/no response and included items such as whether children saw their school positively and whether they could talk to staff if they had a problem and would expect to receive help.

Table 1

All children completing survey at baseline (T1) and 6 months follow-up (T3).

		Children completing survey at baseline T1 ($n = 3297$) and T3 ($n = 1553$)							
		T1 younger children		T1 older children		T3 younger children		T3 older children	
		$n = 1596$		$n = 1701$		$n = 790$		$n = 763$	
		I Schools	C Schools	I Schools	C Schools	I Schools	C Schools	I Schools	C Schools
		$n = 886$	$n = 710$	$n = 955$	$n = 746$	$n = 410$	$n = 380$	$n = 393$	$n = 370$
		No.(%)	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)	No.(%)
Gender	Female	440(50)	338(48)	482(51)	361(48)	212(52)	183(48)	199(51)	183(50)
	Male	432(49)	353(50)	458(48)	380(51)	190(46)	194(50)	188(48)	180(49)
	IDWTA ^a	14(2)	19(3)	15(2)	5(1)	8(2)	3(1)	6(2)	7(2)
Age	5	2 (0.2)	1 (0.1)	0	0	0	0	0	0
	6	358(40)	263(37)	0	0	3(1)	2(1)	0	0
	7	488(55)	419(59)	1 (0.1)	0	240(59)	222(58)	0	0
	8	29(3)	20(3)	8(1)	13(2)	158(39)	150(40)	0	0
	9	0	0	433(45)	271(36)	1(0.2)	0	12(3)	0
	10	0	0	451(47)	424(57)	0	1(0.3)	203(52)	229(62)
	11	0	0	28(3)	8(1)	6(2)	0	170(43)	127(34)
	IDWTA ^a	9(1)	7(1)	34(4)	30(4)	2(1)	5(1)	8(2)	14(4)
% FSM Quartiles ^b	Q1	216(24)	177(25)	247(26)	171(23)	90(22)	118(31)	106(27)	95(26)
	Q2	214(24)	159(22)	235(25)	162(22)	135(33)	76(20)	143(36)	72(19)
	Q3	114(13)	83(12)	98(10)	91(12)	77(19)	47(12)	64(17)	53(14)
	Q4	342(39)	291(41)	375(39)	322(43)	108(26)	139(37)	80(20)	150(41)

I = Intervention school C = Comparison school.

Q1 is lowest % of free school meals, Q4 the highest.

^a I don't want to answer.

^b Quartiles are calculated based on national averages within each of the four countries.

