SCHOOL-BASED VIOLENCE PREVENTION
IN URBAN COMMUNITIES OF
LATIN AMERICA AND THE CARIBBEAN

.2011

Case Studies
This School-Based Violence Prevention Toolkit was produced by a team at the World Bank led by Bernice van Bronkhorst (Senior Urban Specialist, LCSUW), Ximena Anwandter (Violence Prevention Specialist, Consultant, LCSUW/LCSSO), and Lorena Cohan (Social Development Specialist, LCSSO) with extensive background research and technical input from Joan Serra Hoffman (International Violence Prevention Expert, World Bank Consultant), and under the overall guidance of Guang Chen (Sector Manager, LCSUW) and Maninder Gill (Sector Manager, LCSSO).

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The Tools and Case Studies were prepared by Joan Serra Hoffman (International Violence Prevention Expert, visiting scholar at Brandeis University), Safe School Spaces was prepared by Macarena Rau (Architect and President of Corporacion CPTED Region), Paulina Castillo Fajardo and Carlos Gutierrez Vera. Disaster Risk Reduction in the Latin American and Caribbean School Environment was prepared by Magnolia Santamaria (Disaster Risk Management Specialist) and Diana Rubiano (Disaster Risk Management Specialist). The Practical Guide was prepared by Ximena Anwandter (Violence Prevention Specialist) and Adriana Loche (Sociologist and Violence Prevention Specialist) based on extensive background research carried out by Joan Serra Hoffman.

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TOO GOOD FOR VIOLENCE (TGFV): A SCHOOL-BASED VIOLENCE PREVENTION PROGRAMME

TGFV is a universal school-based prevention programme that targets all children, girls and boys, from all backgrounds and ethnicities. TGFV is implemented widely across many states in the US. It is also used in Canada, the Netherlands, Antilles and further across the Caribbean. The age range is kindergarten to eighth grade (age five to 12). Between 9th – 12th grades (age 13 – 18), the programme merges with its companion programme, Too Good for Drugs to form Too Good for Violence and Drugs.

Description

TGFV aims to create positive environments in which children make healthy choices without resorting to violence (and drugs, between grades 9 and 12 [age 13 to 16]). TGFV involves all students within schools, boys and girls, and those from all ethnic backgrounds. The programme is designed to benefit everyone in schools by providing education in social and emotional competencies and by reducing risk factors (such as violent tendencies and alcohol and substance abuse) and building upon protective factors (such as student bonding and drug awareness).

Process

Each grade-level receives a ‘kit’ including a scripted curriculum, workbooks and teaching materials (posters, games, visual aids and CDs). The teachers utilize these curriculum resources through interactive teaching methods that encourage students to bond and respect one another’s values and beliefs. The trained teacher receives training from staff at the Mendez Foundation, either through a one-day intensive course, or through 10 separate sessions. The teaching is tailored to each grade. For example, the seven lessons delivered in Kindergarten teach the children about sharing and staying ‘peaceable’ whereas lessons in 6th grade teach about bullying and discrimination. All grades teach about ‘C.A.R.E-ing approach’:

- Conflict resolution
- Anger management
- Respect for self and others
- Effective communication

The above four concepts are interwoven into the lesson features such as role-playing, co-operative learning games, small group activities and classroom discussions. This promotes student bonding and encourages respect for individual values. Interactive exercises for parents and children help strengthen the bond between family members to help transcend protective factors into the home environment.

Risks targeted

- Tobacco, alcohol and other drug related problems
- Association with delinquent and/or aggressive peers
- Delinquent beliefs and/or general delinquency involvement
- Anti-social behavior
- Alienation
- Drug dealing
- Early onset of aggression and/or violence

Protective Factors

- Student bonding
- Bonding between parents and children
- Pro-social school involvement
- Enhanced emotional competence and self-efficacy
- Drug awareness

Expected Outcomes

- Improved conflict resolution skills
- Improved social resistance skills
- More effective communication skills
- Emotional competence and self-efficacy
- Reduced intentions to fight between students (all grades)
- Improved pro-social school involvement
- Improved Drug awareness and reduced rates of smoking, drinking and drug use amongst children 9th — 12th grade

Logic Model

There is no stated specific logic model or theory of change within the programme description but the evaluation provides the following theory of change: Violence and aggression are socially learnt, from the social environment (peers, family, the media) and personal perception, which are linked to pro-social and anti-social behaviors. TGFV utilises social learning theory by addressing social influences, such as peers, and corrects misperceptions of social norms by informing students of the positive consequences of engaging in pro social behavior. The programme prevents the (further) development of anti-social skills.
and exposure to risk factors (drug and alcohol abuse) by providing rewards and recognition for adopting positive values and attitudes.

