Learning Together for Mental Health Evaluation Protocol
Evaluator (institution): Ipsos UK, Anna Freud Centre, Cambridge University
Principal investigator(s): Dr Jessica Ozan, Professor Jessica Deighton

Education Endowment Foundation

Template last updated: August 2025

Evaluation summary

Project title	Learning Together for Mental Health
Developer *(Institution)*	London School of Hygiene and Tropical Medicine (LSHTM) in collaboration with University College London (UCL). Delivered by Place2Be.
Evaluator *(Institution)*	Ipsos UK, Anna Freud Centre, Prof Hilary Cremin
Principal investigator(s)	Dr Jessica Ozan, Professor Jessica Deighton
Protocol author(s)	Dr Jessica Ozan, Professor Jessica Deighton, Dr Polly Casey, Marzieh Azarbadegan, Evie Cogley, Nicola De Waal
Trial design	Two-arm cluster randomised controlled trial with random allocation at school level
Trial type	Efficacy
Pupil age range and Key stage	12-16, KS3 and KS4
Number of schools *(at design stage)*	140
Number of pupils *(at design stage)*	26,040
Primary outcome measure and source	Attainment 8 scores from the National Pupil Database
Secondary outcome measure and source	GCSE Maths and English scores, attendance and exclusions from the National Pupil Database

Protocol version history

Version	Date	Reason for revision
1.2 [*Latest*]		
1.1		
1.0 [*Original*]	02/06/2026	

Contents

Study rationale and background

Theoretical and Scientific Background

Learning Together for Mental Health (LTMH) is a whole-school intervention grounded in the Theory of Human Functioning (Bonell et al., 2014), which posits that student outcomes improve when schools increase students' practical reasoning skills, strengthen their commitment to school values, and reduce boundaries between students and staff. The programme employs relational and restorative practice approaches and student-staff action groups to create systemic change in school culture, aiming to improve both mental health and educational outcomes.

The relationship between school climate, student wellbeing, and academic achievement is well-established in the literature. A systematic review by Kowalski and Limber (2013) concluded that bullying is prospectively associated with school absenteeism and lower educational achievement, whilst bullying perpetration predicts later aggression and violence. Similarly, evidence indicates that positive school climates characterised by strong relationships, student participation, and effective conflict resolution are associated with improved academic outcomes (Melendez-Torres et al., 2021). However, direct evidence linking improvements in school climate to educational attainment through UK-based interventions remains scarce.

Restorative practice (RP) in schools has emerged as a promising approach for addressing conflict and building positive relationships. International evidence suggests that restorative approaches can reduce exclusions, improve school climate, and enhance student-teacher relationships (Cremin & Bevington, 2017). The integration of RP with participatory action groups represents an innovative approach to whole-school change, addressing both the structural and relational dimensions of school improvement.

Policy Context

The intervention aligns with current government priorities around mental health support in schools. The Department for Education's guidance on promoting children and young people's mental health and wellbeing (2021) emphasises the importance of whole-school approaches. The NHS Long Term Plan commits to expanding mental health support teams in schools, whilst the 2017 Green Paper 'Transforming Children and Young People's Mental Health Provision' highlighted the critical role schools play in supporting student wellbeing.

Despite these policy initiatives, implementation of evidence-based whole-school approaches remains limited. While many schools have introduced wellbeing interventions, few employ comprehensive, multi-component programmes with robust evidence of impact on both wellbeing and attainment outcomes. LTMH addresses this gap by providing a structured, evidence-informed approach that schools can implement with external support transitioning to sustained internal delivery.

Previous EEF Evaluation

This evaluation builds upon the promising findings from the previous EEF-funded trial of the INCLUSIVE programme (the earlier iteration of LTMH). The re-analysis of data from an existing randomised controlled trial (RCT) found that pupils in intervention schools achieved higher GCSE

Attainment 8 scores in comparison to pupils in control schools, equivalent to two months' additional progress (Wigelsworth et al., 2023). The evaluation also found greater improvements in Maths (one month) and English (two months) GCSE scores for pupils in intervention schools.

However, the previous trial had several important limitations:

- It was not originally powered for educational outcomes, being primarily designed to detect health impacts
- 23% of pupils were not included in final attainment analyses due to data matching issues
- The analysis of FSM-eligible pupils differed from standard EEF approaches
- Limited implementation data prevented completion of Complier Average Causal Effect (CACE) analysis

The programme has since evolved to address implementation challenges identified in the previous trial. Key adaptations include:

- Updated evidence-based menu of interventions, including the Bounce Forward Social and Emotional Learning (SEL) curriculum replacing less effective provisions
- Enhanced support from Place2Be as the delivery organisation
- Clearer transition planning for school-led delivery in years three and four
- Schools randomly allocated into the intervention group will be asked to contribute £1,200 towards the programme costs.

Rationale for Current Evaluation

This efficacy trial addresses the limitations of the previous evaluation whilst building on its promising findings. The evaluation is warranted for several reasons:

First, the strength of evidence linking whole-school climate interventions to attainment remains limited, particularly in the UK context. While correlational evidence is strong, causal evidence from rigorous trials is needed to inform school practice and policy decisions.

Second, the adapted programme requires evaluation to determine whether refinements have maintained or enhanced effectiveness. The involvement of Place2Be as the delivery organisation, delivering LTMH at scale for the first time, necessitates careful evaluation of implementation fidelity and quality.

Third, understanding the mechanisms through which the programme achieves impact remains critical. The previous trial found no evidence that improvements operated through reduced bullying victimisation as hypothesised, suggesting alternative pathways require investigation.

Evaluation Design Overview

We will be conducting a two-arm, cluster-RCT with randomisation at school level, appropriate for this whole-school intervention. The design includes:

Impact Evaluation: Led by Anna Freud, the trial will recruit 140 secondary schools (70 per arm). Pupils starting Year 7 in the academic year 2025/26 will be invited to take part in an online survey at baseline, following them through to Year 11 where GCSE outcomes will be collected. The primary outcome will be Attainment 8 scores from the National Pupil Database (NPD), properly powering the study for educational outcomes (MDES = 0.14). Baseline measures will utilise Key Stage (KS) 2 attainment data, with survey measures collected to explore mediating mechanisms.

Implementation and Process Evaluation: Led by Ipsos, a mixed-methods IPE will examine implementation fidelity, causal mechanisms, and contextual factors. This includes annual teacher surveys, monitoring data on action groups and RP implementation, case studies in six schools across all four years, and systematic assessment of usual practice in control schools. The IPE specifically addresses previous limitations by collecting comprehensive fidelity data to enable CACE analysis.

Alongside this evaluation, the London School of Hygiene and Tropical Medicine (LSHTM) are also running an evaluation focused on health outcomes of the intervention.

This design represents the optimal approach for several reasons:

- Cluster randomisation preserves the whole-school nature of the intervention
- Four-year follow-up captures the full intervention period plus sustained effects
- Mixed-methods IPE enables both quantitative fidelity assessment and qualitative exploration of mechanisms
- Coordination with the parallel health evaluation maximises efficiency whilst minimising school burden
- Robust data linkage procedures address previous attrition issues with regards to pupil attainment outcomes

The evaluation will generate crucial evidence on whether integrated approaches addressing school climate, relationships, and student participation can deliver sustained improvements in educational outcomes for all pupils, with particular attention to impacts on disadvantaged learners.

Intervention

Overview

Learning Together for Mental Health (LTMH) is a whole-school intervention that combines RP approaches with participatory action groups to improve school climate, student wellbeing, and educational attainment. The programme is delivered over three years with schools encouraged to continue implementation independently in a fourth year.

Theoretical Rationale (Why)

LTMH is grounded in the Theory of Human Functioning, which suggests that improving students' practical reasoning skills, strengthening commitment to school values, and reducing boundaries

between students and staff leads to enhanced educational and wellbeing outcomes. The programme logic model indicates this will be achieved through:

- Increasing student participation in school decision-making through action groups
- Fostering positive relationships through RP
- Implementing evidence-based interventions tailored to school needs
- Improving peer and student-teacher relationships

These mechanisms are expected to erode traditional boundaries, enhance students' sense of belonging, and ultimately improve both mental health and academic attainment.

Recipients (Who)

The programme's primary beneficiaries are students in Years 7-11, aged 11-16, who experience the full implementation of RP, participate in or benefit from action groups, and engage with selected evidence-based interventions. For the evaluation, the cohort beginning in Year 8 in the 2026/27 academic year will be followed through the rest of their secondary school journey to Year 11 in 2029/30, capturing both the immediate and sustained impacts of the intervention on their wellbeing and academic outcomes.

The evaluation follows a single cohort from Year 8 to Year 11, however other year groups also experience elements of the intervention. Action groups may include representatives from other year groups throughout the implementation period, ensuring diverse perspectives and whole-school engagement. RP training will also benefit pupils in all year groups.

While students are the primary focus, the intervention recognises that meaningful change requires engaging the entire school community. All school staff therefore become secondary beneficiaries, receiving RP training introduces them to the programme, and the concept of RP for managing challenging situations. This universal staff engagement supports consistency in approach across the school and prevents the intervention from being seen as an isolated initiative rather than a fundamental shift in school culture.

The programme is specifically designed for state-funded, mainstream secondary schools in England who do not run similar programmes in their school. To ensure schools have genuine investment in the programme's success and to support the provision of evidence-based interventions, participating schools are asked to contribute £1,200 only in the first year, which covers the entire programme delivery. This contribution represents a meaningful but manageable commitment that signals schools' readiness to engage fully with the programme whilst acknowledging the financial pressures facing the education sector.

Materials (What)

Schools participating in the LTMH programme receive a comprehensive suite of resources designed to support systematic implementation across all phases of the intervention. The foundation of the programme begins with professional development, with all school staff receiving 2-3 hours of training to establish a shared understanding of RP principles and approach. Selected staff members, typically 2-5 individuals including at least one member of the Senior

Leadership Team (SLT), participate in an intensive three-day in-depth training programme that equips them to lead restorative conferences and champion the approach within their schools. In-depth trainings will take place online and include up to 20 participants in each.

To ensure sustained implementation beyond the training period, schools are provided with printed and digital written summaries of all training materials, allowing staff to revisit key concepts and strategies as needed. Central to the programme's participatory approach is a comprehensive manual containing detailed guidelines for establishing and running action groups. Schools also receive the necessary instruments to conduct baseline student needs surveys, with results compiled into a tailored 'needs assessment report' (NAR) that provides data-driven insights into their specific student population's wellbeing, experiences, and priorities.

Based on these identified needs, schools can select from an evidence-based menu of interventions that includes the Bounce Forward SEL curriculum - which replaces previous less effective SEL provisions - alongside additional evidence-based programmes aligned with local priorities. While some of these interventions carry additional associated costs, they provide schools with flexibility to address their unique contexts and challenges. The resource package is completed with practical tools for implementation, including comprehensive resources for embedding RP approaches throughout the school and templates for action planning and policy review that guide schools through the process of translating insights into concrete institutional changes.

Procedures (What)

Years 1-2: Place2Be Facilitated Delivery

The programme begins with essential groundwork at the end of Year 7 / start of Year 8, when a comprehensive baseline needs assessment survey is administered online to all students. This timing allows schools to analyse survey results as they come back in the new school year, identifying school-specific priorities that will shape their implementation approach. Armed with this data, each school form their own action group - the engine of school change - bringing together 6-8 diverse students and 4-6 staff members, ensuring representation from the SLT to guarantee institutional buy-in and decision-making authority.

The autumn term of 2026/2027 school year marks the beginning of formal programme delivery, starting with professional development that establishes a shared foundation across the school community. All staff participate in 2-3 hours of online RP training, ensuring universal understanding of the programme's core principles. Concurrently, selected staff members - typically 3-5 individuals including at least one SLT member - undertake intensive three-day training that develops their expertise in facilitating restorative conferences and leading cultural change within their schools.

Throughout Years 1 and 2 of the programme, action groups meet twice per term in each school - six times annually - with meetings facilitated by Place2Be practitioners who bring external expertise and maintain programme fidelity. In the third year of delivery, the Action Group facilitation is carried out by a school staff member, group reflective practice is offered to these leads by Place2Be Facilitators for a year.

The action groups work systematically to develop inclusive action plans for their school that translate identified needs into concrete changes, reviewing and amending school policies, implementing RP across the school, selecting appropriate interventions from the evidence-based menu, and addressing local priority areas revealed by the needs assessment.

Simultaneously, RP becomes embedded in daily school life through two complementary approaches: All teaching staff undertake the 2-3 hour introductory training for RP, this primary approach focuses on adopting restorative language and approaches in daily interactions across the school. This includes using empathetic communication when addressing behaviour, employing restorative questioning (e.g., "What happened?", "Who has been affected?") actively listening to students' perspectives and de-escalation of minor conflicts. This practice is supported by the 2-5 staff members who complete the intensive three-day training. These staff members will also conduct the secondary, more formal, restorative conferences in response to more serious or consistent conflicts, bringing together those who caused or experienced harm to prevent recurrence. While primary practices focus on prevention and everyday interactions, secondary practices provide a formal process for addressing major conflicts that cannot be resolved through classroom-level approaches alone.

Year 3: Transition to School-Led Delivery

The third year represents a critical transition as schools assume greater ownership of the programme. School staff who have developed expertise over the previous two years now facilitate action groups themselves, applying the skills and knowledge built through Place2Be's support. Student representation in the Action Groups may change each year, with students from the target year group included throughout. While direct facilitation shifts to school staff, Place2Be practitioners continue providing reflective practice support, ensuring quality is maintained as schools develop independence.

The established rhythm of two to six annual meetings continues, providing consistency as leadership transitions. Schools that have experienced significant staff turnover (i.e. more than two staff who have taken part in in-depth training leave) among those trained in in-depth RP, receive additional intensive training to maintain programme capacity at no additional cost to the school. This scaffolded withdrawal of external support ensures schools can sustain the programme whilst maintaining fidelity to core principles.

Year 4: Independent Continuation (Optional)

In the fourth year, schools are encouraged to continue programme implementation independently, having embedded the practices and structures over the previous three years. This coincides with the evaluation cohort entering Year 11 and preparing for their GCSEs, allowing the research to capture any sustained effects of the intervention on academic outcomes.

