NSPCC Learning

Evaluation of the NSPCC Speak out Stay safe programme

Final report

TESSE Research Team

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Executive summary

Introduction

The NSPCC's Speak out Stay safe (SOSS) programme for primary school children aims to increase children's awareness and understanding of abuse and harm and enable them to seek help from a trusted adult.[1] The Evaluation of Speak out Stay safe (TESSE) was commissioned by the NSPCC and undertaken by an independent team of researchers based in all four UK countries and led by Professor Nicky Stanley at the University of Central Lancashire. The evaluation aimed to examine programme impact on children's understanding of abuse and harm and their help-seeking behaviour. It also captured the experiences of children, teachers, volunteers and staff participating in the programme as well as barriers and facilitators of impact. Economic evaluation of costs and benefits of the SOSS programme was included in the study.

Delivered in primary schools across the UK, SOSS is a manualised programme consisting of a school assembly lasting 20 minutes for Key Stage 1 (KS1) children (aged 5–7 years) and 30 minutes for Key Stage 2 (KS2) children (aged 7–11 years)[2], followed by a one-hour workshop for KS2 pupils only. Different assembly presentations are delivered to KS1 and KS2 children by trained NSPCC staff or trained volunteers working in pairs.

Evaluation methods

The evaluation used a matched control design with integral process and economic evaluations. Forty intervention schools due to receive SOSS were recruited from all four UK countries with selection taking account of school characteristics including the proportion of children in receipt of free school meals (as a proxy for local economic deprivation); religious ethos of the school; and rural/urban school location. These intervention schools were matched with 34 comparison schools that had not received SOSS in the preceding two years. School recruitment and programme delivery were interrupted by COVID-19 restrictions in 2020, causing sample attrition: follow-up data was collected immediately post-programme in 38 intervention schools and six-months follow-up data was collected in 36 schools (19 intervention and 17 comparison schools). In total, 3,297 children completed a baseline survey, while 1,553 children completed a follow-up survey at six months. However, there were no statistically significant differences between key characteristics of the follow-up and baseline samples, giving confidence in the validity of comparing the progress of children in intervention and comparison schools. Only a small number of schools provided data on children's disclosures of abuse and harm, but the research team identified 35 safeguarding disclosures or wellbeing concerns in the course of the study, demonstrating the potential for SOSS to promote children's disclosures.

1 https://learning.nspcc.org.uk/services/speak-out-stay-safe

2 Different terminology is used to describe equivalent school years in Scotland. Throughout this report, the terms KS1 and KS2 are used to designate children aged 5–7 years and 7–11 years respectively.

Data was collected via a number of means:

Survey: this was an attractively designed tablet-based survey measuring knowledge of different forms of abuse and readiness to seek help. This was piloted, and consequently KS2 children completed a longer survey that included both standardised and bespoke outcome measures, while KS1 children completed a shortened version of the bespoke measure. The survey was specially adapted for a small, nested study that captured the responses of children with special educational needs and disabilities (SEND).

Interviews with Headteachers/Designated Safeguarding Leads (DSLs): 39 interviews (21 in intervention; 18 in comparison schools) were completed at six-months follow-up to provide qualitative data on outcomes.

Process Data: was collected in 13 intervention schools and included observation of programme delivery, interviews with 16 teachers, focus groups with 61 children and interviews with 15 programme facilitators.

Economic Evaluation: this was conducted from a societal perspective and from the perspective of the NSPCC as payer and provider of this intervention. Cost consequence analysis, which takes into account both costs and outcomes, was undertaken as recommended by NICE, and cost surveys were completed for 30 schools with further NSPCC cost data provided.

Key findings

Prior to the programme, the majority of children across both key stages were aware of different forms of abusive behaviour and understood that they should tell someone about an abusive or harmful incident. However, there was a sizeable minority of children in both age groups who lacked knowledge about how to discern harmful from non-harmful behaviour, and about whether to tell or not. At this baseline stage, KS2 children were less knowledgeable about neglect than other forms of harm and abuse and seemed less likely to be receiving other provision that addressed the topics of neglect and domestic abuse. Headteachers described teachers' skills and confidence as less developed in respect of delivering this material and confidence regarding teaching on sexual abuse also appeared low in schools.

Immediately following SOSS, knowledge of the Childline number and ability to identify a trusted adult increased statistically significantly for both KS1 children and KS2 children. Furthermore, immediately following programme delivery, KS2 children's recognition of the five types of abuse showed statistically significant improvement, as did their knowledge of sexual abuse (on a validated measure of children's knowledge of sexual abuse and bullying).[3] At that same timepoint, KS2 children's readiness to tell had risen in a statistically significant way (although KS1 children did not show a similar improvement).

3 Tutty, L. M. (1995) The Revised Children's Knowledge of Abuse Questionnaire: Development of a measure of children's understanding of sexual abuse prevention concepts. Social Work Research, 19(2), 112–120.

At six-months follow-up, knowledge of different forms of harm and abuse improved for KS2 children in receipt of SOSS and their knowledge of neglect, in particular, can be attributed to the SOSS programme since it showed an improvement that was statistically significantly greater than that of children in comparison schools. Both KS2 and KS1 children retained the improvements made regarding their knowledge of the Childline number, with the improvement being statistically significant relative to that made by children in comparison schools, and so possible to attribute to the SOSS programme.

KS2 children in intervention schools who received the longer, enhanced version of SOSS were also more likely than they were six months earlier to be able to identify a trusted adult who they would tell about abuse or harm and made significantly greater gains than children in comparison schools in this respect. Again, this is a shift that can most likely be attributed to the programme. However, there was no improvement in their willingness to confide in a trusted adult, and the improvement seen immediately after attending the programme in their readiness to speak out was not sustained.

While KS2 children in intervention schools showed significant improvements on their knowledge of sexual abuse (on the validated CKAQ-R measure) at six months, this improvement cannot be attributed to SOSS, as the difference on this measure between children in intervention and comparison schools was not statistically significant.

KS1 children, who only receive SOSS as a 20-minute assembly with no subsequent workshop, did not appear to have other improvements in knowledge and readiness to seek help that could be attributed to SOSS at six-months follow-up; this could be explained by their limited exposure to the programme, described as low programme 'dosage'.

At six-months follow-up, readiness to seek help improved on some measures for a substantial minority of children across KS1 and KS2 who had particularly low knowledge and help-seeking prior to the programme. Around a third of KS1 children and a quarter of KS2 children with low scores at baseline saw gains in their ability to identify a trusted adult and their knowledge of the Childline number. KS1 children were most likely to make this sort of improvement. Some improvements, such as the increased willingness of low-scoring KS1 children to confide in a trusted adult, could be attributed to the SOSS programme since they were statistically significant relative to those of the comparison group.

The evaluation sought to understand who was most likely to benefit from SOSS. Higher scores on the school climate questionnaire[4], which measured children's attitudes to school and whether they felt supported there, were significantly related to higher scores across all survey measures at follow-up, indicating that school culture is closely associated with the impact of SOSS. Children in schools serving areas with higher levels of economic deprivation appeared to benefit more from SOSS on some measures. Girls (including those with lower knowledge and help-seeking at the outset) appeared to benefit more from SOSS and were more likely to retain this benefit than boys.

4 School climate was measured using a shortened version of Cornell's Authoritative School Climate Survey, which was completed by KS2 children only (Cornell, D. 2016, The Authoritative School Climate Survey and the School Climate Bullying Survey: Research summary. http://curry.virginia.edu/uploads/resourceLibrary/AuthoritativeSchoolClimateSurveyResearchSummaryJanuary2016.pdf).

The evaluation included a nested sample of children with special educational needs and disabilities (SEND), and the survey was adapted for this group of children. However, data collection was disrupted by the pandemic, resulting in a lack of outcome data in respect of children with SEND. However, teachers suggested that SEND children benefited from the programme and highlighted the importance of preparation in advance for this group.

Children and school staff participating in focus groups and interviews described the SOSS programme as important and relevant. As one KS2 child commented, "*...everybody needs to know because it [can] happen to everybody*". Children and teachers found the programme's visual and interactive approach engaging. However, some KS2 children identified gaps in coverage of sexual abuse and neglect, described the programme as "*babyish*" or thought that explanations lacked depth. School staff interviewed agreed that SOSS could increase teachers' skills and confidence in teaching on abuse and harm but suggested that providing more follow-up materials would enable programme messages to be sustained.

The evaluation found that, despite NSPCC facilitators providing schools with pre-programme information, classroom staff were generally unprepared for SOSS. In terms of programme delivery, observation of SOSS showed that delivery was consistent with the manual for assemblies where the proportion of visual and digital content was high. Material on sexual abuse was less fully covered in the KS2 workshops and children reported that some facilitators lacked confidence and clarity in delivering this material. Facilitators, both paid and volunteer, may need more training to deliver this content.

The economic evaluation found that the use of trained volunteer facilitators made the programme highly cost-effective and concluded that SOSS is an extremely low-cost programme with large reach, delivering socially desirable, statistically significant benefits to older primary school children.

Developing the SOSS programme

The evaluation findings suggest a number of avenues of development for the SOSS programme:

- As a trusted organisation with a strong reputation, the NSPCC is in an excellent position to provide a stimulus and model for schools in their ongoing tasks of delivering Relationships Education and responding positively to children who do 'speak out' about abuse and harm.
- The NSPCC's explanation of how the programme works (the SOSS theory of change) could be revisited to take more account of a school's culture, which affects how the programme is received. Engaging more fully with school culture would require a focus on school readiness for SOSS and entail additional preparation with schools prior to delivery. This might achieve better informed staff who were more able to prepare children, including children with special educational needs and disabilities who may require additional preparation for the programme, and reassure parents.
- The NSPCC could engage teachers more fully in programme delivery – perhaps as joint facilitators alongside NSPCC staff or volunteers – and provide more follow-up material, maybe in digital format, aimed at embedding SOSS messages.

- Gender differences in programme impact could be addressed by targeting SOSS more precisely. Recruiting more male facilitators could assist in increasing boys' learning. Programme content and format could also be reviewed and its appeal for boys scrutinised, perhaps with the help of boys themselves.
- Given the increasing availability of resources and provision for Relationships Education, the NSPCC could consider targeting SOSS on schools in areas with higher levels of economic deprivation where we found children made relatively greater gains in knowledge or delivering the programme more frequently in such areas.
- For KS1 children, the SOSS programme may be most valuable as a primer preparing children for other provision in Relationships Education, including delivery of SOSS in KS2. It may also be a useful vehicle for communicating the skills, messaging and language required for delivery of this material to younger children by school staff.
- The gains made by children with particularly low levels of knowledge prior to the programme reinforce the argument for continuing to deliver SOSS to KS1 children, given its relatively low cost. Alternatively, the NSPCC could increase the 'dose' received by KS1 children by delivering a KS1 workshop as is currently provided for KS2 children. Delivering this jointly with class teachers might reduce the need for additional resources and prove beneficial for embedding learning.
- Volunteers' input ensures that SOSS is highly cost-effective and the NSPCC benefits from their commitment and enthusiasm. However, both volunteers and staff need to be carefully selected, well trained and supported in delivering material that is sensitive and, in some schools and communities, potentially controversial. Well trained facilitators are likely to ensure that messages are clear and that children are confident about the relevance and suitability of what they are learning.

Messages for primary school abuse prevention programmes and for further research

- Integrated programmes, such as SOSS, which address a range of different forms of harm and abuse can achieve sustained impact for older children in primary schools, especially in relation to their knowledge of neglect and their ability to identify a trusted adult who they would tell about abuse or harm.
- While most children in primary schools show good understanding of abuse and harm and readiness to seek help at baseline, there is a minority that do not do so and universally delivered programmes can reach some children in this group and boost their knowledge.
- There are also indications that targeting interventions on boys and on children in schools in economically deprived areas could be beneficial and the effectiveness of such approaches should be researched.
- School culture was closely associated with impact and interventions need to acknowledge and engage with the specific school context in which a programme is delivered to achieve school readiness and to embed programme messages.
- The length or dosage of a programme seems likely to influence impact and further research could usefully explore the appropriate dosage for primary school prevention programmes.

- The evaluation was undertaken in a diverse sample of UK schools and demonstrated that children under 11 can enjoy participating in mixed methods research on sensitive topics and can do so safely.
- The small, nested study undertaken with children with special educational needs and disabilities (SEND) showed that they were able to complete a survey on harm and abuse when appropriate adaptations were made. Future evaluations of prevention programmes in schools should aim to include children with SEND.

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Chapter 1 – Introduction

1.1 Background

Children's experience of violence and abuse has profound impact for their health and wellbeing (Radford et al, 2011). The NSPCC's Speak out Stay safe (SOSS) programme aims to facilitate early intervention for children who have experienced abuse, and the prevention of the recurrence of abuse by increasing children's understanding and awareness of abuse and harm and enabling them to seek help. Delivering prevention programmes in schools ensures that they reach a broad group of children in the general population in an environment devoted to learning.

Relationships Education or its equivalent is delivered in schools across the UK, and it became a statutory part of the primary school curriculum in England in September 2020. This recent development will increase both demand for relationships programmes and the range of suitable interventions. The TESSE (**T**he **E**valuation of **S**peak out **S**tay saf**E**) evaluation of the SOSS programme for primary schools is therefore timely and relevant for policy and practice both in the UK and internationally since school-based violence prevention programmes are delivered across the globe.

A Rapid Evidence Assessment (REA) undertaken at the outset of this study (see Appendix 1) found evidence for moderate gains in children's knowledge of abuse and protective behaviours following participation in prevention programmes. However, much evidence relates to programmes that address one specific form of violence or abuse, such as bullying or sexual abuse. There is very little robust evidence for the effectiveness of integrated programmes such as the SOSS programme, although other studies have identified that cross-cutting interventions, which seek to prevent a range of harms, may be more effective than isolated prevention strategies (DeGue et al, 2013).

The REA highlighted the relevance of quality of delivery for programme impact. Programme dosage was also significant and, in this respect, the involvement of teachers in following up and embedding programme messages may be important (Swift et al, 2017; Hollis & Churchill, 2018). The REA also indicated the value of considering whether the SOSS programme impacts differently on certain groups of children and in particular settings (Stanley et al, 2015). A rapid review of the economic evidence on cost effectiveness found little work on economic evaluations of preventive programmes for children so the TESSE study includes economic evaluation of the programme.

1.2 The Speak out Stay safe programme

The SOSS programme is a large-scale, manualised intervention for primary school children addressing a broad spectrum of abuse and harm. Designed and developed by the NSPCC, it aims to equip children to recognise trusted adults and to empower them to seek help when they feel unsafe. The NSPCC describe it as facilitating early intervention for children who have experienced abuse, and the prevention of the recurrence of abuse.

The programme was originally introduced by the NSPCC to complement their fundraising work in schools. It was piloted with children aged 7–11 years and refined in 2010 (Whalley, 2011). In 2016, the programme was extended to children aged 5–7 years. SOSS is delivered to schools across the UK. There is no charge; about 40 per cent of participating schools agree to fundraise for the NSPCC following programme delivery via two options: Option 1 consists of a sponsored event led by the NSPCC, while Option 2 is a school-led donation activity, such as a non-school uniform day.

SOSS consists of a school assembly lasting 20 minutes for Key Stage 1 (KS1) children and 30 minutes for Key Stage 2 (KS2) children, followed by a one-hour workshop for KS2 pupils only. Different assembly presentations are delivered to KS1 children (aged 5-7) and KS2 children (aged 7-11) (or equivalent classes)[5], by trained NSPCC staff or volunteers working in pairs. Children are introduced to Buddy, a friendly, green speech bubble, who encourages children to speak out to a trusted adult if they are worried about themselves or a friend and get help when they need it. Children learn about different types of abuse and harm including neglect, physical abuse, sexual abuse, emotional abuse and bullying and they learn about Childline, the NSPCC's free UK helpline that receives calls directly from children. The assembly for older children also addresses domestic abuse. During the interactive workshop, older children explore definitions of abuse in greater depth. They take part in group activities and discuss why children might feel sad or worried and need someone to talk to. The workshop emphasises that all children have a right to speak out, be safe and to receive help if they need it.

The NSPCC's delivery plan is designed to ensure that most children receive SOSS at least twice in their primary school career. At the time of writing with COVID-19 restrictions in place, the SOSS programme is being delivered online. However, the NSPCC plans to return to face-to-face delivery in schools once this is feasible.

5 Different terminology is used to describe equivalent school years in Scotland and Northern Ireland. Throughout this report, the terms KS1 and KS2 are used to designate children aged 5–7 years and 7–11 years respectively.

1.3 The TESSE evaluation

Led by Professor Nicky Stanley, University of Central Lancashire, the independent mixed methods evaluation was commissioned by the NSPCC. It was undertaken between May 2018 and December 2020 by a multi-disciplinary team drawn from five universities with researchers based in all four UK countries. The last nine months of the study coincided with the COVID-19 pandemic resulting in school closures and research restrictions, and this meant that, while 3,297 children in 74 schools completed a baseline survey, six-months follow-up data was collected in 36 schools from 1,553 children. However, there were no substantial differences between the characteristics of the follow-up sample and those of the baseline sample. Moreover, the pandemic had minimal impact on process data collection.

1.4 TESSE key research questions

The evaluation addresses a series of key questions developed in collaboration with the NSPCC and with the study's Young People's and Adult advisory groups:

- Does the NSPCC's SOSS programme for primary schools improve children's knowledge and understanding of abuse and other forms of harm? Is this retained over time?
- Does SOSS increase readiness to seek help for abuse and other forms of harm if children or their friends need it?
- Does SOSS help children make disclosures in the school setting?
- Does SOSS impact differently on children according to age and gender?
- What are pupils' and school staffs' perceptions and experiences of programme impact and delivery?
- What are the views and experiences of programme delivery staff and volunteers?
- Is the whole school culture and school readiness significant?
- How does programme delivery vary and is this significant?
- What are the facilitators of, and barriers to, programme impact?
- From a societal perspective, what is the return on investment (ROI) of the Speak out Stay safe programme in terms of improved child knowledge and potential disclosures?
- From a societal perspective, what is the full range of wider costs and outcomes associated with these modes of delivery in terms of cost consequence analysis (CCA)?

Chapter 2 – Methods

2.1 The schools sample

The evaluation used a matched control design with integral process and economic evaluations. The sample was built up on an ongoing basis with the NSPCC supplying the evaluation team with a list of schools where the SOSS intervention would be delivered in the following two months. Intervention schools were then selected and recruited from all four UK countries according to characteristics likely to influence outcomes (as identified by the Rapid Evidence Review, Appendix 1), such as the proportion of children in receipt of free school meals, (as a proxy for economic deprivation); religious ethos of the school (referred to as 'faith schools' in the analysis); and rural/urban location of the school. These intervention schools were then matched with comparison schools that had not received SOSS in the preceding two years (including those that had never received the intervention) (Table 2.1, Appendix 2). In each school, a class of KS1 children aged 6–7 years (Year 2 children in England and their equivalents across the UK) and a class of KS2 children aged 9–10 years (Year 5 children in England and their equivalents across the UK) participated in the evaluation. All participating schools received book tokens worth £200, and, in addition, comparison schools were offered the opportunity to receive the SOSS programme after nine months from the first data collection point. The feasibility and acceptability of the evaluation methods and tools were tested during a pilot phase that ran from October 2018 to January 2019 involving six schools (four intervention and two matched comparison) and children in KS1 and KS2.

2.2 Impact evaluation

Children in both intervention and comparison schools completed an attractively designed tablet-based survey containing a mix of standardised and bespoke outcome measures aimed at measuring knowledge and understanding of different forms of abuse and bullying and readiness to seek help (see Appendix 4 for alpha scores indicating how closely related the items in each scale are as a group and, therefore, the reliability of the scale). The measures included in the survey were:

- A bespoke measure that was designed by the TESSE team based on a rapid review of the existing literature on similar studies (see Appendix 1). This includes a series of short scenarios relating to different forms of abuse and harm with children being asked how they would respond, including whether they would seek help and from whom (KS1 and KS2 surveys).
- The Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-R) (Tutty, 1995). The CKAQ-R contains 24 true-false items and measures knowledge of abuse (mostly inappropriate sexual touching) and who to tell. A new item asking about the acceptability of children sending a photo of themselves in underwear was added (KS2 only).
- The Authoritative School Climate Survey (ASCS) (Cornell, 2016). The ASCS assesses school climate and bullying in school settings. A shortened version of the elementary ASCS was used containing 11 items requiring a yes/no response (KS2 survey only).

- The Child Health Utility Index 9D (CHU-9D) (Stevens, 2009). The CHU-9D, which has been validated for use with children aged 7–11 years (Furber & Segal, 2015), was used to collect data for the economic evaluation (see Section 2.5) (KS2 survey only).

The pilot study found that KS1 children struggled to complete the measures within the time available and often were unable to understand the questions, especially those in the CKAQ-R, which involved double negatives. The length of the survey was, consequently, radically reduced for KS1 children who completed a shortened version of the bespoke measure focusing on readiness to disclose abuse or harm and who to disclose to, with some of the more complex questions omitted.

Children in intervention schools completed the survey approximately seven days before SOSS was due to be delivered (T1), within 14 days after delivery (T2), and six months after the T1 baseline (T3). In comparison schools, the survey was completed within 14 days after the delivery of SOSS in the matched intervention school (T1) and again after six months (T3). The sample was originally planned to include 90 schools, but the disruption caused by the COVID-19 pandemic meant that baseline impact data (T1) was collected in 74 schools including 40 intervention and 34 comparison schools. A total of 3,297 children completed the survey at T1: 1,841 in intervention schools (886 KS1 and 955 KS2 children) and 1,456 in comparison schools (710 KS1 and 746 KS2 children).

Impact data at T2 was collected in 38 intervention schools with a total of 1,710 children completing the survey (835 KS1 and 875 KS2 children). Six-month follow-up data was collected in 36 schools (19 intervention and 17 comparison schools). In 21 schools, the T3 survey was completed before the national COVID-19 lockdown in March 2020 and, in the remaining 15 schools, it was completed remotely after the lockdown, either digitally (nine schools) or via a paper version (six schools). The survey was completed by a total of 1,553 children at T3: 803 in intervention schools (410 KS1 and 393 KS2 children) and 750 in comparison schools (380 KS1 and 370 KS2 children). This meant that 47.1 per cent of children completing the survey at baseline also completed the survey at T3. The characteristics of the sample at T3 were very comparable to the sample at T1, giving confidence that the findings at six months are representative of the wider sample. A full description of the sample at each time point is found in Appendix 2 and the Statistical Analysis Plan as agreed with the NSPCC and Research Advisory Group is included in Appendix 6. We were unable to run the multi-level models originally planned due to convergence issues, so instead we undertook a regression analysis with clustered standard errors of the post-test scores. This still allowed us to answer the evaluation questions in ways that were robust.