**Evaluation**

The evaluation was carried out in 2003 in Hillsborough County, Florida. It involved ten randomly selected elementary schools in a district within Florida. The aim of the evaluation was to observe whether those pupils participating in TGFV displayed higher levels of emotional competency, better social and conflict resolution skills, communication skills and more positive perceptions of interactions with other students.

The evaluation population comprised 999 third grade pupils (aged eight years-old) and 46 teachers, across 10 elementary schools within a large district in Florida, and it was diverse in terms of gender and ethnicity, and social economic status. Five schools were assigned to an intervention group and five to a control group. The intervention sample participated in TGFV for the first quarter of the school year. The control sample received services as usual.

**Process**

Questionnaires were administered at three points during the evaluation. First before the programme was delivered; second immediately after the delivery of the programme; and third 20 weeks after delivery. Teachers received a ‘Teacher Checklist of Student Behaviors’ in order to report their perceptions of student social skills, prosocial behavior and inappropriate behavior. A student questionnaire - the ‘Student Protective Factor Survey Questionnaire’ - focused on key risk and protective factors associated with children’s ability to resist pressures to engage in risk behaviors and instead make healthy lifestyle choices.

The school and classroom were used as a unit of analysis. Teacher and student scores were examined with the classroom post-test scores and follow-up (20 weeks) scores.

**Expected Outcomes**

- Higher levels of emotional competency
- Higher levels of social and conflict resolution skills
- Higher levels of communication skills
- Improved personal and social skills
- Improved pro-social behaviors
- Fewer inappropriate behaviors
- Improved social and resistance skills
- Improved interaction with others

**Logic Model or Theory**

The evaluation does not explicitly state a logic model or theory of change but within its theoretical background it is stated that violence and aggression are socially learnt from the social environment (peers, family, the media). TGFV utilizes social learning theory by addressing social influences, such as peers, and corrects misperceptions of social norms by informing students of the positive consequences of engaging in pro-social behavior. The programme prevents the (further) development of anti-social skills and exposure to risk factors (drug and alcohol abuse) by providing rewards and recognition for adopting positive values and attitudes.
Results outcomes

• Improved personal and social skills: 11% higher than control
• Improved pro-social behaviors: 13% higher than control
• Fewer inappropriate behaviors: 1% higher than the control
• Improved emotional competence: 5% higher than the control
• Improved social and resistance skills: 1% higher than control
• Improved communication skills: 6% higher than control
• Improved interaction with others: 1% higher than the control
TRIBES LEARNING COMMUNITIES

TRIBES is a preventative programme offered in schools to all school children up to 18 years of age. It creates a positive learning environment by dividing children within classrooms into groups that work together ('tribes') and by honoring four basic agreements that promote positive interaction. This promotes both social and academic development.

Scope

The programme developers estimate that about two million children to date have been educated with the Tribes approach. It was first developed in the 1970s. The training has been implemented in most states in the US, Canada, Australia, New Zealand, Colombia, Mexico, Ecuador, Venezuela, the Dominican Republic, Senegal, Micronesia, Saipan, Tonga, Samoa, the Marshall Islands, Japan and the UK.

Target population

TRIBES is a public health intervention offered to all children aged 5 to 18 attending a participating school (this can be in either a rural or an urban setting). Its public health nature means that boys and girls from all ethnic backgrounds may benefit from the intervention. There are no additional inclusion or exclusion criteria.