While no external support is provided from Place2Be during this period, schools that choose to continue, demonstrate the programme's sustainability and the successful transfer of ownership from external facilitators to the school community itself. This graduated implementation model - from fully supported to independent delivery - reflects best practice in sustainable school change, encouraging that improvements in school climate and student outcomes persist beyond the formal intervention period.

Providers (Who)

Place2Be serves as the primary delivery organisation, bringing valuable experience from piloting the intervention in four schools and now undertaking the ambitious scale-up to 70 intervention schools.

L30 Relational Systems delivers the intensive three-day training programme for selected school staff and will include Place2Be Facilitators in that training, to ensure consistency of delivery across the different elements of the intervention

Place2Be facilitators form the backbone of ongoing implementation support, providing continuous guidance throughout the first two years of delivery. Their responsibilities include facilitating action group meetings, where their external perspective helps maintain focus and momentum, and leading reflective practice sessions that help school staff develop confidence and expertise in programme delivery. This sustained support model ensures that schools receive consistent, high-quality guidance as they navigate the complexities of whole-school change.

As the programme progresses, school staff increasingly take ownership of delivery, reflecting the intervention's commitment to sustainable, embedded change. Following their training, school staff integrate RP approaches into their daily interactions with students, fundamentally shifting the school's relational culture.

Those who complete the intensive training take on additional responsibilities, conducting restorative conferences to address major conflicts and modelling advanced practice for colleagues. Restorative conferences are voluntary facilitated conversations between a victim of harm or conflict and the person responsible, with the aim of repairing the harm inflicted.

Staff also lead the implementation of evidence-based interventions selected from the programme menu, ensuring these align with identified school needs. From Year 3 of programme onwards, school staff assume responsibility for facilitating action groups, marking the transition from external support to internal ownership and demonstrating the programme's success in building local capacity for sustained improvement.

Format and Location (How and Where)

The intervention combines various delivery formats. Training is delivered through a blended model, with all staff completing 2-3 hours of online RP training for accessibility and efficiency, whilst 2-5 selected staff attend intensive three day-long online sessions that develop deeper expertise through practical skills development and peer learning.

Action groups meet face-to-face within school settings, creating safe spaces for collaborative decision-making between students and staff. RP becomes embedded throughout the school day, from informal empathetic communication in daily classroom interactions to formal restorative conferences addressing significant conflicts. Evidence-based interventions selected from the programme menu are delivered according to their specific programme specifications, ensuring fidelity to proven approaches.

All activities take place within school premises during the academic year, minimising disruption and ensuring the intervention integrates naturally into school life rather than requiring additional venues or out-of-hours commitments.

Dosage (When and How Much)

The LTMH programme operates over a four-year timeline from September 2026 to July 2030, with delivery concentrated in the first three years and optional continuation in the fourth. Training intensity is front-loaded to establish strong foundations, with all staff completing 2-3 hours of RP training in Year 1, whilst 2-5 selected staff members undertake intensive three-day training .

Recognising the reality of staff mobility in schools, the programme includes provisions for replenishing in-depth training in Years 2 and 3 for schools experiencing high staff turnover, ensuring continuity of expertise. Regular reflective practice sessions in year 3 of the programme supports the staff member taking on the role of facilitator of the Action Groups.

In each of the treatment schools, action groups maintain a consistent rhythm throughout the intervention, meeting six times per academic year -twice per term - for approximately 60-90 minutes per session. Each group brings together 6-8 students with 4-6 staff members, creating an intimate but diverse forum for collaborative decision-making. The timings of these sessions (e.g. within class time or outside lessons) will depend on what is more feasible for the school.

The support structure follows a graduated withdrawal model that builds school capacity for independent delivery. Years 1-2 provide full external facilitation of Action Groups and support from Place2Be; Year 3 transitions to reflective practice support only; and Year 4 enables completely independent delivery, allowing schools to demonstrate sustainable programme embedding. This dosage and support aims for sufficient intensity for meaningful change whilst building schools' capacity for long-term sustainability.

Tailoring and Adaptation

LTMH endeavours to strike a balance between maintaining programme fidelity and responding to individual school contexts. The intervention's design distinguishes between core components that ensure programme integrity and adaptable elements that allow schools to address their unique needs and priorities.

The programme's non-negotiable core components include RP training for all staff to establish a universal foundation of understanding, alongside intensive in-depth training for 3-5 carefully selected staff members who will champion advanced practice. The formation and regular meeting of action groups provide the participatory mechanism for school change driven by student needs data expressed through the initial survey. Finally, all schools are guided to evidence-based interventions in the manual provided, though the specific interventions chosen may vary according to local needs.

Within this framework, schools have considerable flexibility to adapt the programme to their context. Schools select from the intervention menu based on their needs assessment results, ensuring that additional support directly addresses identified priorities. They are also able to choose other relevant interventions outside of the menu of intervention that may be better suited

to their local context. They determine which specific policies require review and amendment based on their institutional context and student feedback.

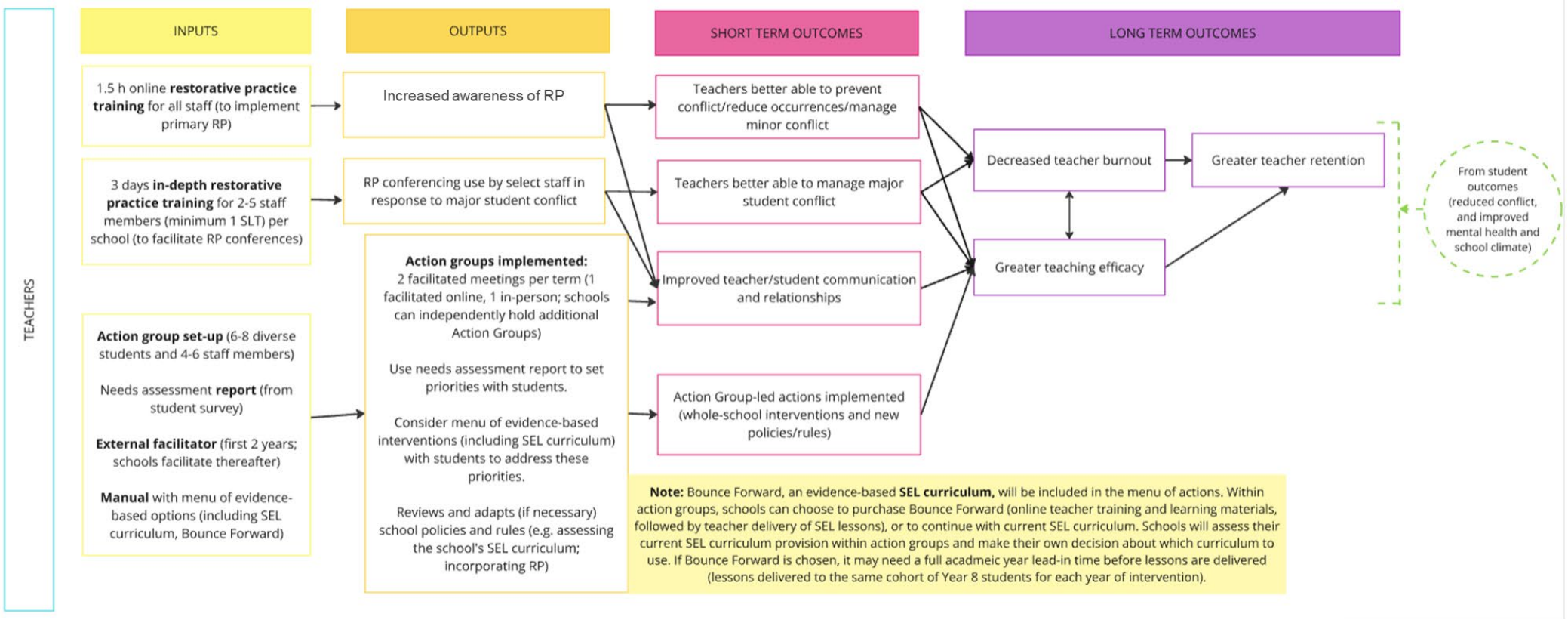
The Bounce Forward SEL curriculum which was previously a core component of the intervention now remains in the menu of interventions as optional, allowing schools to choose whether this particular approach aligns with their needs. Schools can also adjust the timing and scheduling of action group meetings to fit within their term structure and timetable constraints and have discretion in selecting which staff members receive intensive RP training, provided they meet the basic parameters including SLT representation for both intensive training and sitting on the action group.

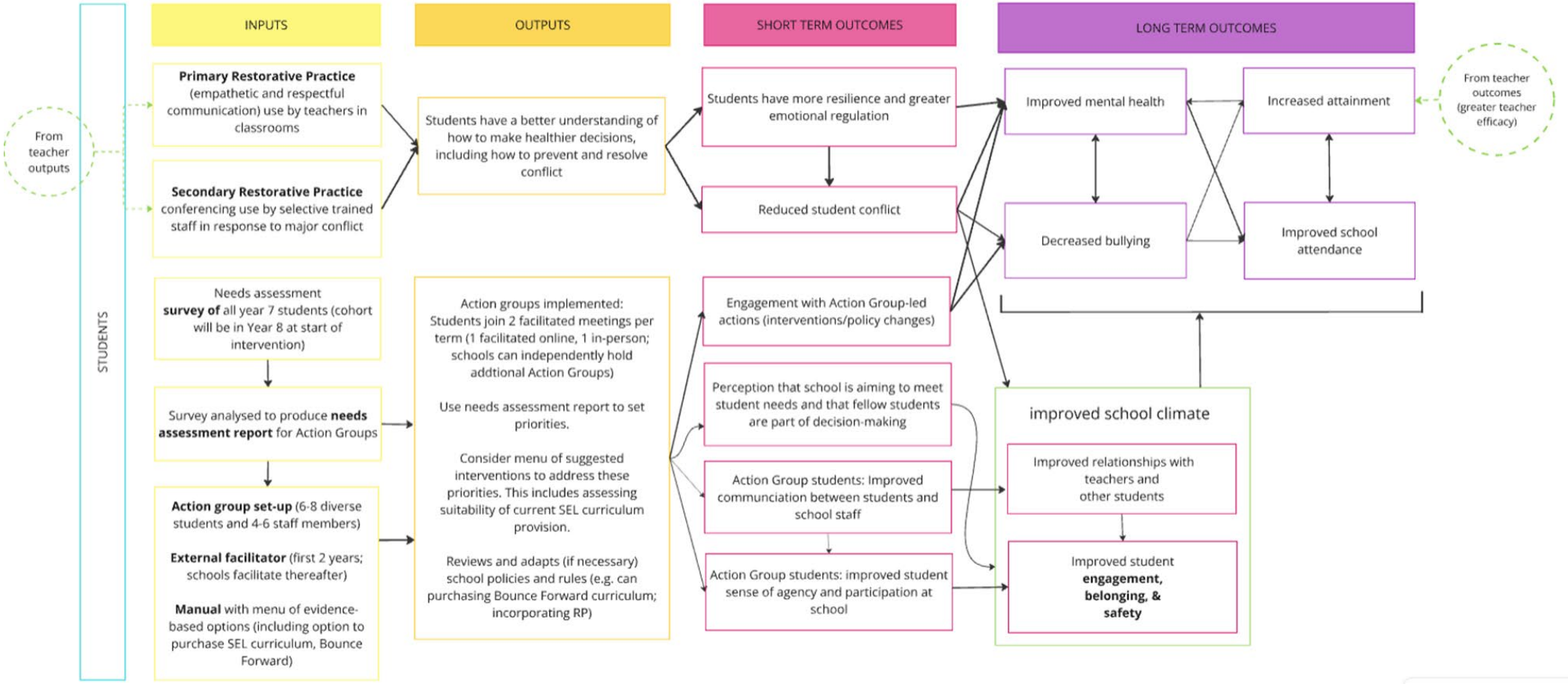
Programme Delivery Dates

Task	Timeframe
Recruitment Period	Spring-Summer 2026
Baseline assessment	Summer term 2026
Intervention delivery	September 2026 – July 2029
Optional continuation	September 2029 – July 2030

Logic Model

Figure 1: Logic Model




STUDENTS
From teacher outputs
INPUTS
OUTPUTS
SHORT TERM OUTCOMES
LONG TERM OUTCOMES
Primary Restorative Practice (empathetic and respectful communication) use by teachers in classrooms
Secondary Restorative Practice conferencing use by selective trained staff in response to major conflict
Students have a better understanding of how to make healthier decisions, including how to prevent and resolve conflict
Students have more resilience and greater emotional regulation
Reduced student conflict
Improved mental health
Increased attainment
Decreased bullying
Improved school attendance
From teacher outcomes (greater teacher efficacy)
Needs assessment survey of all year 7 students (cohort will be in Year 8 at start of intervention)
Survey analysed to produce needs assessment report for Action Groups
Action group set-up (6-8 diverse students and 4-6 staff members)
External facilitator (first 2 years; schools facilitate thereafter)
Manual with menu of evidence-based options (including option to purchase SEL curriculum, Bounce Forward)
Action groups implemented: Students join 2 facilitated meetings per term (1 facilitated online, 1 in-person; schools can independently hold addtional Action Groups)
Use needs assessment report to set priorities.
Consider menu of suggested interventions to address these priorities. This includes assessing suitability of current SEL curriculum provision.
Reviews and adapts (if necessary) school policies and rules (e.g. can purchasing Bounce Forward curriculum; incorporating RP)
Engagement with Action Group-led actions (interventions/policy changes)
Perception that school is aiming to meet student needs and that fellow students are part of decision-making
Action Group students: Improved communciation between students and school staff
Action Group students: improved student sense of agency and participation at school
improved school climate
Improved relationships with teachers and other students
Improved student engagement, belonging, & safety

Key mechanisms

In addition to the logic model included above, the mechanisms are important to the success of the programme. These are:

Action Group mechanisms:

- Participation in Action Groups improves communication and relationships between students and staff, leading to stronger student sense of school belonging and engagement
- All students knowing that their needs data was used to make school changes gives them an improved sense of agency/participation and belonging at school
- Implementation of whole-school interventions and policy changes (from evidence-based menu guided by school needs data) leads to improved student mental health and school climate

Restorative Practice mechanisms:

- Training all school staff in primary restorative practice leads to better student-student and teacher-student relationships, allowing greater teacher efficacy, improved school climate and reduced teacher burnout
- Training select staff in secondary restorative practice for major conflicts reduces conflict, improves teacher efficacy and reduces teacher burnout