Qualitative data on impact was captured through 39 interviews (21 in intervention schools and 18 in comparison schools) completed at T3 with Headteachers/Designated Safeguarding Leads (DSLs). In addition to reporting on the wider impact of the SOSS programme on the school, these interviews provided supplementary data on safeguarding incidents and concerns as well as information on other teaching and provision delivered as part of Relationships Education.

We had planned to collect information on safeguarding disclosures and concerns from schools to ascertain if schools experienced any increase in disclosures or in teachers' concerns following delivery of the SOSS programme. Collection of this data, however, proved difficult with only 12 schools (seven intervention schools and five comparison schools) providing figures. Although interviews with Headteachers/DSLs suggested that about half the schools used either in-house electronic systems or specialist software to store this information, most schools found providing this data demanding; there may also have been some reluctance to share safeguarding information (disclosures and concerns encountered during the evaluation are reported later in Section 2.6).

2.3 Process evaluation

The process evaluation was completed in 13 intervention schools (six in England, three in Scotland, two in Wales, and two in Northern Ireland). It entailed:

- Observation of SOSS programme delivery – Observations took place in all 13 process intervention schools. Using structured observation schedules, the delivery of 20 SOSS assemblies (10 KS1 and 10 KS2) and 10 KS2 workshops was observed and evaluated along three dimensions: content (adherence to programme script and guidelines), quality of delivery, and context (including suitability of venue, adult engagement and child engagement).
- Interviews with class teachers – 16 interviews were completed with class teachers (eight KS1 teachers, seven KS2 teachers, and one learning mentor working across both KS1 and KS2). Interviews focused on participants' perceptions of the benefits of SOSS for children, teachers and schools and their views on the programme.
- Focus groups with KS2 children – Focus groups led by researchers explored children's experiences of the SOSS assemblies and workshops in 10 schools (four in England and two each in Scotland, Wales and Northern Ireland) and a total of 61 children participated (29 boys and 32 girls).
- Interviews with SOSS programme facilitators – Researchers interviewed 15 facilitators (seven in England, three in Wales, three in Scotland, and two in Northern Ireland) with five of these being NSPCC paid staff and 10 being volunteers. Interviews focused on facilitators' experiences of delivering SOSS and their perceptions of how the programme was received by children.

2.4 SEND (Special Educational Needs and Disabilities) extension study

This was a small-scale, exploratory study nested within the main evaluation undertaken with children with SEND (i.e. those with an EHCP and those with SEND support but not an EHCP) in mainstream primary schools. Considerable planning went into designing the survey for children with SEND, including rewording some questions and introducing more images and emojis for easier comprehension of the tablet-based survey. This extension work was, however, severely disrupted by the COVID-19 pandemic and it was not possible to collect qualitative data from children with SEND via focus groups. Nevertheless, the survey was completed by 76 children with SEND at T1 (31 in intervention schools and 45 in comparison

schools), 12 at T2 in intervention schools, and 37 at T3 (four in intervention schools and 33 in comparison schools). Children in schools included in the SEND study completed T3 surveys remotely due to COVID-19 restrictions.

The nested SEND study permitted some pilot work with this group of children but the numbers of children with SEND included in this study at T3 were low, especially in intervention schools. This makes for difficulty in drawing conclusions about the impact of SOSS on this group of children or in comparing findings from this group with those of either their mainstream peers in the school included in the SEND study or the main sample. We therefore focus mainly on quantitative findings at baseline for this group of children, drawing on qualitative data where relevant. Children with SEND are of course also included in the main study sample although we were not able to identify their responses in that context.

Children in the SEND study were less likely than children in the main study to say that they enjoyed answering some or all of the questions in the survey, but, nevertheless, 65 per cent reported doing so at baseline.

2.5 Economic evaluation

Cost data was collected to evaluate the cost effectiveness of both models of delivery of the SOSS programme (volunteers or paid staff) and which delivers the best value for money in terms of child outcomes and potential disclosures. Micro-costings of programme delivery with volunteers and without were completed to give a clear representation of the annual costs of both options. Thirty surveys, completed by NSPCC Area Co-ordinators, captured information on time taken to book sessions, who delivered the sessions, the cost in hours of those sessions and use of materials. These questionnaires were analysed to take account of the costs incurred by the schools and the organisation by financial cost provided or by proxy value in terms of mileage costs and volunteer costs. The data was also compared by volunteer-led delivery and by staff delivery. This evaluation used the Child Health Utility 9D (CHU-9D) measure, which is the only available child-appropriate preference-based measure used in health economics to calculate quality adjusted life years (QALYs) (Stevens, 2009; Stevens, 2010). The CHU-9D is an age appropriate, generic preference-based measure of health-related quality of life. It consists of a descriptive system and a set of preference weights, giving utility values for each health state described. The CHU-9D data was analysed to explore any changes in the utility score across all time points, key stage groups and between intervention and comparison schools.

2.6 Ethical considerations

The evaluation received ethical approval from the NSPCC Ethics Committee and ethics committees at the University of Central Lancashire and the University of Edinburgh. Adult participants in the evaluation were provided with information about the study and asked to consent to participate in interviews. In addition, NSPCC staff and volunteers were asked to consent to observations of the assemblies and workshops.

For children, a hierarchical approach was taken to eliciting consent. First, schools agreed to participate in the study and headteachers signed a Memorandum of Understanding specifying what would be required of the school and the researchers' responsibilities. Secondly, parents/carers were asked to consent to their child's participation on an opt-out basis and were sent a letter and a form to complete and return to the school if they did not wish their child to participate. Children whose parents/carers had not opted them out were asked to opt into the research in the classroom prior to completing the survey. Children were prepared for the process of eliciting consent in advance by their teacher (scripts were provided to assist teachers with this task) and the process was explained again by the researcher prior to survey completion.

Children's consent was conceptualised as an ongoing process and was elicited at each of the three data collection points. They were encouraged to feel that they could withdraw consent at any time and without a reason and that they only needed to raise their hand to tell the researcher that they wished to do so. Consent was also built into the survey by including an "I Don't Want to Answer" response and a 'skip' option for each question. Percentage opt-out rates at each data collection point can be found in Appendix 2, Table 2.9. In intervention schools involved in the process evaluation, children were asked to volunteer for participation in focus groups by raising their hands following completion of the survey and were then asked to complete consent forms. Children participating in the focus groups were also told at the outset that, having given consent initially, they could change their mind in the course of the focus group activity, and they were reminded of this halfway through. Parents were asked to give separate consent for their child's participation in the focus groups using an opt-in approach.

The SOSS programme aims to increase children's readiness to disclose abuse and harm and it was recognised that a child's participation in the evaluation could result in disclosures being made or safeguarding concerns arising. A robust safeguarding protocol, based on the NSPCC's Schools Service safeguarding process, was therefore developed and all researchers were provided with training in relation to this. Safeguarding concerns arising during the course of the evaluation were referred by the researcher to the class teacher and the relevant NSPCC Area Co-ordinator and, whenever practicable, to the relevant member of staff at the school (usually the DSL or Headteacher) before the researcher left the school. Children were advised of this possibility prior to survey completion or participation in focus groups and were also given a debrief sheet that reminded them to call Childline should they need to.

In total, researchers reported 35 safeguarding disclosures or wellbeing concerns across 21 schools in the course of the study. Most disclosures and concerns related to KS2 children (n=28), with only five being recorded for KS1. Children most frequently reported bullying (n=13) or sibling violence (n=5). Other disclosures included peers sending inappropriate images, peer sexual harassment, domestic abuse, familial physical abuse and emotional abuse. Wellbeing concerns generally related to a child becoming upset or withdrawn during completion of the survey. Three-quarters (n=23) of disclosures or concerns arose at baseline with 10 at T2 and two at T3.

2.7 Challenges and successes

The major challenge encountered during the evaluation was the disruption caused by the COVID-19 pandemic in terms of restrictions on travel, school closures, and the fact that the NSPCC was unable to deliver the SOSS programme as planned. The pandemic, therefore, impacted on the collection of survey data and, in particular, on work for the SEND extension study. However, the bulk of data had been collected prior to the national lockdown in March 2020 with baseline data collected in 74 schools, T2 data in 38 schools and T3 data collection completed in 21 schools (see Tables 2.1–2.4, Appendix 2). At that point, process data had been collected in 11 intervention schools.

Following the reopening of schools in August/September 2020, T3 data was collected in a further 15 schools (five intervention and 10 comparison schools) (see Tables 2.5–2.6, Appendix 2) and process data was collected in a further two intervention schools. The collection of T3 data in this period was achieved through creatively redesigning the survey so that it could be delivered remotely either on schools' tablets or computer systems or on paper. Researchers were available by phone or Skype to assist teachers with any queries and a list of children's frequently asked questions (FAQs) was provided. 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.

Due to the reduction in the number of schools at T3, we were unable to undertake some of the analyses as originally planned, and alternatives were necessary (see Appendix 8 for detail). However, this does not impact on the robustness of the analyses that have been undertaken and the confidence that readers can have in the results.

Collecting information on ethnicity from young children is challenging both in respect of research ethics and data quality. This study did not have ethical approval to ask children to provide data on ethnicity. However, we asked schools to provide demographic information on classes included in the study to ensure, as far as possible, that our sample had similar characteristics to the wider population of children of primary school age in the UK. Twenty-two schools provided data on ethnicity and whether children in the schools had any additional needs due to disability. In terms of ethnicity, 36 per cent of KS1 children and 32 per cent of KS2 children from these schools were from Black and Ethnic Minority backgrounds, 24 children (2.7 per cent) out of 881 had an Education Health Care Plan (EHCP), while 120 children (13.6 per cent) were identified by teachers as having additional needs due to special educational needs or disability but did not have an EHCP at that time.

Parents are not directly involved in or targeted by the SOSS programme and were not included in the evaluation. However, future research might usefully capture their perspectives.

Finally, the evaluation also succeeded in developing acceptable methods of seeking the views of younger children in relation to the sensitive topics of abuse and harm and demonstrated that they can contribute their views on such issues in ways that are measurable, replicable and reliable. The evaluation challenges the assumption that some topics are too sensitive to be explored with primary school children and demonstrates that they can enjoy participating in both quantitative and qualitative research on sensitive matters that affect their lives. Over 80 per cent of children in both KS1 and KS2 reported that they had enjoyed answering all or some of the survey questions at each data collection point.

Chapter 3 – What do children know and understand already?

3.1 Introduction

At the outset, it is important to consider whether children have a need for SOSS. Might they already have sufficient knowledge about different forms of child harm and the need to 'speak out' so that the programme itself is unnecessary? Who are the children who might benefit most? This chapter presents information on the responses of children in the schools that received SOSS and the comparator schools in order to assess whether any changes in children's knowledge and understanding over time can be more likely attributed to the benefits of the programme. We seek to identify what child know before the delivery of the programme, and whether this might differ for some children and some issues. Further information on how individual questions were aggregated into measures is available in Appendix 4.

3.2 Knowledge and understanding: identifying different forms of abuse and harm

We explored KS2 children's knowledge about whether certain forms of abuse can happen to some children using the bespoke measure (see Appendix 4). Overall, most children were able to identify different forms of abuse as happening to some children, with the majority of children in the intervention and comparison schools clearly identifying that children could be bullied (79 per cent and 78 per cent respectively), physically abused (67 per cent and 68 per cent respectively) and emotionally abused (64 per cent and 64 per cent respectively) (Table 3.1).

Table 3.1: Is this a type of abuse that happens to some children? (percentage of responses by KS2 children)

	Intervention School (n=954)			Comparison School (n=739)		
	Yes (%)(n)	No (%)(n)	Don't Know (%)(n)	Yes (%)(n)	No (%)(n)	Don't Know (%)(n)
Neglect	30 (287)	20 (193)	50 (474)	30 (223)	20 (148)	50 (368)
Sexual abuse	56 (531)	21 (201)	23 (222)	55 (404)	18 (135)	27 (200)
Dropping litter	18 (176)	65 (621)	16 (157)	20 (151)	62 (460)	17 (128)
Emotional abuse	64 (608)	14 (136)	22 (210)	64 (477)	14 (100)	22 (159)
Bullying	79 (750)	16 (151)	6 (53)	78 (578)	14 (100)	8 (61)
Falling off bike	20 (194)	64 (605)	16 (155)	19 (140)	64 (470)	18 (129)
Physical abuse	67 (638)	12 (114)	21 (202)	68 (501)	10 (72)	23 (166)

However, over a fifth of children in both intervention and comparison schools did not feel that children could be bullied, and a third of children across all schools did not feel that children could be physically or emotionally abused. In relation to other forms of harm, nearly half of children in the intervention and comparison schools did not report that children might be sexually abused, and less than a third identified that some children experienced neglect. It is of note that nearly half of all children were unsure whether neglect was a form of harm that children experienced, and a fifth of children in both intervention and comparison schools were unsure whether sexual abuse, physical abuse or emotional abuse was experienced by children. This is also reflected in the mean score for KS2 children in intervention schools for the five types of harm listed (Table 3.1, Appendix 3).

We also asked children some control questions to check whether they were differentiating between harms to children, and other behaviours. In relation to the question, *"Is dropping litter a type of abuse experienced by some children?"*, over 60 per cent of children in both intervention and comparison schools stated that this was not (Table 3.1). The responses to the question about whether falling off a bike was a form of abuse also saw 60 per cent of children in both intervention and comparison schools stating that this was not. However, nearly two in five children were less clear about the correct response, answering that these were forms of child abuse or that they weren't sure (Table 3.1).

It is clear that, while most older primary school children had a clear sense of different forms of abuse, a substantial number of children in both intervention and comparison schools were unsure, highlighting some fundamental gaps in their knowledge and understanding.

3.3 Help-seeking: readiness to tell

Even if children do recognise that the behaviour of an adult or another child is problematic, the question arises as to whether they appreciate the need for someone to be told. Across both KS1 and KS2, the majority of children in both intervention and comparison schools appropriately identified whether there was a need for someone to be told about the incident of abuse or harm described in the bespoke survey questions, and the proportions in intervention and comparison schools choosing the individual response categories were very similar (Table 3.2, Appendix 3). However, a small minority of children answered that no one should be told, that they did not know whether someone should be told or that they did not want to answer the question. For example, in relation to the question B9 "*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 KS2 children), at baseline, 24 per cent of children in intervention schools, and 23 per cent of children in comparison schools did not answer that someone should be told. Even for the scenarios with the highest proportion of children identifying that someone should be told, there was a notable minority who did not give this response. For example, for KS1 children in comparison schools, 13 per cent were not sure that someone should be told in response to the question 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?"*. Overall, a substantial minority of children across all questions did not indicate that anyone should be told about the concerning behaviour described in the vignettes.

In order to check whether children were distinguishing between appropriate and inappropriate behaviour, question B6 asked: "*What if your Mum brushes your hair for you? What would you do?*". Most older children in KS2 correctly identified that they did not need to tell

anyone; however, nearly 23 per cent of children in intervention and comparison schools chose the option of telling someone, not being sure whether to tell or not wanting to answer the question. Younger children in KS1 were less certain, with approximately a quarter in both intervention and comparison schools indicating that they should tell someone. However, it is clear from Tables 3.2 (Appendix 3) that most children were reading the questions and discerning between the different scenarios presented on a consistent basis.

3.4 Help-seeking: ability to identify a trusted adult

The majority of children in both KS1 and KS2 correctly identified that they should speak to an adult, such as a parent or teacher, about the abusive or harmful scenarios presented to them in the survey. However, a minority of children chose to either tell another child, such as a friend or a sibling, in each scenario (Table 3.4, Appendix 3). It is also of note that even when an adult was the source of the concerning behaviour, such as when parents were arguing and pushing one another, that some children would choose to speak with this adult about the behaviour of concern.

3.5 Help-seeking: ability to confide in a trusted adult

Although the majority of children knew that they ought to speak out in an abusive or harmful situation, with most saying that they 'would' or 'should' tell, data from a separate question (Question B11) suggests this knowledge is not necessarily accompanied by a firm intention to act. When asked whether they 'could tell' a trusted adult "if something was happening to you that you felt was wrong", 57 per cent of KS1 children and 66 per cent of KS2 children in intervention schools answered 'yes' (58 per cent and 68 per cent respectively in comparison schools – Tables 3.2, Bespoke Measures B11, Appendix 3). Most remaining children were unsure whether to confide in a trusted adult, answering 'maybe' (around a quarter of KS1 children and a fifth of KS2 children) or 'don't know'.

3.6 Help-seeking: ability to identify and locate the Childline number

One valuable source of help for children is Childline. We sought to establish the proportion of children who recognised the Childline number, and the proportion who felt able to locate it if they could not remember the number. At baseline, KS2 children were more likely to know the number for Childline compared with KS1 children, but those who knew the Childline number accounted for less than half the children in both the intervention and comparison school samples at both KS1 and KS2 (Table 3.3, Appendix 3). Nearly a third of children in each cohort did not want to answer this question. However, nearly 50 per cent of KS1 children and over 50 per cent of KS2 children indicated that they knew where to find the Childline number if they needed it, with many fewer children not wanting to answer this question (Table 3.5, Appendix 3).

The sample of children with special education needs and disabilities (SEND) was small and any comparisons with the main sample should be interpreted with caution. For the bespoke measure, the pattern of responses in the SEND sample varied substantially from the main sample at baseline with SEND children more likely to choose the 'nothing', 'don't know' and 'I don't want to answer this question' options. SEND children's ability to identify and locate the Childline number was mostly lower than that of children in the main sample at baseline for KS1 and KS2 children in intervention schools, although better in comparison schools for KS1 SEND children (Table 3.6, Appendix 3).

3.7 Knowledge and understanding: sexual abuse and bullying

For KS2 children, we also used the CKAQ-R measure (see Appendix 4) at each timepoint, modified with an additional question about the sending of intimate images, and providing children with the option of choosing not to answer any or all questions, in line with our approach to supporting children to have maximum agency in completing the survey.

At baseline, the profile of responses was very similar between the intervention and comparison schools (Table 3.7, Appendix 3), demonstrating similar levels of understanding about issues related to sexual abuse. For questions: *"If a grown up tells you to do something, you always have to do it", "Even someone you like could touch you in a way that feels bad", "Boys don't have to worry about someone touching their private parts", "Even someone in your family might want to touch your private parts in a way that feels confusing"* and *"Sometimes, someone in your family might touch you in a way that you don't like"*, there were large proportions of children who answered either 'yes' or 'no' to these questions. However, it is of note that in relation to Question 7 *"Some touches start out feeling good and then become confusing"*, children both in intervention schools (40.5 per cent) and comparison schools (40 per cent) chose the "I don't want to answer this question" option. This was also the case for Question 21 *"Even someone in your family might want to touch your private parts in a way that feels confusing"*, with a large proportion of children both in intervention schools (37 per cent) and comparison schools (36 per cent) choosing the "I don't want to answer this question" option. This suggests that these questions involving 'touch' were experienced as challenging by a substantial minority of children.

At baseline, the ability of children with SEND to identify the 'correct' answer to the CKAQ-R questions was comparable to that of children in the main sample for most of the items included in the measure. However, children with SEND were more likely to give the 'wrong' answer to questions that involved *"trusting your feelings", "hugs and kisses turning into bad touches", "having to let grown-ups touch you whether you like it or not", "saying no to an adult", "keeping a secret if someone touched you in a way you don't like"* and *"helping a friend's dad find their lost cat without telling anyone"*.

3.8 Knowledge and understanding: ability to attribute responsibility correctly

For some questions, we asked KS2 children to indicate who they felt was at fault in the given scenario. We were keen to ensure that children did not feel the victim was responsible for any harm experienced. In response to the scenario 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. Whose fault is it that your friend got hurt?"*, the majority of children across intervention schools (58 per cent) and comparison schools (56 per cent) correctly identified that it was the aunt's responsibility for the child being hurt. However, nearly half the children did not choose this option at baseline (Table 3.8, Appendix 3) with a sizeable minority feeling that it was the child's fault (nine per cent in intervention schools versus 11 per cent in comparison schools). A similar pattern was found in relation to the scenario B5 *"Your friend's parents tell him that he's useless and a waste of space. This makes him feel very upset. Whose fault is it that your friend is upset?"*, with 36 per cent and 35 per cent of children at baseline in intervention schools and comparison schools respectively not indicating that this was the parent's fault (Table 3.9, Appendix 3).

To test the assumption that KS2 children's ability to attribute fault was statistically significant among those children who recognise the scenarios above as abusive and uncomfortable (therefore opting to tell someone about it as opposed to those who would not tell or did not know), a Chi-square test was run. The results indicate that, at baseline, all children in intervention schools who chose to tell were statistically significantly more likely to attribute fault correctly. This was also true for children in comparison schools in relation to the question on emotional abuse, but not for the question on physical abuse (Tables 3.10, Appendix 3).

3.9 Children at baseline with lower levels of knowledge and intention to act

Across all the measures, some children appeared to have lower levels of knowledge about different forms of harm, and less intention to tell a trusted adult about any harm experienced. We therefore looked at the KS1 and KS2 children in the lowest 25 per cent of responses across all measures (Tables 3.11 and 3.12, Appendix 3). For the younger children in KS1, our multivariate analysis highlights that children in schools with a high proportion of children in receipt of free school meals were statistically significantly more likely to be in the lowest group with regards to two of the four measures – *"tell a trusted grown up"* (BS3) and *"to recognise and be able to locate the Childline number"* (BS5). Children with the lowest scores on *"readiness to tell"* (BS1) were more likely to be boys, and children in schools in urban settings. Children in urban schools were statistically more likely to be in the lowest group at baseline on the measures, "*readiness to tell"* (BS1), "*tell a trusted grown up"* (BS3) and "*ability to recognise and locate the Childline number"* (BS5).

For KS2 children, our analysis highlights that, across most of the combined bespoke measures and the CKAQ-R, children were statistically significantly more likely to be in the lowest group if they were boys, and if they attended a school with a high proportion of free school meals.

