



CEBEI

Canolfan Ymyrraeth Gynnar ar Sail Tystiolaeth
Centre for Evidence Based Early Intervention

Introducing and evaluating the KiVa school based bullying prevention programme in Wales

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Why address bullying?

Victims

- 25–40% of mental health problems including depression, anxiety and self-harm in young adults may be attributable to childhood bullying
- Bullied children access more school health, primary care and specialist child mental health services and experience poorer mental and physical health into adulthood.
- Bullying is associated with school absenteeism which impacts future educational attainment and employment prospects.

Bullies

- children who bully are at risk of harm and more likely to show later violent behaviour and illicit drug use

Other children

- Even witnessing bullying can result in subsequent depressive and anxiety symptoms





How to identify bullying

- Systematic aggressive behavior against a person who finds it difficult to defend him/herself against the perpetrator(s)
 - **Repeated** attacks and **power differential** are central features
 - Not disagreements, fallouts, misunderstanding, accidents





Research background of KiVa

- Participant roles in bullying (Salmivalli et al., 1996)

assistants of the bully

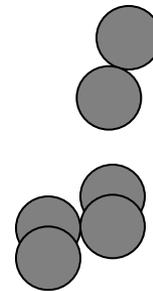
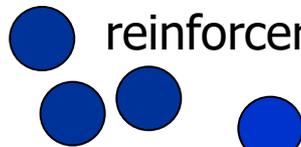


8%



12%

reinforcers of the bully



24%

outsiders



17%

defenders of the victim





The responses of peer bystanders *matter*

- Classroom level:
 - In classrooms where students tend to reinforce the bully, rather than support the bullied classmates
 - Bullying occurs more frequently (Salmivalli, Voeten & Poskiparta, 2011)
 - Vulnerable children (e.g., socially anxious ones) are more likely to end up as targets of bullying (Kärnä, Voeten, Poskiparta, & Salmivalli, 2010)





KiVa school based programme components

- Universal

Everyone taught the definition of bullying, intentional, repeated, perpetrators have higher status.

Lessons for all pupils on recognizing and standing against bullying

Posters and playground tabards

Information for parents

- Targeted

A structured process for dealing with actual bullying incidents by a dedicated trained team





The Situation in Wales in 2011

- As with Finland before KiVa, schools must have an anti-bullying policy
- Bullying rates are increasing
- There was no specific advice or guidance on recommended **evidence-based** strategies/content to make the policies work