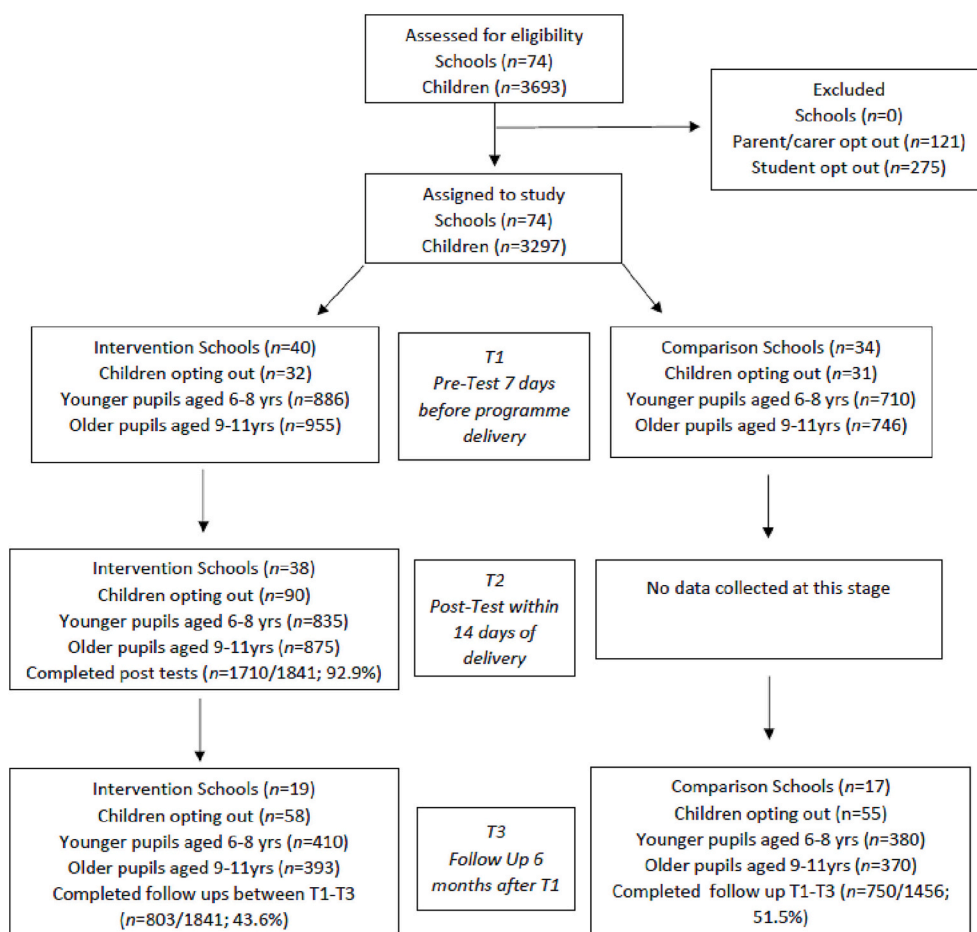


Fig. 1. Flow of children through the study.

4. The Child Health Utility Index 9D (CHU-9D) (Stevens, 2009) measures health and wellbeing and has been validated for use with children aged 7–11 years (Furber & Segal, 2015). It was used to collect data from the older children for the economic evaluation.

3.4. Qualitative data

Researchers completed 39 face-to-face or telephone interviews (21 in intervention schools and 18 in comparison schools) at T3 with Headteachers/Designated Safeguarding Leads (teachers designated to respond to and co-ordinate child protection in schools) to capture data on the wider impact of SOSS. These interviews, which lasted up to an hour, provided information on other teaching delivered on harm and abuse. Sixteen classroom teachers in intervention schools were also interviewed, usually by telephone but sometimes face-to-face, at T2 to elicit their views of the programme.

Children's views were captured through ten focus groups at T2 involving 61 children, and 15 programme facilitators (both NSPCC staff and volunteers) were also interviewed. All interviews and focus groups were audio-recorded with participants' consent.

Structured observation was completed by the researchers of 20 school assemblies and 10 class workshops. In line with Carroll et al.'s (2007) framework, fidelity was measured using three dimensions: content, quality of delivery, and context.

3.5. Economic data

There is a lack of cost analyses of prevention programmes in this field (Barron & Topping, 2013) and so this element was built into the study using a micro-costing approach that included both societal and NSPCC perspectives. This allowed us to use crucial cost data collected on a 'bottom-up' basis to provide a complete analysis of costs alongside outcomes (Charles et al., 2013). The choice of perspectives defined the evaluative space and determined exactly which costs would be included or excluded when considering the resources required for the set-up, delivery and sustainability of the intervention.

Thirty NSPCC Area Co-ordinators (staff responsible for making school bookings and arranging programme delivery) completed cost surveys on a representative sample of schools, providing data on: time taken to make bookings with schools, who delivered the

programme, the cost in hours of programme sessions and materials utilised. The NSPCC provided data on staff salaries and volunteer recruitment and training costs. Approximately 40 % of schools participating in SOSS fundraise for the NSPCC and income raised through this was also captured.

3.6. Analysis

Survey data were cleaned and checked for systematic missing observations. Children were given the options of skipping or not answering questions. Younger children were more likely to skip questions, but overall, rates of missed questions were at acceptable levels and reduced across the three time-points as children's familiarity with survey content increased. Individuals' scores for the bespoke measure were aggregated across two dimensions: readiness to seek help and ability to identify an appropriate trusted adult. Scores for the CKAQ-R were also aggregated to produce a total score of 25 (see Supplementary material for a fuller account of approach to scoring and aggregation).

All children and schools were assigned identifiers that made it possible to match observations at the three time-points at both school and child levels. However, since the pandemic restrictions reduced sample sizes at T3 (see below), the decision was made to use individual children as the unit of analysis. *t*-Tests were conducted to compare the scores of children in intervention and comparison schools.