3.10 Summary points

- Prior to the programme, the majority of children across both key stages were aware of different forms of abusive behaviour and understood that they should tell someone (in most cases, an adult) about an abusive or harmful incident. However, a sizeable minority of children lacked knowledge about how to discern harmful from non-harmful behaviour, indicating the gaps that programmes like SOSS can address.
- Children who chose to tell someone were more likely to attribute responsibility for harm or abuse correctly, which suggests that being able to attribute responsibility appropriately is important in informing children's perceptions of whether they need to seek help.
- Prior to the programme, seven-in-10 KS2 children did not feel that neglect was a form of abuse experienced by other children. They were also less likely to identify sexual abuse as a type of abuse than they were to identify emotional and physical abuse.
- Prior to the programme, over two-thirds of KS1 children and half of KS2 children did not know the Childline number, with approximately half of children in both key stages unable to locate it should they need to do so.
- Children with the lowest scores at baseline were statistically more likely to be boys (KS2 in particular), to be attending schools in urban areas (KS1), and to be in schools with a higher proportion of children in receipt of free school meals (KS1 and KS2). The measures on which these children scored lowest included readiness to tell (KS1 and KS2), intention to tell a trusted adult about any harmful behaviour (KS1), and recognition of the Childline number (KS1 and KS2).
- At baseline, the survey results for children in intervention and comparison schools were very similar, giving confidence that the matching process was appropriate.

Chapter 4 – The context for programme delivery: school culture and readiness

This chapter outlines the context in which SOSS was delivered. It sketches a picture of other provision and teaching on Relationships Education: schools now deliver Relationships Education as part of the national curriculum in all four UK countries, so SOSS is not delivered onto a blank canvas. We also report data provided by a limited number of schools on their safeguarding practice prior to programme delivery and include findings in respect of school culture (as perceived by pupils) at baseline, as well as data on school readiness for the programme. School culture and readiness may play a role in influencing the impact of the programme.

4.1 Other teaching and interventions on relationships and abuse prevention in schools

Headteachers and DSLs interviewed six-months post-baseline described other teaching and interventions on relationships and abuse delivered in their schools. It was not possible to elicit exactly when this teaching was delivered so we cannot confirm whether children in our study received it between baseline and follow-up. Nevertheless, it provides important context for the delivery of SOSS. Comparing the responses received from Headteachers/DSLs in 21 intervention schools and 18 comparison schools showed that two-thirds of the respondents in each arm of the study reported drawing on other external programmes and materials to deliver this teaching. This indicates that children were receiving external provision, other than SOSS, on relationships and abuse prevention across both intervention and comparison schools.

Intervention schools seemed slightly more likely to use programmes developed by other organisations and this is consistent with their use of SOSS. For instance, intervention schools across the UK participated in Anti-Bullying Week, an intervention developed by the Anti-Bullying Alliance. In Wales, two schools had participated in the Spectrum Project on domestic abuse. Two English schools had delivered Barnardo's 'Real Love Rocks' programme. A range of materials developed by other organisations, including the NSPCC's PANTS material, was delivered by teachers themselves in addition to material provided by Governments to support national PSHE curricula.

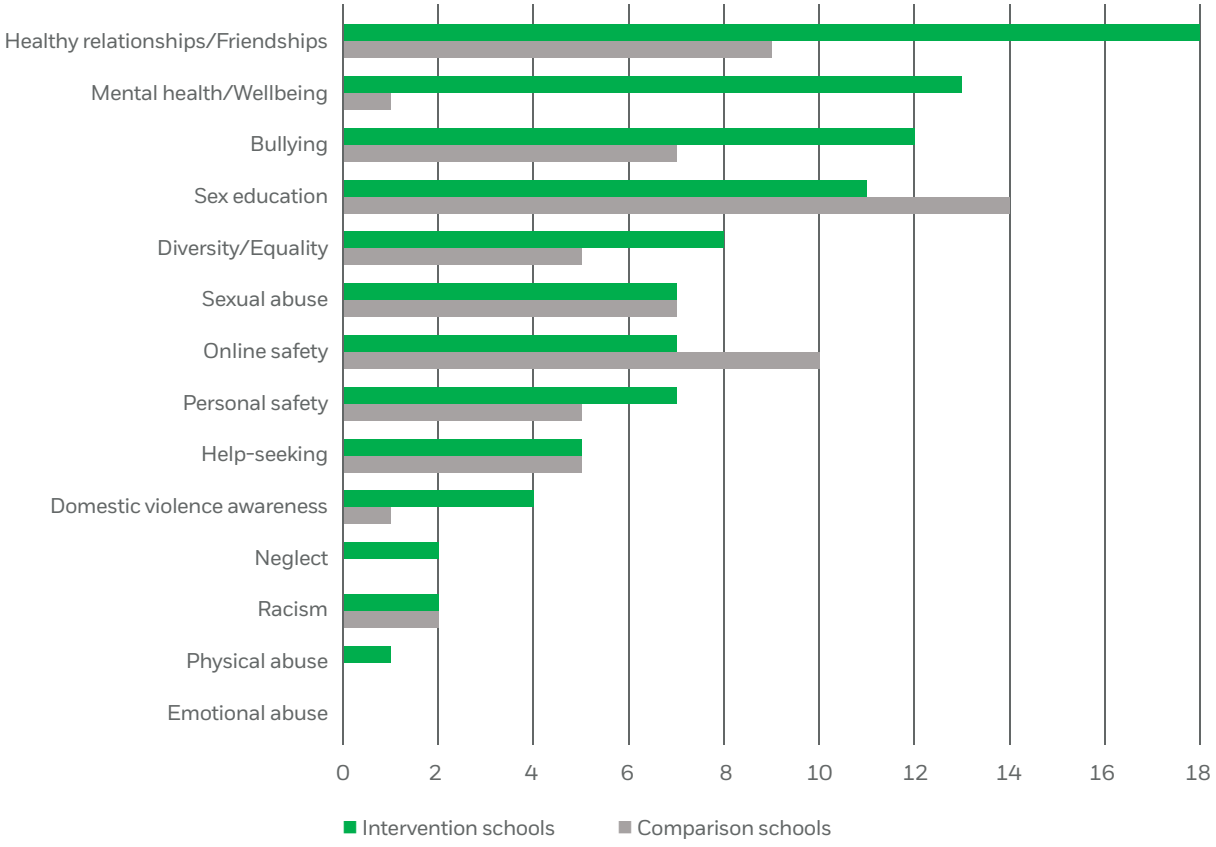
Staff in comparison schools commonly reported that the Relationships Education curriculum was delivered by teachers themselves, drawing on programmes developed by independent providers, such as Jigsaw PSHE, You, Me and PSHE (PSHE Association), NSPCC's PANTS materials, Helping Hands (Women's Aid NI) and the Christopher Winter Project (these last two provide training for school staff). In a small number of both comparison and intervention schools, the Police or School Nurse delivered teaching on online safety, bullying and sexual abuse/exploitation.

Faith schools relied on materials developed by faith organisations, such as Journey in Love (Wales), God's Loving Plan (Scotland) and Love for Life (Northern Ireland). One head of a faith school noted specific challenges in delivering Relationships Education: *"Being a church*

school we have to have governors' approval of everything... some have very strong religious beliefs." (Headteacher, School I03)

We captured data on the range of topics within Healthy Relationships education that schools reported covering through both their own teaching and through external contributions (see Figure 4.1). Healthy relationships, mental health/wellbeing, bullying, sex education and online safety were more likely to be covered than physical or emotional abuse, neglect or domestic violence. This suggests that the SOSS programme could fill a gap in respect of these topics.

Figure 4.1: Other relationships education teaching and provision in intervention (n=21) and comparison schools (n=18)



4.2 Schools' safeguarding prior to baseline

We note in Chapter 8 that Headteachers/DSLs reported receiving regular safeguarding training and most teachers rated their levels of preparedness in relation to safeguarding highly. However, only a small number of schools (seven intervention and five comparison schools) were able to provide data on safeguarding incidents and concerns for the two years prior to baseline. Although interviews with Headteachers/DSLs showed that about half the schools used either in-house electronic systems or specialist software, such as the Child Protection Online Monitoring System to store this information, schools found the administrative task of providing this data demanding; there may also have been some reluctance to share safeguarding information. Most schools providing this information

reported a small number of incidents (between one and 11) over the two years prior to the programme being delivered. However, one outlier, a large inner-city school, reported over 50 incidents/concerns over the previous two years.

With the exception of this outlier school, schools tended to report a mixture of child protection incidents/concerns: bullying incidents; welfare concerns; and e-safety concerns. Incidents of neglect or children experiencing domestic abuse were only reported a couple of times across all schools. The majority of reports concerned cases where there were no previous disclosures, although, in some, there had been ongoing concerns. Most disclosures or concerns came from a child who talked to a member of school staff, indicating that some children were already 'speaking out' and talking to a trusted adult, but some concerns were initially identified by school staff. Parents reported some incidents especially in cases of bullying. External agencies were also responsible for alerting schools to some child protection concerns. Information on how schools responded to these incidents/concerns was sparse, but responses varied between initiating meetings with the children or parents concerned, plans to support children and referrals to Children's Social Services.

4.3 School culture at baseline

School culture can act to mediate the effectiveness of any violence prevention intervention (Firmin, 2018; Maxwell et al, 2010; Taylor et al, 2013). Questions from the Authoritative School Climate Survey (ASCS) were used to elicit KS2 children's perceptions of the disciplinary structure and student support and provide a measure of school culture. Table 4.1 shows that the pattern of responses from intervention and comparison schools was again similar at baseline with the majority of children assessing their school positively and feeling that they could talk to staff if they had a problem and would receive help. However, teasing about looks or race/religion were identified as issues in some schools and a minority did not find staff approachable or saw them as too strict. Schools' location (urban/rural) or faith did not result in statistically significant differences in ACSC scores at baseline.

At baseline, responses about school climate by children in the SEND sample were similar to those of children in the main sample on most of the ASCS items. However, children with SEND in both intervention and comparison schools were twice as likely as those in the main sample to report that grown-ups at their school were too strict, that bullying was a problem at their school and that children at their school were teased about how they looked. Children with SEND in intervention schools reported higher levels of agreement than children in the main sample that school rules were fair and that there were grown-ups at their school they could talk to if they had a problem.

Table 4.1: Comparison of ASCS at T1 for KS2 in Intervention and Comparison Schools

Item	KS2 Intervention T1			KS2 Comparison T1		
	Yes	No	IDWA	Yes	No	IDWA
	%	%	%	%	%	%
I like this school	82	10	8	83	7	11
I'm proud to be at this school	83	8	9	82	8	10
I want to learn as much as I can at school	87	8	5	87	6	6
The school rules are fair	74	17	8	75	15	10
The grown-ups at this school are too strict	15	68	7	20	67	13
Most grown-ups at this school care about all the children	90	5	5	87	7	7
There are grown-ups at this school I can talk to if I had a problem	78	12	10	80	10	10
If I tell a teacher that someone is bullying me, the teacher will do something to help	85	7	8	84	8	7
Children at this school are teased about how they look	25	57	18	25	56	19
Children at this school are teased or made fun of for the colour of their skin or religion	15	70	15	20	64	17

*IDWA – I don't want to answer

4.4 School readiness for SOSS

The concept of 'readiness' is used to designate willingness or preparedness to change and/or engage in an intervention (Howarth et al, 2018) and school readiness is likely to contribute to programme impact. Readiness requires preparation across the whole school to ensure staff are fully informed about the programme aims, content and delivery. SOSS facilitators contact schools beforehand to arrange programme delivery usually by telephone and email; face-to-face meetings were reported to be less achievable. Written information outlining SOSS's aims and content is provided in advance. Despite these efforts, facilitators reported that schools were frequently unprepared for SOSS. A number of Headteachers/DSLs seemed to have limited understanding of programme content:

> "I knew that it would be good because the NSPCC stuff is always good, but I didn't really know other than that what to expect." (Headteacher, School I09)

Only one Headteacher reported that SOSS staff had visited prior to delivery and that information about the programme had been read by all school staff beforehand. Most teachers were not prepared for programme delivery: just three of the 16 teachers interviewed had received detailed information about SOSS in advance. Other teachers reported limited awareness of the programme:

> "We weren't really told any specifics about how the assembly or workshop were different, we were just told broadly that that's what would be happening." (KS2 Teacher, School I16)

Although information had been provided to key contacts in schools, it appeared that it had not been widely broadcast or picked up by classroom staff.

The topics covered by SOSS represent an innovative area of learning for some primary schools: engaging closely with schools could alleviate any concerns around delivering 'sensitive' material and help shift unfavourable attitudes, particularly among staff who demonstrate resistance to programme topics as reported by several facilitators:

> "The headmistress came up to me and said 'Can I see the script?' and she said: 'I'm not very happy about you delivering that particular..., you'll have to leave the sexual abuse part of it out'." (Volunteer facilitator, School I10)

Some headteachers from faith schools noted that Relationships Education could be "... *quite constricted because of our faith and our understanding and what is expected for children.*" (Headteacher, Northern Ireland NC39). Parents from some faith communities may be less likely to accept teaching on sexual abuse:

> "The only issue that we have is some parents, depending on what religion they are, weren't happy with specific things being said...or their children being aware of, you know, sexual abuse." (Headteacher, School I26)

A teacher in one of the Muslim schools included in the sample suggested that some parents were unhappy with the idea that teachers might be identified as the first port of call for disclosures:

> "...so in the assembly a lot of it was, if you have a worry then you tell, tell us, tell a teacher, tell the Headteacher, tell your teacher, so then now the parents are a little upset because they feel like if their child has a, a worry, they should tell them first, initially, so the parents don't like that." (KS1 teacher, School I13)

Any reluctance on the part of school staff to engage with more sensitive material is likely to be communicated to children: if children understand that some topics are prohibited, they may fail to engage with such material.

Parents and families also play a key role in shaping children's attitudes towards abuse and harm. Headteachers/DSLs interviewed in six of 21 intervention schools reported that parents had voiced concerns about their child's involvement in SOSS. Talking through their concerns with school staff had helped reassure some of those parents. Such positive communication with parents is more likely to be achieved when classroom staff are informed about and committed to programme aims.

Previous experience of SOSS and other programmes can contribute to children's preparedness: many of the KS2 children participating in the focus groups recalled having previously received the SOSS assembly and other similar provision in school. However, they struggled to recall key programme messages. One Headteacher suggested that better preparation would have enabled staff to 'join up' programme messages with other Relationships Education delivered in school:

> "...looking at how we could have prepared better for that, so it's like linking the learning from the input so it was joined up, so we were covering the same aspects." (Headteacher, School I25)

Finally, some children, especially children with SEND who may be more sensitive to disruptions to their usual routine, may require particular consideration in advance if they are to benefit from SOSS. In this case, participation in the research beforehand helped to prepare a child for the programme:

> "...when you deviate off that routine, he doesn't like it...but we managed to do it, and I think that's because he took part in the survey actually...so he knew something about it." (KS1 Teacher, School I16)

4.5 Summary points

- Both intervention and comparison schools were utilising a range of external programmes and materials in their delivery of Relationships Education; however, the material already delivered by schools was less likely to address physical or emotional abuse, neglect or domestic violence. This suggests that the SOSS programme could fill a gap in respect of these topics.
- **School safeguarding:** Interviews with Headteachers and DSLs suggested that many schools use in-house electronic systems or specialist software to record safeguarding incidents and concerns; however, it proved difficult to retrieve this information. A small sample of schools' safeguarding histories showed that children did talk to teachers about experiences of abuse or harm, though incidents of neglect and domestic violence were more rarely reported.
- **School culture:** At baseline, most children in both intervention and comparison schools assessed their school culture positively and thought that they could talk to staff if they had a problem and would receive help. However, teasing about looks or race/religion were an issue in some schools and a minority did not find staff approachable.
- **Schools' readiness for SOSS:** Despite the efforts of SOSS staff to inform schools about the programme beforehand, most school staff seemed unprepared for programme delivery.
- **Parents' readiness for SOSS:** Some faith schools or schools where parents belonged to faith communities were reluctant to engage with material addressing sexual abuse. Well-prepared staff can reassure parents who voice such concerns.
- **Children's readiness for SOSS:** Children remembered having received SOSS and other similar teaching previously but struggled to recall key messages from such teaching.

Chapter 5 – Programme delivery and fidelity

SOSS consists of a school assembly lasting 20 minutes for KS1 children and 30 minutes for KS2 children, followed by a one-hour workshop for KS2 pupils only. It is delivered by trained facilitators (volunteers and NSPCC staff), the majority of whom are female. Most schools participating in the programme commission SOSS once every 2 to 3 years, although occasionally this occurs more frequently. Approximately 40 per cent of participating schools opt into an additional fundraising component, which may increase children's exposure to the programme further (see Section 1.2 for more details of the programme). This chapter examines the extent to which the SOSS programme is delivered as intended by facilitators who feel confident and well-prepared. The chapter draws on interviews with programme facilitators and detailed observations of programme delivery. We use these data to address a number of key questions surrounding the facilitators' perceptions of SOSS and other factors that may influence variability in delivery. We conducted an economic cost analysis of programme delivery and estimated this at approximately £73.51 per school, and that this cost is greatly reduced by the hours donated by volunteers.

5.1 Facilitator preparation and readiness

Fifteen facilitators were interviewed across the four nations (10 volunteers and five NSPCC staff). All but one was female with a median age of 45–54 years. They had considerable experience of delivering SOSS, ranging between one and more than seven years (with a median of 5–6 years). All facilitators had delivered SOSS in at least 20 schools, with some having delivered in 200–300 schools. Facilitators – both NSPCC staff and volunteers – reported receiving extensive and ongoing training to deliver SOSS. They found the training to be helpful and flexible, enabling them to develop skills at their own speed and they felt it had prepared them sufficiently to deliver SOSS. There was no difference in self-reported readiness to deliver SOSS between staff and volunteers; however, readiness varied according to facilitators' professional background. It was noted that those without previous experience of working with children might require more time and training to deliver SOSS.

Facilitators were asked to rate their level of confidence in delivering assemblies and workshops. Nearly all facilitators reported feeling very confident in delivery of the KS1 assembly (15 out of 15), the KS2 assembly (13 of 15) and the workshops (14 of 15). There were no differences in self-reported preparedness to deliver to KS1 or KS2. However, almost half of the facilitators stated a preference for delivering the KS2 workshops, citing the participatory nature of the sessions, which they felt enabled them to engage more with the children and address topics at a deeper level:

> "Because you're much more engaged with the children, much more... I mean you can be engaged with them in the assemblies, and I enjoy assemblies but the workshops, you get to be like one of the children."
> (Volunteer Facilitator)

Although the facilitators reported a preference for the workshops, observations indicated much more variability in their delivery and lower levels of content coverage (see section 5.3). This may relate to the participatory nature of the workshops where coverage may be influenced by child responses and by some elements of the content (see section 5.3). Half the facilitators interviewed indicated that they would also benefit from more training (with no differences found between NSPCC staff and volunteers), identifying additional input in responding to children's disclosures (especially those made in front of other children) as potentially useful. Although there are clear instructions for how facilitators can respond in these situations, they noted that they can be difficult to manage for those who are new to delivering SOSS. A need for further training in delivering sessions about online safety was also highlighted. Facilitators reported that children discussed various online platforms in workshops that they did not always feel confident or knowledgeable talking about.

A small number of facilitators commented on the fundraising element of the SOSS programme. There were mixed feelings about this. Some facilitators felt that this was beneficial as it meant that the pupils received an extra 'dose' of the programme, which could reinforce the SOSS message. Other facilitators raised concerns, particularly in respect of some groups of children:

> "I think it has sort of overtaken what we are trying to do...I think there is a conflict of interest there, you either want to fundraise, or you want to get the messages across to the children...we are asking children in schools in deprived areas to fundraise for you...is that the right way to go about it when you are talking about neglect and not having enough food and clothing and things, that doesn't sit well with me." (NSPCC staff)

It was noted that an engaging aspect of SOSS is that it is delivered by adults from outside the school setting so that children hear these messages from someone different; this reinforced the importance of the messaging:

> "...lots of teachers say it's really good for someone else to come in and deliver messages, they're important because the, the children hear us, the same voice all the time, and something like this that's so important for the children to know...children are listening and take it all in and, and remember those messages." (NSPCC staff)

However, the engagement of school staff was vital for messages to be sustained following programme delivery. Facilitators felt it was important for children to hear the same message from different sources (the NSPCC as well as the school) to ensure that it was understood as important and that the message was coherent and enduring:

> "The Deputy Headteacher was extremely engaged...it's really important because that's a lasting message to the children, you know, if the school's backing what we're saying..." (NSPCC staff)

5.2 Variation in programme delivery

Based on the literature on evaluation of programme fidelity (Carroll et al, 2007; Century et al, 2010; Fixen et al, 2005), three main dimensions were used to measure fidelity of programme delivery: *Coverage, Quality* and *Context*. Coverage measured the extent to which the content delivered reflected the programme script, structure and guidance notes. Quality assessed aspects of delivery including tone, pace, responsiveness to audience, confidence and familiarity with material. Context included venue suitability, adult engagement and child engagement. All three dimensions contributed equally to a total percentage score representing fidelity of implementation (with a score closer to 100 per cent indicating that delivery was closer to programme guidance and intentions). Trained researchers conducted the observations using a checklist designed to capture the indices of programme fidelity as noted above. Each observation was conducted by one researcher and lasted for the entire session. Ten observations were made of each form of delivery: KS1 assemblies, KS2 assemblies and KS2 workshops.

The total fidelity scores for KS1 and KS2 assemblies showed similar trends and were comparable across all three dimensions. KS2 assembly scores were higher across all three dimensions, but only marginally higher for the Quality and Context dimensions (see Tables 5.1 and 5.2, Appendix 5). The largest difference in scores can be seen under the Coverage dimension with KS1 assemblies scoring a mean of 85.6 per cent (Table 5.1, Appendix 5) and KS2 assemblies scoring a median of 92.5 per cent (Table 5.2, Appendix 5), although these still indicate high levels of Coverage. The range of scores under the Coverage dimension for both KS1 and KS2 assemblies found high levels of coverage of material with the lowest observed Coverage Score being 76 per cent in a KS1 assembly (Table 5.1, Appendix 5). The range of variability of inter-dimensional scores (difference between the lowest and highest scores across 10 observations) was similar for all three dimensions for both KS1 and KS2 assemblies.