Description

TRIBES aims to create a positive learning environment, in turn promoting children’s social and academic development. To this end, pupils are organized into small groups of three to six individuals ('tribes') by their teacher and work together in these groups throughout the school year. In addition, cooperation and positive interaction with one another is promoted by the children and teachers honoring four principles: (1) listening attentively to each other; (2) showing appreciation and avoiding ‘put downs’; (3) showing respect for each other; and (4) accepting that all pupils have the ‘right to pass’ on activities led by peers in which they prefer not to participate. As children become better at working together and honoring the four agreements throughout the school year, responsibility for goal setting, monitoring of progress and problem-solving is gradually transferred from the teacher to the children.

The four agreements are part of 12 skills the children are taught in three stages. In the first of these, the stage of inclusion, the skills are: participating fully, listening attentively, expressing appreciation and reflecting on experience. The (second) stage of influence revolves around valuing diversity of culture and ideas, thinking constructively, making responsible decisions and resolving conflict. The (third) stage of community teaches creative problem-solving, working together on tasks, assessing improvement and celebrating achievement. Celebrating achievements is an important part of the programme. Every lesson has a twofold objective: learning academic content and practicing a particular social skill in collaboration.

TRIBES is not a curriculum but a process. The teacher explains the objectives, which can be determined with the children’s input, at the start of a lesson; the tribes assess how far they have achieved those objectives at the end of the lesson.

TRIBES strategies can be used for all subject areas throughout a child’s school career. However, the extent to which teachers use Tribes will vary depending on individual teaching styles, the lessons to be learned and what the classroom needs at the time.
Teachers and administrators at a Tribes school also work in small groups called ‘collegial learning communities’ so that the Tribes experience extends to the entire school community.

There is an international network of certified Tribes trainers. Teachers must complete a 24-hour training course before they can work according to the Tribes system in their classrooms.

**Risks targeted**

- Learning climate that has more attention for risks and failure than for care and success
- Schools having low and negative expectations of children considered at risk of developing problems
- Schools not sufficiently preparing children for future participation in society (leadership skills, taking on responsibility)
- Poor social skills in children
- Underachievement academically
- Insufficient problem-solving skills
- Low expectations/aspirations for the future
- Lack of sense of self-efficacy and mastery

**Outputs**

- More positive learning climate in schools

**Outcomes**

- Improved social competence
- Improved academic development
- Increase in problem-solving skills
- Greater autonomy
- Instilling a sense of purpose and a belief in a bright future

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**Hypothesized Logic Model**

When children work in small groups and honor the four agreements, they can practice social skills and are also supported in their academic performance. This process is supported by a school-wide culture, in which teachers focus on encouragement and developing children’s strengths. Together, these promote children’s social competence (self esteem, ability to participate and collaborate, leadership skills, problem-solving skills and social skills) and, in turn, their academic development (cooperative learning, engaging in the classroom).

**Evaluation**

Eight sixth-grade classrooms (twelve-year-olds) in a middle school in Tulsa, US were randomly allocated to two teams of teachers in 1993. Only one of these teams had completed a Tribes training. There were approximately 140 children in each of the experimental and control groups. Not more than five children dropped out of each group.

After the first semester the number of discipline referrals and the reason for them, as logged by the school computer, was compared between the two groups. Two categories of discipline referrals were measured: referrals because of a refusal to work or to follow directions, and referrals for disruptive behavior. Both types of referral data were measured using teacher as well as pupil data.
**Type**

Tribes was evaluated using a random allocation trial (RCT). Randomization was conducted at the classroom level. An experimental group of classes receiving training in Tribes were compared to a control group providing tuition as usual.

**Comparison**

The comparison group received tuition as normal. The teachers who took part in the Tribes training had selected themselves.

**Outputs**

- Number of discipline referrals written by teachers
- Number of discipline referrals received by children
- Reasons for referrals using information at teacher level
- Reasons for referrals using information at child level

**Results outputs**

- Far fewer discipline referrals were written by teachers in the Tribes classrooms than in the non-Tribes classrooms (41, or 27% of both teams’ totals for the Tribes classrooms, compared to 113, or 73%, for the non-Tribes classrooms)
- When referrals were measured at the student level, including referrals written by all staff members (such as teachers, bus drivers and administrators), the Tribes children also did better than the non-Tribes children: they received 33% of discipline referrals, compared to 67% for non-Tribes children
- Tribes children had significantly fewer referrals because of disruptive behavior or a refusal to work or follow directions (no p-values reported)

**Other notes**

Because of this study further training in the Tribes approach was funded by the school district. Several other studies also found positive programme effects.