Qualitative data were analysed using a thematic framework (Ritchie & Spencer, 1994). A combination of both inductive analysis with key themes mapped onto the broader research questions, and deductive analysis where themes related to those in the existing literature (Braun & Clarke, 2019), was used to develop the framework.

The cost survey data were analysed to take account of the costs incurred by the NSPCC using financial cost provided or proxy values. A cost consequence analysis that enabled outcomes to be quantified and related to costs for separate courses of action with multi-dimensional outcomes (Drummond et al., 2015) was undertaken.

3.7. Ethical issues

A hierarchical approach was taken to eliciting consent (see Barter et al., 2022) with consent acquired first from schools, then from parents/carers on an opt-out basis and subsequently from children who opted into the study. Children provided consent in the classroom prior to survey completion at each time-point, having previously been alerted by the teacher to the survey and its purpose. Given the sensitivity of the survey questions, it was emphasised that children could withdraw from the survey at any time. Parents/carers gave separate opt-in consent for the older children's participation in focus groups and children volunteered for participation in these groups.

As SOSS encourages children to disclose abuse and harm, children's participation in the research together with exposure to the programme was considered likely to elicit disclosures. A safeguarding procedure was developed for the researchers who subsequently reported 35 safeguarding disclosures or wellbeing concerns across 21 schools during the study. Most disclosures/concerns related to older children with half concerning bullying ($n = 13$) or sibling violence ($n = 5$); the majority arose at baseline collection.

The study received ethical approval from the NSPCC Ethics Committee and ethics committees at the Universities of Central Lancashire and Edinburgh.

3.8. Limitations

Although the bulk of data had been collected by March 2020 when lockdown was introduced across the UK due to the Covid-19 pandemic, school closures and research restrictions impacted on data collection. At T3, data had been collected in 21 of the 74 schools where baseline data was collected. Following the re-opening of schools in August–September 2020, T3 data collection resumed remotely using schools' tablets, computer systems or on paper. Children were introduced to the survey and talked through the consent procedures using a short video recorded by the researcher who had previously visited the school and who was available remotely to support teachers. This resulted in T3 completion in a further 15 schools so that, in total, 1553 children completed the survey at T3, just under half of the 3297 children participating at baseline. Comparison of key characteristics of the schools sampled at T1 and T3, such as the age, gender and proportion of children in receipt of free school meals, found that the overall profile of the schools remained similar across both time-points.

In respect of children responding to the survey, comparing pre- and post-lockdown respondents, no significant differences were found on the CHU-9D measure in respect of general health and wellbeing for the two cohorts. We used a clustered comparison of means to check for significant differences in scores between the pre- and post-lockdown cohorts and, with the exception of one survey item (measuring ability to confide in a trusted adult for the older children) which was significantly higher pre-lockdown, with a small effect size ($d = 0.277$), no differences were found.

We had originally planned to measure programme impact on disclosure rates by capturing data from schools' records. However, schools found providing this data demanding and we encountered some reluctance to share this information which may be attributable to poor record-keeping and concerns about reputation. In total, we only succeeded in collecting this data in 12 schools.

4. Results

Table 1 shows the survey sample characteristics at baseline (T1) and at 6 months follow-up (T3). Given that Gubbels et al.'s (2021)

meta-analysis found noticeable fade-out effects as follow-up times increased, the results reported are for T3 only since the question of whether the programme achieved sustained change was key to this study.

4.1. Children's recognition of different forms of violence and abuse (bespoke measure)

The bespoke measure assessed older children's recognition of different forms of violence and abuse by asking whether a behaviour was 'a type of abuse that happened to some children'. Table 2 shows that children were least likely to recognise neglect at baseline, and nearly half did not recognise that children might be sexually abused. Bullying and physical abuse were both more likely to be identified as forms of abuse.

Table 2 shows that, at 6-months follow-up, older children in intervention schools were significantly more likely than those in comparison schools to identify different forms of abuse correctly with the greatest improvements found in relation to knowledge of physical and sexual abuse. However, bullying is an exception to this picture with high levels of awareness found at baseline and follow-up in both arms of the study.