In contrast to the KS2 assembly, observations of the KS2 workshops indicated lower levels of Coverage. The observations of the KS2 workshops indicated that Coverage dimension scores were lower than the Quality and Context Dimensions. The mean score for Coverage within the workshops was 59.2 per cent, with the lowest level of Coverage within a workshop being 38.1 per cent, and the highest level of Coverage being 76.9 per cent (Table 5.3, Appendix 5). The workshop inter-dimensional score ranges were much greater with more variability in delivery of workshops. Coverage variability was lowest with the Context Dimension variability higher again. Finally, the variability of scores within the Quality Dimension was the highest. This more marked variability in workshop delivery may reflect the more participatory nature of these sessions.

These results show consistency in Coverage when delivering SOSS assemblies for both KS1 and KS2 children with at least 76 per cent adherence in Coverage across the assemblies. Whereas Coverage in the workshops was lower, with the lowest level of Coverage at 38.1 per cent and a mean of 59.2 per cent.

As reported below, there was some variability in delivery of certain aspects of the SOSS programme. Facilitators themselves acknowledged that they did insert their own changes, with one feeling that the difference between an argument and domestic abuse required more clarification:

> "I highlight which is slightly off script, but I hate any child to think that there is domestic abuse going on because there is an argument in the house...I think it is really important for children to know the difference between an argument and serious domestic abuse." (NSPCC staff)

5.2.1 Delivery setting

Observations indicated that workshop content coverage may be affected by the setting of the delivery. Where delivery of the workshop was in the school hall rather than a classroom, there was more disruption from others coming in and out of the hall, resulting in a stop-start style of delivery and poorer coverage of content. Behaviour management was also an issue for some workshops. Facilitators reported that teacher engagement was viewed as important, with facilitators noting concerns about having to manage behaviour when teachers were not engaged.

5.2.2 Differences in KS1 and KS2 delivery

Differences in the delivery of certain elements of the programme were observed and might help explain the higher coverage scores for KS2 assemblies. The Childline Key Information element in KS1 assemblies had the lowest consistency in Coverage with an average that was half that of other Coverage in that section. The 'Grownups that may be good to talk to' element had lower average coverage than the other elements in the assembly – this might be due to the interactive nature of this element where children contribute to steering the discussion. If children do not identify certain trusted adults, the facilitator might omit discussion of them. Digitised programme components were consistently delivered, with almost half of KS1 assemblies scoring the maximum score on the coverage of the video element of the assembly (Sam's Story). In KS2 assemblies, all observations of the video element of the programme (Contacting Childline and Ali's Story – 2 parts) scored 100 per cent on coverage. The lowest average coverage among KS2 assembly observations was for the 'Sources of Help/Emptying the Sack', this could again be due to the interactive nature of this element. The KS2 assembly has more digitised content and is 10 minutes longer, giving more time for coverage of content and participation: this could explain why the Coverage Dimension scores for KS2 were higher than for KS1.

5.2.3 Facilitators' perceptions of differences between key stages

The facilitators interviewed noted differences in younger and older children's experience of SOSS. Some felt that KS1 children did not understand the content covered in the assembly. One facilitator noted feeling uncomfortable discussing topics like children's rights as it was thought that younger children did not fully understand what rights were. Some felt that younger children's levels of concentration meant that they struggled to remain focused or to sit still, with some suggesting that delivery was particularly difficult early on in the school year for the youngest children. It might be helpful to consider the time of year for delivery when working with the youngest children:

> "I think that Primary 1 when they come in, sometimes when we go in after the summer they are like a little rabbit caught in the headlights and I think that that could be accommodated by perhaps not even having them because they can't take all of that but by the time Primary 1 are here at this [later] stage in the term...they can cope with the formality of an assembly." (Volunteer facilitator)

In contrast, others argued that delivery underestimated the abilities of KS1 children and that the key messages needed to be articulated more fully for this group:

> "I think the Key Stage one kind of nibbles round the edges, for me, it underestimates the abilities of some of the children that we're speaking to and I think we should be a bit more upfront, I think they could handle more of it and particularly when you read the statistics about you know when abuse starts." (Volunteer facilitator)

The use of the Buddy character, slides, animations, video clips and varying accents in the videos helped to sustain children's engagement. Facilitators felt that the use of videos and animations were more likely to sustain KS1 children's engagement with SOSS rather than discussions and Q&A. Facilitators noted that KS1 children responded less to discussion and where they did respond, they showed less understanding of content than KS2 children. It was suggested that more animations and videos in the assemblies would increase engagement of KS1 children.

For KS2, no areas of improvement were highlighted for the assemblies. The majority of facilitators stated that KS2 children were more engaged with the workshops than the assemblies, perhaps due to their interactive and participatory nature. The workshop environment was described as more open and relaxed, all of which contributed to children's increased readiness to engage with the material. Facilitators considered that improvements were required to the sexual abuse section of the workshops, specifically in relation to online safety, which needed updating to reflect children's online experiences. It was also suggested that the activity 'It's okay, it's not okay' did not improve children's understanding of appropriate/inappropriate behaviour. Children were described as engaging well with this section with many queries, but the time allocated was judged insufficient to address them. Facilitators thought that children also required further clarification on domestic violence.

Facilitators did note that Year 6 (last year of primary school) pupils tended to be less well-engaged with SOSS than other KS2 children. This was labelled by facilitators as the 'Year 6 effect'. However, they suggested that certain aspects of the programme, such as Guy's story, did succeed in engaging the older pupils. It may be worth adjusting the way in which the messages are delivered for a slightly older audience by incorporating more of these types of features:

> "...you've got the year 6 effect, they're too cool for any of this and I did notice...when we ask them to suggest the adults...that's when particularly the year 6 en masse just didn't." (Volunteer facilitator)

Facilitators described varying their tone according to the key stage in order to better engage the children. They reported using a slower and animated tone to deliver a gentle message to the KS1 children and sustain younger children's attention. They also noted that they lowered themselves to the children's height to further engage them. Facilitators adopted a more serious tone with KS2 children. They felt it was important to change the tone and to use more adult vocabulary to acknowledge their maturity.

5.3 Are some elements of the programme delivered more fully than others?

The participatory nature of workshops presents a more complex environment for facilitators to navigate, despite the lower numbers of children (workshops are delivered to children in class groups while assemblies are commonly delivered to children in their key stage group). The participatory nature of these workshops often led to discussions and questions from children, more so than within the assemblies. Workshop facilitators, most of whom were volunteers, were observed to sometimes struggle to manage discussion or tricky questions from children.

On average, only half (51 per cent) of the specified coverage of the Sexual Abuse Section (which included five different elements) was covered in the workshops. Since the workshops rely on children's engagement and participation, having the necessary confidence, tools and skills to handle small group dynamics is integral to delivery of these core programme elements. Some children participating in focus groups noted that facilitators seemed "scared" when the topic of sexual abuse was introduced. The two-day training package for facilitators would benefit from some attention to developing advanced skills that would build facilitators' confidence in the materials and prepare them to discuss the topic of sexual abuse in more depth. Although the facilitators themselves reported high levels of confidence, this appears to be an area where more preparation may be beneficial.

5.3.1 Consistency between NSPCC staff and volunteers

In total, 56 facilitators (51 volunteers and five NSPCC staff) who between them delivered 30 assemblies and workshops were observed, with some observed more than once as they delivered more than one session in a school. The assemblies and workshops were delivered either by a pair of volunteers or by a volunteer working with an NSPCC staff member. However, two assemblies and one workshop were delivered by a single facilitator (in one case, a volunteer). Only one male volunteer was observed: the NSPCC acknowledge difficulties in recruiting male volunteers.

Overall, there were few differences between paid staff and volunteers' accounts of their experiences and confidence in delivering SOSS. However, an observation note from the workshop with the highest overall score highlighted how the quality of delivery and the dynamism of the facilitators (both volunteers) could secure a high level of engagement from children:

> "Both volunteers brought energy and related well to the children throughout – no child was dismissed, and all responses were acknowledged. This was reflected in a high level of engagement. The children did very well in this school and gave 100 per cent participation, which made it easier to deliver the material and hold sensitive discussions." (Workshop Observation)

These findings support the importance of children being given space for dialogue and discussion and the vital role that facilitators play in ensuring that they are listening and responding to what children say. If children are to feel valued and able to 'speak out', opportunities for them to express their views and engage in dialogue are key.

5.4 Costs of staff vs volunteer delivery

A cost analysis was conducted to examine the relative costs of staff and volunteer delivery. We have used Fujiwara et al's (2013) calculation, which considers the value to the recipients (the organisation) and the participants (the volunteers). The 2013 value of volunteering was estimated at £13,500 per annum (pa). Our calculation for 2019 using the Bank of England Inflation Calculator (Table 5.4, Appendix 5) puts this at £16,577 pa (or £9.10 per hour). In our survey completed by Area Co-ordinators or School Organisers across 30 schools, we asked "how many hours were spent delivering the programme in this school?". Some schools were attended by paid staff only, some schools were attended by paid staff and volunteers, and some schools were attended by volunteers only (see Tables 5.5–5.11, Appendix 5).

A total of **101.25 hours** was donated by the volunteers in this sample, which equates to a proxy cost of **£921.38.** The volunteer proxy cost slightly surpasses the NSPCC staff financial costs across these 30 schools. In terms of hours spent on programme delivery, volunteer donated hours are almost double the hours of the paid staff. Volunteers undertake a two-day training programme, which the NSPCC estimates as costing in the region of £189.50 per volunteer. The cost of the materials required for the programme was estimated by the NSPCC as £0.011 per child. Given that there were 9,701 children in the 30 schools, this is a **total cost of £106.71 or £3.56 per school** (Table 5.12, Appendix 5). Costs of travel were also estimated based on figures provided by the NSPCC (Table 5.13, Appendix 5).

The cost of delivering this programme is low compared with the costs saved after training and scheduling volunteers to deliver the programme in the schools. Further details of the cost analysis are detailed in the cost-consequence analysis in Chapter 8.

Table 5.1: Total costs of SOSS delivery

Item	Mean cost
Recruiting and booking schools	£14.15
Scheduling the delivery team	£7.26
Delivering the programme in the school	£29.64
Mileage costs (staff and volunteers)	£18.90
Cost of materials	£3.56
Total cost per school (n=30)	£73.51
Volunteer hours	£921.38 (proxy cost saving)
Volunteer training per person	£189.50

5.5 Summary points

- **Facilitators' training needs:** Facilitators' views of SOSS were very positive; they felt that the training prepared them well to deliver the programme and this was reflected in the high level of coverage of the materials within the assemblies. Facilitators suggested further training would be beneficial in relation to online safety and dealing with disclosures. In the course of this study, researchers reported 35 disclosures or concerns. This indicates the importance of facilitators feeling confident in responding to children's disclosures.
- **Facilitators' views on pupil and staff engagement:** Facilitators considered that using external people to deliver SOSS in school highlighted the importance of SOSS messages for children, but that the engagement of school staff was valuable in facilitating a 'lasting message'. More direct involvement by school staff might allow programme messages to be sustained.
- **Facilitators' views on the fundraising element of the programme:** Facilitators reported mixed feelings regarding the fundraising aspect. Some felt it contributed positively to the 'dose' of the programme received by children, whereas others expressed concern about fundraising, particularly with pupils in more disadvantaged areas.
- **Facilitators' views on the age appropriateness of the programme:** Facilitators felt that the animations and videos were particularly engaging for younger children; but they reported that the youngest children found it difficult to remain engaged when assemblies were delivered early in their first term and suggested considering the timing of programme delivery. Facilitators felt that older pupils were less engaged in the programme and reported a 'year 6 effect'. It may be useful to consider other ways of delivering these messages to older pupils.
- **Programme fidelity (Content):** For KS2 children, there was slightly higher coverage of the materials during the assembly compared with the KS1 assembly, perhaps due to the slightly longer time allocated to this assembly. Coverage of content during the KS2 workshops was generally lower and showed more variability. In particular, sexual abuse was less fully covered. It may be beneficial to provide more support and training for facilitators in running workshops and in addressing sexual abuse.
- **Programme fidelity (Quality):** Quality as assessed by observations was quite varied across the KS2 workshops. This may reflect the more participatory nature of these aspects of the programme and facilitators may benefit from more support and training to deliver the workshops.
- **Programme costs:** Cost analysis indicated that delivery costs approximately £73.51 per school. The use of volunteers saved up to 101 working hours across the 30 schools in the cost study, equivalent to £921.38 (using the Fujiwara cost of volunteering as a proxy cost per hour, inflated for 2019). The cost of delivery by NSPCC staff would have been higher.

Chapter 6 – Children's and school staff's views and experiences of SOSS

In this chapter, we explore KS2 children's views and experiences of the content and delivery of the SOSS assembly and workshop, followed by school staff's perceptions of the programme. Sixty-one children (29 boys and 32 girls, aged 9–10) from 10 schools participated in focus groups following delivery of SOSS. Children and their parents opted into these groups, so this is not a representative sample of children. Sixteen class teachers and 21 Headteachers/ DSLs from intervention schools where the programme was delivered were also interviewed.

6.1 Children's perceptions of KS2 assembly and workshop content and pitch

6.1.1 What facilitated learning for children

Children in the focus groups generally viewed the content of the SOSS assembly as important and relevant:

> "Everybody needs to know because it [can] happen to everybody." (KS2 Child, School I28)

Children stressed the value of learning about different forms of abuse, especially neglect and sexual abuse:

> "I don't even know what neglect was and I didn't know it was a thing until they told me." (KS2 Child, School I26)

> "Definitely I learned, like, a new abuse. Like, sexual abuse and personal abuse." (KS2 Child, School I32)

Some recognised that the issues tackled by SOSS were relevant for children in their school:

> "I'm not going to say names but some people in our class have been going through sort of things like wanting to phone Childline and such." (KS2 Child, School I26)

Children remembered participating in SOSS assemblies earlier in their school careers, although most could not recall exactly what they had learned. They also described receiving other similar teaching, mainly in respect of bullying and online safety, which SOSS built on. Most children identified many positive aspects of the SOSS assembly and workshop, which facilitated their learning and programme impact. Video clips shown during the assembly were considered to promote understanding of programme messages. Videos portraying experiences of fictional children evoked an emotional response that enhanced understanding:

> "The videos that they did, they were very, like, got to you and they were very effective." (KS2 Child, School I22)

6.1.2 Barriers to learning for children

However, in almost half the focus groups, children felt they had not learnt anything new from the KS2 assembly:

> "...we've done it for, like, two years, like, and it's, like, the third assembly but the same, it's getting a bit boring now." (KS2 Child, School I22)

Furthermore, many children felt there were significant gaps in programme content relating to sexual abuse and neglect in the assemblies and, to a lesser extent, the workshops. Children identified that coverage of these elements lacked detail and depth leaving them feeling confused and frustrated with unanswered questions:

> "...when they said, talked about sexual abuse, like, they didn't go into, like, detail like why it would make you uncomfortable, ...when would this, like, happen and...they went into detail but not enough detail." (KS2 Child, School I16 – Assembly)

> "One was neglect, like we didn't know what it was, and nobody could get, nobody could properly understand what it meant." (KS2 Child, School I10 – Workshop)

Children from one school where the PSHE lead had delivered a lot of teaching on abuse and harm described the assembly presentation as "sugar-coated" and suggested that older children within KS2 require more in-depth content and information, and therefore assemblies should be separated by age:

> "It would have been slightly better for the year threes and possibly year fours education to sugar-coat it. I think if they put in a separate assembly then the sugar coating would just need to be kyboshed for the year five and six." (KS2, School I16)

In contrast, there was some evidence from a small number of children that talking about sensitive topics in both the assembly and the workshop, especially sexual abuse and domestic abuse, perhaps for the first time, was emotionally challenging, possibly reflecting some children's own past experiences of harm or perhaps emotional readiness for such topics:

> "...it was gross, sexual abuse and we are too young." (KS2 Child, School I10)

> "Erm, in the workshop, like, I felt a bit uncomfortable talking about, like, because they said, like, what are your opinions and, like, for some of them, like sexual abuse and like neglect, like, especially sexual abuse, I felt a bit uncomfortable, like, speaking about it. It was a bit like, like, you were on the spot." (KS2 Child, School I22)

6.2 Children's perceptions of KS2 assembly and workshop delivery

6.2.1 What facilitated learning for children

The participative methods used during the KS2 assembly and workshops helped to engage children in their learning. The use of images and props, including Buddy, the Speech Bubble, and a large sack filled with foam bricks symbolising different worries, encouraged children's active participation.

> "I also think that, like, the activities that she [facilitator] did...with every worry that she put in [the sack] and then she took them all out and talked [about] somebody that we could tell about the worry." (KS2 Child, School I07)

Children could participate verbally by guessing what Buddy represented and could volunteer to be invited to the front of the assembly to hold the sack of worries. Similarly, opportunities to respond to questions and short video clips and slides appealed to children by providing a different and 'fun' way of learning within the school context:

> "That assembly could be boring, but they added games into it, they added, like, questions that everybody got a chance to answer, so everybody did answer. They didn't say ` no I've not got time for that', everybody got to answer...." (KS2 Child, School I28)

Workshops provided a safe place for children to ask questions and have group discussions and understanding that their participation was voluntary was important to children. Not all children who volunteered in the assemblies were able to participate, and children found this easier to accept when facilitators provided a range of opportunities for participation and when selection of children appeared 'equal':

> "I joined in as much as I wanted to, and I think that she tried to answer as many people as possible." (KS2 Child, School I07)

On the whole, the small group work and the whole class discussions in the workshops were highly valued and provided children with opportunities to share ideas and learn from each other:

> "It was like you had to discuss your answers...then you would have to, like, speak out and say what your table's answer was...it was a good experience." (KS2 Child, School I19)

Table discussions helped children gain a greater understanding of complex issues, for example, discussing the concept of 'touch':

> "They [facilitator] came over to our tables and we thought that, like, for one of the touching ones that if you didn't want to be touched then you didn't have to be, but then they came over and said 'Well if you were a baby or if you were disabled then you wouldn't really have that kind of choice'." (KS2 Child, School I30)

Holding workshop conversations with either peers or the class teacher was important for embedding key messages, especially since some children might not have discussed these concepts before or might have additional learning needs, as highlighted by one child from England:

> "...there might be some who are better at a particular subject or...Yeah, like ADHD or maybe dyslexia who find it a bit difficult, but it might not be easy for everyone is what I'm trying to say." (KS2 Child, School I16)

Many children spoke positively about the perceived status of the NSPCC as a trusted source of information and appreciated the authenticity and enthusiasm of the programme facilitators:

> "One of the main things I liked about them is that they talked very passionately about the NSPCC." (KS2 Child, School I16)

6.2.2 Barriers to learning for children

A number of children talked about some assembly facilitators moving much too quickly from one element to another and using complex and confusing language:

> "The long words and, like, they wouldn't really, like, say, like, what they meant, they would just say long words and then you were just like 'what does it mean?'." (KS2 Child, School I30)

Children from four schools described limited opportunities to contribute during the assembly and reported feeling frustrated and disengaged, contributing to their feeling of being talked at, rather than feeling actively involved:

> "...it was very long assembly a bit, so I got bored halfway through because she was just talking to us all, but at the same time she was saying facts but I couldn't take that in at the right time." (KS2 Child, School I15)

Similarly, a few children were disappointed with the lack of interaction during the workshop, especially when compared with those delivered by other organisations:

> "When [name of another organisation] come in, that was a proper workshop because you're actually working, when the NSPCC came in, we weren't actually doing the workshop, you were just sitting there and listening." (KS2 Child, School I22)

Some children reported that important opportunities for them to ask questions during the workshops were missed:

> "Well most of the time when I tried to ask a question they always went over to someone else's desk and then when I asked if I could ask a question they said 'one minute' and then went to someone else's desk." (KS2 Child, School I26)

In one focus group, children felt that the facilitators seemed uncomfortable talking about sexual abuse. This is consistent with the low coverage of material on sexual abuse found in the observation data (see Chapter 5) and may explain why this topic was not always covered in depth. Worryingly, such discomfort could reinforce children's reluctance to discuss these issues with an adult:

> "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." (KS2 Child, School I22)

Another dominant theme was children feeling that the tone and pitch of the assembly was aimed at a much younger audience, with a number saying they were being treated "like babies" and citing the use of the Buddy mascot as evidence of this:

Child: "The only thing I didn't like about the assembly, I thought that they were like speaking...to us, like, a bit babyish and, like, treating us as we're, like, in reception."

Interviewer: "And was there something specific that made you feel that way?"

Child: "Erm, the mascot, I think." (KS2 Child, School I22)

This reflects some of the concerns expressed by facilitators who felt that the programme was pitched at too low a level for older KS2 children (see Chapter 5).

Children's experiences of the programme were closely related to the facilitators' skills. Children in two schools were highly dissatisfied by the 'strict' approach adopted by workshop facilitators to manage group dynamics:

> "...she was shouting at, like, everyone and I just, like, got a headache, I got annoyed at the person. I would definitely prefer someone else next time, someone a bit more calmer and less tempered." (KS2 Child, School I15)

This may explain why children in one of these schools reported being 'a bit uncomfortable' talking about sexual abuse and children in the other school reported that they did not contribute to class discussions for fear of being "told off" by the facilitator. Since SOSS aims to empower children to speak out against adults where necessary, it is important that facilitators address, rather than reinforce, the imbalance of power experienced by children.

However, a couple of children talked very positively about their class teachers, both in the context of the workshops and more generally as a key source of support and someone they could trust:

> "...luckily we had [name of teacher] on the table. [laughs] We were able to, like, talk to him and get his advice for what he would do and...with [name of teacher], he's still young...." (KS2 Child, School I16)

Boys in one focus group reported their preference for a male facilitator, suggesting that the gender of the facilitator may influence engagement for some boys:

> "I'd rather have had a boy doing it...I don't like a girl's voice...because you can hear it better." (KS2 Child, School I35)

Lastly, many children stated that the environment was not always conducive to engagement; sitting on a hard floor for long periods of time was identified as a barrier to learning.

6.3 Teachers' and headteachers'/DSLs' perceptions of content and pitch

6.3.1 Facilitators of children's learning

Teachers and Headteachers/DSLs interviewed felt that most children's experiences of the programme were positive. All 16 teachers and the five Headteachers/DSLs who attended assemblies were supportive of programme content. Most school staff considered that both KS1 and KS2 assembly material and KS2 workshop content was delivered appropriately and at the correct level. Teachers reported that programme content was not overwhelming for younger children, and felt it raised children's awareness of the issues. The language used to explain issues in both the KS1 and KS2 assembly and the workshop was described as suitable for both age groups:

> "I think it was blended really well for the different year groups...the understanding level was just about right for our children." (Designated Safeguarding Lead, School I04)

Most teachers reported that children with SEND appeared to have benefited from the programme. Teachers felt that children with SEND understood the content and that the programme engaged those children "*in the same way as the others*" (KS1 Teacher, School I07).