Evidence of effectiveness - Finland

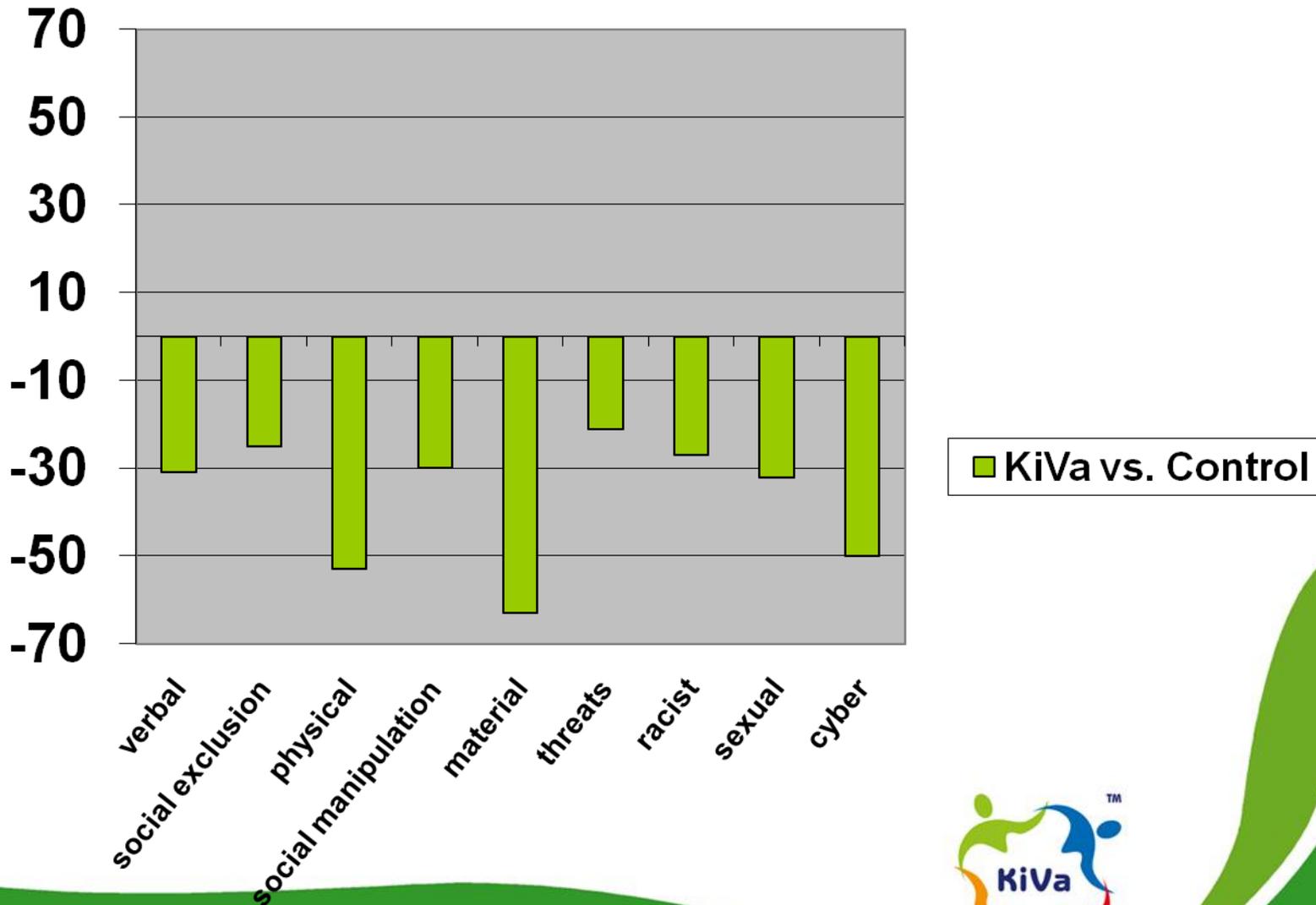
In Finland

- Randomized controlled trial 2007-2009
 - 117 intervention and 117 control schools
 - >30,000 students (grades 1–9, 7–15 year old)
- First year of nationwide implementation (2009-2010)
 - 880 Finnish schools (cohort longitudinal design)
 - ~150,000 students (grades 1–9)
- Monitoring based on annual survey (2009–



