

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and
Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl
Ifanc | Inquiry into The Emotional and Mental Health of Children and
Young People
EMH 58
Ymateb gan: Yr Athro Judy Hutchings a Suzy Clarkson, Canolfan
Ymyrraeth Cynnar ar Sail Tystiolaeth – Prifysgol Bangor
Response from: Professor Judy Hutchings and Suzy Clarkson, Centre of
Evidence Based Early Intervention – Bangor University

Role of organisation

The Centre for Evidence Based Early Intervention (CEBEI) is Research Centre situated within the School of Psychology at Bangor University that conducts training and research on programmes and materials that aim to improve childhood experiences.

The Centre grew out of a project started in 1995 by Professor Judy Hutchings, with colleagues from the NHS and the University of Wales, Bangor. Its aim was to develop and promote interventions for children displaying behavioural challenges and to establish an evidence base of programmes that delivered successful outcomes.

The three main themes of the Centre are based on research indicating that:

- Children with behavioural management difficulties that are problematic for parents and teachers have poor long-term outcomes.
- Behaviourally based parent or teacher training programmes are the most effective interventions for childhood behavioural problems. ([NICE recommendations](#))
- Early intervention for behavioural issues is both the most cost effective and efficient strategy.

CEBEI incorporates a registered charity, the Children's Early Intervention Trust (CEIT) (charity no: 1120056) which raises funds through successful grant applications and sponsorship for research and dissemination activity and has funded or part funded much of the work of CEBEI.

Evidence

Whilst our early intervention work with parents, children, and schools does not directly address the issue of CAMHS based services, we note that the inquiry letter also states:

It will also consider how effective the programme has been in promoting the resilience of children and young people, including a focus on the role of education in preventing mental health problems.

In relation to this aim, we wish to submit information on our work with the KiVa school based anti-bullying programme. This programme was originally developed in Finland by a social psychologist who had been working on the determinants and effects of bullying at the University of Turku. KiVa comprises a whole school curriculum and a targeted intervention for use when bullying is identified. It was piloted and evaluated in Finland in a randomised controlled trial (RCT) in 234 schools and 30,000+ pupils. Findings from the first phase of the RCT (2007-2008 with 8000+ pupils aged 10-12 years in grades 4-6 in 78 schools) demonstrated significant reductions in pupil reported bullying and victimisation after one academic year (Kärnä et al., 2011). Reductions occurred in all nine forms of bullying examined (physical, verbal, social exclusion, social manipulation, threatening, racist, material, sexual and cyber-victimisation; Salmivalli, Kärnä, & Poskiparta, 2011). Increased empathy and self-efficacy in supporting and defending victimised pupils, and reductions in behaviour that reinforced bullying were also reported (Salmivalli & Poskiparta, 2012). Subsequent research on KiVa demonstrated reductions in anxiety and depression, improved peer perceptions (Williford et al., 2012) and increased school liking, academic motivation, and performance (Salmivalli, Garandeau, & Veenestra, 2012).

Following the successful RCT outcomes, in 2009 the Finnish Government funded a national roll out of KiVa, initially to 1450 schools. It has since been further disseminated and is now delivered in over 90 per cent of Finnish comprehensive schools (2,700 schools). Evaluation of the roll-out found significant, although smaller, positive effects on victimisation and bullying than those found in the RCT (Kärnä et al., 2011a).

Following the success of KiVa in Finland, evaluations are ongoing in Chile, Estonia, Greece, Italy, South Africa, the Netherlands, the UK, and the US. A recent Italian RCT evaluation with 2000+, 8-11 year olds found

that the odds of control school pupils being victimised was 1.93 times higher than the intervention pupils (Nocentini & Menesini, 2016).

We have been working with this programme since 2012, initially in Wales and now across the UK. Our pilot work in primary schools has shown statistically significant reductions in victimisation (16% to 9%) and bullying (6% to 2%). Teachers reported high levels of pupil engagement and enthusiasm, and positive impact on child wellbeing, pro-social behaviour, and class and playground atmosphere (Hutchings & Clarkson, 2015). The reductions in victimisation and bullying were maintained at two-year follow-up (Pritchard, 2016).

We have conducted an evaluation of data from 41 early implementer schools (4000+ pupils) to explore the outcomes. Results revealed statistically significant reductions in victimisation and bullying after one year of programme implementation (Clarkson et al., in preparation). Further funding is being sought by the Centre to conduct a large RCT in the UK.

Additional References for further information

Axford, N., & Hutchings, J., Bjornstad, G., Clarkson, S., & Hunt, A. (2014). KiVa: Helping schools and parents beat bullying. Better: Evidence-based Education, 6(2), 14-15.

Axford, N., Farrington, D.P., Clarkson, S., Bjornstad, G., Wrigley, Z and Hutchings, J. (2015) Involving parents in school-based programmes to prevent and reduce bullying: does it work? *Journal of Children's Services*, 10 (3).

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Clarkson, S., Axford, N., Berry, V., Edwards, R.T., Bjornstad, G., Wrigley, Z., Charles, J., Hoare, Z., Ukoumunne, O., Matthews, J. and Hutchings, J. (2016). Effectiveness and micro-costing of the KiVa school-based bullying prevention programme in Wales: study protocol for a pragmatic definitive parallel group cluster randomised controlled trial. BMC Public Health 16:104. DOI 10.1186/s12889-016-2746-1

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