6.3.2 Barriers to children's learning

Although teachers were overall very positive about the SOSS content, several teachers reported that the programme simply reinforced safeguarding messages already being delivered in school:

> "This is just supporting what we're doing in class with the children becoming informed so they know what to do, if anything is happening, and feeling that confidence that they can talk to someone." (KS1 Teacher, School I16)

In common with some children's views, one teacher thought that the KS2 assembly could have gone into more depth.

6.4 Teachers' and headteachers'/DSLs' perceptions of delivery

6.4.1 Facilitators of children's learning

An authentic approach by those delivering SOSS was viewed as an important mechanism for engaging children in the programme material:

> "It was excellent, and you know they are very good with children. Sometimes people come in a bit stiff but it wasn't, it was very natural and the children responded very well to them." (KS2 Teacher, School I36)

Linked to this, some Headteachers emphasised the value of external organisations coming into school to deliver assemblies and workshops.

School staff confirmed children's views that the programme's interactive and visual elements made SOSS memorable:

> "The presence of the presenter is quite theatrical and interactive, so the kids can participate, and it's visual as well. So, I think that comes across really well." (Headteacher, School I12)

School staff perceived that some particular features of the programme, including Buddy the speech bubble, animated video clips and slides, opportunities for children to answer questions and signing out the Childline number together, helped ensure that the programme was fun and engaging and stimulated children's interest. Teachers reported that Buddy appealed to children, enabling difficult and sensitive topics to be addressed in a 'friendly' and engaging way. KS1 children were thought to have benefited from repetition during the assembly, particularly in relation to the Childline number:

> "I remember the wee Buddy mascot and they enjoyed doing the telephone number with their fingers and everything, you know, so I couldn't have faulted the programme – it was very good, and the wee short videos and everything, it just sustained their attention." (Designated Safeguarding Lead, School I40)

School staff valued the opportunities provided by the workshops for children to engage in more detailed discussion of the issues raised in the assembly:

> "Within the workshops, there's a more intimate kind of environment there and, you know, kids can personalise things a lot more if they choose to, and they can discuss more kind of, they can talk about it more discretely, I suppose." (Headteacher, School I12)

One teacher remarked that, for KS2 children, delivery of the assembly and workshop on separate days meant that children had time to process and reflect on their learning, which supported engagement in the workshops.

Some teachers raised gender differences in relation to engagement. Two teachers perceived that girls were more willing to contribute to whole class discussions than boys. However, another teacher remarked that boys had been more responsive than would normally be expected.

Most teachers thought that the visual and interactive aspects of the programme worked well for SEND children and the participative elements of the programme, including answering questions with thumbs up or thumbs down and saying and signing out the Childline number together, helped this group of children engage:

> "They responded well. There wasn't really a lot of reading or writing involved so they weren't disadvantaged in any way." (KS2 Teacher, School I35)

Teachers also felt well placed to recognise potential welfare issues for children with SEND and these may not be picked up by those delivering programmes:

> "There was another wee boy with special needs that I had concerns about and did highlight because he didn't take part, he got very upset during the presentation." (KS2 Teacher, School I36)

One Headteacher from a school in Wales appreciated that the programme was delivered in Welsh and thought that this was important for helping children relate to the material.

6.4.2 Barriers to children's learning

A few teachers thought children would have benefited from more visual or experiential methods of learning and greater opportunities for reflection in group discussions:

> "Some of the scenarios were very talkative...a scenario was written on the screen and there may be a bit of discussion, ...perhaps to engage all learners, then maybe if there's some role play." (KS2 Teacher, School I19)

A small number of teachers also questioned the extent to which children with SEND were able to understand and retain the complex messages being delivered. One teacher suggested that younger children's learning would have been enhanced if they had been offered opportunities for more physical involvement rather than sitting for lengthy periods and another felt the facilitator used a too heavily 'scripted' approach and that children could have benefited from a more authentic delivery method.

Lastly, a couple of Headteachers/DSLs suggested that the NSPCC should provide material for follow-up lessons:

> "I thought the assemblies were really good and they got the message across really well for the children, it's just a shame they didn't have some kind of follow up after...maybe if we'd had more to do in class, then that would have reinforced it even more." (Designated Safeguarding Lead, School I19)

6.5 Fundraising

Eleven teachers were interviewed from five schools that participated in the fundraising element of the programme. Nearly half spoke about the importance of raising money in order to assist the NSPCC's work. They noted that the NSPCC provides an important service for schools, which cannot run without funds:

> "I think it is important, I mean it needs funding, I think when you are working with children you realise how important a service like that is...when it is brought to your attention that children really need it, that it is worthwhile...." (KS2 Teacher, School I36)

Those three schools participating in option 2 of the NSPCC's fundraising activities decided to do a non-uniform day as this was easy to organise and could coincide with other activities in the school. While teachers commented that children enjoyed fundraising activities, one teacher felt that the non-uniform day activity was "*maybe a little bit irrelevant*" to the programme (KS2 Teacher, School I19), while another felt that the fundraising detracted from the key SOSS messages:

> "I do feel like...the main message of the assembly and why you were there originally got a little bit lost and, and muddied...it was sort of, then suddenly the kids were talking about this sponsored thing...the feeling was, from what I saw was that maybe they thought 'Oh, so that's why you were in telling us about the charity, it wasn't because we need it, it was because we're going to do this fundraiser now'." (KS2 Teacher, School I16)

6.6 Summary points

- **SOSS Content**: KS2 children viewed the content of the programme as important and relevant to them, although children in half of the focus groups felt they had not learnt anything new in the assembly. This reflects the survey finding that most children's knowledge was high at baseline. Staff were also supportive of the programme content, although some reported that SOSS reinforced messages already being delivered in school, echoing children's views.
- **Gaps and Depth of Learning:** Children felt there were significant gaps in programme content relating to sexual abuse and neglect, while some children found these issues emotionally challenging.
- **Delivery**: Children enjoyed many aspects of the delivery, including the use of images, videos and physical props, especially the sack of worries. School staff felt that most children's experiences of programme delivery were positive, and children benefitted from the repetition of messages, including children with SEND. However, many children talked about some assembly facilitators moving too quickly, using complex language, and providing insufficient time to ask questions. Overly strict or scripted delivery disengaged children.
- **Age appropriateness**: Although most school staff considered that the assembly material was delivered at the correct level, several children felt that the tone and development level of the KS2 assembly, particularly the Buddy mascot, were aimed at a younger audience.
- **Engagement:** Participative methods helped to engage children and staff confirmed children's views on this. Children welcome the voluntary nature of participation, although some described feeling frustrated by the limited opportunities to actively contribute in the assembly and, to a lesser extent, in the workshops.
- **Environment**: Children valued the safe and reassuring space created by workshop facilitators and benefited from the small group work and whole class discussions. However, children found that sitting on hard floors for long periods of time impeded engagement.
- **Fundraising:** While school staff appreciated the importance of fundraising in contributing to the NSPCC's work, there were some concerns that it diverted attention away from programme messages and, in common with some SOSS facilitators, staff identified potential for conflict.

Chapter 7 – Immediate impact of SOSS

7.1 Introduction

The findings reported in Chapter 3 indicated that, at baseline, a substantial minority of children across both key stages in intervention and comparison schools showed a lack of knowledge about how to discern harmful from non-harmful behaviour, and whether to tell or not. We wanted to know whether children reported improved recognition of abusive behaviours and increased readiness to talk to a trusted adult immediately following delivery of SOSS. This chapter reports on children in KS1 and KS2 in intervention schools as only these children completed the survey at T2.

7.2 Knowledge and understanding: identifying different forms of abuse and harm

There was a statistically significant improvement in the ability of KS2 children to identify neglect, sexual abuse, emotional abuse and physical abuse as measured by question B12 immediately following the delivery of SOSS (Table 7.1). There was no statistically significant improvement at T2 in children's ability to recognise bullying after receipt of SOSS. This is most likely due to children's already existing higher levels of awareness of bullying as the starting mean at T1 was higher than all other forms of abuse included in the survey (Table 3.1, Appendix 3).

Table 7.1: KS2 Children's recognition of different forms of harm – changes between T1 and T2 for children in receipt of SOSS (Paired t-test) n=798

Type of abuse	Mean difference	Standard Deviation (*SD*)	t	Degrees of freedom (*df*)	*p* (2 sided)
Neglect	-0.376	0.908	-11.695	797	< .001
Sexual abuse	-0.249	0.860	-8.192	797	< .001
Emotional abuse	-0.137	0.860	-4.484	797	< .001
Bullying	0.019	0.765	0.694	797	0.488
Physical abuse	-0.076	0.747	-2.892	797	0.004

We explored differences in the benefits gained by boys and girls from participation in SOSS. Statistically significant differences were found between KS2 boys and girls, with girls' awareness and ability to differentiate between the various forms of abuse and harm being statistically significantly higher than that of boys (Table 7.6, Appendix 7). As noted in Chapter 3 (section 3.9), boys were statistically more likely to be in the lowest group of children at baseline in relation to recognition of different forms of harm, and this finding remained constant even after receipt of SOSS.

7.3 Help-seeking: readiness to tell

Immediately after the delivery of SOSS, greater proportions of children in both KS1 and KS2 stated that they would tell someone about an incident of abuse (Tables 7.1 and 7.2, Appendix 7). For example, for question B9 "*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 KS2 children), the proportion of children in intervention schools who would tell someone rose from 76 per cent to 87 per cent. There were similar improvements for KS1 children, such as for the question 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?*", with the proportion of children in intervention schools who would tell someone rising from 74 per cent to 80 per cent.

When we explored whether gender played a role in readiness to tell, we found that girls in both KS1 and KS2 were statistically significantly more likely to be ready to tell a trusted adult about any harm they were experiencing (Tables 7.5 and 7.6, Appendix 7).

7.4 Help-seeking: ability to identify a trusted adult

Having explored whether there was any change in children's readiness to tell post-intervention, we then considered their ability to identify an appropriate trusted adult to tell (BS2). When presented with a range of options, children's ability to identify a suitable trusted adult improved, and this improvement was statistically significant for both key stages (Tables 7.3 and 7.4, Appendix 7). Girls were statistically more likely than boys to be able to do this after participation in SOSS (Table 7.5, Appendix 7).

7.5 Help-seeking: ability to confide in a trusted adult

We then explored whether, after receipt of SOSS, children felt better able to confide in a trusted adult should they need to (BS3). This question examines children's intention to act. There was no statistically significant improvement for either KS1 or KS2 children on this measure between T1 and T2 (Tables 7.3 and 7.4, Appendix 7).

7.6 Help-seeking: ability to identify and locate the Childline number

Immediately post-intervention, the proportion of children who reported knowing the Childline number increased substantially from 30 per cent to 71 per cent for KS1 children between T1 and T2, and from 48 per cent to 95 per cent for KS2 children (Table 7.7, Appendix 7). The improvement was statistically significant in the combined measure for KS1 and KS2 children's recognition and ability to locate the Childline number (BS5) (Tables 7.3 and 7.4, Appendix 7).

7.7 Knowledge and understanding: sexual abuse and bullying

KS2 children's knowledge about sexual abuse improved for almost all the items asked in the CKAQ-R between T1 and T2 (Table 7.8, Appendix 7). This was a statistically significant improvement (Table 7.4, Appendix 7). Fewer children chose the "I don't want to answer" option, highlighting a decreased lack of knowledge or inhibition at T2 (Table 7.2, Appendix 7). However, there was still a minority of children who chose the 'wrong' response after participating in SOSS. This was as high as 30 per cent of the children in response to the statement: "*Even someone you like could touch you in a way that feels bad*". The CKAQ-R did not show any difference by gender at T1 but did at T2, with girls scoring significantly higher on their knowledge of sexual abuse and bullying shortly after receiving the intervention.

7.8 Knowledge and understanding: ability to attribute responsibility correctly

When we explored KS2 children's understanding of who was at fault for the harm caused to the child in the scenario about the friend who was hurt by his aunt following an accident with soup (B2), we found that there was a slight reduction in the proportion of children indicating that it was the child's fault, and a corresponding increase in the proportion attributing responsibility to the aunt (see Table 7.9, Appendix 7).

A similar pattern emerged in KS2 children's responses to scenario B5 (Table 7.10, Appendix 7), the second of the two questions asking about fault. Fewer children reported that they did not want to answer the question or that they did not know the answer, but this resulted in increases in the proportion of children stating that it was nobody's fault, it was their friend's fault and that it was the child's parent's fault. KS2 children's ability to allocate responsibility for abuse appropriately did not differ by gender at T1 or T2. When we combined these questions into the measure BS6, the difference in responses between T1 and T2 showed a statistically significant improvement (Table 7.4, Appendix 7).

To test the assumption that KS2 children's ability to attribute fault was statistically significant among those children who recognised the scenarios as abusive and uncomfortable (therefore opting to tell someone about it as opposed to those who would not tell or did not know), a Chi-square test was run at each time point and for intervention and comparison children separately (T1 and T3 only). The results indicate that at T1 and T2, all children who chose to tell were statistically significantly more likely to attribute fault correctly (Tables 7.11, Appendix 7).

As such, the responses to these questions highlight that many children do benefit from the delivery of SOSS regarding attribution of responsibility for harm. However, there remains a substantial minority of KS2 children unable to discriminate between harm (e.g. 16 per cent of children who felt it was OK to send a close friend a photo of themselves in their underwear) and responsibility for that harm (e.g. 38 per cent of children who felt it was not the aunt's fault that the child was hurt) even after the input from SOSS.

7.9 Children at baseline with lower levels of knowledge and intention to act

As noted, prior to the programme at baseline, there was a substantial minority of children with very low levels of knowledge about different types of harm, and who had much lower intentions to act, such as telling a trusted adult about any harm they might be experiencing. In order to explore whether anything changed for children who had relatively poor knowledge or were relatively less prepared to seek help, we selected those with the lowest 25 per cent of scores at baseline for each measure, and we tracked their progress at T2, after they had participated in SOSS.

Immediately after receipt of SOSS, around a third of KS1 children and a quarter of KS2 children with low scores at baseline saw gains in their ability to identify a trusted adult and their knowledge of the Childline number. Girls in KS1 who had been lowest at baseline showed significantly greater improvements than boys with regards to their 'readiness to tell' (BS1) and 'ability to confide in a trusted adult should they need to' (BS3). While there were some children who moved out of the bottom quartile in relation to the other measures, none of these improvements were statistically significant when we looked at each measure in relation to the gender of children, the proportion of children in the school in receipt of free school meals, whether the school was in an urban or rural location, whether it was a faith school, and whether the pupils participated in any of the additional fundraising activities for the NSPCC (Table 7.12, Appendix 7).

As with KS1, KS2 girls who were in the lowest group at baseline made more progress than boys in some respects. Girls made significantly more improvement with regards to 'readiness to tell' (BS1) and 'ability to identify a trusted adult' (BS2). Measure BS2 was also associated with statistically significant changes for the children lowest at baseline if they attended a school with higher proportions of children in receipt of free school meals, attended a school in a rural area, and attended a non-faith school. 'Readiness to tell' (BS1) was associated with statistically significant changes for the children lowest at baseline if they attended a non-faith school and their school did not participate in any additional fundraising activities for the NSPCC. In relation to the ability of KS2 children to recognise different types of harm post-delivery of SOSS, the only factor statistically significant was for children in schools with a higher proportion of children in receipt of free school meals (Table 7.13, Appendix 7).

Finally, we looked at whether the children low at baseline showed any statistically significant improvement on the CKAQ-R. Improvements in knowledge and understanding of sexual abuse were significantly greater for those attending schools that did not fundraise for the NSPCC (compared with those that fundraised). Other factors did not appear to influence improvements in this area (Table 7.13, Appendix 7).

7.10 Summary points

- **Immediate impact on help-seeking:** Following SOSS delivery in intervention schools, there was an immediate statistically significant improvement for KS1 and KS2 children in recognition that particular incidents were harmful and their readiness to speak out if this happened to them or a friend, and an increase in their ability to identify an appropriate trusted adult. The proportion of children in both key stages who reported knowing the Childline number also increased substantially. However, in both age groups there remained a smaller group of children who struggled with both recognition and intention to act. This was particularly notable among KS1 children.
- **Immediate impact on knowledge and understanding of abuse:** After receipt of the SOSS programme, there was a statistically significant improvement in KS2 children's knowledge about child sexual abuse; their ability to identify neglect, sexual abuse, emotional abuse and physical abuse (though no changes in the recognition of bullying); and their ability to correctly attribute fault for abuse.
- **Immediate impacts differed by gender:** Girls in both KS1 and KS2 were more likely to benefit from the SOSS programme than boys and this was evident across the full range of factors, such as recognition of different types of harm, whether to tell and who to tell.
- **Immediate impacts for children who started off with the lowest scores:** For children who had the lowest scores at baseline there were some statistically significant improvements immediately following receipt of SOSS. For KS1, girls showed more improvement than boys in their readiness to tell and willingness to confide in a trusted adult. Among KS2, girls experienced greater improvements than boys in relation to readiness to tell and ability to identify an appropriate trusted adult; improvements in these two measures were also greater among children attending non-faith schools, compared with children attending faith schools. Improvements in knowledge and understanding of sexual abuse were significantly greater for those attending schools that did not fundraise for the NSPCC (compared with those that fundraised).

Chapter 8 – Sustained impact

8.1 Introduction

In this chapter, we explore whether the improvements noted immediately after children received SOSS persisted over time, and if so for whom, and how any longer-term benefits compare with changes for children in comparison schools. We are also keen to understand the view of teachers as to how SOSS has impacted their own knowledge and confidence, and safeguarding practice. Finally, we explore whether the cost of delivery of the programme is proportionate to the benefits gained.

As reported earlier, 1,553 children completed the survey six months (T3) after completing the initial baseline survey (T1). The data was normally distributed between the intervention and comparison groups. There were roughly equal numbers of children of both genders in intervention and comparison schools, and both key stages. Some children (n=937) completed the T3 survey before schools closed suddenly for the first lockdown in March 2020 due to the COVID-19 pandemic. The remainder completed it after schools reopened in August 2020 (n=615) but still within the T3 time period of six-months post-receipt of SOSS (see Table 2.10, Appendix 2). While there were equal proportions of children in both key stages in both the pre- and post-lockdown survey sweeps, there were greater numbers of children in intervention schools surveyed pre-lockdown, compared with the higher number of children in comparison schools post-lockdown.

8.2 Confidence in the completion of the survey

An analysis of the pattern of responses to the survey questions at T3 highlighted that only a small proportion of children in both cohorts and across intervention and comparison schools did not want to answer specific questions, with no discernible difference between the intervention and comparison schools. KS2 children were less likely to not want to answer a question. It is of note that, for the majority of questions, fewer children chose the "I don't want to answer this question" option at T2 compared with T1, and at T3 compared with T2, indicating increased comfort with answering the survey questions. This could be for two reasons – increasing familiarity with the survey content, and experience of completing it, alongside children having a clearer sense of what to answer following the intervention. However, given that a similar pattern was discerned among the children surveyed at T1 and T3 in comparison schools, familiarity with the survey is likely to be the main reason (see Tables 8.1, Appendix 8).

8.3 Impact on children

We used the same survey instrument at T3 as used at T1 and T2 for the KS1 and KS2 children. This allowed us to assess change over time (see Appendix 4 for more detail of the survey measures). As stated previously in Chapter 3, a high proportion of children in both intervention and comparison schools at T1 had pre-existing knowledge about different types of child harm and were able to correctly identify who was to blame and how to respond to this. However, there was a substantial minority of children who had much lower levels of knowledge about different types of harm to children, and who indicated that they were less likely to confide in a trusted adult.

Table 8.1a below shows the changes that occurred for KS2 children over the six months (between T1 and T3) in all the measures used in this study, while Table 8.1b shows the significant differences between intervention and comparison groups for KS2 children at the two timepoints. Tables 8.2a and 8.2b show the same information in relation to KS1 children.