4.2. Readiness to tell (bespoke measure)

At baseline, the survey found that most children in both age groups and in intervention and comparison schools understood that they should tell someone about a violent or abusive incident. However, there was a sizeable minority of children in both age groups who were unable to distinguish harmful behaviour that they should inform someone about. For instance, in relation to the question "Your friend saw his parents arguing. They became very angry and began to push and hit each other. What should he do?" (which was only asked of older children), at baseline, 24 % of children in intervention schools, and 23 % of children in comparison schools did not say that someone should be told.

While increases in readiness to tell were found for both younger and older children at follow-up, these were not significant, nor was the difference in improvement significant when compared to that of children in comparison schools (see Table 3).

Older children in both intervention and comparison schools were much less ready to tell about an incident of domestic violence than they were about other forms of harm; however, reluctance to do so decreased at 6-months follow-up, with a steeper decrease found for children in intervention schools (14 % of older children in intervention schools reluctant to tell versus 21 % in comparison schools).

Headteachers interviewed in intervention and comparison schools indicated that teaching already delivered reflected children's varying knowledge of different forms of harm and abuse and reported that staff were considerably more confident in teaching on bullying than in teaching that addressed domestic violence, sexual abuse or neglect. They described lacking clarity on how to deliver content, unfamiliarity with appropriate language, apprehension about upsetting children and concern about parents' responses: "they're probably more confident with the bullying aspect and less confident with the, you know, sexual abuse, domestic violence" (Headteacher, School I20). One Headteacher noted that it was easier to address types of harm occurring within the school setting since these were perceived to be within their remit: "...things like bullying that would happen in a school setting are much easier than things that would happen at home... teachers are a bit anxious about talking about anything in the household" (Headteacher, School I32).

4.3. Who would you tell? (Bespoke measure)

At follow-up, older children in intervention schools, were more likely than they were six months earlier to be able to identify a trusted adult to tell about violence or abuse. Table 3 shows that they were significantly more able to identify a trusted adult six months following the intervention than children in comparison schools. Similar gains were not found for younger children receiving the shorter version of the programme: significant gains for younger children in this respect were only found for comparison school children, although the difference between comparison and intervention schools was not significant.

Table 2

Is this a type of abuse that happens to some children: Time 1- Time 3 for older children, aged 9–10, in Intervention ($n = 358$) and Comparison ($n = 312$) Schools.

Type of abuse		Mean difference	Standard deviation	t-stat	Degrees of freedom (<i>df</i>)	<i>p</i> (2 sided)
Neglect	Intervention	-0.374	0.873	-8.116	357	0.000
	Comparison	-0.215	0.908	-4.176	311	0.000
Sexual Abuse	Intervention	-0.290	0.925	-5.939	357	0.000
	Comparison	-0.083	0.925	-1.592	311	0.112
Emotional Abuse	Intervention	-0.198	0.858	-4.372	357	0.000
	Comparison	-0.090	0.931	-1.703	311	0.090
Bullying	Intervention	-0.039	0.822	-0.900	357	0.369
	Comparison	0.010	0.858	0.198	311	0.843
Physical Abuse	Intervention	-0.117	0.769	-2.887	357	0.004
	Comparison	0.029	0.811	0.628	311	0.530

Table 3
Older children, aged 9–10 - clustered t-test by measure at T1 & T3.

Measure	Intervention vs Comparison Children at T1		Statistical analysis			Intervention vs Comparison Children at T3		Statistical analysis		
	I n = 358	C n = 318	z	df	P 2-sided	I n = 358	C n = 318	z	df	P 2-sided
	Mean (SEM)	Mean (SEM)				Mean (SEM)	Mean (SEM)			
Bespoke measure-readiness to tell	16.1 (0.152)	16.0 (0.166)	0.308	641	0.758	16.7 (0.152)	16.3 (0.181)	1.059	641	0.290
Bespoke measure-ability to identify an appropriate trusted adult	21.9 (0.593)	21.1 (0.666)	0.610	641	0.542	28.1 (0.729)	24.4 (0.737)	2.348	641	0.019
Bespoke measure-awareness of five types of violence & abuse	10.3 (0.166)	10.2 (1.82)	0.452	641	0.651	11.6 (0.183)	10.5 (0.197)	2.361	641	0.020
Bespoke measure-ability to allocate responsibility for abuse appropriately	3.7 (0.123)	3.7 (0.131)	0.0226	641	0.982	3.9 (0.122)	3.7 (0.125)	0.528	641	0.597
CKAQ-R	16.9 (0.263)	16.7 (0.276)	0.289	641	0.773	18.5 (0.275)	17.1 (0.284)	1.804	641	0.070

I = intervention school C = comparison school.