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Contact details programme
CenterSource Systems, LLC
Tel.: +1 707 8381061 or +1 800 810 1701
Fax: +1 707 8381062
Email: carol@tribes.com
http://www.tribes.com
STRENGTHENING FAMILIES PROGRAM

Strengthening Families targets children aged 10-14 and their parents, teaching skills and offering exercises to improve communication and relationships between parents and children and thus preventing or reducing future behavior problems and drug and alcohol use by young people.

Scope

The programme has been delivered in its current form since 1998 (see ‘links to other programmes’ for a brief history) to American children and their families of white and other ethnic backgrounds in the US: African American, Hispanic, Haitian, Native American etc. There is some evidence that culturally specific versions of the programme, reducing dosage and/or eliminating some core content, resulted in more successful recruitment and retention of families, but outcomes tended to be not as strong as in the original programme. This demonstrates the importance of fidelity. Strengthening Families is being adapted for use in the UK. Data about how many families have participated so far are not available; the programme developers estimate that ‘thousands’ of families have completed Strengthening Families to date.

Target population: Strengthening Families is considered suitable for all children (boys and girls) aged 10-14 and their parents in urban and rural settings by the programme developers, but would seem particularly useful for families at risk of poor family functioning.

Description

Strengthening Families is a community-based intervention for children aged 10 to 14 and their parents that seeks to enhance parenting skills and build stronger families, thereby reducing problem behaviors and substance use in adolescents. Child problem behavior and substance use is more likely when parenting is ineffective (e.g. harsh discipline, lack of warmth and supervision/monitoring in the parent-child relationship, high levels of conflict). Negative peer influence is another important factor: hence the children are taught social skills which enable them, amongst other things, to refuse inappropriate requests from peers.

The intervention, which has eight to thirteen families taking part per group, comprises a seven-week curriculum of two-hour sessions in consecutive weeks, with four booster sessions that start six months to a year after the end of the first seven sessions. It enhances parent-child communication and relationships, parents’ child management skills and children’s competencies. In the first hour of each session, parents and children attend separate skill-building sessions; in the second hour they undertake supervised activities together to practice their skills and reinforce what they have learned. Each session addresses risk and protective factors that have been proven by the literature (see below) to be associated with problematic behavior and substance misuse. The sessions take place in settings such as schools, community centers or churches and are run by three facilitators, one for the parent groups and two for the young people.

The parents learn how to have a positive and effective relationship with their children (e.g. setting appropriate limits, providing nurturing support), the children learn how to deal with peer pressure, setting
pro-social goals for the future, appreciating parents and other elders, and dealing with stress and strong emotions. In the family sessions, listening and communicating with respect is practiced, as is identifying family strengths and values, teaching and learning taking responsibility, and problem solving. The focus is on the strengths the family has and how love and limits can strengthen the family. For all sessions, there are videotapes modeling positive behaviors and interactions, discussions, games and skill-building activities. There also are didactic presentations for the parent sessions and social bonding activities for the children.

There is a manual for instructors, who take part in at least two days of training. They need to have experience in working with parents or children, with strong presentation and organizational skills. Group leaders can be, for example, teachers, ministers, mental health workers or family and youth service workers.

The cost of the programme depends on the size of the agency providing it; some sample budgets are available on the programme website (http://www.extension.iastate.edu/sfp). An analysis of the National Institute of Drug Abuse in the US showed that every dollar spent on the programme resulted in a $10 saving in social service expenditure.