Table 8.1a: KS2 clustered t-test by measure at T1 v T3 Intervention and Comparison separately

Measure		Intervention (n=358)		Statistical analysis			Comparison (n=318)		Statistical analysis		
		T1 Mean (*SEM*)	T3 Mean (*SEM*)	*z*	*df*	*P* 2-sided	T1 Mean (*SEM*)	T3 Mean (*SEM*)	*z*	*df*	*P* 2-sided
BS1	Readiness to tell	16.1 (0.152)	16.7 (0.152)	1.523	678	0.128	16.0 (0.166)	16.3 (0.181)	0.588	604	0.557
BS2	Ability to identify an appropriate trusted adult	21.9 (0.593)	28.1 (0.729)	4.151	678	<0.001	21.1 (0.666)	24.4 (0.737)	2.217	604	0.027
BS3	Feel able to confide in a trusted adult should they need to	2.5 (0.044)	2.6 (0.042)	0.662	678	0.508	2.5 (0.052)	2.4 (0.058)	-0.753	604	0.451
BS4	Awareness of five types of harm	10.3 (0.166)	11.6 (0.183)	2.944	678	0.003	10.2 (1.82)	10.5 (0.197)	0.821	604	0.412
BS5	Ability to identify and locate the Childline number	1.0 (0.041)	1.5 (0.033)	5.604	678	<0.001	1.0 (0.045)	1.2 (0.040)	1.969	604	0.049
BS6	Ability to allocate responsibility for abuse appropriately	3.7 (0.123)	3.9 (0.122)	0.059	678	0.531	3.7 (0.131)	3.7 (0.125)	0.107	604	0.915
CKAQ-R	Standardised measure of children's knowledge of sexual abuse and bullying	16.9 (0.263)	18.5 (0.275)	1.973	678	0.049	16.7 (0.276)	17.1 (0.284)	0.681	604	0.496

Table 8.1b: KS2 clustered t-test by measure at T1 & T3 Intervention vs Comparison

Measure		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
BS1	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
BS2	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
BS3	Feel able to confide in a trusted adult should they need to	2.5 (0.044)	2.5 (0.052)	0.444	641	0.657	2.6 (0.042)	2.4 (0.058)	1.637	641	0.101
BS4	Awareness of five types of harm	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
BS5	Ability to identify and locate the Childline number	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
BS6	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	Standardised measure of children's knowledge of sexual abuse and bullying	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

Table 8.2a: KS1 clustered t-test by measure at T1 v T3 Intervention and Comparison separately

Measure		Intervention (n=363)		Statistical analysis			Comparison (n=326)		Statistical analysis		
		T1 Mean (*SEM*)	T3 Mean (*SEM*)	*z*	*df*	*P* 2-sided	T1 Mean (*SEM*)	T3 Mean (*SEM*)	*z*	*df*	*P* 2-sided
BS1	Readiness to tell	13.6 (0.165)	14.2 (0.147)	1.750	688	0.080	13.5 (0.170)	14.1 (0.146)	1.746	618	0.081
BS2	Ability to identify an appropriate trusted adult	14.7 (0.518)	15.3 (0.292)	0.659	688	0.510	12.8 (0.521)	15.0 (0.296)	2.074	618	0.038
BS3	Feel able to confide in a trusted adult should they need to	2.3 (0.054)	2.2 (0.058)	-0.669	688	0.504	2.3 (0.056)	2.3 (0.056)	-0.265	618	0.791
BS5	Ability to identify and locate the Childline number	0.7 (0.039)	1.1 (0.040)	4.852	688	<0.001	0.6 (0.039)	0.8 (0.041)	1.371	618	0.170

Table 8.2b: KS1 clustered t-test by measure at T1 & T3 Intervention vs Comparison

Measure		Intervention vs Comparison at T1		Statistical analysis			Intervention vs Comparison at T3		Statistical analysis		
		I n=363 Mean (*SEM*)	C n=326 Mean (*SEM*)	*z*	*df*	*P* 2-sided	I n=363 Mean (*SEM*)	C n=326 Mean (*SEM*)	*z*	*df*	*P* 2-sided
BS1	Readiness to tell	13.6 (0.165)	13.5 (0.170)	0.211	653	0.081	14.2 (0.147)	14.1 (0.146)	0.303	653	0.761
BS2	Ability to identify an appropriate trusted adult	14.7 (0.518)	12.8 (0.521)	1.601	653	0.109	15.3 (0.292)	15.0 (0.296)	0.614	653	0.539
BS3	Feel able to confide in a trusted adult should they need to	2.3 (0.054)	2.3 (0.056)	-0.277	653	0.782	2.2 (0.058)	2.3 (0.056)	-0.662	653	0.508
BS5	Ability to identify and locate the Childline number	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

8.3.1 Knowledge and understanding: identifying different forms of abuse and harm

KS2 children who received SOSS experienced a statistically significant improvement in their overall knowledge of the five types of abuse, while children in comparison schools did not (Tables 8.1a). At the T3 timepoint, the difference between the two groups of children was statistically significant (Table 8.1b). This suggests that the improvement in knowledge is attributable to SOSS. However, overall improvements in the knowledge of KS2 children who received SOSS compared with those who did not showed a small effect size ($d = 0.312$).

Using measure BS4, we explored how recognition of each of the five types of abuse changed over time for KS2 children (see Table 8.3). In short, a mean score closer to 2 indicates a greater recognition of the issue.

Table 8.3: Mean scores and Standard Deviations for KS2 children in intervention schools' recognition of different forms of child abuse/harm at each time point

	T1 n=932		T2 n=875		T3 n=763	
	Mean	SD	Mean	SD	Mean	SD
Sexual abuse	1.34	0.813	1.61	0.739	1.71	0.644
Emotional abuse	1.48	0.736	1.67	0.652	1.70	0.619
Physical abuse	1.56	0.690	1.66	0.673	1.74	0.590
Neglect	1.11	0.702	1.57	0.720	1.57	0.670
Bullying	1.65	0.726	1.67	0.700	1.74	0.590

Range: 0–2 (see Appendix 4 for further details about construction of scores)

Our results indicate that there were improvements in KS2 children's ability to identify various forms of abuse between T1 and T3, with the largest gains in relation to neglect and sexual abuse (Table 8.3). These improvements were statistically significant between T1 and T2 for all forms of maltreatment except bullying. Subsequently, there were further statistically significant improvements in recognition of sexual and physical abuse between T2 and T3. (Table 8.2, Appendix 8). While there was some improvement in the knowledge of children in comparison schools between T1 and T3, this was not statistically significant for any issue except for neglect (Table 8.2, Appendix 8). Overall, there were substantial improvements in the knowledge of children in the intervention schools following receipt of SOSS, and this knowledge was retained over time (Table 8.2, Appendix 8).

8.3.2 Help-seeking: readiness to tell

While there was an increase in children's readiness to tell (BS1) between T1 and T3 across age groups and in both intervention and comparison schools, this was not a statistically significant change for children in either KS1 or KS2 in intervention schools, and the difference in improvements between intervention and comparison schools was not statistically significant either for KS2 children (Tables 8.1a and 8.1b) or KS1 children (Tables 8.2a and 8.2b).

8.3.3 Help-seeking: ability to identify a trusted adult

In relation to whether children could identify an appropriate trusted adult (BS2), there was an improvement noted for KS1 children in intervention schools between T1 and T3, but this improvement was not statistically significant. However, there was also an improvement for the KS1 children in the comparison schools, and this change was statistically significant. However, when we compared the children in the intervention to the comparison schools, the changes noted between the children in both arms of the study were not statistically significantly different (Table 8.2b).

For the older KS2 children, those in both the intervention and comparison schools did show a statistically significant improvement between T1 and T3 in their ability to identify an appropriate adult to tell. However, the improvement of the children in the intervention schools was greater than the improvement of the children in the comparison schools, and this difference was statistically significant for the children who had been in receipt of SOSS (Table 8.1b). The effect sizes for the improvement in both the intervention (d = 0.498) and comparison schools (d = 0.207) was small, as was the effect size between intervention and comparison schools (d = 0.283).

8.3.4 Help-seeking: ability to confide in a trusted adult

We then explored whether the children in both key stages felt able to confide in a trusted adult should they need to (BS3). For KS1 children in both intervention and comparison schools, there was a deterioration in the scores between T1 and T3 (Tables 8.2a and 8.2b), and only a very marginal improvement for KS2 children in intervention schools that was not statistically significant between T1 and T3, or between children in the intervention versus the comparison schools (Tables 8.1a and 8.1b).

8.3.5 Help-seeking: ability to identify and locate the Childline number

The ability of KS1 and KS2 children in receipt of SOSS to recognise and locate the Childline number (BS5) was maintained at T3, and there was a statistically significant improvement between T1 and T3 for both the KS2 and KS1 children in receipt of SOSS relative to change made by children in the comparison schools, with a small effect size (d = 0.463) (Tables 8.1a and 8.1b and Tables 8.2a and 8.2b).

As noted earlier, knowledge of the Childline number was low at baseline among children with special education needs and disabilities (SEND) in the SEND nested study. Knowledge increased at each data collection point for children in the intervention arm of the SEND nested study. We are not, however, able to consider this in relation to changes in the comparison group due to problems of attrition in the SEND study.

8.3.6 Knowledge and understanding: sexual abuse and bullying

We primarily assessed knowledge and understanding of child sexual abuse via the CKAQ-R measure with the KS2 children only. There was a statistically significant improvement between T1 and T3 for children in receipt of SOSS with a small effect size (d = 0.346), whereas this was not the case for the children in the comparison schools, who showed an improvement, but not one that was statistically significant (Table 8.1a). The difference

between the intervention and comparison schools between T1 and T3 was not statistically significant though (Table 8.1b).

8.3.7 Knowledge and understanding: ability to attribute responsibility correctly

Measure BS6 examined children's ability to allocate responsibility correctly for the harm experienced by the child. This measure only relates to the KS2 children. While there was an improvement in scores between T1 and T3 for children in both intervention and comparison schools, this was not statistically significant (Tables 8.1a and 8.1b). Two fault-attribution questions (for smacking and emotional abuse) made up measure BS6 and were asked of every KS2 child, regardless of whether or not they would 'tell' for the previous scenario-based question. To test the assumption that KS2 children's ability to attribute fault was statistically significant among those children who recognise the scenarios above as abusive and uncomfortable (therefore opting to tell someone about it as opposed to those who would not tell or did not know), a Chi-square test was run at each time point and for intervention and comparison children separately (T1 and T3 only). As stated in previous chapters, the results indicated that at T1 and T2, all children who chose to tell were statistically significantly more likely to attribute fault correctly.

At T3, all KS2 children in both intervention and comparison schools who recognised the scenario presented in the B2 question (in relation to smacking) as abusive by choosing to tell were able to attribute fault correctly compared with their peers who chose not to tell. This finding was statistically significant. However, when it came to the B5 question (in relation to emotional abuse), only KS2 children in intervention schools who chose to seek help (tell) were statistically significantly more likely to attribute fault correctly, whereas KS2 children in comparison schools were not statistically significantly more likely able to attribute fault correctly based on their willingness to seek help (tell).

Although KS2 children in both intervention and comparison schools at baseline were statistically significantly more able to attribute fault when choosing to seek help (tell) compared with their peers who chose not to tell, it appears from the data that the concept of emotional abuse becomes confusing for children in comparison schools further down the line (Table 8.3, Appendix 8).

8.3.8 Children at baseline with lower levels of knowledge and intention to act

We compared the proportion of children in schools in each key stage who were in the bottom quartile of scores for each of the combined measures at T1, and whether they remained in this quartile at T3. A substantial minority of those children who started off with low scores at baseline saw improvements across a range of help-seeking and knowledge measures in the subsequent six months after the receipt of SOSS (Table 8.4). The most notable change was in the proportion of low-scoring children who could identify an appropriate trusted adult to tell or had knowledge of the Childline number and where to find it: nearly a third of KS1 and a quarter of KS2 children in the bottom quartile shifted into a higher quartile and sustained this improvement over time.

Table 8.4: Proportions of those children who were in the bottom quartile at T1 and remained in the bottom quartile at T3

Measure		KS1	KS2
BS1	Readiness to tell	80%	81%
BS2	Ability to identify an appropriate trusted adult	65%	75%
BS3	Feel able to confide in a trusted adult should they need to	83%	88%
BS4	Awareness of five types of harm (neglect, physical abuse, sexual abuse, emotional abuse and bullying)	N/A	73%
BS5	Ability to identify and locate the Childline number	68%	75%
BS6	Ability to allocate responsibility for abuse appropriately	N/A	80%
CKAQ-R	Standardised measure of children's knowledge of sexual abuse and bullying	N/A	78%

Some KS1 children who were low at baseline experienced statistically significant improvements in all dimensions of help-seeking between T1 and T3 (BS1, BS2, BS3 and BS5, $p < 0.01$). There are indications that SOSS may be responsible for improving some children's ability to confide in a trusted adult (BS3), as scores at T3 were statistically significantly higher in intervention schools than comparison schools ($p<0.01$). This suggests that SOSS may help some of those children who are the most reluctant to speak out to a trusted adult, by boosting their willingness to seek help.

Similarly, some KS2 children who were low at baseline also made statistically significant improvements between T1 and T3 in all dimensions of help-seeking (BS1, BS2, BS3 and BS5 $p < 0.01$). When improvements were considered relative to children in comparison schools, knowledge of the Childline number and where to find it (BS5) was significantly higher at T3 ($p<0.01$), suggesting the programme was responsible for this change.

Improvements in knowledge levels were sustained over the six months. While children's ability to correctly allocate responsibility for abuse (BS6) did not change, knowledge of sexual abuse and bullying improved significantly between T1 and T3 (CKAQ-R, $p<0.01$). Awareness of different types of abuse or harm also improved significantly (BS4, $p<0.01$), particularly among low scorers who were female, attended faith schools, or attended schools in deprived areas. The improvement in awareness of different types of abuse (BS4) is likely to be down to SOSS, as scores for children in intervention schools were significantly higher at T3 than for their counterparts in comparison schools ($p < 0.05$).

Low-scoring children did not experience uniform improvements in help-seeking. Low-scoring children in both KS1 and KS2 who attended schools in economically deprived areas – as indicated by higher proportions of pupils in receipt of free school meals – were significantly more likely than the rest to improve their scores for readiness to tell (BS1). Low-scoring KS1 children in economically deprived schools were also more likely than low-scoring KS1 children in non-deprived schools to improve their ability to identify a trusted adult (BS2) (Table 8.6, Appendix 8). Meanwhile, improvements in readiness to tell (BS1) and ability to identify and locate the Childline number (BS5) were significantly more common among low-scoring KS2 girls rather than boys; while an improved ability to confide in a trusted adult

(BS3) was more likely for KS2 children who attended faith schools or schools that scored better in the 'school climate' scale, rather than other schools (Table 8.7, Appendix 8).

8.3.9 Factors moderating the difference that SOSS makes for children

A multivariate analysis (see TESSE Statistical Analysis Plan, Appendix 6) was undertaken on children in the intervention sample only to evaluate the effect of captured independent variables, such as gender, proportion of children in schools in receipt of free school meals (FSM), whether the school was in an urban or rural location, the school's stated faith status, and whether schools participated in fundraising activities for the NSPCC, on changes in scores between baseline and T3. The School Climate (ASCS) measure was used as an independent variable with KS2 children. The magnitude of the estimated coefficient is an indication of the effect size for the purposes of the discussion below.

Gender played an important role for KS1 children (Table 8.8, Appendix 8) in increasing their readiness to tell and ability to identify an appropriate trusted adult, with girls statistically significantly more able to do so at T3 than boys. KS1 children in rural schools were significantly more likely to identify an appropriate trusted adult than children in urban schools. Children in faith schools and those in schools that participated in fundraising were significantly more likely to be able to identify and locate the Childline number at T3 than their peers in non-faith schools and schools that did not fundraise, perhaps because additional fundraising input raises the profile of Childline.

The results for KS2 children (Table 8.9, Appendix 8) indicate that differences in school climate scores at baseline are statistically significant when looking at children's readiness to tell, ability to identify an appropriate trusted adult, ability to confide in a trusted adult, ability to identify and locate the Childline number and ability to allocate responsibility for abuse appropriately. A school's participation in fundraising activities showed a statistically significant negative association with children's readiness to tell and ability to allocate responsibility for abuse appropriately. Girls were significantly more likely to be able to identify and locate the Childline number compared with boys. Children in schools with a higher proportion of pupils in receipt of FSM benefited more significantly from SOSS than their peers in schools with a lower proportion of pupils receiving FSM in ability to identify and locate the Childline number.

While it appears that children were able to retain some of the benefits of the SOSS programme at six months, some children were more likely to benefit from the programme over time including: KS2 in schools with a higher score for supportive school environment, girls in both KS1 and KS2, and KS2 children in schools with a higher FSM proportion. Benefits were found on some, but not all, measures, such as the ability to identify and locate the Childline number for younger children in faith schools, and for KS2 children in schools with a higher proportion of pupils in receipt of FSM.

8.3.10 Impact of SOSS on school climate

We wanted to explore whether SOSS had any impact on children's assessments of school climate in respect of structure and support. This was measured using items from the ASCS. Table 8.10 in Appendix 8 shows the findings for children at KS2 between the intervention and comparison schools at T1 and T3. Intervention and comparison schools were more similar than dissimilar on this measure at both T1 and T3, and there was no statistically significant difference between time points and intervention status. However, it should be noted that the school climate in both intervention and comparison schools was already high at T1.

8.3.11 Impact of COVID-19 lockdown on children's responses

As noted, some children completed the T3 surveys prior to the first COVID-19 lockdown in March 2020, while others completed this once schools had resumed teaching in August/ September 2020. We were interested in assessing whether the responses of children between the pre- and post-lockdown schools were noticeably different, given concerns that some children may have been impacted significantly during their absence from school. The direction of change across all measures for KS1 and KS2 was consistently lower for children completing the surveys post-lockdown.

Results from a clustered comparison of means conducted to test if there were any statistically significant differences in scores between children answering the survey pre-lockdown and post-lockdown indicate that, for KS1 children, no statistically significant differences were observed (Table 8.11, Appendix 8). For KS2 children, the BS3 score that measures children's ability to confide in a trusted adult was statistically significantly higher pre-lockdown, with a small effect size ($d = 0.277$). Children's ability to identify and locate the Childline number (BS5) was marginally higher for those answering pre-lockdown, but not at a statistically significant level. There was no difference found between the pre- and post-lockdown KS2 children's ability to identify abuse by placing fault on the perpetrator (BS6).

We then compared the means for the CKAQ-R for the KS2 children completing the survey pre- and post-lockdown. The mean score on this measure for the children in the post-lockdown group of completers showed no statistically significant difference (Table 8.11, Appendix 8).

We also compared the responses of children at T3 between the pre- and post-lockdown cohorts of children on the CHU-9D, which measures health and wellbeing, and found no significant differences between both groups (Table 8.12, Appendix 8).

In summary, for children completing the survey post-lockdown, there was no difference found in the responses to the survey with the exception of one item (BS3 for KS2 children). As noted above, there was no statistically significant difference in general health and wellbeing for the two cohorts for both KS1 and KS2 children. However, half the Headteachers/DSLs interviewed who commented on the effects of COVID-19 restrictions felt that lockdown had negatively impacted on children's learning from the programme, especially since schools had been unable to undertake planned follow-up activities.

8.4 Impact on schools

8.4.1 Teachers' perceptions of the impact of SOSS on children

Almost half of Headteachers/DSLs (10 of 21) interviewed at six-month follow-up considered that SOSS had improved KS1 and KS2 children's knowledge and understanding of abuse and help seeking; the remaining Headteachers/DSLs struggled to distinguish between the effects of SOSS and the impact of other provision. Where SOSS impact was identified, children were reported as being more open and articulate in discussing these topics in class and more forthcoming in expressing their worries. Children were also thought to have gained knowledge on how to respond to worries and on which adults they could seek help from, both within school and outside, including Childline. Despite the lack of change detected by the survey regarding children's ability to confide in a trusted adult, almost half the Headteachers/DSLs thought that children felt more confident in speaking to a member of staff regarding their concerns following delivery of SOSS. Some schools noted an increase in disclosures from children and attributed this directly to the impact of SOSS:

> "After this programme I think the children are much more likely to talk about it in the Circle Time in class and they would talk to the teacher or would seek me out, and to sort of say to me, this is happening, is this a problem, or to even raise an issue, so it seems to be easier for them to speak out, which is obviously the purpose of the whole thing." (Headteacher, School I32)

In line with the survey finding reported above that most children reported a positive school culture and felt that they could talk to staff if they had a problem, teachers noted that 'help seeking' was already part of the school's ethos and they could not be certain that increased readiness to disclose was solely attributable to SOSS:

> "I wouldn't say there's a very obvious correlation between children speaking out more or children talking about things amongst themselves more, I think things have carried on as they were, but I think it's just, they are informed." (Headteacher, School I04)

Difficulties in collecting longitudinal safeguarding data from schools mean that we are not able to confidently attribute any changes in disclosures to SOSS.

8.4.2 Benefits for teachers and teaching

The majority of Headteachers/DSLs interviewed at six-months follow-up considered that their staff were generally confident (both prior to and following SOSS) in delivering teaching on abuse and harm; however, in both intervention and comparison schools, Headteachers/DSLs acknowledged that there was considerably more confidence in delivering teaching on bullying and less confidence in teaching addressing domestic violence, sexual abuse and neglect. Reasons for this included a lack of clarity on how to deliver content, unfamiliarity with appropriate language, apprehension about upsetting children experiencing abuse and concern about parents' responses:

> "I would say they're probably more confident with the bullying aspect and less confident with the, you know, sexual abuse, domestic violence…I don't know if that topic comes up often in school." (Headteacher, School I20)

> "When it comes to things like sexual abuse and domestic violence, that's often awkward for everybody, to use the correct language...because of the nature of the content of that and knowing how to say it, so that the children understand what you're talking about, but without frightening them." (Headteacher, School C53)

One Headteacher noted that it was easier for school staff to address types of harm that occurred within what they perceived to be their remit, in the school setting:

> "...things like bullying that would happen in a school setting are much easier than things that would happen at home, because I think that teachers are a bit anxious about talking about anything in the household...could even be seen as pointing the finger." (Headteacher, School I32)

Thirteen of the 16 teachers interviewed soon after programme delivery indicated that SOSS had had a positive impact on their own knowledge of abuse and teaching skills. Over half the 21 headteachers/DSLs interviewed six months after SOSS delivery agreed that the programme had increased teachers' confidence to deliver teaching on this topic. Some teachers commented that the NSPCC programme had paved the way for them to raise the sensitive topics of abuse and harm with children and had conveyed the language and skills needed to do so:

> "It's kind of made me realise that it is okay to talk about it with children and just the sort of manner that you do it...it kind of felt as if I was shadowing them...and seeing how they answered the questions." (Teacher, School I28)

> "...when the NSPCC introduce it, it is easier to bring up...if you mention things like sexual abuse...it makes it a wee bit easier to talk about that because you can refer back." (KS2 Teacher, School I36)

The NSPCC was trusted to deliver a good quality programme and this reputation was drawn on to reassure staff, parents and children about the value of the material:

> "I knew that it would be a quality programme, just with the experience of the NSPCC programmes before." (Headteacher, School I37)

About half the teachers interviewed noted that they now had a better understanding of Childline and sources of help available from the NSPCC. Teachers also emphasised that the impact of SOSS delivery would not be sustained unless key messages were followed up throughout the year:

> "I think sometimes it is making sure that you refer back to it throughout the course of the year...I thought now that it is done and dusted, and it was brilliant at the time because it highlighted some issues, but then I thought 'How do I come back to that?'." (Teacher, KS2, School I36)

Consequently, most of the class teachers suggested that they now had plans to deliver these topics within their classes. A few intervention schools reported reinforcing SOSS messages in class teaching and assemblies. One teacher had delivered their own follow-up workshops to KS2 pupils. Six school staff asked for the NSPCC to provide material for follow-up lessons for KS1 and KS2 children:

> "...training online is a good one because the teachers can do it in their own time and there's different scenarios and they can, you know, listen to them. I think something like that would be good, like a little training package that we could access...." (Headteacher, School WI20)

Headteacher/DLSs in comparison schools where SOSS had not been delivered noted that staff confidence was higher when training or resources were available; teaching on bullying was cited as an example of work that was well established in schools with *"masses of resources out there"* (Designated Safeguarding Lead, School C40).