4.4. Knowledge of Childline helpline number (bespoke measure)

Both age groups receiving the programme showed significant gains in their ability to retain the Childline helpline number. Table 4 shows that younger and older children in the intervention schools were significantly more likely to be able to identify the Childline number at six months follow-up than children in comparison schools, despite the two study arms having very similar levels of knowledge of the number at baseline.

4.5. Recognition of sexual abuse (CKAQ-R)

Older children in intervention schools showed a statistically significant improvement on the CKAQ-R at six months ($d = 0.346$), while older children in comparison schools did not. However, the difference between the intervention and comparison schools at T3 was not statistically significant (see Table 3). We do not therefore attribute improved recognition of sexual abuse to the programme.

4.6. School culture (shortened ASCS)

Table 5 shows that older children's assessments of school culture in intervention schools at baseline were significantly associated with positive outcomes at 6-months follow up. These included children's increased readiness to tell, ability to identify an appropriate trusted adult, ability to identify and locate the Childline number and to allocate responsibility for abuse. Our measure of school culture included items such as whether children saw their school positively, felt they could talk to staff if they had a problem and would expect to receive help. These features of school appear to be closely associated with sustained programme effects.

4.7. Gender

Table 5 also shows that gender was a significant factor in moderating some gains for older children in intervention schools at six months follow-up. In the older group, girls made significantly more gains in their ability to identify and locate the Childline number than boys. Among younger children, girls made significantly more gains at follow-up than boys in their readiness to tell and ability to identify an appropriate trusted adult (see Table 6). Both prior to the programme and at follow-up, boys' learning about violence and abuse consistently lagged behind that of girls.

4.8. Deprivation

Table 5 shows that older children in intervention schools with higher levels of deprivation benefited more significantly from SOSS than their counterparts in schools with lower levels of deprivation in respect of their ability to identify and locate the Childline number. However, this was not the case for younger children.

4.9. Economic evaluation

The economic analysis explored the consequences of the programme in relation to the costs of its delivery and management. The analysis incorporated the statistically significant differences found at follow-up for the older children who received the longer version of the SOSS programme and increased knowledge of the Childline number for both older and younger children. No significant difference was found in the older children's CHU-9D scores between baseline and follow-up: probably due to ceiling effects. This meant that it was not possible to measure QALYs (quality adjusted life years). Three models of delivery were tested; here we report on the model utilised at the time of the evaluation that involved delivery by paid NSPCC staff and trained volunteers.

From an NSPCC and society perspective, the economic analysis showed that by spending £78.89 per school and an upfront

Table 4

Ability to identify and locate the Childline number.

Age	Intervention vs Comparison at T1		Statistical analysis			Intervention vs Comparison at T3		Statistical analysis		
	I n = 358 Mean (SEM)	C n = 318 Mean (SEM)	z	df	P 2-sided	I n = 358 Mean (SEM)	C n = 318 Mean (SEM)	z	df	P 2-sided
6–7 years	0.7 (0.039)	0.6 (0.039)	1.136	653	0.256	1.1 (0.040)	0.8 (0.041)	4.418	653	0.000
9–10 years	1.0 (0.041)	1.0 (0.045)	0.021	641	0.983	1.5 (0.033)	1.2 (0.040)	4.031	641	<0.001

I = intervention school C = comparison school.

Table 5
Intervention children aged 9–10: multivariate analysis of change score by measure reporting estimate (*p*-values) *n* = 358.