Pathways to improved attendance and attainment:

- Reduced conflict and bullying create an improved sense of safety at school, meaning students are better able to engage in learning and/or improved attendance, leading to improved attainment
- Improved teacher-student relationships, leads to improved belonging and engagement with learning, improved attainment OR improved attendance, and therefore improved attainment
- Improved sense of school belonging means students will be more willing to engage with learning AND/OR improved attendance leading to improved attainment
- Improved mental health means students are better able to attend school leading improved attainment AND/OR better able to engage with learning and therefore improved attainment
- Improved teacher efficacy means students receive higher quality teaching leading to improved attainment
- Enhanced school climate (overall 'feel' of the school based on values, relationships, teaching practices and organisational structure) reciprocally improves all above factors means students more likely to attend school and better able to achieve leading to increased attainment

Impact evaluation design

Research questions

Number	Research question	Primary/secondary
IE-RQ1	What is the impact of LTMH on GCSE attainment 8 scores, relative to scores of pupils in control schools?	Primary
IE-RQ2	What is the impact of LTMH on secondary outcomes (GCSE maths and English scores) and attendance and exclusions rates relative to pupils in control schools?	Secondary
IE-RQ3	Is the impact of LTMH on GCSE Attainment 8 scores mediated, in part, by changes in pupil mental health and wellbeing, attendance, school belonging, engagement and safety and experience of bullying?	Secondary
IE-RQ4	Does the impact of LTMH on GCSE Attainment 8 scores vary as a function of compliance with the intervention?	Secondary
IE-RQ5	Do pupils eligible for free school meals in schools where LTMH is being implemented achieve superior Attainment 8 scores compared to pupils eligible for free school meals in control schools?	Secondary

Design

Table 1: Trial design

Trial design, including number of arms		Two-arm, cluster randomised
Unit of randomisation		School
Stratification variables (if applicable)		Socioeconomic disadvantage (%FSM) Progress 8 scores %SEN
Primary outcome	**Variable**	GCSE attainment
	Measure (instrument, scale, source)	Attainment 8 (KS4_ATT8) Source: National Pupil Database
Secondary outcome(s)	**Variable(s)**	1. GCSE Maths 2. GCSE English 3. Attendance 4. Exclusions
	Measure(s) (instrument, scale, source)	Source: National Pupil Database 1. GCSE Maths (KS4_APMAT) 2. GCSE English (KS4_APENG) 3. Attendance in Y10 and Y11(overallabsence_annual) 4. Exclusions (fixed term and permanent)

Baseline for primary outcome	**Variable**	Baseline attainment
	Measure (instrument, scale, source)	Baseline attainment (KS2_KS2READAPS & KS2_KS2MATPS)
Baseline for secondary outcome	**Variable**	Baseline attainment, attendance and exclusions
	Measure (instrument, scale, source)	KS2_KS2READAPS KS2_KS2MATPS Attendance in Y7 overallabsence_annual) Exclusions in Y7 (fixed term and permanent)

This study will be a pragmatic, cluster-randomised efficacy trial comparing LTMH with standard practice (control condition) in secondary schools in England.

Schools allocated to the intervention arm of the trial will receive LTMH as described above, delivered by Place2Be. Schools allocated to the control arm of the trial will continue to deliver their standard approach to improving school belonging, engagement and safety, reducing bullying and improving mental health.

We will estimate the effect of treatment allocation on the primary outcome, GCSE attainment 8 scores in year 11, and on secondary outcomes of GCSE Maths and English scores, attendance and exclusions.

It is important that both intervention schools and the control schools (for their involvement in spite of no direct benefit to the school) are reimbursed. Risks of attrition will be significant with this study due to the long lag between baseline and follow up child-report measures. Therefore, schools will be reimbursed for their involvement in the impact evaluation via the delivery team, with control schools offered a total incentive of £1,000; £500 to be issued after baseline self-report measures are collected in schools and £500 to be issued after completion of follow up self-report measures in schools. Intervention schools will be offered £500 in total: £250 to be issued after baseline measures are complete and £250 after follow-up measures are completed. The value should be contingent on sufficient engagement with the requirements of the trial, evidenced by an 80% completion rate of survey (after accounting for opt-outs and withdrawals).

Participant selection

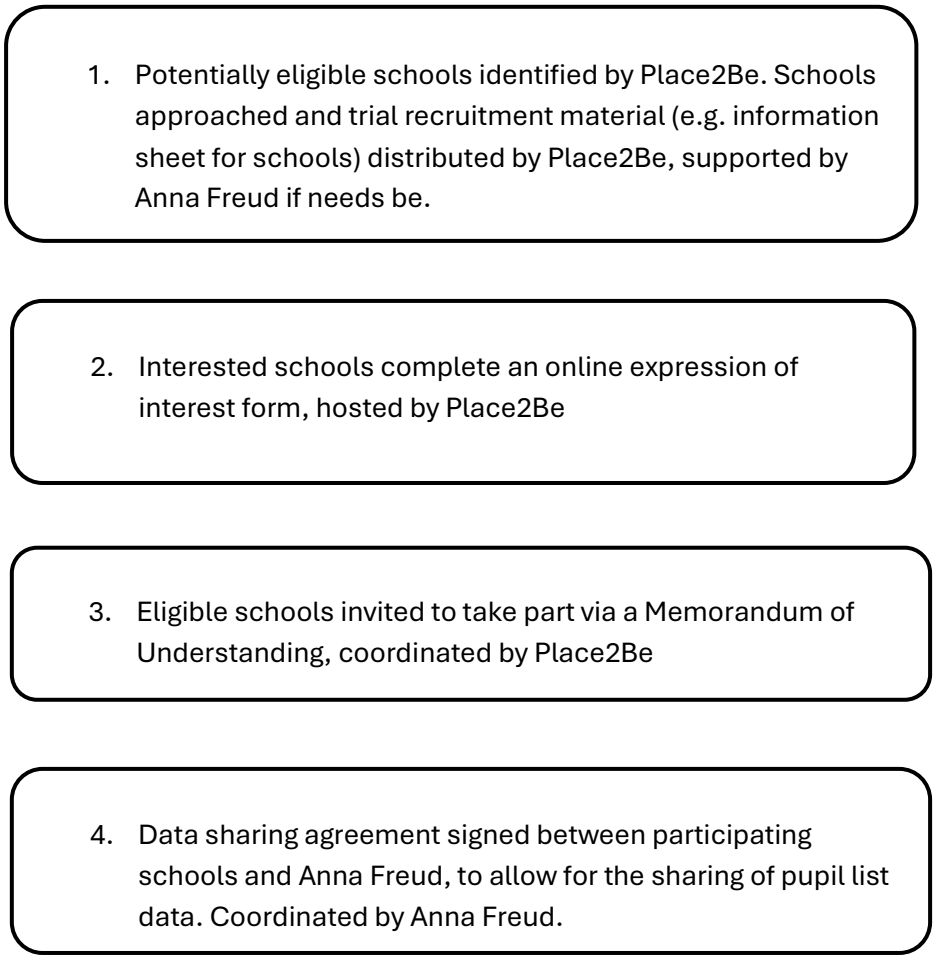
We will recruit 140 secondary schools from across England. Eligible schools will be state-funded, mainstream secondary schools. Students in participating schools who are in Year 7 in the Spring 2026 term will be considered eligible for the impact evaluation. We anticipate that this will be 26,040 pupils in total across the two arms of the trial (estimated to reduce to 22,302 pupils, after accounting for attrition or non-response/withdrawal at the school- and pupil-level).

School recruitment

School recruitment will be led by Place2Be, between January-April 2026, and supported by Anna Freud using existing contacts, Anna Freud social media and Schools in Mind Newsletters (circulation circa 37,000). Interested schools will be asked to complete an online expression of interest (EOI) form, and then officially invited to take part via a Memorandum of Understanding.

Schools who took part in the previous evaluations will be excluded from taking part. Schools will need to complete data sharing agreements and send out consent materials for parents to secure involvement in the programme. Random allocation of schools to the intervention and control arms will take place after baseline measures are completed at the end of Y7 (summer 2026). See Figure 2 for illustration of the school recruitment procedure.

Figure 2. School recruitment procedure



Survey procedure

Baseline and midline measures will serve both the health and education evaluations and will be completed online in Year 7 and Year 10 by pupils at school using University College London's (UCL) Research Data Collection Service (REDCap). REDCap is a secure web-based application for building and managing online surveys and databases and accessible through Anna Freud's partnership with UCL. The use of REDCap automatically scores and transmits the data, reducing the risk of data entry error. Survey sessions will be facilitated by school staff.

Baseline surveys will be completed by pupils in Year 7 between May-July 2026. Following the signing of a data sharing agreement (see Figure 1, step 4), schools will be asked to share pupil lists with Anna Freud. Pupil lists will contain the following fields: pupil forename and surname, Unique Pupil Number (UPN), date of birth, gender, ethnicity, eligibility for free school meals and

Special Educational Needs Status. Pupil lists serve three purposes: 1) creating unique survey log-in passwords for each participating pupil; 2) collecting the demographic information needed for the needs assessment reports that will be created for schools, based on the pupil survey data, in order to help them identify areas of need in their pupils and select interventions accordingly; and 3) providing information unique to each young person to facilitate requests for data from the National Pupil Database. Schools will be asked to share updated pupil lists again when pupils are in Year 10, for the midline pupil survey.

After the informed consent process (see below for details), schools will receive a list of unique pupil survey passwords via an encrypted file and notified about any pupils who has been opted out by their parents/carers. Schools will need to schedule survey sessions in their school between May-July 2026, they may wish to book IT suites or handheld tablets. School staff who are facilitating survey sessions will be provided with information about how to introduce survey sessions to pupils and guidance on how to prepare for and run survey sessions, including a script that they can use.

Schools in the intervention arm of the trial will receive their aggregated pupil needs assessment report in the Autumn 2026 term from Place2Be (needs analysis carried out by LSHTM).

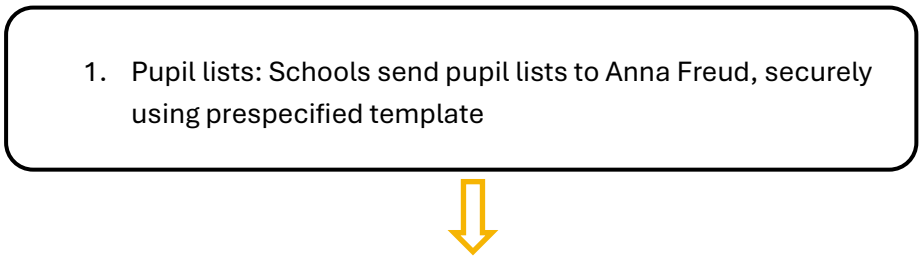
Informed consent

Schools will be provided with information sheets and opt-out forms for parents/carers, by Anna Freud. Schools will contact parents/carers of Year 7 pupils via their typical communication channels to inform them about the evaluation (share information sheets and privacy notices) and to give them the opportunity to withdraw their child if they wish (opt-out consent). Parents who would like to withdraw their child from the impact evaluation will do so by contacting Anna Freud directly, by email, post or telephone. Information sheets and opt-out information should be sent to parents/carers as early as practicable, at least 4 weeks before survey sessions are scheduled. The 4-week period includes: a 2 week opt-out period for the parents, and a further 2-week period for the Anna Freud data manager to get back to schools regarding any opt-outs and to allow for any delays in opt-out letters reaching Anna Freud.

Through this process, parents who are happy for their child to take part in the impact evaluation are giving their consent in 2026, for both baseline and midline pupil surveys.

Students will be asked to give assent to take part in the evaluation during the survey session and they may also stop completing the survey at any point during the survey session if they wish.

Figure 3. Survey procedure



2. Informing parents/carers: Schools send information sheets and privacy notices to parents/carers of Year 7 pupils, at least 4 weeks before survey sessions are scheduled to take place

3. Opt-out period: Parents who wish to do so, contact Anna Freud to withdraw their child from the impact evaluation (pupil survey)

4. Pupil passwords: Anna Freud provides list of unique pupil survey passwords to schools, notifying schools about opt-outs

5. Survey preparation: Schools schedule survey sessions (e.g. booking IT rooms or tablets), prepare pupil passwords for distribution etc.

6. Survey sessions: Pupils complete the online survey between May-July 2026

7. Randomisation: After pupil surveys are completed, schools are randomly allocated to the intervention or control arm

8. Needs assessment reports (for intervention schools only): Intervention schools receive their needs assessment report in Autumn 2026

Outcome measures

Primary outcome

The primary outcome will be GCSE attainment in Year 11 (Attainment 8; a composite measure based on a student's best eight GCSE results), sourced once it becomes available from the National Pupil Database (NPD; KS4_ATT8) in Spring 2031. We will submit an application to access NPD data in the Autumn term 2030/31. If approved, we will access NPD data via the Office for National Statistic's Secure Research Service (SRS). We will upload the pupil survey data (see explanatory mechanisms, below) to the SRS too and link it to the NPD variables using UPNs.

We will control for baseline pupil attainment, attendance and exclusions (Key Stage 2 reading and maths) in the analysis, which will also be sourced from the NPD as part of the above request (see Statistical analysis, below).

Secondary outcomes

Secondary outcomes will also be sourced from the NPD in 2031 and include:

1. GCSE Maths (KS4_APMAT)
2. GCSE English (KS4_APENG)
3. Attendance in Y10 and Y11(overallabsence_annual)
4. Exclusions (fixed term and permanent)

We will control for baseline pupil attainment (Key Stage 2 reading and maths) in the analysis, which will also be sourced from the NPD as part of the above request (see Statistical analysis, below).

Explanatory mechanisms

A number of hypothesised explanatory mechanisms will be measured using a battery of brief, well-validated questionnaires to be completed by pupils via an online survey (see above) at two time points: once when they are in Year 7 (May-July 2026, baseline) and again when they are in Year 10 (May-July 2029, midline). Explanatory mechanisms are based on hypothesised short- and long-term outcomes defined in the logic model (figure 1). Questionnaires 1-7 below will be completed by pupils via the online survey and pupils' attendance in Year 10 (point 8 below) will be requested from the NPD as described above.

The pupil survey will also include an additional five questionnaires to serve the needs assessment and health evaluation.