8.4.3 Safeguarding practice

Headteachers/DSLs emphasised that they received regular safeguarding training and the majority of teachers interviewed tended to rate their current levels of preparedness in relation to safeguarding highly and felt prepared to identify and respond to safeguarding concerns. While SOSS was considered to have impacted on ability to identify safeguarding concerns by half those interviewed, most of those who did so described this as reinforcing existing knowledge of safeguarding concerns. However, one teacher noted that the programme had helped to identify *"the emotional side"* of abuse (KS2 Teacher, School I19).

Less than a third of those interviewed felt that SOSS had affected their ability to respond to safeguarding concerns. Teachers emphasised that training and school procedures were already available to assist them in this respect. SOSS was commonly described as reinforcing a positive school ethos on safeguarding:

> "I think it reinforces the kind of ethos of our school and the fact that we encourage children to talk openly if they have any concerns." (Learning Mentor KS1 and KS2, School I10)

> "I just think it reinforces the good practice that we already have in our school." (KS1 Teacher, School I26)

Teachers and Headteacher/DLSs acknowledged that the SOSS programme had confirmed the value of both teaching on these topics and of safeguarding work generally in schools:

> "It allows me to raise the profile with – not just the teaching staff – non-teaching and ancillary and auxiliary staff as well...you stop and re-focus and think, 'Well maybe I should revisit the Child Protection Policy'." (Headteacher, School I37)

8.5 Impact on society: cost consequence analysis and return on investment

The economic analysis in this chapter explores the consequences of the programme in relation to the costs of delivering and managing it. Cost consequence analysis (CCA) allows for outcomes to be quantified and related to costs for separate courses of action where the final outcomes may be multi-dimensional, i.e. to take into account the range of relevant costs and outcomes (Drummond et al, 2015; Phillips, 2005) and in accordance with NICE guidelines (NICE, 2012). CCA works well with Return on Investment (ROI) in order to quantify outcomes without traditional market values (NICE, 2012).

As discussed previously in Chapter 5, the cost survey was completed in 30 schools in all four UK nations, and we have broken down the costs of delivering the SOSS programme into three distinct categories: Staff Only Delivery; Staff and Volunteer Delivery; Volunteer Only Delivery.

There were no costs to schools in this intervention – therefore, all costs were borne by the NSPCC. All costs reported here are for 2019–20. We collected cost data from NSPCC staff focusing on the hours spent coordinating the delivery of the programme in terms of initial school contact, booking in the schools and allocating staff or volunteers to attend. We asked for the amount of hours spent in the schools for staff and volunteers and for average salary costs. We also asked for the amount of resources used, such as stickers and posters, and the costs of those materials, and any other associated costs, such as travel costs for staff and volunteers.

The largest cost element across all modes of delivery is of course staff salary, and inevitably the largest cost saving is the volunteer delivery hours. The cost of delivery purely by volunteers in Table 8.7 below is very low compared with both staff only (Table 8.5) and mixed staff/volunteer (Table 8.6) delivery at £34.23 per school.

It is important not to focus solely on the cost element of a cost consequence analysis; rather, the results should be considered alongside the consequences of each mode of delivery. We identified potential consequences as: improved knowledge of abuse; increased numbers of disclosures; increased ability to identify a trusted adult; the potential for increased income through fundraising; and all the costs of training volunteers and running the programme.

We examined the results for the CKAQ-R and the CHU-9D measures, which have been described earlier in this report. No significant difference was found in CHU-9D scores between baseline and follow-up, and this was probably due to ceiling effects – that is, children's high scores at baseline (see Table 8.13, Appendix 8). This meant that we were unable to calculate any Quality Adjusted Life Years (QALY) gains or losses. We were not able to capture robust evidence of increased disclosures. There were statistically significant differences at six-months follow-up for KS2 children who received the longer enhanced version of the SOSS programme in respect of their improved ability to identify trusted adults and improved knowledge on the CKAQ-R, and we have included those positive changes as a consequence in our analysis. The CCA models allow for all significant improvements for this study, including those for the sizeable minority of children who scored particularly low at baseline and moved out of the low-scoring group at follow-up.

We have also considered volunteer training and supervision costs as both a consequence and a cost of the volunteer-involved modes of delivery, as it is difficult to determine how many programmes are delivered by the volunteers over the course of their involvement with the NSPCC. Training a volunteer in their first year with the NSPCC costs on average £189.50 per volunteer, along with a one-to-one development session with a cost of an hour of time of an Area Co-ordinator (£21.18). This is based on the salary cost of an Area Co-ordinator holding a group training session across two days with an average of 12 volunteers. It is difficult to allocate a portion of this cost per school rather than an initial cost to the overall programme, and the NSPCC has indicated that at least 40 per cent of the volunteer costs may be borne in the first year of the volunteer's involvement over subsequent years. As volunteer hours have been calculated using the proxy cost of volunteering, we have also considered this as a positive consequence to utilising volunteers across the delivery settings.

About 40 per cent of schools taking part in the SOSS programme usually agree to undertake fundraising activities for the NSPCC. Of the 30 schools taking part in our cost survey, only five schools reported fundraising activities, which is much lower than the usual uptake. Of these five schools, only three were able to report the total figure raised by their school at the time of data collection. The three schools raised a total of £2,534.58, giving a mean fundraising figure of £84.50 across the sample of 30 schools. We have used this as our mean value for our calculations and indicate this as a positive consequence of the intervention.

Tables 8.5, 8.6 and 8.7 below set out the costs and consequences of delivery under the three models of delivery considered: Staff Only Delivery, Staff and Volunteer Delivery and Volunteer Only Delivery. The Staff Only model (Table 8.5) demonstrates that, by spending £87.02 per school, SOSS encourages increased knowledge of the different types of abuse and improved ability to identify trusted adults among KS2 children; improves knowledge of the Childline number for both KS1 and KS2 children; and provides £84.50 in fundraising revenue. The Staff and Volunteer model (Table 8.6) demonstrates that, by spending £78.89 per school and an upfront investment of £210.68 per volunteer, SOSS provides a boost in KS2 children's knowledge of abuse and an improved ability to recognise trusted adults, better knowledge of the Childline number among KS1 and KS2 children, £84.50 in fundraising revenue, and £31.62 in saved staff costs. The Volunteer Only model (Table 8.7) demonstrates that, by spending £34.23 and an upfront investment of £289.57 for two volunteers, SOSS encourages increased knowledge of abuse and improved ability to identify trusted adults among KS2 children, and better knowledge of the Childline number; it also provides £84.50 in fundraising revenue and £50.42 in saved staff costs.

Table 8.5: Staff Only Delivery balance sheet (eight schools)

Staff Only Delivery costs	Total cost per school intervention
Recruiting schools and timetabling (mean cost per school across 30 schools)	£7.26
Delivering the intervention in school (mean cost across 8 schools)	£52.04
Cost of materials (mean cost per school across 30 schools)	£3.56
Travel cost (mean cost across 8 schools)	£24.16
Total cost	£87.02
Consequences	Change
Child's HRQoL (CHU9D)	No significant change between time points
Fundraising	£84.50 per school
Wider benefits	KS2 improved knowledge regarding ability to identify trusted adults KS2 improved recognition of five types of abuse KS1 and KS2 increased knowledge of Childline number
Children with scores in the bottom quartile prior to the intervention	KS1 improved willingness to confide in a trusted adult KS2 improved recognition of five types of abuse KS1 and KS2 increased knowledge of Childline number

Table 8.6: Staff and Volunteer Delivery balance sheet (10 schools)

Staff and Volunteer Delivery costs	Total cost per school intervention
Recruiting schools and timetabling (mean cost per school across 30 schools)	£7.26
Delivering the intervention in school (mean cost across 10 schools)	£47.29
Cost of materials (mean cost per school across 30 schools)	£3.56
Travel cost (mean cost across 10 schools)	£20.78
Total cost	£78.89
Total cost with 1 volunteer training	£289.57
Consequences	Change
Child's HRQoL (CHU9D)	No significant change between time points
Fundraising	£84.50 per school
Volunteer training and supervision	£210.68 per volunteer, year 1
Volunteer hours (saved staff hours)	£31.62
Wider benefits	KS2 improved knowledge regarding ability to identify trusted adults KS2 improved recognition of five types of abuse KS1 and KS2 increased knowledge of Childline number
Children with scores in the bottom quartile prior to the intervention	KS1 improved willingness to confide in a trusted adult KS2 improved recognition of five types of abuse KS1 and KS2 increased knowledge of Childline number

Table 8.7: Volunteer Only Delivery balance sheet (12 schools)

Volunteer Only Delivery costs	Total cost per school intervention
Recruiting schools and timetabling (mean cost per school across 30 schools)	£7.26
Cost of materials (mean cost per school across 30 schools)	£3.56
Travel cost (mean cost across 12 schools)	£23.41
Total cost	£34.23
Total cost with 2 volunteer training	£455.59
Consequences	Change
Child's HRQoL (CHU9D)	No significant change between time points
Fundraising	£84.50 per school
Volunteer training and supervision	£210.68 per volunteer, year 1
Volunteer hours (saved staff hours)	£50.42
Wider benefits	KS2 improved knowledge regarding ability to identify trusted adults KS2 improved recognition of five types of abuse KS1 and KS2 increased knowledge of Childline number
Children with scores in the bottom quartile prior to the intervention	KS1 improved willingness to confide in a trusted adult KS2 improved recognition of five types of abuse KS1 and KS2 increased knowledge of Childline number

8.5.1 Key findings from the cost consequence analysis and return on investment

SOSS is a low-cost programme with large reach, delivering socially desirable, statistically significant benefits to older primary school children in particular. If the NSPCC continues to fundraise in only a proportion of schools in which the SOSS programme is delivered, then this study has shown it can more than recoup and cover the costs of delivery across all modes of delivery involving volunteers and NSPCC staff delivering the programme.

We were unable to collect sufficient data concerning disclosures as previously discussed. Therefore, the CCA/ROI could only consider improved knowledge of abuse attributable to the SOSS intervention. In this case, we observed a statistically significant difference in KS2 children's recognition of the five types of harm and their ability to identify trusted adults, and increased knowledge among KS1 and KS2 children of the Childline number, as reported previously in Section 8.3.5. There were also some improvements for children who were in the bottom quartile of scores at baseline, which could be attributed to SOSS.

The Global Value Exchange (Social Value UK, 2017) considers "increasing a child's confidence" in general terms to have a social value of £238. By comparison, a previous NSPCC study (Conti et al, 2017) surmised that the average lifetime cost of non-fatal child maltreatment by a primary caregiver was £89,390. Given that the average cost per school of

delivering this programme as detailed previously in Chapter 5 was just £73.51 per school, the potential for the economic return on investment is vast. The return on the initial investment in training staff and volunteers is evident in the fundraising aspects of the programme and the delivery of the programme with the help of volunteers.

There are few cost consequence analyses of universal programmes aiming to educate children about abuse and harm. Our main finding through a review of evidence was cost effectiveness as assessed for the KiVa anti-bullying programme in Sweden (Persson et al, 2018), which was compared against the usual management of bullying in school settings. Using 'victim free years' as the measure of effectiveness, the study found a base-case estimate of €829 per 0.47 victim-free years per pupil, with the cost per quality adjusted life year (QALY) estimate of €13,823, which was acceptable against the Swedish health policy threshold value of €50,000 per QALY gained. The authors state that further study was needed to confirm the results as the effect of KiVa will differ across the broad spectrum of schools, as has been found by this study when exploring differing school climates.

In terms of the SOSS programme as a universal schools-based raising awareness programme, we did find some published economic analyses of schools-based programmes in the US such as the SunWise programme, which raises awareness about the dangers of skin exposure (Kyle et al, 2008), and nursery-based tooth brushing programmes in Scotland (Anopa et al, 2015). The SunWise evaluation (Kyle et al, 2008) found that, if the programme continued with the same level of funding as in 2015, it had the potential to avert 50 premature, skin cancer related deaths and 11,000 skin cancer cases. The report concluded that it was worth the financial investment in this child-targeted intervention as small to modest behaviour changes can affect the incidence of cancer as those children become adults. The tooth brushing in Scotland evaluation (Anopa et al, 2015) found that investing in this programme had the potential to save over £4.7m in NHS dental service costs over a return period of seven years, with the largest saving afforded to dental treatment for children in the most deprived cohorts.

The evaluation of the SOSS programme echoes the findings of these two programme evaluations in that investment in school-age children's programmes yields a financial return over years, and not immediately. Fundraising can sustain the cost of this programme as a low-cost, effective intervention to avoid the poor health-related outcomes of child abuse and the consequences of non-disclosure through adult life.

8.6 Summary points

- **SOSS's sustained impacts for children:** Overall, improvements made by children in the intervention schools immediately after the delivery of SOSS were retained in the longer term. These benefits were statistically significant in some key areas when compared with improvements for children in the comparison schools, suggesting that the improvements in these areas are due to children's participation in SOSS.
- **Sustained impact of SOSS on help-seeking:** KS2 children in intervention schools sustained their improved ability to identify a trusted adult who they could speak to about any abuse or harm at T3; while KS1 and KS2 children sustained their improved ability to recognise and locate the Childline number. Scores in these areas were significantly higher at T3 for children in intervention schools than for children in comparison schools, suggesting that these improvements are attributable to SOSS.
- **Sustained impact of SOSS on knowledge and understanding of abuse:** KS2 children who received the programme showed substantial improvements in their ability to recognise different forms of abuse and harm at follow-up. Statistically significant improvements occurred in knowledge of neglect, sexual abuse, physical abuse and emotional abuse (but not bullying, which was already widely recognised at baseline). A particularly substantial improvement was observed in relation to recognition of neglect. The scores of the intervention group at T3 were significantly higher than the scores of their counterparts in comparison schools, indicating that all these changes are attributable to SOSS.
- **Children most likely to experience sustained impacts:** KS2 children in schools with a higher score for supportive school climate and girls in both KS1 and KS2 were more likely than other children to benefit from the programme. Significant improvement was found on some, but not all, aspects of the programme content, such as the ability to identify and locate the Childline number for younger children in faith schools, and for KS2 children in schools with a higher proportion of pupils in receipt of free school meals.
- **Sustained impacts for children who started off with the lowest scores:** There was a statistically significant increase in recognition of the five types of abuse among a significant minority of KS2 children who started off with the lowest scores on recognition; this can be attributed to SOSS. Improvements were more likely to be seen among girls and (in the case of KS2 children) in schools with a higher score for supportive school environment or a higher proportion of free school meals. There were also small but significant improvements with regards to help-seeking within this group. Two improvements are attributable to SOSS: an increase in these children's ability to confide in a trusted adult (KS1 only), which was not apparent among the wider KS1 population; and an increase in knowledge of the Childline number and where to find it (KS1 and KS2).

- **Areas where there was no sustained impact:** Across the overall population of children who received SOSS, there were no lasting changes in children's readiness to tell or their willingness to confide in a trusted adult. SOSS did not have a demonstrable impact on KS2 children's understanding of sexually abusive or coercive scenarios (as measured by the CKAQ-R), or in their ability to correctly attribute fault to the perpetrator of physical abuse.
- **The views of staff on SOSS's impact on children:** Almost half of Headteachers/DSLs interviewed perceived that SOSS had improved KS1 and KS2 children's knowledge and understanding of abuse and help seeking. Some school staff noted an increase in disclosures from children and attributed this directly to the impact of SOSS. However, school staff considered reinforcement of SOSS messages by class teachers to be essential for sustaining programme impact.
- **SOSS's impact on schools**: The majority of school staff were viewed by interviewed Headteachers/DSLs as being confident in delivering on abuse and harm. Staff who were interviewed felt that SOSS delivery had a positive impact on their knowledge of abuse, and on their teaching skills, especially around sexual abuse and neglect (which, along with domestic violence, were areas where staff reported a lack of confidence). Staff also felt SOSS reinforced their schools' ethos on safeguarding.
- **SOSS's impact on society:** The cost consequence analysis found SOSS to be a low-cost programme that achieves significant benefits in knowledge and help-seeking for KS2 children. It is not known whether these benefits can lead to increased disclosures of abuse and neglect in school settings, and the study was unable to provide quantitative evidence on this; however, it seems likely that SOSS would lead to disclosures, given the number of disclosures collected during the research and the perception by some school staff that more children were making disclosures since receiving the programme. If so, savings in lifetime costs of child maltreatment would mean the programme's economic return on investment could potentially be vast.

Chapter 9 – Key findings and conclusions

9.1 Key findings

Below we present the key findings from the TESSE study using the original research questions as a framework:

Question 1: Does the NSPCC's SOSS programme for primary schools improve children's knowledge and understanding of abuse and other forms of harm? Is this retained over time?

The study surveyed large cohorts of KS1 and KS2 children from a UK sample of schools constructed to ensure representation of different school types. Children from intervention and comparison schools were found to have very similar levels of knowledge and understanding of abuse and harm at baseline. At baseline, most children in our sample recognised different forms of behaviours as abusive or harmful. This is consistent with the findings of various research reviews on prevention programmes that have noted that evaluations of interventions often show relatively high levels of children's knowledge at baseline (Stanley et al, 2015; see Appendix 1). However, there was a sizeable minority of children at both KS1 and KS2 who lacked this knowledge, while a majority of KS2 children (seven out of 10) did not feel that neglect was a form of abuse experienced by other children.

At baseline, KS2 children were less knowledgeable about some forms of harm and abuse (such as neglect and sexual abuse) than others (such as bullying and physical abuse). At six-months follow-up, their knowledge of each type of abuse (except bullying) had increased substantially. Knowledge levels were statistically significantly higher among children in intervention schools than children in comparison schools, suggesting this improvement can be attributed to participation in SOSS. Recognition of neglect had been particularly low at baseline but was statistically significantly greater for children receiving SOSS compared with those who had not. Children's understanding of bullying was particularly high in our sample, and this is likely to reflect the established practice of schools delivering materials and teaching on bullying. Children appeared less likely to be receiving teaching or other provision that addressed the topics of neglect and domestic violence compared with inputs on bullying. Moreover, interview data suggested that teacher skills and confidence were described as less developed in respect of delivering this material and there also appeared to be a lack of confidence regarding teaching on sexual abuse. These are key areas of knowledge for the prevention of abuse and harm and the evaluation has shown that the SOSS programme has the potential to fill a gap in this respect.

Immediately following delivery of the programme, KS2's children's knowledge of sexual abuse as measured by the CKAQ-R improved. There were also significant improvements from baseline on this measure for children in intervention schools at T3 although the difference between children in intervention and comparison schools was not statistically significant.

Question 2: Does SOSS increase readiness to seek help for abuse and other forms of harm if children or their friends need it?

KS2 children in intervention schools who received the longer version of SOSS that includes both an assembly and a 60-minute workshop were more likely to be able to identify a trusted adult who they would tell about abuse or harm at six-months follow-up. There was also a statistically significant improvement on this measure among KS2 children in comparison schools, indicating that children are absorbing information on abuse and harm from other sources also. However, KS2 children who had received the programme made significantly greater gains than children in comparison schools, suggesting that participation in SOSS was partly responsible for improving children's ability to recognise the trusted adults in their lives.

Immediately following the programme, knowledge of the Childline number increased statistically significantly for both KS1 and KS2 children. This significant improvement on baseline knowledge was retained at T3, with the difference being statistically significant relative to that of children in comparison schools, suggesting that this benefit is attributable to SOSS.

SOSS did not appear to have a sustained impact in some aspects of help-seeking. Six months after the delivery of SOSS, neither KS1 nor KS2 children were more ready to speak out or willing to confide in a trusted adult if something abusive happened to them than they had been at baseline. KS1 children who only received SOSS as a 20-minute assembly with no subsequent workshop did not report improvements in their readiness to tell, their ability to identify a trusted adult, or their willingness to confide in a trusted adult that could be attributed to the SOSS programme at six-months follow-up; this could be attributed to low programme 'dosage'. However, some KS1 children, in particular girls, among those with low help-seeking at baseline did make significant improvements.

Some children who started off with low scores at baseline saw improvements across a range of help-seeking measures in the subsequent six months after the receipt of SOSS. For a number of key help-seeking measures, scores were statistically significantly higher for children in intervention schools relative to children in comparison schools, suggesting the changes, though small, are attributable to SOSS: for example, children in KS1 who had been the most reluctant to confide in an adult at baseline saw a significant boost in their willingness to speak out after receiving SOSS. The most notable change was in the proportion of low-scoring children who could identify an appropriate trusted adult to tell or had knowledge of the Childline number and where to find it: nearly a third of KS1 and a quarter of KS2 children in the bottom quartile shifted into a higher quartile and sustained this improvement over time. Low-scoring children did not experience uniform improvements in help-seeking though, with girls and children in schools in economically deprived areas most likely to gain from SOSS.

Question 3: Does SOSS help children make disclosures in the school setting?

We were unable to collect sufficient data from schools to allow us to attribute any increase in children's disclosures in school to the SOSS programme. Schools' record keeping in this respect appears to vary – only about half the schools in our sample were storing this information online. We learnt that schools were already receiving disclosures directly from children in the two years prior to programme delivery although incidents of neglect or domestic abuse were rarely reported.

School staff wanted to emphasise that encouragement to seek help was already part of the school culture and the majority of KS2 children confirmed this in their ratings of their school climate. However, almost half the Headteachers/DSLs interviewed suggested that children felt more confident in speaking to a member of staff regarding concerns following delivery of SOSS. Some staff noted an increase in disclosures from children and attributed this directly to the impact of SOSS while others were uncertain as to whether it was possible to make this connection between the programme and disclosures.

SOSS facilitators record and report safeguarding disclosures and concerns in the course of delivering the programme. The TESSE research team also identified and reported a number of disclosures and concerns while undertaking the research in schools, and other studies report similar findings in this respect (Hollis & Churchill, 2018). Clearly, introducing material on abuse and harm has the potential to stimulate disclosures from children and it is important that both programme facilitators and school staff are able to respond to these sensitively and appropriately. While facilitators, both staff and volunteers, generally felt well prepared to deliver SOSS, some identified that additional training on responding to disclosures in the classroom would be helpful. Given that SOSS encourages children to 'speak out' and that, immediately following delivery of the programme, readiness to tell increased for both KS1 and KS2 children, this additional training would be important.

Question 4: Does SOSS impact differently on children according to age, gender and disability?