Measure	Independent variable	Reference	Estimate	Standard error	t	<i>p</i>
Bespoke measure-readiness to tell	Sex	Boy	-0.023	0.109	3.614	0.122
	Free school meals quartile	Q1 (lowest % of FSM)	0.041	0.108	0.379	0.705
	School culture	Time1	0.220	0.0572	3.853	<0.001
Bespoke measure-ability to identify an appropriate trusted adult	Sex	Boy	-0.077	0.065	-1.194	0.233
	Free school meals quartile	Q1 (lowest % of FSM)	-0.866	0.624	-1.387	0.165
	School culture	Time1	0.579	0.211	2.741	0.006
Bespoke measure-awareness of five types of harm	Sex	Boy	-0.024	0.016	-1.480	0.139
	Free school meals quartile	Q1 (lowest % of FSM)	-0.456	0.269	-1.695	0.090
	School culture	Time1	0.130	0.071	1.838	0.066
Bespoke measure-ability to identify and locate the Childline number	Sex	Boy	-0.005	0.002	-2.521	0.012
	Free school meals quartile	Q1 (lowest % of FSM)	-0.09	0.038	-2.521	0.014
	School culture	Time1	0.027	0.013	2.085	0.037
Bespoke measure-ability to allocate appropriate responsibility for abuse	Sex	Boy	-0.004	0.008	-0.532	0.595
	Free school meals quartile	Q1 (lowest % of FSM)	0.025	0.140	0.181	0.856
	School culture	Time1	0.102	0.054	1.889	0.059
CKAQ-R	Sex	Boy	-0.018	0.013	-1.393	0.164
	Free school meals quartile	Q1 (lowest % of FSM)	-0.354	0.471	-0.752	0.452
	School culture	Time1	0.213	0.118	1.811	0.070

Table 6
Intervention children aged 6–7: multivariate analysis of change score by measure reporting estimate (*p*-values) *n* = 363.

Measure	Independent variables	Reference	Estimate	Standard error	t	<i>p</i>
Bespoke measure-readiness to tell	Sex	Boy	-1.116	0.310	-3.607	<0.001
	Free school meals quartile	Q1 (lowest % of FSM)	-0.243	0.225	-1.080	0.280
Bespoke measure-ability to identify an appropriate trusted adult	Sex	Boy	-1.853	0.708	-2.616	<0.001
	Free school meals quartile	Q1 (lowest % of FSM)	-0.291	0.427	-0.682	0.496
Bespoke measure-BS5 ability to identify and locate the Childline number	Sex	Boy	0.128	0.078	1.648	0.099
	Free school meals quartile	Q1 (lowest % of FSM)	0.043	0.031	1.381	0.167

investment of £210.68 per volunteer, the programme generated a boost in older children's knowledge of abuse and an improved ability to recognise trusted adults, better knowledge of the Childline number among older and younger children, £84.50 in fundraising revenue, and £31.62 in saved staff costs. Fundraising in a proportion of schools receiving the SOSS programme allowed the NSPCC to recover delivery costs and achieve significant outcomes for older primary school children.

4.10. Programme readiness

Qualitative data from children and school staff revealed other factors that may have influenced the extent of children's learning. Programme readiness emerged as a key theme in interviews with teachers and headteachers and also featured in the children's focus groups.

While programme facilitators contacted schools in advance, in most schools, staff reported that information about the programme failed to flow down to classroom staff who were therefore unprepared and not able to prepare children for programme content. Children's focus group comments suggested that they came to the programme with varying levels of preparedness for the material they encountered. Some older children were well-prepared by previous teaching or other school-based programmes and described programme content as 'babyish' (Child aged 9–10, I26) or 'sugar-coated' (Child aged 9–10, I16). However, a few were surprised and shocked by the material: "...it was gross, sexual abuse and we are too young." (Child aged 9–10, School I07). Some schools were less welcoming of material addressing sexual abuse: "The headmistress... said: 'I'm not very happy about you delivering that ...you'll have to leave the sexual abuse part of it out'." (Facilitator, School I10).

4.11. Facilitator skills

Children's evaluations of programme content varied with some older children finding its interactive nature engaging, while others identified gaps in coverage of sexual abuse and neglect: "...neglect, like we didn't know what it was and...nobody could properly understand what it meant." (Child aged 9–10, School I10). Some children found explanations insufficiently detailed: "...they went into detail but not enough detail." (Child aged 9–10, School I16).

Since schools reported that children were less likely to receive other teaching on neglect and sexual abuse, more input on these topics may be required. However, other children found these issues emotionally challenging, perhaps reflecting both their levels of readiness and some facilitators' skill and confidence.