**Risks targeted**

- Harsh and inappropriate discipline
- Poor parent-child relationship
- Poor communication skills in family members
- Negative peer influence
- Ineffective conflict management skills
- Poorly managed parental stress
- Poor social skills in children

**Protective Factors targeted by the Programme**

- Supportive family environment
- Good parent-child relationship
- Consistent discipline
- Empathetic family communication
- Social skills
- Peer refusal skills
- Clear parental expectations regarding substance use
- Conflict resolution skills

**Outcomes**

- Reduced substance use in adolescence (alcohol, tobacco and other drugs, e.g. marijuana)
- Reduced behavior problems in adolescence (particularly delinquency)
- Increase in parenting skills (e.g. nurturing behaviors, limit setting)
- Improved pro-social behavior in children
- Increase in both parents’ and children’s communication skills

The programme is thought to first improve the parent-child relationship and the choice of peers who have a positive influence on the child. This subsequently results in more positive outcomes in terms of smoking, drinking, use of other drugs and aggression.

**Specified Logic Model / Theory of Change**

Ineffective care giving predicts child problem behavior, and early adolescence is a critical period in which later problems can be prevented. This is why the intervention targets families with ineffective care giving practices where children are aged 10-14. Evidence suggests that families with poor relationships between parents and children, with higher levels of conflict and insufficient monitoring and supervi-
sion, are more likely to have children who engage in problem behavior (e.g. aggression and substance use). On the other hand, families where parents are warm and supportive, set clear limits and employ clear and consistent discipline techniques are less likely to have children who engage in problem behavior. Thus, teaching parents and children to interact more positively, use constructive conflict resolution strategies and appropriate and consistent discipline helps prevent behavior problems (of which substance use is regarded as one instance) in children later on. It also helps children adopt more pro-social behavior strategies, resulting in interactions with peers who have a positive influence on the child and reinforcing positive behavior choices.

Evaluation

A randomized controlled trial took place in autumn 1993 (pre-test) and spring 1994 (post-test) with families whose children were in 6th grade (age 12) of 33 rural schools in a Midwestern US state. Selection criteria applied to schools were that 15% or more of the families in their district had to be eligible for free or reduced-cost school lunches and the community had to have a size of 8,500 or fewer. Schools were allocated to one of three conditions: the Iowa Strengthening Families Program (ISFP), the Preparing for the Drug Free Years Program (PDFY) or a minimal-contact control condition.

Both intervention programmes aim to develop family competencies, but the ISFP has two more sessions, has more intensive child involvement and has separate and joint sessions for parents and children, whereas the PDFY only requires child involvement in one of the five sessions; the other sessions are for parents only.

Of the 1309 families recruited, 51% (667 families) completed pre-tests, and 83% of these 667 families completed post-tests six months after the pre-tests. Complete data for analyses were available from 523 families. In 51% of cases the child attending the participating school was a girl; almost all participants were Caucasian (98.6%). All participating family members completed standardized self-report questionnaires with a measure of parent-child affective quality; general child management (General Child Management Measure) and parenting behaviors. In addition, a home visit took place with the child and parents completing three interaction tasks about (a) family life, (b) sources of disagreement in the family and (c) an attempt to resolve this issue. Indicators of the three outcomes measures (see below) were derived from factor analyses of responses to the questionnaires and observations of sections of the videotaped interactions.

Data were analyzed using latent-variable structural equation modeling, comparing each of the two interventions to the control group. An evaluation conducted one year after the post-test found that the programme still had a positive effect on general child management, parent-child affective quality and parenting behaviors.

Type

The programme was evaluated in a randomized controlled trial with two other conditions: another family programme and a minimal-contact control group.

Comparison

Parents in the control group received a mailing about youth development and information about drug and alcohol use prevention. They did not receive the pro-
grammes; there was no waiting list.

Outcomes

Three latent parenting variables were measured:
• Improved parenting behavior (e.g. communicating specific rules and consequences for using substances, controlling anger when communicating with the child, and better communication with the child)
• Improved general child management (consistent discipline, standard setting, monitoring and supervising the child)
• Increase in quality of parent-child affect (e.g. positive involvement with the child)

The evaluation focused on the impact the programme had on parenting; the way it affected the children themselves was not measured by this evaluation.