Aside from a boost in knowledge of the Childline number, we were not able to identify significant sustained impact for most KS1 children exposed to the programme at T3. These findings are consistent with those of Walsh et al, (2015) whose meta-analysis found that older children made greater knowledge gains following sexual abuse prevention programmes than younger children. The only exception to this picture is the gains made for KS1 children who were in the lowest quartile of responses at T1 with over a quarter of these children moving into a higher quartile at T3 on some measures.

SOSS is delivered to the KS1 children as a single 20-minute assembly, which they are likely to experience once in their time in KS1 (the assembly is not usually delivered to Reception classes – children aged 4–5 years). 'Dosage' is therefore low for this group and some school staff were concerned as to whether the programme was appropriately pitched for them. However, we note that, in completing the shorter version of our survey, KS1 children did show the ability to discriminate between abusive and non-abusive behaviour. Moreover, they showed some gains in knowledge immediately following the programme although these were not retained. This finding lends support to the NSPCC's strategy of delivering SOSS to children at least twice during their primary education.

For KS1 children, the SOSS programme may be most valuable as a primer preparing children for other provision in Relationships Education, including delivery of SOSS in KS2. It may also be a useful means of communicating the skills, messaging and language required for delivery of this material to younger children to school staff.

Among children who had received SOSS, for KS1 children at T3, girls' readiness to tell was significantly higher than that of boys and KS2 girls at T3 were significantly better than boys at identifying and locating the Childline number. Girls appear to benefit more from SOSS and

retain this benefit; this was also true of the group who were low at baseline. This may reflect gender differences in learning rates at this age more broadly but may also be a product of gendered attitudes and levels of engagement with the programme. In respect of the latter, it is relevant that a small number of boys expressed a preference for male facilitators.

As a consequence of the restrictions arising from COVID-19, the sample of children with SEND was too small to draw any valid conclusions regarding the impact of SOSS for children with SEND. However, teachers interviewed suggested that children with SEND benefited from the programme and highlighted the importance of advance preparation to help develop their understanding of more complex concepts. A robust evaluation of the delivery and impact of the programme with a much larger sample of SEND children is needed to confidently measure the effects of the programme for this population. The tools developed by this study might prove valuable in this respect.

Question 5: What are pupils' and school staffs' perceptions and experiences of programme impact and delivery?

KS2 children participating in focus groups viewed the SOSS programme as important and relevant to them. They found the programme's visual and interactive approach engaging. School staff agreed that the videos, slides and props were effective in securing children's engagement.

Children's evaluations of programme content varied with some KS2 children identifying gaps in coverage of sexual abuse and neglect, describing the programme as 'babyish' or finding explanations insufficiently detailed: since children are less likely to have other teaching on these issues, they may well need more input in these areas. However, other children found these issues emotionally challenging. Some of the concerns expressed by children may reflect some facilitators' skill levels and confidence and this issue is addressed below.

School staff judged that most children's experiences of the programme, including those of children with SEND, were positive.

Teachers and Headteachers/DSLs agreed that the SOSS programme had increased teachers' skills and confidence to deliver teaching on this topic. Delivery of SOSS opens up opportunities for schools to undertake further teaching on abuse and harm and to strengthen safeguarding across the school. However, schools would value the NSPCC providing more follow-up materials that would enable them to embed and sustain the impact of the programme.

Question 6: What are the views and experiences of programme delivery staff and volunteers?

Facilitators reported high levels of confidence in delivering the programme, although, as noted previously, they expressed a need for some further training. They noted that delivery by staff external to the school highlighted the importance of SOSS messages for children, but they emphasised that school staff's engagement with the programme was necessary to embed these messages. Facilitators reported mixed views about the fundraising activities that some schools opted into, with some expressing concern that fundraising detracted from programme messages – a view shared by some school staff.

Question 7: Is the whole school culture and is school readiness significant?

Most KS2 children rated their school's culture positively prior to the programme but children with SEND were more likely to report that grown-ups at school were too strict, bullying was a problem and that children were teased about how they looked.

Multivariate analysis showed that higher school climate scores were significantly related to higher scores across all survey measures at T3. This suggests that school culture is closely associated with the impact of the programme and that, if programme impact is to be increased, school culture needs to be taken account of, both in terms of the SOSS model of change and in planning and implementing the programme.

A school's proportion of free school meals (which was used as a proxy for social deprivation) was also found to be significant in respect of increases in KS2's children's ability to identify and locate the Childline number that could be attributed to the programme. Delivering SOSS to children in schools serving more deprived catchments clearly yields benefits for those children.

While children are receiving a range of other both internal and external provision that falls within the remit of Relationships Education, there was evidence that the topics of physical or emotional abuse, neglect and domestic abuse were less likely to be covered in the teaching and provision already delivered by schools. This may indicate areas of priority for SOSS content.

Despite SOSS facilitators contacting schools beforehand, in most schools, information about the programme failed to flow down to classroom staff who were therefore unprepared. Although older children remembered receiving SOSS in the past and recalled other input on the topics covered, teachers' lack of preparedness suggests that children were also unprepared for this programme. Advance preparation is important for all children given varying rates of development and understanding but may be particularly important for children with SEND.

Question 8: How does programme delivery vary and is this significant?

Fidelity of delivery was high for the assemblies where the proportion of visual and digital content is high. There was more variation found in the workshops where higher levels of participation from children may make it more difficult for facilitators to adhere to the programme manual. Material on sexual abuse was less fully covered in the workshops, and facilitators, both paid and volunteer, may need more training in delivering this content. Children also reported that some facilitators lacked confidence and clarity in delivering this material and this may have left some children with feelings of confusion.

Question 9: What are the facilitators of, and barriers to, programme impact?

Headteachers/DSLs acknowledged that generally school staff had more confidence in delivering teaching on bullying and less confidence in teaching addressing domestic violence, sexual abuse and neglect. It may be easier for external organisations, such as the NSPCC, to address those areas of harm and abuse that are perceived to belong in the family or community setting. The NSPCC is a high-profile, trusted organisation and its programme derives authority and acceptability from that status.

Given the finding on facilitator confidence above, further training for facilitators in respect of delivering material on sexual abuse as well as on disclosures is likely to enhance programme impact.

The findings on the significance of school culture and the low level of preparedness in schools prior to programme delivery suggest that higher levels of engagement with the whole school prior to delivery, during delivery and subsequently might achieve more sustained impact for the programme. The Schools Service should explore approaches for achieving fuller engagement with the programme content from school staff and develop materials that aim to reinforce children's learning subsequent to programme delivery.

In comparison to other UK programmes for primary school children, for example the Tender Programme (two consecutive days) (Farrelly, 2020) and Relationships Without Fear (six hours over six weeks) (Fox et al, 2014), SOSS is a low-dose programme. While evidence regarding the appropriate programme dosage for both primary school and older children is limited (see Appendix 1 and Stanley et al, 2015), it seems likely that low dosage may be a barrier to increased programme impact for SOSS. Adopting a partnership approach and working more closely with school staff to deliver and follow-up the programme would constitute an approach to increasing dosage that would not demand substantial additional resources. Teachers anticipated following up programme messages in the classroom and would welcome support in doing so.

The NSPCC's Keeping Safe programme, which has been delivered and trialled in Northern Ireland (McElearney et al, 2018a; McElearney et al, 2018b), takes a 'whole school' approach and teachers are trained and supported to deliver the programme, so harnessing their potential as mechanisms of change.

Headteachers/DSLs in our study indicated that faith schools may be particularly cautious about delivering teaching on sexual abuse and schools where a substantial proportion of parents are from faith communities may also anticipate such concerns. We found examples of school staff reassuring parents who voiced concerns about SOSS, but school staff need to be well informed about the programme in order to take this task on.

Facilitators' comments suggested that the programme may be pitched at rather too low a level for children in their last year at primary school and some of the KS2 children found the programme content too 'babyish'. Children develop at different rates and may have received differing levels of teaching on Relationships Education at the point when SOSS is delivered. Deeper engagement with school staff prior to programme delivery would assist SOSS facilitators to pitch discussion with children at the appropriate level.

Facilitators' comments and observations confirmed that assembly delivery was sometimes compromised by an unsuitable setting. Fuller engagement and joint planning with schools might assist to alleviate or manage such challenges.

Fundraising acts to make the programme highly cost effective for the NSPCC and school staff acknowledged the need for the NSPCC to raise funds for its valuable work. However, school staff and facilitators expressed concerns that fundraising could act to detract from the programme's final message and this concern is reinforced by the finding that KS2 children receiving SOSS in schools that did *not* participate in the fundraising option had higher readiness to tell scores in addition to being more likely to attribute fault appropriately.

Fundraising may also confer benefits: children in schools that opted for a fundraising package were more likely to retain knowledge of the Childline number, and the Childline image and profile may have been reinforced by fundraising activities. However, care should be taken to ensure that fundraising does not detract from key programme messages.

Question 10: From a societal perspective, what is the return on investment (ROI) of the Speak out Stay safe programme in terms of improved child knowledge and potential disclosures?

Evaluation of the costs of delivering the programme found that the use of volunteers represented excellent value in both modes of delivery involving volunteers. The training cost and supervision of the volunteers is low at around £210.68 per volunteer in the first year, with ongoing supervision costs minimal in the future. Fundraising in schools more than covers the cost of delivery. The Global Value Exchange estimates that increasing a child's general confidence has a social value of £238. By comparison, the cost of abuse as calculated for the NSPCC by Conti et al, (2017) was identified as £89,390 across the life course. With an average cost per school in this study calculated as £73.51, the potential for return on investment by improving children's knowledge of abuse is vast.

Question 11: From a societal perspective, what are the full range of wider costs and outcomes associated with these modes of delivery in terms of cost consequence analysis (CCA)?

From an NSPCC perspective, the SOSS programme may feel like a significant financial commitment to the organisation as a proportion of overall charity spend per annum. However, SOSS is a low-cost programme with large reach, delivering socially desirable, statistically significant benefits to older primary school children in particular.

Paid staff hours were the largest financial cost to the programme and the biggest saving was identified by using a proxy cost for volunteer donated hours. The financial costs of this programme are covered by fundraising in schools and by utilising volunteers who kindly donate their time. The cost of training volunteers as a consequence of this programme is offset by the saving in paid staff hours and the potential to improve child knowledge of abuse.

The use of volunteers to deliver the programme was found to vary by area, and this could be an aspect for future research in order to identify the potential for targeted recruitment of volunteers in areas where they are lacking in order to maximise the reach of the programme, increase fundraising and generate further return on investment.

As a universal schools-based intervention, SOSS is an extremely low-cost programme with large reach, delivering socially desirable, statistically significant benefits in the form of improved knowledge of abuse and ability to identify a trusted adult in KS2 primary school children.

9.2 Developing the SOSS programme

These findings suggest a number of directions in which the SOSS programme might be developed:

SOSS theory of change: extending engagement with schools

The SOSS programme's theory of change could be revisited to take more account of the context in which the programme is delivered. School climate proved to be closely associated with sustained programme effects and, for maximum impact, the 'whole school' should be identified as a target for intervention. This evaluation, in common with an earlier qualitative study of the programme (Hollis & Churchill, 2018), found evidence for the impact of the programme on the wider school, including contributing to teacher confidence and skills in delivering Relationships Education as well as safeguarding procedures and practices. As a trusted organisation with a strong reputation, the NSPCC is in an excellent position to provide a stimulus and model for schools themselves to deliver Relationships Education, reassure parents and respond positively to children who do 'speak out'.

Acknowledging the specific and influential context provided by a school would entail a focus on school readiness and require additional preparation with schools prior to delivery. This might achieve better informed staff who were more able to prepare children and reassure parents, more appropriate settings for programme delivery as well as opportunities for programme material to be appropriately pitched according to children's ages and previous exposure to programme content. Better prepared teachers could also facilitate the ability of children with SEND to engage with programme messages. The Schools Service could aim to engage teachers more fully in programme delivery – perhaps as joint facilitators alongside NSPCC staff or volunteers – and provide more follow-up material, which schools themselves would appreciate (see Hollis & Churchill's [2018] evaluation). Some of this additional engagement might be undertaken digitally and the NSPCC's Schools Service has recently increased the programme's accessibility online in response to the COVID-19 restrictions. Schools are already making considerable use of a range of online materials to deliver Relationships Education. Teaching on bullying is well-established in schools and informed by online materials. This provides a model for the way in which learning on other forms of harm and abuse might be developed.

Targeting the programme

While most children already had knowledge and readiness to seek help for abuse and harm prior to the programme, this was not the case for all children. It was clear that, in addition to a positive school climate supporting better outcomes, on some measures, girls' learning appeared to move ahead of boys' and children in schools serving areas with higher levels of deprivation also appeared to benefit more on some measures.

These variations might be tackled by targeting the programme more precisely. There is considerable agreement on the need for prevention programmes to be acceptable and accessible to boys (Bell & Stanley, 2006; Gadd et al, 2015; Stanley et al, 2015) and recruiting more male facilitators might prove helpful in this respect. Programme content and format could also be reviewed and its appeal for boys scrutinised, perhaps with the help of boys themselves.

Currently, the SOSS programme aims to reach all primary schools across the UK. Given the increasing availability of resources and provision for Relationships Education, the Schools Service could consider targeting its work on areas with higher levels of deprivation or delivering the programme more frequently in such areas.

SOSS delivery to Key Stage 1 children

While most KS1 children showed few benefits from the short exposure they received to the programme, there was a minority whose knowledge and awareness was below that of their peers prior to the programme and who made substantial gains. This may reinforce the argument for continuing to deliver the programme to KS1 children given its relatively low cost. Early delivery of SOSS in children's school careers may act to prime children, teachers and the wider school for later delivery.

An alternate approach would be to increase the 'dose' received by KS1 children by delivering a KS1 workshop as currently provided for KS2 children. Delivering this jointly with class teachers might reduce the need for additional resources and prove beneficial for embedding learning.

Use of volunteers

Volunteers' input to delivering the programme was assessed as highly cost-effective and the NSPCC as an organisation benefits from their commitment and enthusiasm. However, it remains important that volunteers and staff are selected for their skills and are well-trained in delivering material that is sensitive and, in some schools and communities, potentially controversial. Well-trained facilitators are likely to ensure that messages are clear and that children are confident about the relevance and suitability of what they are learning.

9.3 Implications for primary school prevention programmes

This study has generated some conclusions that have broad relevance for the theory and planning of primary school prevention programmes currently being developed and delivered within the framework of Relationships Education:

- Children and staff in primary schools valued receiving an integrated programme addressing a range of different forms of harm and abuse, and programmes like SOSS can achieve sustained impact for older children.
- While most children in primary schools show good understanding of abuse and harm and readiness to seek help, there is a minority that do not do so and universally delivered programmes can reach this group of children and boost their knowledge.
- There is, however, also an argument for targeting interventions on boys and on children in schools in socially deprived areas.
- School culture proved to be strongly associated with impact and interventions need to acknowledge and engage with the specific school context in which a programme is delivered to achieve school readiness and to embed programme messages.

- The expertise that an external provider with a strong reputation can bring to the design and delivery of a programme assists programme acceptability and influence.
- The length or dosage of a programme seems likely to influence impact.

9.4 Implications for further research

- Further research could usefully explore the question of the appropriate length or dosage of prevention programmes delivered to primary school children. This study raised some important questions about how much input younger children aged 6–7 require for impact to be sustained.
- Future research could examine whether targeting prevention programmes at specific groups of children yields greater benefits.
- The TESSE study was undertaken in a diverse sample of schools across the UK and demonstrated that children under 11 can enjoy participating in mixed methods research on sensitive topics. Research tools and procedures were developed to ensure that the research was accessible, meaningful and safe for children and these can be made available to other researchers.
- As a pilot exercise, the extension of the study to children with special education needs and disabilities (SEND) has provided important evidence that children with SEND were able to complete a survey addressing harm and abuse when appropriate adaptations were made. Future evaluations of prevention programmes in schools should strive to be inclusive of children with SEND.

References

Anopa. Y., McMahon, A.D., Conway, D.I., Ball, G.E., McIntosh, E., Macpherson, L.M. (2015) Improving Child Oral Health: Cost Analysis of a National Nursery Toothbrushing Programme. *PLoS One*, 2015 Aug 25;10(8):e0136211. doi: 10.1371/journal.pone.0136211. PMID: 26305577; PMCID: PMC4549338.

Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J. & Balain, S. (2007) A Conceptual framework for implementation science. *Implementation Science*, 2, 40.

Century, J., Rudnick, M. & Freeman, C. (2010) A framework for measuring Fidelity of Implementation: A foundation for shared language and accumulation of knowledge. *American Journal of Evaluation*, 31(2).

Clarke, V., Braun, V., Terry, G. & Hayfield, N. (2019) Thematic analysis. In Liamputtong, P. (Ed.), *Handbook of research methods in health and social sciences* (pp.843–860). Singapore: Springer.

Conti, G. et al (2017) *The economic cost of child maltreatment in the UK: a preliminary study.* London: NSPCC.

Cornell, D. (2016) *The Authoritative School Climate Survey and the School Climate Bullying Survey: Research summary.* http://curry.virginia.edu/uploads/resourceLibrary/AuthoritativeSchoolClimateSurveyResearchSummaryJanuary2016.pdf

DeGue, S., Massetti, G,M., Holt, M,K., Tharp, A,T., Valle, L,A., Matjasko, J,L. and Lippy, C. (2013) Identifying links between sexual violence and youth violence perpetration: New opportunities for sexual violence prevention. *Psychology of Violence*, 3, 140–156.

Farrelly, N. (2020) *Domestic violence prevention for children: an evaluation of a primary school-based programme.* Doctoral thesis, University of Central Lancashire https://clok.uclan.ac.uk/34362

Firmin, C. (2018) Contextual risk, individualised responses: An assessment of safeguarding responses to nine cases of peer-on-peer abuse. *Child Abuse Review*, 27(1), 42–57.

Fixen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M. & Wallace, F. (2005) *Implementation Research: A synthesis of the literature.* Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

Fox, C. L., Hale, R. & Gadd, D. (2014) 'Domestic abuse prevention education: listening to the views of young people'. *Sex Education,* Vol. 14 (No. 1), 28–41.

Fujiwara, D., Oroyemi, P. & McKinnon, E., (2013) *Wellbeing and civil society: Estimating the value of volunteering using subjective wellbeing data*. Department for Work and Pensions.

Furber, G. & Segal, L. (2015) The validity of the Child Health Utility instrument (CHU9D) as a routine outcome measure for use in child and adolescent mental health services. *Health Qual Life Outcomes,* 13, 22. https://doi.org/10.1186/s12955-015-0218-4

Gadd, D, Fox, C.L., Corr, M-L., Alger, S., & Butler, I. (2015) *Young Men and Domestic Abuse*. London: Routledge.

Hollis, V. & Churchill, G. (2018) *Understanding Children's and Teachers' Views of the NSPCC's Speak Out Stay Safe Programme.* London: NSPCC.

Howarth, E., Moore, T. H., Stanley, N., MacMillan, H. L., Feder, G. & Shaw, A. (2019) Towards an ecological understanding of readiness to engage with interventions for children exposed to domestic violence and abuse: Systematic review and qualitative synthesis of perspectives of children, parents and practitioners. *Health & Social Care in the Community*. 27(2): 271–292.

Kyle, J.W., Hammitt, J.K., Lim, H.W., Geller, A.C., Hall-Jordan, L.H., Maibach, E.W., De Fabo, E.C. & Wagner, M.C. (2008) Economic evaluation of the US Environmental Protection Agency's SunWise program: sun protection education for young children. *Pediatrics*, 121(5):e1074-84. doi: 10.1542/peds.2007-1400. PMID: 18450850.

Maxwell, C., Chase, E., Warwick, I., Aggleton, P. & Wharf, H. (2010) *Freedom to Achieve. Preventing Violence, Promoting Equality: A Whole-School Approach*. London: Womankind Worldwide.

McElearney, A., Brennan-Wilson, A., Murphy, C., Stephenson, P. & Bunting, B. (2018a) Cluster randomised controlled trial of 'whole school' child maltreatment prevention programme in primary schools in Northern Ireland: study protocol for Keeping Safe. *BMC Public Health*, 18: 590.

McElearney, A., Murphy, C., Shevlin, M., Stephenson, P. Monaghan, M. & Adamson, G. (2018b) A whole-school child maltreatment prevention programme in primary schools in Northern Ireland: 1 year results of Keeping Safe, a cluster-randomised control trial. Meeting abstract, *The Lancet*, www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32084-1/fulltext

NICE (2012) *Methods for the development of NICE public health guidance: Incorporating health economics*. www.nice.org.uk/process/pmg4/chapter/incorporating-health-economics

Persson, M., Wennberg, L., Beckman, L., Salmivalli, C. & Svensson, M. (2018) The cost-effectiveness of the KiVa Antibullying Program: results from a decision-analytic model. *Prevention Science*, 1–10.

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C. Howat, N. & Collishaw, C. (2011) *Child Abuse and Neglect in the UK Today*. London: NSPCC.

Ritchie, J. & Spencer, L. (1994) Qualitative data analysis for applied policy research. In B. Bryman & R. Burgess, *Analyzing qualitative data*. 173–194.

Social Value UK (2017) Global Value Exchange: https://socialvalueuk.org/resources/global-value-exchange/

Stanley N., Ellis, J., Farrelly, N., Hollinghurst, S., Bailey, S. & Downe, S. (2015) Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review*, 59, 120–131.

Stevens, K. J. (2009) Developing a descriptive system for a new preference-based measure of health-related quality of life for children. *Quality of Life Research*, 18 (8): 1,105–1,113.

Stevens, K. (2010) *Working with children to develop dimensions for a preference based generic paediatric health related quality of life measure.* Discussion Paper. Qualitative Health Research

Swift, L. E. et al. (2017) Teacher factors contributing to dosage of the KiVa anti-bullying program, *Journal of School Psychology,* 65: 102–115.

Taylor, B. G., Stein, N. D., Mumford, E. A., & Woods, D. (2013) Shifting boundaries: An experimental evaluation of a dating violence prevention program in middle schools. *Prevention Science*, 14(1), 64–76.

TESSE Evaluation Team (2019) *TESSE Pilot Report*. Unpublished.

Tutty, L. M. (1995) The Revised Children's Knowledge of Abuse Questionnaire: Development of a measure of children's understanding of sexual abuse prevention concepts. *Social Work Research*, 19(2), 112–120.

Whalley, P. (2011) *Evaluation of the NSPCC ChildLine Schools Service Pilot*. Unpublished.

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