

FOCUS ON RESEARCH

DEVELOPMENT OF INSTRUMENTS AND PROCEDURES FOR A RANDOMIZED CONTROLLED TRIAL TO EVALUATE THE ZERO TOLERANCE RESPECT PACKAGE IN MIDLOTHIAN PRIMARY SCHOOLS

Researchers

Professor Gillian Raab, Dr Marion Henderson, Mrs Helen Storkey, Dr John Davis, Professor Lawrie Elliott

Aim

Few educational interventions are evaluated by the method of a randomized controlled trial (RCTs) that is the norm in medicine. The NHS is currently funding Healthy Respect (HR) in Lothian to provide a model of best practice in services to improve young people's sexual health. A component of this is the provision of sexual health and relationships education (SHARE) in secondary schools. Research suggests that starting relevant education at primary schools may improve the effectiveness of later SHARE. The HR team had identified a teaching package, Zero Tolerance Respect (ZTR), and had planned to introduce it in some schools.

The NHS appointed an external team (EETHR) to evaluate the second phase of Healthy Respect (HR2). During initial discussions with the HR2 team it was established that what had been planned as service development could readily be transformed into an RCT. This was organised and funding from this grant allowed it to be organised with the following aims:

- 1 To construct a short questionnaire to assess attitudes to the outcomes that ZTR seeks to influence (respect for others, bullying, discrimination, gender roles, citizenship and commitment to learning).
- 2 To obtain baseline data from pupils who will receive ZTR and from equivalent pupils in control schools.
- 3 To monitor the introduction of ZTR in the intervention schools and any developments in the control schools.
- 4 To devise and pilot appropriate outcome measures to be used after the intervention in P7 to assess the short-term effectiveness of ZTR.
- 5 To facilitate the short-term and eventually longer-term evaluation of the ZTR package.

Project Outline/Methodology

A cluster RCT was organised with 35 primary schools allocated to intervention or control arms. Intervention teachers were trained in ZTR and delivered it to primary 7 pupils. Baseline data were

collected from all schools except for five very small schools. Baseline questionnaire data were collected before the delivery of ZTR from 918 pupils and 58 teachers in the remaining 30 schools.

We analysed the baseline questionnaires and selected a few items to use at follow-up. Recognising the limitations of questionnaires, we devised and piloted more open-ended outcome activities including 'draw and write' activities and responses to stories about settings where certain behaviours were manifest.

Key Results

Pupils reported high levels of respectful behaviour in their baseline questionnaires, but boys less so than girls. Teachers also rated their pupils highly and were confident in their ability to influence them. Teachers who had been trained in ZTR rated boys as less respectful than those who had not been trained.

Conclusions

The effect of ZTR training has been to increase teachers' awareness of problems, but does not seem to have changed their perceptions of their ability to address them. The final conclusions of this study will be the short term and long term influence of the ZTR package which will be the topic of future research.

What does this study add to the field?

We have shown that an RCT of this type of intervention is feasible and its results, when they are completed, will assess the effectiveness of ZTR.

Implications for Practice or Policy

Many health problems stem from behaviour such as violence, abusive behaviour and damaging sexual behaviour which ZTR aims to reduce.

Where to next?

We have now collected the short-term outcomes from the trial and are in the process of analysing them.

Further details from:

Professor Gillian Raab
Napier University
Comely Bank
Edinburgh EH4 2LD