All questionnaire measures selected have established reliability, validity, utility/practicability and acceptability for this age group.

1. Psychological difficulties: Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; 2001), Total Difficulties Score. The SDQ total score is calculated by summing the scores from four of the five SDQ subscales (emotional difficulties, conduct problems, hyperactivity/inattention, peer problems). Each subscale comprises 5 items, each rated on 3-point Likert scale ranging from 0 'not true' to 2 'certainly true'. High SDQ total scores indicate greater difficulties. We will also use the SDQ impact supplement, which measures the extent to which a young person's difficulties is affecting their daily life and functioning. The SDQ impact score is calculated using five questions about overall distress caused by difficulties and the extent of impairment on everyday life, each of which are rated on a four-point Likert scale ranging from 0 ;Not at all' to 3 'A great deal'. Higher SDQ impact scores are indicative of the respondent's psychological difficulties having a great impact on their functioning.

2. Emotional difficulties, conduct problems, peer problems and prosocial behaviour: Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; 2001), subscales. Each subscale comprises 5 items, each rated on 3-point Likert scale ranging from 0 'not true' to 2 'certainly true'. High scores on SDQ subscales indicate greater difficulties, except for the prosocial scale where high scores indicate fewer difficulties.

3. Wellbeing**:** Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; Stewart-Brown et al., 2009). The SWEMWBS comprises 7 statements which ask young people to describe their experiences over the past two weeks. Responses are on a 5-point Likert scale, ranging from 1 'none of the time' to 5 'all of the time'. Scores range from 7 to 35 and higher scores indicate higher positive mental wellbeing.

4. Bullying victimisation**:** Gatehouse Bullying Scale (GBS; Bond, Wolfe, Tollit, Butler and Patton, 2007). The GBS is a 12-item validated measure of experiences of being bullied (e.g. name-calling, being left out, violence from other pupils) over the past 3 months. For each type of victimisation, respondents are asked to indicate the frequency of victimisation (Most days/About once a week/Less than once a week) and how upsetting it was for them (Not at all/A bit/I was quite upset). Higher scores represent more frequent, upsetting bullying.

5. Cyberbullying: Two items adapted from the DAPHNE II questionnaire.

6. School climate**:** Student Resilience Survey (SRS; Sun and Stewart, 2007; Lereya et al., 2016). The SRS is a 47-item measure comprising 12 subscales measuring students' perceptions of their individual characteristics as well as protective factors embedded in the environment. In order to measure pupil perception of the school climate we will use two subscales from the SRS: the school connection and peer support subscales. The school connection subscale comprises 4 items (e.g. "At school, there is an adult who really cares about me") and the peer support subscale comprises 12 items (e.g. "Are there students at your school who would ask you to join in when you're all alone"), responses to which range from 1 'never' to 5 'always'. High scores on each subscale indicates a greater sense of school connection and peer support, respectively.

7. School belonging: Two items selected from the Global Kids Online toolkit (Global Kids Online, 2020), which are rated on a four-point Likert scale, ranging from 1 'Not true for me' to 4 'Very true for me'. These statements are 'I feel like I belong in my school.' And 'I feel safe at school.' Additionally, one item from the Avon Longitudinal Study of Parents and Children (ALSPAC) will be used: 'Other students accept me as I am.' (Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree).

8. Attendance in Year 10 (overallabsence_annual)

Additional measures for the needs assessment and health evaluation

1. Eating behaviour (including disordered eating): Eating Disorders Examination Questionnaire Short (EDE-QS; Fairburn and Beglin, 1994; Gideon, Hawkes, Mond, Saunders, Tchanturia and Serpell, 2016). The EDE-QS is a 12-item measure, derived from the EDE-Q, designed to assess the range, frequency and severity of behaviours associated with a diagnosis of an eating disorder. The EDE-QS includes 10 questions about the frequency of behaviours which are rated on a four-point Likert scale ranging from 0 '0 days' to 3 '6-7 day'. It also includes two questions about respondents' feelings about themselves, which are rated on a four-point Likert scale ranging from 0 'Not at all' to 3 'Markedly'.

2. Self-harm: One item from the Health Behaviour in School-aged Children (HBSC) measure: "In the last month have you deliberately hurt yourself in some way, such as cut or hit yourself on purpose or taken an overdose?". This item has a binary response format (yes/no). If respondents select 'yes', they are asked how often. Frequency of self harm is rated on a 5 point scale ranging from everyday to once in the last month.

3. Substance misuse: Four items from the Health Behaviour in School-aged Children (HBSC) measure, covering tobacco, e-cigarette, alcohol and cannabis use in respondents' lifetime and in the last 30 days. Responses are given on a seven-point Likert scale, ranging from 1 'never' to 7 '30 days (or more)'.

4. Healthcare utilisation: Three items from the Myriad CASUS resource use questionnaire (reduced; Kuyken et al, 2022), covering the frequency of overnight stays in hospital for mental health reasons, appointments with Child and Adolescent Mental Health Services (CAMHS) and appointments for counselling. Responses are given on a three-point scale (No, 1-2 times, 3 or more times).

5. Health related quality of life: The Child Health Utility 9D (CHU-9D; Stevens, 2011) is a generic preference-based measure of health-related quality of life suitable for 7 to 17 year olds, allowing the calculation of utility scores and to estimate quality adjusted life years (QALYs) for use in cost utility analysis

Sample size

Table 2: Sample size calculations

		Overall		FSM	
		No attrition	**With expected attrition**	**No attrition**	**With expected attrition**
Minimum Detectable Effect Size (MDES)		0.14	0.14	0.11	0.12
Pre-test/ post-test correlations	level 1 (pupil)	0.32		0.32	
	level 2 (class)	-		-	
	level 3 (school)	0.44		0.44	
Intracluster correlations (ICCs)	level 2 (class)	-		-	
	level 3 (school)	0.14		0.07	
Alpha		0.05		0.05	
Power		0.8		0.8	
One-sided or two-sided?		Two-sided		Two-sided	
Average cluster size		186 (177 with attrition)		40 (38 with attrition)	
Number of schools	Intervention	70	63	70	63
	Control	70	63	70	63
	Total	140	126	140	126
Number of pupils	Intervention	13,020	11,151	2,800	2,268
	Control	13,020	11,151	2,800	2,268
	Total	26,040	22,302	5,600	4,536

Table 3: Expected attrition

	School level	**Pupil level**
Expected attrition (%)	10%	5%

After accounting for attrition, we are powered to achieve an MDES of 0.14 by evaluating 126 schools (63 per arm) and 22,302 pupils (11,151 per arm). This was calculated using PowerUp! software, assuming:

- Alpha = 0.05, two-sided test
- Power = 0.80
- School-level randomisation, with equal allocation to intervention and control groups
- Including all pupils in the intervention and control groups

- 5% pupil-level attrition (we will link attainment and attendance data from the National Pupil Database, which minimizes risk of missing outcome data), and 10% school-level attrition (based on past experience of conducting school-based trials)
- Average cluster size of 186 pupils per school, based on the median Year 8 cohort size in state-funded UK secondary schools (177 pupils after accounting for pupil-level attrition)
- Pre/post-test correlations of 0.32 (pupil level) and 0.44 (school level), based on a previous EEF trial that used Attainment 8 scores (EEF, 2018) and FFT's recommendations (Thompson, 2025)
- An MDES of 0.14, based on the effect size observed in the INCLUSIVE trial (former programme name).
- ICC of 0.14, based on the ICC at the analysis stage in the INCLUSIVE trial

We previously tested MDES estimates with different numbers of schools (ranging from 100 to 180) and ICC values of 0.22 and 0.14, reflecting ICC at the randomisation and analysis stages in the INCLUSIVE trial, respectively. Results are summarised in a Table 3 below.

We are also powered to detect an MDES of 0.12 in our subgroup analysis of pupils eligible for Free School Meals (FSM), based on a total of 126 schools (after attrition, 63 per arm) and 4,536 FSM-eligible pupils (2,268 per arm). Our estimate is based on the following assumptions:

- Average cluster size of 40 pupils eligible for FSM per school, based the INCLUSIVE trial (38 after accounting for pupil-level attrition)
- ICC of 0.07, based on the ICC at the analysis stage in the INCLUSIVE trial for FSM-eligible students
- Other assumptions matching those used in the overall sample calculations above

Results:

Table 4. MDES estimates based on a range of ICCs and number of schools

Scenario	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
ICC	0.14	0.22	0.14	0.22	**0.14**	0.22	0.14	0.22	0.14	0.22
R-squared (school-level)	0.44	0.44	0.44	0.44	**0.44**	0.44	0.44	0.44	0.44	0.44
R-squared (student-level)	0.32	0.32	0.32	0.32	**0.32**	0.32	0.32	0.32	0.32	0.32
Number of schools (inclusive of 10% attrition)	100 (90)	100 (90)	120 (108)	120 (108)	**140 (126)**	140 (126)	160 (144)	160 (144)	180 (162)	180 (162)
MDES	0.171	0.212	0.156	0.193	**0.144**	0.179	0.134	0.167	0.127	0.157

Randomisation

We will randomise at the cluster (school) level, following the completion of eligibility, informed consent, and baseline data collection procedures. The randomisation sequence will be generated from random numbers generated in the R software for statistical computing (R Core Team, 2021), using a blocked, random stratified sequence and pre-loaded into the REDCap data management platform, which will be used for data collection.

The randomisation sequence will be stored but concealed within the REDCap data capture system. When all information relevant for stratification has been inputted, a researcher has the option to initialise randomisation. This will allow the allocation to be revealed within the REDCap system. Researchers will not be able to view the previous or next treatment assignment. A full audit trail of the randomisation process will be securely stored within REDCap, with restricted access to ensure data integrity and participant confidentiality.

Randomisation will be stratified by three school-level baseline characteristics:

1. Socioeconomic disadvantage: percentage of pupils eligible for Free School Meals (EVERFSM), categorised as below vs. at/above the national median for England in the relevant academic year.

2. Attainment: school mean Progress 8 score, categorised as below vs. at/above 0 (the national reference point).

3. SEND prevalence: proportion of pupils recorded as having special educational needs and disabilities (SEND), categorised as below vs. at/above the national median for England.

This produces 8 strata (2 × 2 × 2) allocated on a 1:1 basis to the two arms.

Researchers will conduct randomisation at two points during the school survey period, once at the beginning of June 2026 and again in mid-July 2026. Randomisation in two blocks will allow more schools to plan ahead as much as possible for programme delivery and is an incentive for schools to complete baseline testing more quickly. Researchers conducting the analysis will be blind to treatment allocation.

Statistical analysis

Primary and secondary outcome analysis

The primary outcome analysis will include all participants randomised, regardless of their level of intervention engagement (intention-to-treat). We will used a mixed-effects regression model to estimate the effect of treatment allocation (i.e. schools allocated to LTMH vs. schools allocated to business as usual) on GCSE Attainment 8 scores, whilst accounting for clustering by schools. We will control for baseline KS2 Reading and Mathematics scores as pupil-level covariates. Other covariates include design characteristics (e.g. intervention start time) and stratification variables (proportion of SEN pupils, socioeconomic disadvantage and school-level Progress 8 scores) as per EEF guidance. We will replicate this model for secondary outcomes (English and Maths GCSE scores, attendance rates, and exclusion rates). Analysts will be blind to treatment allocation.

Effect size estimation

We will calculate Hedges' g using the adjusted mean difference from the mixed models and the pooled, unadjusted standard deviation of each outcome variable. 95% confidence intervals will be estimated using cluster-robust standard errors. For attainment outcomes, effect sizes will also be converted to months' progress, following the EEF conversion framework.

Sub-group Analyses

Following EEF guidance, we will assess whether the treatment effect differs for students eligible for FSM, using the EVERFSM_6_P indicator from the NPD. Two models will be used: (1) a restricted-sample model estimating the treatment effect among FSM students only, and (2) an interaction model including the full sample, with a treatment*FSM interaction term to test for differential effects. Effect sizes will be reported for both the restricted and interaction models, with comparisons included in a supplementary analyses.

We will also run subgroup analyses by gender, ethnicity, EAL and SEN status, given that markers of school engagement (targeted by LTMH through RP) differ by demographic variables (Department for Education, 2025). We will apply FDR correction applied where appropriate.

Non-Compliance

We will conduct a Complier Average Causal Effect (CACE) analysis to estimate treatment effects among those who engaged meaningfully with the intervention.

Compliance will be defined at the school level using a binary implementation index, based on staff surveys and interviews to evaluate sustained/discontinued intervention components. A two-stage least squares (2SLS) approach will be used, with random allocation as a predictor of compliance at stage one, followed by expected compliance as a predictor of the primary outcome. Compliant schools may meet the criteria for 'high' or 'moderate' compliance, depending on the extent to which they meet the thresholds in Table 5. To be considered highly compliant, schools must meet all of the binary indicators in Table 5. For schools to be classified as moderately compliant, they will need to meet five indicators from variables 1 to 9, with at least two coming from variables 6 to 9.

Table 5: Measures indicating fidelity for CACE analysis

Variable	Threshold	Data collection method
1. Forming an action group	Has an action group with student and staff members been formed?	AG facilitator monitoring data
2. Number of meetings held by the AG	An average above 1.6 per active term	AG facilitator monitoring data
3. AG staff membership diversity by seniority	SLT attendance at least 1-2 meetings per year.	AG facilitator monitoring data

4. Whether AG reviewed the NAR	Whether or not the AG review the NAR	AG facilitator monitoring data
5. Whether any school rules or policies were revised or reviewed	Whether or not school rules or policies are reviewed in response to LTMH	AG facilitator monitoring data
6. All teaching staff RP training attendance	School-lead reports more than half qualified teaching staff attended training (Likert scale none, some, more than half, most, all)	RP training instructor monitoring data
7. Intensive RP training attendance	Minimum 2 staff attendance of training	RP training instructor monitoring data
8. RP conference implementation	Whether or not the school has nominated someone responsible for the RP conference process	AG facilitator monitoring data
9. RP conference implementation	Has the school carried out any restorative meetings since this time last year? [should have had at least one]	Annual teacher survey (from the lead only)
10. Whether AG choose at least one action (from the evidence-based menu or otherwise)	By year 1 they have chosen an action from the evidence-based menu (or otherwise). In subsequent years evidence of implementation of at least one action/intervention	AG facilitator monitoring data
11. RP training coverage of topics intended	RP training coverage of 90% of the content intended	RP training instructor monitoring data

Robustness checks and additional analyses

To test the robustness of the primary outcome analysis, we will conduct the following sensitivity analyses:

- Model specification: re-estimating the primary model with pupil-level covariates (gender, ethnicity, EAL, and SEN status), design variables (e.g., intervention start dates, stratification variables), school-level covariates (socioeconomic disadvantage based on FSM, school-level Progress 8 scores, SEN status, and area-level covariates) and covariates that are unbalanced between the intervention and control groups at baseline.
- Attrition: comparing pupils retained vs. those lost at our primary end-point on Attainment 8 scores and key covariates, and re-running the primary outcome analysis excluding those attributed to test sensitivity to non-response.
- Missing data: Comparing complete-case and multiple imputation models to assess the impact of missingness assumptions.