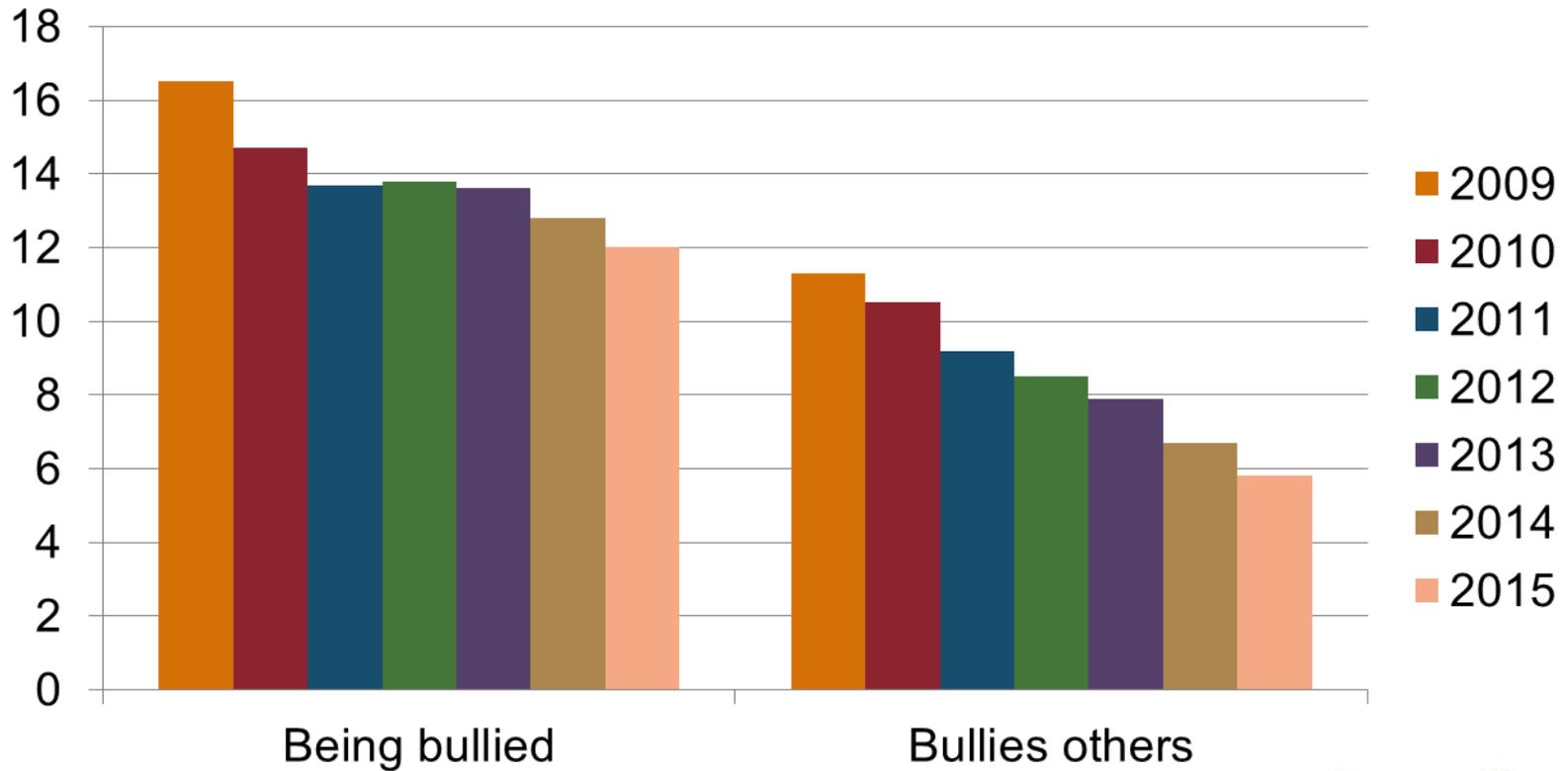


Changes in being bullied by different forms during one school year: RCT, grades 4 to 6





Long-term effects: Proportion of students who have been bullied / who are bullying others repeatedly in KiVa schools, 2009-2015