Results outcomes

Improved parenting behavior (d=.51)
Improved general child management (p < .01)
Increase in quality of parent-child affect (p < .01)

Other notes

The design of this evaluation, which was carried out by researchers other than those who originally developed the programme, explicitly involved both mother and father (85% of families were dual-parent households). There have been a number of replications of the programme with several cultural groups, although two evaluations with urban African-American samples found only a small effect of the programme. The quality of these replications is not clear.

There is evidence that the SFP delays the onset of substance use. Strengthening Families is considered a model programme by the American Office of Juvenile Justice and Delinquency Prevention, a universal programme by the American National Institute on Drug Abuse, and an exemplary programme by the US Department of Education.

Contact details programme
Virginia Molgaard, Ph.D.
Institute for Social and Behavioral Research
Iowa State University
Phone: (515) 294-8762
Fax: (515) 294-3613
Email: vmolgaard@iastate.edu
Website: www.extension.iastate.edu/sfp
RESOLVING CONFLICTS CREATIVELY PROGRAM (RCCP)

RCCP is aimed at children from kindergarten up to grade 8 (ages 5-13). It teaches them conflict resolution skills and promotes positive relationships between students by changing the way they think about aggression and violence and suggesting different kinds of behavior when interacting with peers.

Scope

The service was first developed in 1985 as an initiative of the New York City Public Schools and the New York City chapter of the Educators for Social Responsibility (ESR Metro). It is currently in use in a number of school districts in states across the US, including Alaska, Massachusetts, New York, Louisiana, New Jersey, California, Georgia, Oregon, and Arizona. The programme has also been run in Brazil, Puerto Rico and Israel. Figures for how many children have received RCCP are not available, but in New York City alone the service has been provided to more than 200,000 children.

Target population

RCCP is targeted at all children from kindergarten up to grade 8 (ages 5-13) living in both urban and rural settings. It therefore covers girls and boys as well as different ethnic groups. There are no additional inclusion or exclusion criteria.

Description

RCCP is a prevention programme delivered in a school setting to children aged 5-13 (kindergarten - grade 8). Its main aims are to reduce aggression and violence in children and promote positive interpersonal behaviors. It involves teaching conflict resolution skills and promoting positive relationships between students by changing the way children think about aggression and violence and suggesting different kinds of behavior (new strategies) when they interact with peers.

A school wishing to implement RCCP can do this through the ‘Educators for Social Responsibility’ (ESR) organization, which offers a planning meeting for schools wishing to participate; collects data about the needs of the school; offers teachers a three- to four-day workshop (25 hours) to learn to work with the method, followed by site visits and coaching sessions; offers peer mediation training to school staff (who act as coaches) and children; runs workshops for parents about conflict resolution; and delivers skills training to other staff working in the school environment (e.g. paraprofessionals, bus drivers).

The programme consists of 51 lessons, delivered in a workshop format in the classroom; the teacher does not impart knowledge but facilitates small-group discussion, role playing, brainstorming and interviewing. Each lesson lasts between 30 minutes and one hour. RCCP lessons take place at least once a week. The main skills the lessons aim to develop are countering discrimination, resolving conflicts, promoting cooperation, appreciating diversity, expressing feelings, dealing with anger, problem solving, being assertive, and communicating clearly (including active listening). To this end, the lessons are grouped into the themes of peace, diversity, building communication skills, cooperation, conflict resolution and peer mediation. Several lessons are dedicated to each theme.

All RCCP trainers must have had classroom experience with the programme for three to five years before they can become an RCCP trainer. They all have a background in education (the majority hold masters
degrees in education). They lead the workshops for parents, which take place at school in four to six two-hour blocks after work. This provides parents and children with a common language when talking about conflict and helps parents to resolve conflicts in the home.

Implementation of the programme in a school takes place gradually, over the course of a few years, since training an entire school system takes time. In the ‘beginning’ phase, a few teachers offer a few RCCP lessons. In the consolidation phase, more teachers introduce it, peer mediation starts and the school administrator is trained, followed by the saturation phase, in which even more teachers and classes implement the programme. Finally, in the ‘full model’ phase, RCCP is delivered in the whole school.

A new version of the curriculum was introduced in Spring 2007, ensuring a better fit with US curriculum standards.