- Compliance: Comparing ITT results with a CACE estimate using 2SLS, with compliance defined at school level.
- Subgroup analysis: Exploring treatment effects across key subgroups (e.g., FSM, gender, ethnicity, EAL, and SEN status).

To explore causal mechanisms, we will conduct path analyses to assess mediation via intermediate outcomes such as school attendance, bullying exposure, school connectedness (i.e. relationships with teachers and peers), belonging, and mental health/wellbeing. Indirect effects will be estimated with bootstrapped confidence intervals.

Missing Data

We will report patterns and extent of missing data, and assess missing data mechanisms using Little's MCAR test and logistic regressions predicting missingness on the outcome using baseline covariates. If data are deemed Missing at Random (MAR), we will use Multiple Imputation by Chained Equations using the MICE package in R to impute missing GCSE outcomes. Imputation models will include predictors of missingness and all variables from the primary analysis model, following EEF guidance.

Implementation and process evaluation (IPE) design

Research questions

The IPE research questions are structured according to key implementation dimensions to complement and contextualise the quantitative impact findings from the impact evaluation. These questions directly support the logic model by examining how the implementation of RP and action groups in schools leads to improved school climate, reduced bullying, and enhanced mental health, which in turn are the mechanisms through which improved academic attainment are achieved. The IPE will identify the factors that influence successful implementation and explore how these inputs generate the intended intermediate and final outcomes.

Table 6: IPE research questions

Number	Research question	Domain
RQ6	• RQ6a: To what extent is LTMH delivered with fidelity across different schools? What are the key barriers/facilitators to high fidelity implementations? • RQ6b: How and to what extent are RP implemented by staff (trained using in-depth RP training) in classrooms and in response to major conflict? • RQ6c: To what extent is primary RP training supporting greater awareness and acceptability of RP among teaching staff?	Fidelity / Adherence

RQ7	• RQ7a: How do action groups function in practice to identify school priorities, use the needs assessment, and select interventions from the evidence-based menu? • RQ7b: Do schools choose to sustain any programme elements in Y10 and Y11? If so, what motivates and enables them to continue practices like action groups and restorative approaches? • RQ7c: To what extent has the programme been adapted to local contexts? • RQ7d: Which elements of LTMH are most challenging to implement well and should potentially be adapted for future scalability? • RQ7e: To what extent are the interventions and priorities identified by action groups actually implemented by schools? What factors facilitate or hinder the translation of action group decisions into practice?	Adaptation
RQ8	• RQ8a: How frequently are action groups taking place per term? • RQ8b: To what extent is RP used in the school by teachers that have received in-depth training? • RQ8c: What is the rate and variation in application of different interventions from the menu within and between schools? • RQ8d: Is the level of intervention sufficient to bring about significant change? What do teachers and school leaders feel would be sufficient if not? • RQ8e: In years three and four how often are schools taking up support from the delivery partner? And what does this support look like? • RQ8f: How many schools are delivering additional in-depth training in years 2 and 3? How many staff are taking part?	Dosage
RQ9	• RQ9a: How satisfied are the teachers with the all staff training received? How satisfied are the teachers with the in-depth training? • RQ9b: To what extent do all students feel their voices are heard and needs addressed throughout this process?	Quality
RQ10	• RQ10a: To what extent are all students aware of the programme being run in their school? • RQ10b: What are the experiences of disadvantaged students who participate in the programme? Are there any unique barriers or facilitators to their engagement and any differential impacts for this subgroup?	Reach
RQ11	• RQ11a: How do staff attitudes and behaviours change after receiving training? What factors explain any variability in staff responsiveness to the training and ability to implement RP? • RQ11b: To what extent do action group students feel their voices are heard and needs addressed through the action group process? • RQ11c: How do all students that were involved in resolution of major conflict and who are not part of the action group feel about their needs being assessed / met as part of the programme?	Responsiveness

RQ12	• RQ12: What does "business as usual" look like in intervention and control schools over the 4 years i.e. initiatives that may overlap with LTMH components?	Programme differentiation / monitoring of control group
RQ13	• RQ13a: What is the perceived impact of LTMH on communication and relationships, pupils' sense of belonging, and overall school climate from the perspectives of students and teachers? • RQ13b: To what extent do teachers feel that LTMH is contributing to their ability to prevent minor conflict, manage pupil conflict, decrease burnout, improve efficacy, and support retention?	Perceived impact
RQ14	• RQ14a: What are the perceived cost benefits for LTMH, and how does this compare to findings from the previous evaluation? • RQ14b: How do the cost of the menu of interventions impact uptake?	Costs
RQ15	• RQ15a: What appear to be the most essential components of LTMH for improving school climate and student outcomes? How does this vary for socioeconomically disadvantaged students? • RQ15b: What are the key barriers to implementing RP effectively according to teachers?	Context / moderators
RQ16	• RQ16: To what extent do teachers perceive that bullying has reduced and mental health has improved compared to pre-intervention levels? Do these perceived changes appear to be mechanisms for increasing student attendance, learning engagement and attainment, as theorised in the logic model?	Mediators
RQ17	• RQ17a: What elements of the intervention will be/have been maintained following the delivery? • RQ17b: Is the programme sustainable for schools in the long term?	Sustainability

Research methods

The IPE employs a mixed-methods approach with annual data collection over four years to understand whether and how the programme's logic model mechanisms function in practice. Data will be collected from a single cohort of pupils as they move from Year 8 through to Year 11, with Year 11 being a light touch data collection focusing on sustainability and continuation of the programme. We will use multiple data sources to triangulate findings and strengthen the validity of our conclusions about implementation processes and their relationship to outcomes. This approach will enable us to assess fidelity, understand contextual factors influencing implementation, and provide evidence for CACE analysis. Data collection will be conducted by the Ipsos team with Professor Cremin's expertise in RP informing the IPE material design and interpretation of findings, particularly around the quality and fidelity of RP implementation.

Control schools data collection

Annual Usual Practice Survey (Y8-Y11):

An online survey will be administered to one SLT member in all 70 control schools each April/May to understand business-as-usual practices and potential contamination. This timing is selected because it is near the academic year end, allowing us to capture any programmes that have been ongoing throughout the year, whilst avoiding June exam pressures when school responsiveness usually decreases. This light-touch survey will collect information on programmes and approaches that may overlap with the LTMH intervention. This will include whole-school approaches, and policies that support pupil mental health and wellbeing, programmes that steer away from punitive approaches towards restorative ones, school belonging and engagement initiatives, bullying prevention strategies, and attendance and attainment improvement programmes. By systematically documenting these activities, we can understand the counterfactual and identify any control schools inadvertently implementing LTMH-like components.

Annual Follow-up Interviews (Y8-Y11):

The annual BAU survey will be used to identify up to five control schools that report implementing practices similar to LTMH components. The schools selected for follow up may differ each year, as selection will be based on that year's BAU survey responses. Semi-structured telephone interviews (30-45 minutes) will be conducted with SLT members from these selected schools to explore their practices in greater depth. This method allows us to understand the extent and nature of any contamination in a control group and document how schools are implementing restorative approaches or whole school mental health initiatives independently of the LTMH programme. These interviews will probe specifically into how any LTMH-like activities are being delivered, their scope and intensity, and whether they constitute genuine programme overlap or just superficial similarities. This responsive approach ensures we capture the most relevant information each year, as schools may adopt or discontinue practices over the course of the trial. Survey responses alone may not capture the nuances of implementation that distinguish full LTMH delivery from partial or different approaches.

Treatment schools data collection

Annual Teacher Surveys (Y8-Y11):

Online surveys administered to teachers involved in delivering RP (n=12 per school, 840 in total). The first survey will be administered at the beginning of Y8 (after randomisation and before RP training), then at the end of Y8, Y9, and Y10. The survey will gather data on:

- Awareness of the intervention processes
- Fidelity and reach of RP and other LTMH component implementation
- Uptake of interventions from the LTMH menu
- Attitude/behaviour changes after receiving training and delivering LTMH, and reasons why
- Ability to prevent conflict/reduce occurrence and improve teacher-pupil communications/relationships
- Perceived impacts on teacher efficacy, wellbeing, retention and school climate
- Experiences of embedding LTMH into school practices and key barriers/facilitators

- Any changes to business as usual (BAU)

In Y11, a lighter version of the survey will be administered to reduce burden on schools during the exam year. One SLT member per intervention school will complete the survey, focusing on BAU and continued delivery of all programme components (including restorative practices, action groups and menu interventions)

Monitoring Data on Training:

Secondary analysis of monitoring data routinely collected from Place2Be's training delivery will be conducted. This will include:

- Training attendance sheets documenting which staff members attended the all staff RP training and the in depth RP training
- Training satisfaction data collected from participants after each training session
- Activity logs documenting training delivery details and any adaptions made
- Training facilitator logbooks
- Action Group chair logbooks

This data will be collected after trainings take place in years 1, 2 and 3 to assess fidelity, dosage, and reach of training / support provided. Audio recordings of training sessions may also be collected for quality assurance purposes.

If refresher training is delivered for schools with high staff turnover, attendance and satisfaction data will also be collected for these sessions. The monitoring data will help establish whether schools meet minimum compliance thresholds, including the minimum number of staff trained and participation in both levels of training.

Monitoring Data on Action Groups:

Place2Be will collect termly monitoring data from schools using a data capture template that records: policies reviewed/amended, menu interventions selected, action plan creation, meeting occurrence, staff/pupil attendance, pupil diversity, group length, and instances of secondary RP use. This data collected by Place2Be will be shared with the evaluation team for quarterly quality checking and annual analysis.

Integration with Impact Evaluation Survey Data

Descriptive analysis of pupil survey data from the impact evaluation (including school belonging, school climate, bullying, and wellbeing measures collected at Y7 and Y10) will be integrated into the IPE analysis. This enables triangulation between quantitative trends across all schools and qualitative insights from case studies, strengthening our understanding of programme impacts (particularly for RQ13 on perceived impacts) and mechanisms of change.

Case study schools

Six treatment schools will be purposively sampled after randomisation based on: single/mixed sex, proportion of FSM students, Progress 8 scores, proportion of students with SEND, and rural/urban location. Given the four-year duration of the study, if more than one school drops out

we will attempt to replace them to ensure a minimum of 5 case studies. We will attempt to replace them with schools with similar characteristics to maintain the diversity of the sample.

The case study methodology will include annual data collection activities across the six purposively sampled treatment schools from Year 8 through Year 11, with Year 11 involving lighter-touch data collection focused primarily on sustainability. Most intensive data collection will occur in Years 8-10, with activities scheduled throughout each academic year to capture the evolution of implementation. Some activities are one-off (such as RP training observations in Year 8 only), while others are repeated annually to track change over time (such as SLT interviews and action group observations).

The following table provides a detailed overview of all case study activities:

Table 7: Case study schools methodology overview

Method	Purpose	Timing	Sample size per school (total)	RQ addressed
Strategic document review	Schools will be asked to provide key documents that outline their context, including behaviour policies, anti-bullying policies, and mental health and wellbeing strategies. These documents will help to build a picture of the schools existing approaches, particularly their use of punitive versus restorative measures.	Y8 (renewed as required)	N/A	RQ12
RP training observation	Observation guides will be developed, with Professor Cremin's support, to observe the in depth training sessions. This will allow for fidelity of the training model to be assessed, alongside participant engagement and responsiveness, and initial satisfaction with the training.	Y8	1 day or 2 half days (discussed with Place2Be)	RQ6
Post training teacher focus group (60 minutes)	In both years, these will explore teachers' immediate experiences of the training, their confidence in implementing RP approaches, and views on techniques they wish to take forward.	Y8 Y10	6-8 staff (n=6 FGs, 60 staff)	RQ6,9,11
RP trainer interview (45-60 minutes)	These will capture trainers' perceptions of training fidelity, any adaptations made to meet school needs, and participant responsiveness.	Y8	1 trainer (n=6)	RQ6,9
Place2Be facilitator interviews	These will examine implementation support provided, fidelity to the model, reach of the programme,	Y8, Y9	1 facilitator (n=12)	RQ6,7

(45-60 minutes)	adaptations made, and barriers and facilitators encountered.			
SLT and school programme lead interviews (60 minutes)	These will explore how LTMH aligns with existing policies and practices, the implementation process and any adaptations, perceived impacts on staff and pupils, key barriers and facilitators to delivery, and perceptions of cost-benefit. Y11 interviews will specifically explore how delivery varies and what elements are sustained.	Y8, Y9, Y10, Y11	1 SLT (n=24)	RQ6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17
Action group observations	These will capture pupil and staff engagement, power dynamics and relationships, and the decision-making process including use of needs assessments and menu selection.	Y8, Y9, Y10	1 observation (n=18)	RQ6, 7, 8, 9, 10, 11
Follow up focus groups with Action Group members (45 minutes)	These will explore members' experiences, perceived impact on school climate, how needs assessments inform decisions, facilitators and barriers to effective functioning, and any unintended consequences.	Y8, Y9, Y10	1 FG with 6-8 students 1 FG with 4-6 staff (n=36)	RQ6, 7, 8, 9, 10, 11, 13, 16
Secondary analysis of minutes and monitoring data for Action Groups	This will capture frequency, attendance and actions recorded by the group throughout the year.	Y8, Y9, Y10	N/A	RQ6, 7, 8, 9, 10, 11, 13, 16
Student interviews (30 minutes)	These will understand students' experiences of restorative conferences, perceived fairness and impact, and whether they feel their needs were addressed	Y8, Y9, Y10	2 students recipient of secondary RP (n=36)	RQ6, 8, 9, 10, 11, 13, 15, 16
Role play recordings	These will assess whether in-depth training improves classroom communication by comparing pre- and post-training dialogue patterns through role plays. These will be analysed using an adaptation of Cremin's Restorative Dialogue coding framework.	Y8, Y9, Y10	1 role play recording from all case study schools per year from 1 SLT with full training, 1 teacher involved in action groups and 1 teacher with minimal training (n=18)	RQ6, 8

Most IPE data collection will conclude in Y10 to minimise burden and reduce costs, with Y11 focusing on routine monitoring data and light-touch surveys.