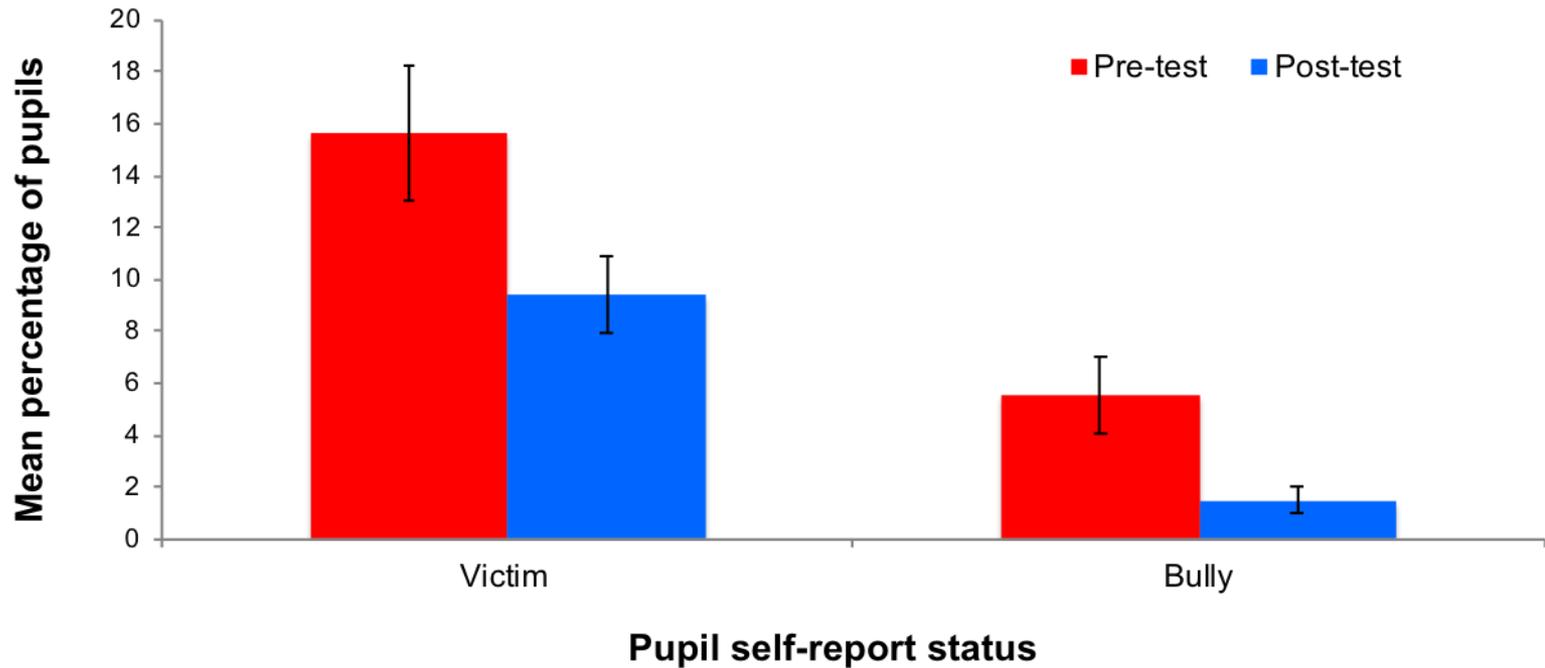
Getting started in Wales

- 2011 Prof Christina Salmivalli spoke at Cambridge University meeting on the prevention/reduction of violence
- KiVa introduced to the Welsh government
- They added KiVa to the list of evidence based programmes that schools could access
- This funded a small pilot in 2012 and we have continued to work with it since then