Observation of delivery found that material on sexual abuse was not consistently fully covered in the workshops for older children. Children also reported that some facilitators lacked confidence and clarity in delivering this material: "I found quite a bit confusing because she wasn't like explaining to us and then on the sexual abuse she was like saying, like really quiet, she didn't really want to say it out loud." (Child aged 9–10, School I22).

4.12. Impact of programme on schools

Did the programme's impact extend beyond children's knowledge and readiness to seek help to influence the wider school? At follow-up, no significant differences were found between intervention and comparison schools in older children's evaluations of school culture, nor were significant differences found between baseline and follow-up in older children's assessments of school culture in intervention schools. However, interviews with headteachers and teachers suggested that SOSS may have increased teachers' confidence and skills in delivering material on harm and abuse. Thirteen of the 16 teachers interviewed shortly after programme delivery indicated that SOSS had a positive impact on knowledge of abuse and teaching skills and over half the 21 headteachers interviewed in intervention schools considered that SOSS had increased staff's confidence in teaching on these topics. Teachers noted that observing programme delivery had given them the confidence and language to address sensitive issues: "made me realise that it is okay to talk about it with children...it kind of felt as if I was shadowing them...and seeing how they answered the questions." (Teacher, School I28). About half the teachers interviewed reported that they had acquired better understanding of Childline and sources of help available from the NSPCC.

School staff emphasised the importance of repeating and embedding programme messages: "it is making sure that you refer back to it throughout the course of the year..." (Teacher, KS2, School I36). Most teachers planned to address these topics in their own teaching, and a few had reinforced programme messages in class teaching and assemblies. Staff identified the value of online training packages in assisting them in this respect and cited the ready availability of material on bullying: "...training online is a good one because the teachers can do it in their own time and there's different scenarios" (Headteacher, School W120).

5. Discussion

This study found that children's readiness to seek help varied across different types of harm and abuse. This is unsurprising: schools and teachers are relatively experienced in delivering interventions that address bullying and understand it as within their sphere of influence. They are less experienced in addressing other forms of abuse and this was reflected in varying levels of children's understanding and knowledge. Programmes should seek to address the full range of harm and abuse: neglect is much more common than sexual abuse and children's experience of domestic violence is also widespread (Radford et al., 2011; U.S. Department of Health & Human Services et al., 2022). Moreover, as noted earlier, levels of harm are likely to be related to interactions and accumulations of different forms of violence and abuse. It is encouraging that SOSS increased children's recognition of some forms of abuse, but the CKAQ-R results suggest it was less successful in improving recognition of sexual abuse. Moreover, some children were not ready to engage with programme content addressing sexual abuse. This may be explained by some shortfalls in facilitator skills, but a lack of preparedness in schools prior to SOSS may also have been a contributory factor.

Universal prevention programmes are designed to reach children in the whole population but, as our findings on the significance of school culture in mediating outcomes indicate, their implementation needs to take account of the delivery context. Those planning and delivering programmes need to understand what relevant teaching children have already received, what gaps there are in their knowledge and where programme content might encounter resistance. They also need to understand the type of school and its population. Likewise, children and teachers need advance preparation for programme content and format if they are to achieve maximum benefit.

Girls showed greater benefits from SOSS than boys and this may reflect gender differences in pace of learning for this age group (Voyer & Voyer, 2014). However, boys are more likely to use severe forms of violence and abuse in both adolescence and adulthood (Stanley & the TESSE Team, 2021; Office of National Statistics (ONS), 2020; Office of National Statistics, 2021), and programmes need to ensure that boys are directly targeted. This might be achieved by more consistent use of male facilitators - Banyard and Hamby (2021) note the importance of choosing 'the right messenger' for interventions - and by consulting boys on programme design and content.

More positively, children in schools with higher levels of deprivation were found to make greater gains on some measures than children in more affluent communities. This finding is consistent with those of studies that have reported the positive impact of programmes delivered to children in communities with high levels of deprivation or violence (Chaux et al., 2017; Kenny et al., 2022).