Analysis

These analysis approaches were selected to provide both breadth (through quantitative surveys across all schools) and depth (through qualitative case studies) in understanding implementation. The mixed-methods approach enables triangulation to strengthen validity of findings, while the deductive framework ensures alignment with the IPE research questions and theory of change. All recordings and transcripts will be stored on Ipsos's protected servers with restricted access, ensuring data protection compliance. The platform operates within Ipsos's secure infrastructure, meaning no data is shared with external AI providers, maintaining full confidentiality of participant information.

Quantitative analysis

Quantitative IPE data from monitoring forms and teacher surveys will be analysed using descriptive statistics to summarise fidelity measures and assess changes in teacher knowledge, attitudes, and behaviours over time. Implementation indices have been developed for use in CACE analysis. These will be confirmed in more detail as part of the SAP.

Qualitative analysis

Qualitative data from interviews, focus groups, and observations will be analysed using thematic coding in NVivo, following a structured approach:

- Fieldwork notes: All researchers will complete a 'fieldwork notes' document immediately after each focus group, interview, or observation. These light-touch notes will capture initial impressions and contextual details that transcripts may not cover, such as body language, group dynamics, and environmental factors

- Analysis grid: An analysis framework will be created in NVivo that covers key themes aligned to the IPE research questions. The grid will include columns for anticipated themes (e.g., fidelity, barriers, facilitators, perceived impact) plus an 'other' column to capture emerging themes not initially anticipated. Researchers will first transcribe their interviews/focus groups using Ipsos Facto, then review transcripts for accuracy. Within one week of fieldwork completion, researchers will code the transcripts in NVivo, extracting and categorising relevant excerpts and key points into the appropriate columns of the analysis grid, rather than inserting full transcripts. This approach allows for systematic comparison across interviews while maintaining the richness of qualitative data.

- Weekly analysis meetings: During fieldwork periods, the research team will hold weekly meetings to discuss emerging findings. Any key themes identified in the 'other' column will be reviewed and, if significant, added as formal columns in the analysis grid for all subsequent data collection.

- Post-fieldwork analysis session: After each year's fieldwork completion, we will conduct analysis sessions with all fieldworkers and key project team members to discuss key findings and themes whilst insights are fresh. These annual sessions will ensure continuous learning

and prevent knowledge loss over the four-year evaluation period. At the end of the project, we will hold a comprehensive final analysis session bringing together all fieldworkers and key team members to synthesise findings across all four years. This will inform the report structure and ensure all team members have shared understanding of the longitudinal findings and how implementation evolved over time.

- Observation and recording protocols: All observations will be recorded (audio where appropriate) and transcribed. Observation notes will follow the same fieldwork notes process, with researchers documenting both structured observation data and reflective notes immediately post-observation.

The approach will be primarily deductive, guided by the IPE research questions and pre-defined themes aligned to the framework. It will also incorporate inductive elements to capture themes that emerge naturally from the data that have not been anticipated, including unintended consequences and other unexpected findings.

Each of the six case study schools will have a dedicated project file that tracks their implementation journey across all four years. Within each school file, data will be organised by year (Y8, Y9, Y10, Y11) and data type (interviews, focus groups, observations, documents) to enable clear tracking of how implementation evolves over time. This structure will allow us to develop individual school narratives showing their unique trajectory. Annual summaries will be created for each school to capture their implementation story at each timepoint, enabling both within-school longitudinal analysis and cross-sectional comparisons between schools at specific stages.

During weekly analysis meetings, any emerging themes identified through the inductive process will be discussed and incorporated into the analytical framework if significant.

A sample of transcripts will be independently scored by two researchers to establish inter-rater reliability.

Case study analysis

Within-case analysis will be conducted for each of the six schools, drawing on multiple data sources to understand programme implementation in specific contexts. Each year's analysis will build on the previous year's findings, creating a cumulative understanding of implementation trajectories. During annual analysis sessions, we will compare current year data with previous years, documenting changes in implementation quality, adaptations made, emerging challenges, and evolving impacts. By Year 11, we will have documented three years of implementation change, enabling us to identify critical turning points, phases of implementation (e.g., initial enthusiasm, implementation dips, embedding of practice), and factors that distinguish schools with sustained success from those facing ongoing challenges.

Systematic cross-case comparison will then identify overarching themes, assess contextual influences, and provide insights into essential components for success. These individual case study outputs will be integrated into the final evaluation report to show how LTMH operates in different school contexts and evolves over the four year period. This approach ensures that both the unique stories of individual schools and the common patterns across schools are captured and reported.

Role play recordings

Role play recordings will be analysed using an adaptation of Cremin's Restorative Dialogue coding framework[1], which examines the quality and nature of dialogue in schools to identify restorative communication patterns. In the case study schools, members of the action groups will be asked to participate in role play scenarios with teachers who have received the in-depth RP training. This exercise should be quite similar to the role play that will likely be used during training.

This approach will include the following:

- Framework development: A coding framework based on Cremin's work that identifies specific restorative communication markers including active listening, inclusive language, conflict de-escalation strategies and other restorative dialogue patterns

- GenAI implementation: Ipsos Facto (Ipsos's proprietary GenAI platform, which utilises the latest Claude model or the most current model available at the time of analysis, as these evolve rapidly), will be programmed with specific prompts to identify and code these communication patterns. Ipsos Facto will be trained to recognise and categorise dialogue according to the framework categories.

- Quality assurance: Our quality assurance process will ensure rigorous analysis despite using GenAI for efficiency. Ipsos, in collaboration with Prof Cremin, will begin with initial manual coding of a sample of transcripts to develop and refine the AI prompts, ensuring they accurately capture the nuances of restorative dialogue. This human coding will be front-loaded, with intensive comparison between AI and human-coded outputs continuing until we are certain the prompts are working effectively and consistently capturing the required dialogue patterns. Once this validation phase confirms the AI's accuracy, we will shift to regular, random quality assurance checks on up to 10% of outputs to ensure ongoing reliability. Ipsos Facto will be required to provide specific timestamps and quotes from the role plays to support all coding decisions, allowing researchers to verify interpretations. If divergence occurs between AI and human coding, we will refine prompts and reprocess affected transcripts, with additional human review if needed. All recordings will be anonymised immediately upon receipt to protect participant confidentiality. This comprehensive quality assurance approach enables us to analyse 18 role play recordings cost-effectively while maintaining the analytical rigour necessary for robust evaluation findings.

Integration and triangulation

Findings will be triangulated across data sources, with qualitative insights explaining quantitative results. Integration of IPE and impact evaluation findings will provide insights into how implementation variability explains outcomes and identify key mediators. The analysis will directly test the logic model by examining whether reduced bullying and improved mental health mediate the relationship between LTMH implementation and academic attainment. This will be

[1] Cremin, 2019, BERA presentation

achieved through triangulation of multiple data sources: quantitative survey data from all schools at Y10 (measuring bullying, mental health, and attendance as potential mediators) will be analysed, while qualitative data from case study schools (teacher interviews, student focus groups, and action group observations) will explore participants' perceptions of whether and how improvements in school climate and mental health translate into better engagement and academic outcomes. This mixed-methods approach enables both statistical testing of mediation and rich contextual understanding of how these mechanisms operate in practice.

Table 8 (overleaf) provides an overview of the IPE methods.

Table 8: IPE methods overview

IPE dimension	RQ addressed	Research methods	Data collection methods	Sample size and sampling criteria	Data analysis methods
Fidelity / adherence	RQ6a. To what extent is LTMH delivered with fidelity across different schools? What are the key barriers/facilitators to high fidelity implementations?	Mixed methods	Annual teacher surveys (all treatment schools); SLT interviews; monitoring data from Place2Be (all treatment schools)	All treatment schools (n=70); case study SLT interviews (n=6)	Descriptive statistics; thematic analysis; implementation index development
	RQ6b. How and to what extent are RP implemented by staff (trained using in-depth RP training) in classrooms and in response to major conflict?	Observation; survey; SLT interview	Role play recordings; annual teacher surveys (all treatment schools); RP training observations	Case studies (n=6); 18 role play recordings (treatment schools); all teachers with in depth training across treatment schools (n=840)	GenAI-assisted coding using Cremin's framework; descriptive statistics
	RQ6c. To what extent is primary RP training supporting greater awareness and acceptability of RP among teaching staff?	Survey SLT interview RP trainer interview Monitoring data on training Observations	Annual teacher surveys (all treatment schools); post training focus groups	All treatment teachers (n=840); case study focus groups (n=6)	Descriptive statistics; thematic analysis

Adaptation	RQ7a. How do action groups function in practice to identify school priorities, use the needs assessment, and select interventions from the evidence-based menu?	Observation Document analysis	Action group observations; monitoring data (all treatment schools); follow-up focus groups	Case studies (n=6); All treatment schools monitoring data	Thematic analysis; Cross-case comparison
	RQ7b. Do schools choose to sustain any programme elements in Y10 and Y11? If so, what motivates and enables them to continue practices like action groups and restorative approaches?	SLT interviews Survey	SLT interviews; Y11 light-touch surveys (all treatment schools)	Case study SLT (Y10-Y11); All treatment schools for Y11 surveys	Thematic analysis; descriptive statistics
	RQ7c. To what extent has the programme been adapted to local contexts?	Interview Focus group	SLT interviews; teacher focus groups; Place2Be facilitator interviews	Case study schools (n=6); facilitator interviews (n=12)	Thematic analysis; Cross-case comparison
	RQ7d. Which elements of LTMH are most challenging to implement well and should potentially be adapted for future scalability?	Interview Focus group	SLT interviews; teacher focus groups	Case study schools (n=6)	Thematic analysis; Cross-case comparison
	RQ7e. To what extent are the interventions and priorities identified by action groups actually implemented by schools? What factors facilitate or	Observation Document analysis Focus groups	Action group observations; monitoring data (all treatment schools); follow-up focus groups; Action group member focus groups	Case studies (n=6); All treatment schools monitoring data Case study pupils (n=36 focus groups)	Thematic analysis; Cross-case comparison

	hinder the translation of action group decisions into practice?				
Dosage	RQ8a. How frequently are action groups taking place per term?	Document analysis	Action group monitoring data (termly) (all treatment schools)	All treatment schools (n=70)	Frequency analysis; descriptive statistics
	RQ8b. To what extent is RP used in the school by teachers that have received in-depth training?	Observation Survey	Role play recordings; annual teacher surveys (all treatment schools with in-depth trained staff)	Teachers with in-depth training; 324 recordings	Frequency analysis; Gen-AI assisted coding
	RQ8c. What is the rate and variation in application of different interventions from the menu within and between schools?	Document analysis	Monitoring data on menu interventions (all treatment schools)	All treatment schools (n=70)	Descriptive statistics; Variation analysis
	RQ8d. Is the level of intervention sufficient to bring about significant change? What do teachers and school leaders feel would be sufficient if not?	Interview Survey	SLT interviews; Annual teacher surveys (all treatment schools)	Case study SLT (n=24); all treatment school teachers (n=840)	Thematic analysis; descriptive statistics
	RQ8e. In years three and four how often are schools taking up support from the delivery partner? And what does this support look like?	Document analysis Interview	Monitoring data from Place2Be (all treatment schools); SLT interviews (Y10-Y11)	All treatment schools (n=70); case study SLT	Frequency analysis; thematic analysis

	RQ8f. How many schools are delivering additional in-depth training in years 2 and 3? How many staff are taking part?	Document analysis	Training attendance sheets from Place2Be	All treatment schools (if refreshers occur)	Descriptive statistics
Quality	RQ9a. How satisfied are the teachers with the all staff training received? How satisfied are the teachers with the in-depth training?	Survey Focus group	Teacher surveys; post training focus groups	All treatment teachers (n=1020); case study focus groups (n=6)	Descriptive statistics; comparative analysis; thematic analysis
	RQ9b. To what extent do all students feel their voices are heard and needs addressed throughout this process?	Focus group Interview	Action group member focus groups; pupil interviews	Case study pupils (n=36 focus groups)	Thematic analysis
Reach	RQ10a. To what extent are all students aware of the programme being run in their school?	Survey Focus group	Teacher surveys; student focus groups	All treatment schools; case study pupils	Descriptive statistics; thematic analysis
	RQ10b. What are the experiences of disadvantaged students who participate in the programme? Are there any unique barriers or facilitators to their engagement and any differential impacts for this subgroup?	Interview Focus group	Student interviews; Action group focus groups with FSM-eligible pupils	Purposive sampling of FSM-eligible pupils in case studies	Thematic analysis with equity lens

Responsiveness	RQ11a. How do staff attitudes and behaviours change after receiving training? What factors explain any variability in staff responsiveness to the training and ability to implement RP?	Survey Focus group	Pre/post training teacher surveys; post-training focus groups	All treatment teachers (n=1020); case study teachers	Pre-post comparison; Thematic analysis
	RQ11b. To what extent do action group students feel their voices are heard and needs addressed through the action group process?	Focus group Observation	Action group member focus groups; Action group observations	Case study AG members (n=36 focus groups)	Thematic analysis
	RQ11c. How do all students that were involved in resolution of major conflict and who are not part of the action group feel about their needs being assessed / met as part of the programme?	Interview	Pupil interviews with recipients of secondary RP	Case study pupils (n=36 interviews, 2 per school per year)	Thematic analysis
Programme differentiation	RQ12. What does "business as usual" look like in intervention and control schools over the 4 years i.e. initiatives that may overlap with LTMH components?	Survey Interview	Annual BAU surveys; follow-up interviews	All control schools (n=70); up to 5 interviews/ year	Descriptive analysis; thematic coding