Pilot Pupil Self-Report Results – initial pilot





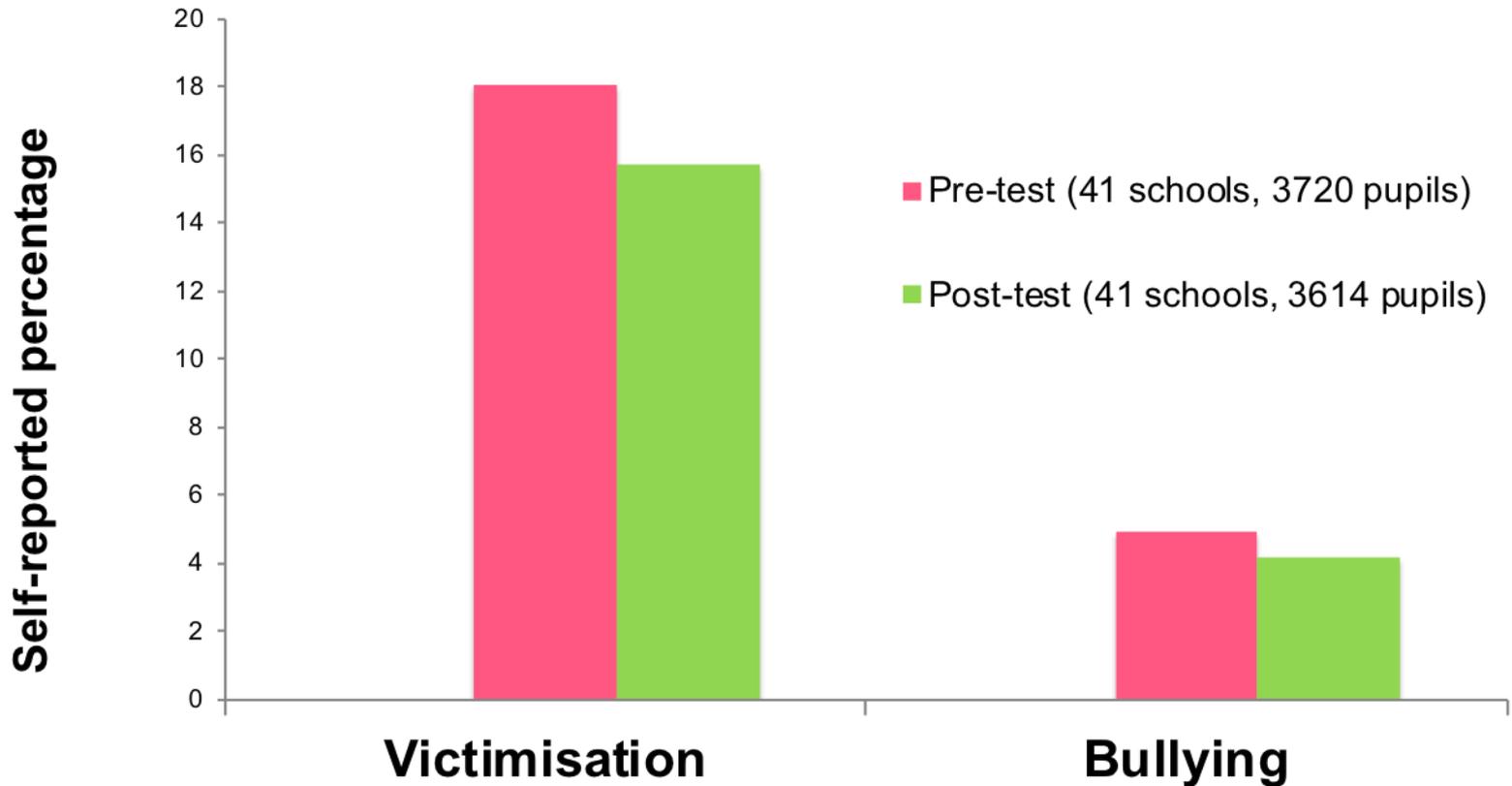
Next steps in Wales

- Our charity the Children's Early Intervention Trust that funds our research work obtained a license to disseminate KiVa across the UK
- We followed the first 44 schools to complete a year of KiVa, reporting on the annual anonymous survey undertaken by all KS2 pupils (ages 7 – 11)
- Again good outcomes





First 44 schools pre-post one year outcomes (Clarkson et al., 2019)





The Stand Together trial

- Funded by the NIHR, led from Bangor
- Collaboration across five universities
- Four sites across the UK, North Wales, Oxfordshire, the Midlands, Devon
- Paused by COVID in 2020, restarted in 2021
- 118 schools and 11, 000+ pupils recruited
- Randomisation 1:1 stratified by school size, rurality and school level of free school meals
- Main outcome target reduction of victimization
- Many other secondary and exploratory outcomes





Results so far

- The main results, just published, favoured KiVa
- A 13% relative reduction in odds of victimization
- Significant benefits to pupil empathy
- Significantly reduced peer problems
- Equally effective across socio-economically diverse, small and large, urban and rural schools
- Low ongoing annual cost of £1.65 per pupil more than usual practice to address bullying after initial setup costs.
- The trial ran during **Covid-19**, with major classroom disruption and considerably higher levels of absenteeism,
- Evidence of significant reductions in bullying, helping bullies and being an audience





Conclusions

- Bullying is a public health concern with long term physical and mental health risks and economic costs to individual bullies, victims and society
- We have set up a means of training and resourcing schools to implement KiVa in the UK giving them tools to support their antibullying policies
- We have built evidence of effectiveness of KiVa in Wales and the UK from pilot trials to a rigorous RCT
- Long-term Finnish data suggests decreasing trends in victimisation and bullying over time after participating in KiVa, we still need ongoing data here
- We are working with schools to support the development of KiVa in the UK and to evaluate what is needed to deliver it effectively





References

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