In contrast to other studies that have found greater gains for younger children who start from a lower knowledge base (Jiménez-

Barbero et al., 2016; Nickerson et al., 2019; Thompson et al., 2022), this study found fewer gains for children aged 6–7 than for those aged 9–10. This might be a function of the survey design, although this was specially adapted for younger children. The likeliest explanation is the low dosage received by younger children who only received the programme in the form of a 20-minute assembly and did not enjoy the potential benefits of an interactive workshop. Moreover, older children would have been primed for the programme by earlier exposure to SOSS. Programme dosage clearly matters - Wurtele and Kenny (2018) suggest that impactful programmes include four or more sessions - but dosage can be increased without substantially increased costs by ensuring that teachers are able to provide reinforcement and follow-up of programme messages. The provision of online materials is a cost-effective means of achieving this. The interactive approach of the additional workshop for older children may also contribute to explaining higher impact for this age group. The manner and confidence with which messages are delivered are relevant for outcomes (Gubbels et al., 2021). It was notable that knowledge of the Childline number increased for both age groups. The NSPCC provides this national helpline and details of the service were prominent in programme content.

Few studies in this field have considered programme costs in relation to outcomes. The cost consequence analysis undertaken found that SOSS was a low-cost programme with large reach, delivering significant benefits to older primary school children in particular. Fundraising and the use of trained volunteers contributed to low costs. If these programmes can be widely delivered at low cost, there is strong argument for continuing to use trained, externally provided facilitators who represent an organisation, such as the NSPCC, with acknowledged expertise and authority in abuse prevention.

However, we would argue that teachers also need to be actively involved in programme delivery. Their active engagement would convey the school's buy-in to programme messages to children while assisting their own learning. Kenny et al. (2022) note that teachers can benefit from observing the skills and techniques of trained programme facilitators and teachers participating in this study reported likewise. They already know much about the children receiving the programme and are well positioned to reinforce and follow up teaching and to respond to any disclosures of violence and abuse that may arise.

6. Conclusion

This UK-wide study has generated some key messages for those developing and delivering preventive programmes in primary/elementary schools. Firstly, age-appropriate, integrated programmes that cover a wide spectrum of different forms of abuse and harm can increase children's knowledge and understanding of violence and abuse and how to seek help if they need it. Such programmes can fill gaps in understanding as well as reaching children whose knowledge may be lower than their peers. Second, dose matters and attention should be paid to the length, intensity and frequency of interventions. SOSS is a short programme and this may account for some of the results reported here. Optimum programme length is a question for research to address more fully. Thirdly, diversity among children needs to be acknowledged by programme designers and reflected in programme content and delivery. Finally, programme developers and deliverers should engage with the context in which programmes are delivered: they need to understand the population they are reaching, their previous learning and readiness and prepare children and teachers for delivery. In scaling up programmes, there is a danger that the focus on context can be lost, approaching schools as communities in their own right with their own culture and practices may help in this respect.

Data availability

Data will be made available on request.

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Appendix 1. Abuse and harm scenarios included in bespoke measure 1 (children aged 6–7 years $\alpha = 0.68$; children aged 9–10 years $\alpha = 0.67$)

Question	Younger children	Older children
B1	What if a nasty kid at your school is always hitting or threatening you and it makes you feel really upset. What would you do?	
B2	Your friend went over to her aunt's. She accidentally spilled hot soup on her aunt's new table. Her aunt was very angry and smacked your friend hard with a ruler. The smack left marks on your friend's hand. Your friend asks you what she should do. What would you tell your friend to do?	
B3	Your friend is often left in the house on his own overnight. This makes him feel sad and lonely. What should he do?	
B4	What if some other children take your money off you in the playground. You try and tell your teacher, but she is too busy to listen to you. What would you do?	
B5	Your friend's parents tell him that he's useless and a waste of space. This makes him feel very upset. What should he do?	
B6	What if your Mum brushes your hair for you? What would you do?	

Test question only

(continued on next page)

(continued)

Question	Younger children	Older children
B7 What if your babysitter gets angry with you for jumping on the furniture and slaps you so it hurts. Then she gives you sweets and makes you promise not to tell your parents. What would you do?		
B8 Your friend doesn't get enough to eat at home and often comes to school in dirty old clothes. This makes her really unhappy. What should she do?		
B9 Your friend saw his parents arguing. They became very angry and began to push and hit each other. What should he do?	Not asked	
B10 A group of boys at your school are always pulling your friend's dress up to look at her pants, she doesn't like it. What should she do?		

Appendix 2. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chiabu.2023.106109>.

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