Perceived impact	RQ13a. What is the perceived impact of LTMH on communication and relationships, pupils' sense of belonging, and overall school climate from the perspectives of students and teachers?	Survey Interview Focus group	Teacher surveys; SLT interviews; pupil/teacher focus groups	All treatment schools; case studies	Thematic analysis; descriptive statistics
	RQ13b. To what extent do teachers feel that LTMH is contributing to their ability to prevent minor conflict, manage pupil conflict, decrease burnout, improve efficacy, and support retention?	Survey Interview	Teacher surveys; SLT interviews	All treatment teachers; case study SLT	Thematic analysis; descriptive statistics
Costs	RQ14a. What are the perceived cost benefits for LTMH, and how does this compare to findings from the previous evaluation?	Interview Document analysis	SLT interviews; cost templates; monitoring data	All treatment schools; case study SLT	Cost-benefit analysis per EEF guidance
	RQ14b. How do the cost of the menu of interventions impact uptake?	Document analysis Interview	Menu intervention cost data; SLT interviews	All treatment schools via Place2Be data	Cost variation analysis
Context / moderators	RQ15a. What appear to be the most essential components of LTMH for improving school climate and student outcomes?	All methods	All data sources with subgroup analysis	All schools; purposive sampling for FSM pupils	Mixed-methods integration; moderator analysis

	How does this vary for socioeconomically disadvantaged students?				
	RQ15b. What are the key barriers to implementing RP effectively according to teachers?	Interview Survey	Teacher surveys; SLT interviews; teacher focus groups	All treatment teachers; case studies	Thematic analysis
Mediators	RQ16. To what extent do teachers perceive that bullying has reduced and mental health has improved compared to pre-intervention levels? Do these perceived changes appear to be mechanisms for increasing student attendance, learning engagement and attainment, as theorised in the logic model?	Mixed methods	Survey data (Y10); qualitative interviews / focus groups	All schools for surveys; case studies for qualitative	Path analysis; thematic analysis
Sustainability	RQ17a. What elements of the intervention will be/have been maintained following the delivery?	Survey Interview	Y11 light touch surveys; SLT interviews (Y11)	All treatment schools; case study SLT	Descriptive statistics; thematic analysis
	RQ17b. Is the programme sustainable for schools in the long term?	Interview Survey	SLT interviews (Y10-Y11); Y11 surveys	All treatment schools; case studies	Thematic analysis; descriptive statistics

Cost evaluation design

The cost evaluation will follow the latest EEF cost evaluation guidance to enable accurate comparisons with other EEF programmes. The previous INCLUSIVE trial evaluation used a different costing methodology, which makes direct comparison difficult; this evaluation will use the standardised EEF approach to ensure comparability across the EEF's portfolio. The evaluation will take the school perspective using the ingredients method based on the programme logic model.

Ingredients identified for the logic model

Based on the LTMH logic model, we have identified the following ingredients across the five categories, each cost-ingredient will be categorised as a pre-requisite, start-up or recurring in the evaluation:

Table 9: Ingredients identified for logic model

Category	Item
Personnel for implementation Implementation of action groups and steps decided on in action groups, implementation of RP	• Staff time for participating in action groups (6-8 staff per group, one group per school, meeting termly) • Staff time for delivering RP that represents additional time beyond normal classroom management and conflict resolution in classrooms • Senior leadership time for programme coordination and oversight • Staff time for implementing selected interventions from the evidence-based menu
Personnel for training Training, including refresher training if applicable	• All staff attendance at RP training (2-3 hours per member of staff) • Selected staff attendance at in-depth RP training (3 days) • Cover costs for staff attending both training sessions • Staff time for any refresher training sessions (if applicable)
Programme costs	• LTMH programme fees to Place2Be to be paid by the school • Costs of selected interventions from the evidence-based menu (variable by school choice) • Place2Be facilitator support costs (time costs)
Facilities, equipment and materials	• Training materials and resources • Action group meeting space (likely existing facilities) • Materials for implementing selected menu interventions • Any resources needed for RP implementation

Other programme inputs	• Administrative support for programme coordination • Costs associated with pupil participation in action groups (if any) • Communication materials for programme awareness

Data collection methods

Cost data will be collected through multiple sources during the implementation period to minimise recall bias:

- SLT interviews in 6 case study schools exploring perceptions of cost-benefit and resource requirements. These will be conducted annually (Y8-Y11) as part of the case study visits, allowing us to capture costs as they occur rather than relying on end-of-programme recall. In Y8, interviews will focus on start-up costs and initial training. Y9-Y10 will capture ongoing implementation costs; Y11 will assess sustainability costs. Should any case study schools withdraw (maximum two replacements allowed), we will ensure continuity by collecting retrospective cost data from replacement schools for the period they have been involved, supplemented by monitoring data from Place2Be to maintain complete cost records.

- Monitoring data from Place2Be on training delivery and support provision, collected termly to ensure accurate recording of all support activities and their associated costs.

- Cost templates completed by case study schools detailing personnel time and additional resources. These templates will be completed termly (three times per academic year) to capture costs contemporaneously while balancing data quality with school burden. Templates will be pre-populated with logic model ingredients and completed by multiple informants: SLT for oversight and coordination, teachers for RP delivery, and administrative staff for support. Time will be recorded as hours per week for regular activities, hours per term for periodic activities, and days for one-off training.

- Menu intervention costs documented by Place2Be to assess differential programme costs, with quarterly updates to capture any price changes or additional interventions selected by schools. Menu costs will be reported separately as a range, showing minimum, maximum, and average spend. Sensitivity analyses will present worked examples for schools with minimal and extensive menu uptake. This approach supports RQ14b by disaggregating menu costs to examine how costs relate to uptake.

This data collection approach ensures accurate capture of the full costs of implementation while minimising the burden on any single staff member.

Costing scope

The intervention will be compared to BAU provision in control schools, as captured through the annual BAU surveys and interviews. This will allow identification of which LTMH resources represent additional costs beyond standard school provision.

For example, if schools already provide some form of conflict-resolution training, only the additional elements of LTMHs' RP approach would be counted as intervention costs. The BAU

data will be collected from all 70 control schools through annual surveys, with follow-up interviews in up to 5 schools reporting LTMH-like practices, documenting existing whole-school mental health approaches, behaviour management strategies, and student voice activities. To ensure objective comparison, we will use a standardised framework that categorises BAU activities by type (e.g., conflict resolution, mental health support, student voice mechanisms) and intensity (hours of training, frequency of activities, staff involved). Only LTMH components that exceed this BAU baseline in either scope or intensity will be counted as additional costs. For instance, if control schools typically provide 2 hours of behaviour management training annually, only the hours beyond this threshold in LTMH's RP training would be considered additional costs. This systematic approach establishes a clear baseline against which LTMH's additional resource requirements will be measured.

Cost per Pupil Calculation

Per-pupil costs will be estimated over three years following EEF methodology.

Determining pupil numbers

LTMH is a whole-school intervention, so the per-pupil calculation will be based on all pupils in the participating year groups (Y7-11). While action groups involve selected pupils, the programmes' logic model assumes that benefits accrue to the entire school population through improved school climate, reduced bullying and enhanced mental health support.

Market prices

Market prices will be used where possible. Ipsos will work with Place2Be to establish market rates for any subsidised elements of the programme, particularly training costs that may be subsidised through the trial. The analysis will include:

- Base cost calculations using the average implementation across all schools.
- Sensitivity analyses to explore cost heterogeneity and uncertainty between schools, including: different combinations of menu interventions selected; variation in how schools manage staff time (within existing hours vs. additional costs); schools requiring different levels of Place2Be support in years 3-4; and schools needing to purchase prerequisites versus those with resources already in place.
- Disaggregated, intervention-specific cost data.
- Triangulation of cost data from multiple sources to ensure accuracy.

Special attention will be paid to cost variation due to differential uptake of menu interventions, enabling assessment of how intervention costs affect uptake (RQ14b).

Ethics and registration

The study received full ethical approval from UCL's research ethics committee in December 2025 (Project ID: 2018). The trial is registered at ISRCTN34801628.

The evaluation adheres to Ipsos' safeguarding and disclosure of harm policy. Dr Ozan and Prof Deighton oversee the study's ethical standards, with Dr Ozan serving on Ipsos' Ethics Group and Disclosure Board.

Schools will be recruited to participate in the trial via the programme delivery team (Place2Be) through their existing school networks and wider advertising to schools. They will provide information to schools on the details of the programme including what school leaders will need to commit to, and the benefits of participation. The evaluation activities to be undertaken as part of the trial will be detailed, along with payment information, how data will be used, and a timeline. Schools will be required to complete an Expression of Interest form and subsequent memorandum of understanding (MoU) to secure involvement in the trial. The MoU will provide details of the LTMH programme and the evaluation. It will outline eligibility requirements for schools and pupils and explain what participation in each of the treatment and control group would entail. The data collection requirements for all schools will be outlined, along with data protection assurances and safeguarding protocols. It will include a privacy notice, consent form, payment information and a more granular timeline for schools.

We will be conducting focus groups, interviews, and observations with a range of audiences. For participants aged over 16, consent for participation in interviews and focus groups at case study sites will be taken and recorded using consent forms prior to commencement. We will also be sharing surveys with teachers and staff. Consent for surveys will be collected via the survey platform prior to completion.

For participants under 16, opt-out parental consent will be used for the impact evaluation, given the whole-school nature of the intervention. This will work by providing parents/carers with full information sheets and privacy notices and them being given a 2-week window to review the materials, ask questions and respond with an opt out. Before beginning the online survey, students are also required to read an age-appropriate information sheet and give their own assent to take part. Opt-in consent will be sought from parents or carers for pupils invited to focus groups or who have been involved in restorative conferences and are invited to take part in interviews with the research team. The evaluation team will also provide pupils with appropriate resources to make them aware of the subject matter to be covered, allowing them to make an informed decision about whether to take part. They will be provided with opportunities to 'opt out' of conversations or answering certain questions if they are not comfortable sharing. Interviews will take place in person in school, or online with the child on a device in school, supervised by a member of staff.

The pupil survey includes questions around sensitive topics such as anxiety, self-harm, depression and eating behaviours. To safeguard students prior to completion, schools will be given appropriate support and guidance so that they are prepared to provide additional support as needed. Teachers and staff facilitating the survey will also be given support to frame the survey well with safeguarding in mind. To safeguard pupils following the survey, pupils will be able to identify that they would like further support from the school (outlined in more detail below) and will be provided with a 'sources of support' sheet referring to external support as well as support in their school.

Prior to survey administration, we will work with each school to ensure they complete the school-specific section of the 'sources of support' sheet that will be provided to all pupils. This sheet will include both external support services (pre-populated by the evaluation team) and internal school support options (to be completed by each school with details of their pastoral team, counselling services, and designated safeguarding leads). The evaluation team will follow up with schools to confirm this information has been added before survey sessions begin, ensuring pupils receive comprehensive and relevant support information immediately after completing the survey.

In addition to these measures, the survey will include three tick boxes for students to flag whether or not they require further support. These tick boxes will outline requirements for 'urgent support', 'non-urgent support', and 'no support required'. Each element will be explained to students clearly, outlining timeframes by which the school will be notified of their need for support.

In terms of qualitative fieldwork, all Ipsos researchers conducting fieldwork will be DBS checked and receive comprehensive briefing on Ipsos' safeguarding and disclosure protocols before entering schools.

Prior to any focus groups or interviews with pupils, participants will be informed that while discussions are confidential for research purposes, researchers have a duty to report any safeguarding concerns to keep them safe. If a safeguarding disclosure occurs during any data collection activity, researchers will follow Ipsos' established disclosure policy: the concern will be immediately reported to Ipsos' Disclosure Board, who will determine appropriate action in consultation with the designated safeguarding lead at the relevant school (contact details for safeguarding leads will be obtained from all participating schools prior to fieldwork).

To ensure pupil safety and appropriate oversight, a member of school staff will be present during all focus groups and interviews with pupils, positioned to provide support while maintaining sufficient distance to allow pupils to speak freely. This staff member will be briefed to intervene only if safeguarding concerns arise or support is needed. Should any disclosure require immediate action to protect a child from harm, researchers will follow both Ipsos protocols and the school's safeguarding procedures, working with the school staff member present to ensure the pupil receives appropriate support without delay.

Data protection

Ipsos, as the lead contractor, will be ultimately responsible for data protection, ensuring compliance with GDPR and the Data Protection Act 2018. Ipsos has robust procedures in place, holding accreditations for ISO 9001, ISO 20252, ISO 27001, and MRQSA BS7911:2003. All suppliers must adhere to GDPR requirements, which are built into service contracts. Data sharing agreements (DSA) will be established between Ipsos, Anna Freud, Place2Be and LSHTM at project start. Additionally, data sharing agreements will be placed between the consortium and schools that require one (e.g. all schools will sign a DSA with Anna Freud).

Ipsos has a dedicated GDPR programme led by the Data Protection Officer and Business Excellence team, with regular compliance audits. Secure file transfer methods and servers are used, personal data is destroyed on a fixed schedule, and participant-identifying information is

excluded from outputs. Cyber threats are safeguarded against through the HMG Cyber Essentials certification.

For this project, the legal basis for processing personal data under UK GDPR Article 6 is legitimate interest. The project is registered with the UCL Data Protection Office under registration number Z6364106/2025/10/47 health research. The legal basis of legitimate interest is used because of the broader societal benefit of generating robust evidence to inform national education and mental health policy. There is also a benefit to participants, as the programme itself aims to improve pupils' educational outcomes, mental health, and wellbeing, and the data collected will be used to created needs assessment reports, helping schools to better target support for their student.

The evaluation involves the processing of 'special category' data, including information on pupil health (mental health, self-harm, substance use), racial or ethnic origin, and data related to SEND status. For this, we rely on the additional lawful basis under UK GDPR Article 9(2)(j) – processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes. This data processing strategy is essential for the scientific validity of this large-scale trial, as it allows for a representative sample of pupils and the required processing of special category health data for scientific research purposes.

The legal bases for the cost evaluation data and compliance data collected by Ipsos and NPD data (GCSE results, attendance, exclusions, gender, FSM, SEN and ethnicity) collected by DfE is collected under the Public Task basis.

Data Protection Procedures

Our reliance on the legal basis of legitimate interest is underpinned by a comprehensive framework of organisational policies and safeguards designed to ensure the rights, interests, and freedoms of all participants are protected. The project has been approved by UCL's Research Ethics Committee confirming our approach is ethically sound and registered with UCL's data protection office. Our methodology is grounded in the principle of data minimisation, ensuring we only collect personal data that is essential for the evaluation's research objectives. All personal data is handled according to strict protocols; it is stored on secure, encrypted servers with access limited to named and trained researchers, and any data transferred between our partner institutions is pseudonymised to protect participant identity. All participants and their parents/carers will be provided with detailed information sheets and privacy notices that clearly explain what data is being collected, why it is needed, who it will be shared with, and how to exercise their data protection rights. This document will be in simple and easy to understand language, appropriate for a reading age of 11. This includes a clear process for participants to withdraw their data at any point until the data analysis has started. Any identifiable data will be held securely until all evaluation activity is complete (December 2031) after which it will be securely disposed of. Upon the project's conclusion, a carefully pseudonymised dataset will be securely archived in the ONS Secure Research Service, ensuring its long-term security and availability for future approved research while making it impossible for individuals to be re-identified by future data users.

Personnel

Delivery Team

Sarah Houghton, Director of Mental Health Workforce Development

Marina Smith, Head of Operations

Dr Hannah Wilkinson, Research Partnerships Manager

Dr Tanvir Ahmed, Research Trial Manager

Tom Young, Research School Engagement Officer

Prajwal Patil, Administrator

Evaluation Team

Dr Jessica Ozan, Ipsos, Principal Investigator (PI)

Prof Jessica Deighton, Anna Freud, Co-PI and impact evaluation lead

Marzieh Azarbadegan, Ipsos, Project manager and IPE lead

IE Team (Anna Freud)

Dr Polly Casey, Trial Manager

Dr Matthew Constantinou, Trial quantitative analysis

Prof Julian Edbrooke-Childs, Real-world trials expert

Kim Burrell, School liaison and lived experience lead

Dr Jess Stepanous, Data Manager

IPE Team (Ipsos)

Stella Fleetwood, IPE quantitative lead

Chloe Snook, IPE survey and cost analysis

Evie Cogley, Deputy PM and IPE researcher

Nicola de Waal, IPE researcher

Experts

Prof Hilary Cremin, RP expert

Risks

Table 10: Preliminary risk register

Risk	Likelihood	Impact	Mitigation	Residual likelihood	Residual impact
School recruitment: the trial may not reach the ambitious target number of schools (3.5% of secondary schools in England), which could impact the study's power and generalisability.	Medium	High	We propose to support Place2Be in initial recruitment using Anna Freud's extensive school networks. We have developed a comprehensive recruitment strategy (optional) and timeline to engage key stakeholders, monitor progress closely, and focus on retaining schools to minimise attrition. We will ensure we have more expressions of interest than needed for the full trial.	Low	High
Timeframes for baseline: the timelines from recruitment and data collection in Y7 make times lines to recruit schools, obtain DSAs and consent and schedule surveys are tight	Medium	High	We have resourced the recruitment period to ensure extensive monitoring and prompting of schools to ensure fast progress. Discussion with EEF and study partners at early stages of project development should also assess feasibility of Y7 baseline and a possible fall-back option of baseline early in Y8.	Low	High
Attrition: schools or students drop out leading to missing data and a reduced sample size (the previous trial had 23% of students not included in final analyses due to data matching issues)	Medium	High	We will streamline evaluation activities to minimise burden on schools, provide clear information in the information sheet MoU. We will advise schools to schedule	Low	Medium

Risk	Likelihood	Impact	Mitigation	Residual likelihood	Residual impact
			survey 'mop up sessions', to account for pupils who may have been absent on survey days. We will use administrative data sources where possible to avoid the need to generate new data.		
Attrition of case study schools: The length of the evaluation may mean there is attrition in the case study schools and how they engage with us	Medium	Medium	We will keep in touch with all case study schools between case study activities. The incentives are spread out between the years of engaging with the case study schools to ensure they remain engaged. In the instance where we have drop-outs, we will replace our dropouts to ensure we have a minimum of 5 case studies. We will ensure to recruit schools with similar demographics as the ones who have dropped out.	Low	Medium
Data matching: the previous trial had 23% of students not included in final analyses due to data matching issues	Low	High	We will request student lists from schools via a fixed template which will include Unique Pupil Numbers and a password system to allow for accurate data matching to NPD data. In addition to UPN we will request pupil forename and surname and date of birth (among other information) as a back up in the	Low	Medium

Risk	Likelihood	Impact	Mitigation	Residual likelihood	Residual impact
			unlikely event of issues with data matching. We anticipate student-level gaps to be predominantly a result of missed exams.		
Cross-contamination: control schools implement similar practices to LTMH and dilute the measured impact.	Medium	High	We have included an exclusion criterion for schools, whereby schools who have been involved in the previous LTMH trial or who are already implementing very similar practice in their setting are not eligible to take part. While full implementation is unlikely without delivery partner support, the IPE will monitor control school practices via annual 'usual provision' surveys and follow up interviews. We will communicate expectations clearly to control schools.	Low	High
Coordination challenges: Lack of coordination within the consortium or with the health evaluation could lead to duplication, confusion for schools, and missed integration opportunities.	Medium	High	We will establish clear roles, regular communication channels, aligned data collection plans, and a cross-evaluation advisory group. A RACI matrix will define responsibilities at each stage.	Low	Medium
Data protection: Collection of sensitive baseline data from schools later randomised to the control group may deter	Medium	Medium	We will work with partners to pare down the needs assessments to essential questions	Low	Medium

Risk	Likelihood	Impact	Mitigation	Residual likelihood	Residual impact
participation and raise ethical challenges around processing.			only, and suggest co-designing participant materials with young people to ensure clarity (optional).		

Timeline

Table 11: Timeline

Scoping phase		
August 2025 - October 2025	Set up meetings and IDEA workshop	Ipsos
October 2025 – December 2025	Updating the ToC	Ipsos
November 2025 – December 2025	Ethics approval process	Ipsos
November 2025 – January 2026	Drafting the DPIA and other GDPR documentation	Ipsos
December 2025 – March 2026	Drafting the study protocol	Ipsos
January 2026	Pre mortem meeting	Ipsos
Set up		
January 2026	Webinars for schools	Ipsos
February 2026	Provide recruitment materials (MoUs, info sheets, privacy notice)	Ipsos
February 2026- April 2026	Supporting with recruitment (optional)	Ipsos
February 2026 – April 2026	Designing IPE materials	Ipsos
March 2026 – May 2026	Liaising with schools for MoUs and opt outs	Ipsos
April 2026 – May 2026	Setting up baseline survey	AFC
May 2026 – July 2026	Baseline data collection	AFC
August 2026 – October 2026	Drafting the SAP	AFC

August 2026	Random allocation	AFC
August 2026 – December 2026	Baseline analysis and reporting	AFC
Implementation Yr 1		
September 2026- June 2028	Supported implementation	Place2Be
September 2026 – October 2026	Case study: review of documents	Ipsos
September 2026 – October 2026	Teacher surveys (treatment schools)	Ipsos
October 2026- December 2026	Case study: training observations, focus groups and trainer interviews	Ipsos
December 2026, April 2027, July 2027	Collating monitoring data (training and RP)	Ipsos
February 2027- March 2027	Case study: action groups observations and focus groups	Ipsos
February 2027- March 2027	Case study: pupil interviews	Ipsos
April 2027- May 2027	Usual practice survey (control schools)	Ipsos
June 2027-August 2027	IPE analysis	Ipsos
June 2027–July 2027	Teacher surveys (treatment schools)	Ipsos
June 2027-July 2027	Case study: facilitator interviews	Ipsos
July 2027	Case study: SLT interviews	Ipsos
July 2027	Usual practice follow up interviews	Ipsos
Implementation Yr 2		
September- December 2027	Case study: role play recordings	Ipsos
December 2027, April 2028, July 2028	Collating monitoring data (training and RP)	Ipsos
February 2028- March 2028	Case study: action groups observations and focus groups	Ipsos

February 2028-March 2028	Case study: pupil interviews	Ipsos
April 2028 – May 2028	Usual practice survey (control schools)	Ipsos
June 2028-August 2028	IPE analysis	Ipsos
June 2028–July 2028	Teacher surveys (treatment schools)	Ipsos
June 2028-July 2028	Case study: facilitator interviews	Ipsos
July 2028	Case study: SLT interviews	Ipsos
July 2028	Usual practice follow up interviews	Ipsos
Implementation Yr 3		
September 2028 – June 2029	School led implementation	Place2Be
December 2028, April 2029, July 2029	Collating monitoring data (training and RP)	Ipsos
February 2029 – March 2029	Case study: action groups observations and focus groups	Ipsos
February 2029-March 2029	Case study: pupil interviews	Ipsos
February 2029 – April 2029	Follow up data collection prep	AFC
April 2029- May 2029	Usual practice survey (control schools)	Ipsos
May 2029 – July 2029	Follow up data collection	AFC
June 2029-August 2029	IPE analysis	Ipsos
June 2029–July 2029	Teacher surveys (treatment schools)	Ipsos
July 2029	Case study: SLT interviews	Ipsos
July 2029	Usual practice follow up interviews	Ipsos

August 2029 – November 2029	Follow up analysis	AFC
Implementation Yr 4		
September 2029 – June 2030	Optional implementation	Place2Be
November 2029 – February 2030	Interim reporting on follow up child reports	AFC
December 2029, April 2030, July 2030	Collating monitoring data (training and RP)	Ipsos
April 2030-May 2030	Usual practice survey (control schools)	Ipsos
April 2030 – June 2030	GCSEs	School
May 2030-July 2030	IPE analysis	Ipsos
May 2030- June 2030	SLT light survey	Ipsos
May 2030 – July 2030	IPE analysis	Ipsos
July 2030	Case study: SLT interviews	Ipsos
July 2030	Usual practice follow up interviews	Ipsos
Reporting and final analysis		
July 2030- September 2030	IPE reporting	Ipsos
October 2030 – January 2031	NPD data request	AFC
February 2031- June 2031	Final NPD receipt and data analysis	AFC
June 2031 – September 2031	Final reporting, archiving dissemination	Ipsos

References

Avon Longitudinal Study of Parents and Children (ALSPAC). University of Bristol https://www.bristol.ac.uk/alspac/researchers/our-data/questionnaires/

Bonell, C., Jamal, F., Harden, A., Wells, H., Parry, W., Fletcher, A., ... & Moore, L. (2014). Systematic review of the effects of schools and school environment interventions on health: evidence mapping and synthesis. Public Health Research, 1(1).

Bond, L., Wolfe, S., Tollit, M., Butler, H., & Patton, G. (2007). A comparison of the Gatehouse Bullying Scale and the peer relations questionnaire for students in secondary school. Journal of School Health, 77, 75–79. https://doi.org/10.1111/j.1746-1561.2007.00170.x

Cremin, H., & Bevington, T. (2017). Positive Peace in Schools: Tackling conflict and creating a culture of peace in the classroom. Routledge.

Department for Education. (2021). Promoting children and young people's mental health and wellbeing: A whole school or college approach.

Education Endowment Foundation (2018). Embedding formative assessment: Evaluation report and executive summary. Education Endowment Foundation. https://d2tic4wvo1iusb.cloudfront.net/production/documents/projects/EFA_evaluation_report.pdf?v=1758113858

Fairburn, C. G., & Beglin, S. J. (1994). Assessment of eating disorders: Interview or self-report questionnaire?. International journal of eating disorders, 16(4), 363-370.

Gideon, N., Hawkes, N., Mond, J., Saunders, R., Tchanturia, K., & Serpell, L. (2016). Development and psychometric validation of the EDE-QS, a 12 item short form of the Eating Disorder Examination Questionnaire (EDE-Q). PloS one, 11(5), e0152744.

Global Kids Online. (2020). Global Kids Online research toolkit: Survey guide. UNICEF Office of Research–Innocenti; London School of Economics and Political Science.

Goodman, R (2001). Psychometric properties of the Strengths and Difficulties Questionnaire (SDQ). Journal of the American Academy of Child and Adolescent Psychiatry, 40(11), 1337–1345. https://doi.org/10.1097/00004583-200111000-00015

Health Behaviour in Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. Journal of Child Psychology and Psychiatry, 38(5), 581–586. https://doi.org/10.1111/j.1469-7610.1997School-aged Children (HBSC) study. WHO Regional Office for Europe & University of Bergen. https://www.hbsc.org/data/

Kowalski, R. M., & Limber, S. P. (2013). Psychological, physical, and academic correlates of cyberbullying and traditional bullying. Journal of Adolescent Health, 53(1), S13-S20.

Lereya, T.S., Humphrey, N., Patalay, P., Wolpert, M. Böhnke, J.R., Macdougall, A., & Deighton, J. (2016). The student resilience survey: psychometric validation and associations with mental health. Child and Adolescent Psychiatry and Mental Health, 10(44), 1–15. https://doi.org/10.1186/s13034-016-0132-5

Melendez-Torres, G. J., Warren, E., Viner, R., Allen, E., & Bonell, C. (2021). Moderated mediation analyses to assess intervention mechanisms for impacts on victimisation, psycho-social problems and mental wellbeing: Evidence from the INCLUSIVE realist randomised trial. Social Science & Medicine, 279, 113984.

R Core Team (2021). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. https://www.R-project.org/

Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. (2009). Internal construct validity of the Warwick-Edinburgh mental wellbeing scale (WEMWBS): A Rasch analysis using data from the Scottish health education population survey. Health and Quality of Life Outcomes, 7(1), 15–22. https://doi.org/10.1186/1477-7525-7-15

Sun, J. & Stewart, D. (2007). Development of population-based resilience measures in the primary school setting. Health Education, 107(6), 575–99. https://doi.org/10.1108/09654280710827957

Thomson, D. (2025). Calculating a Key Stage 4 progress measure using CAT4 in place of Key Stage 2. FFT Education Datalab. https://ffteducationdatalab.org.uk/2025/08/calculating-a-key-stage-4-progress-measure-using-cat4-in-place-of-key-stage-2/

Wigelsworth, M., Thornton, E., Troncoso, P., Humphrey, N., & Black, L. (2023). INCLUSIVE (Learning Together) Evaluation Report. Education Endowment Foundation.

https://www.gov.uk/government/publications/transforming-children-and-young-peoples-mental-health-provision