Risks targeted

- Poor conflict resolution skills in the child’s family
- Child behaving violently and/or aggressively when in a situation of conflict
- Peer culture that is accepting of violence and aggression

Outputs

- Promote intercultural understanding
- More positive learning climate in the classroom and in school

Outcomes

- Reduce aggressive and violent behavior
- Increase caring and cooperative behavior
- Improve children’s conflict resolution skills

Hypothesized Logic Model

Research has identified three areas of social-emotional development that predict future aggressive and violent behavior: (1) teachers’ perceptions of children’s aggressive and pro-social behaviors; (2) self-reported conduct problems, depressive symptoms and aggressive fantasies; and (3) cognitive processes such as perceived threat and a high accessibility of aggressive responses in one’s memory. Future aggression and violence also become more likely if the child has been experiencing harsh parenting and if violent behavior is normative in the peer group.

The main assumption made by RCCP is that aggressive and violent behaviors are learned and that children can therefore also be taught not to behave in that way. Stated differently, teaching children that there are other ways of resolving conflict than violence (e.g. talking things out, mediation) enables them to make wiser choices in interacting with others generally. By making children more knowledgeable about conflict resolution skills, promoting positive relationships with others, teaching them non-aggressive ways of dealing with discrimination and furthering respect for diversity, it is thought that the likelihood of children developing aggressive and violent behavior is reduced, that their conflict resolution strategies will become less aggressive and that they will start displaying more pro-social behavior. Furthermore, using non-violent conflict resolution in school and demonstrating respect for diversity creates a role model and influences the peer culture within the school, thereby
also creating a better learning environment. Workshops for parents impact on the conflict resolution style used in the home.

Evaluation

In four New York school districts four elementary schools were recruited (16 schools in all, one of which dropped out). Within each district, each school represented one of four stages of programme implementation: (1) non-intervention (i.e. school had yet to start implementation); (2) beginning stage; (3) implementation of some components of the programme; and (4) implementation of all components. Across schools, students’ ethnicity, poverty status and school size had been selected to be similar for the schools in each implementation phase. These groups were also representative of the elementary public school population in New York City.

Data collection took place in the Autumn and Spring of the school years 1994-1995 and 1995-1996 (wave 1-4). Demographic characteristics are only specified for the sample as a whole (11,160 children): 52% boys and 48% girls, with 41% of the children being Hispanic, 40% black, 14% white and 5% ‘other’. The children’s mean age was 8.8 years at wave 1 and 9 years at wave 4 (the sample included children from grade 1 through 6 in all data collection waves and in both years of the study). Most of the children (86%) received free school lunches.

Rates of participation within waves varied from 75 to 84% for children and from 80 to 87% for teachers, who filled in questionnaires. The level of exposure to RCCP was operationalised using only two RCCP components: amount of teacher training in the programme and amount of classroom instruction in RCCP. All children in all participating schools were assessed at all time points. The following measures were used:

Self-reports for children:
Home Interview (measure of hostile attribution bias and aggression in negotiating with others)
Social Problem Solving Measure (competence in negotiating with others)
Seattle Personality Inventory (conduct problems, depression)
What I Think (aggressive fantasies)

Teachers:
Teacher Checklist (teacher’s perception of child’s aggressive behavior)
Social Competence Scale (teacher’s perception of child’s pro-social behavior)

Children’s developmental trajectories were estimated using Hierarchical Linear Modeling (HLM). This procedure allows for estimating data for a child at missing time points.

Type

The effect of RCCP was studied by means of a quasi-experimental longitudinal design.

Comparison

The gradual implementation of RCCP meant that children who did not receive the service at the outset would be receiving it at some later stage.

Outputs

Although promoting inter-group understanding is an objective of RCCP, it was not included in the evaluation because no appropriate measure of it could be identified. ‘Creating a positive learning climate in the
classroom and in school’ is an output specified by the programme but it was not looked at by the evaluation.

Outcomes

• Reduction in aggressive behavior when in a conflict situation
• Decrease in conduct problems
• Reduction in aggressive fantasies
• Increase in pro-social behavior
• Improvement in children’s conflict resolution skills (e.g. increase in social problem solving skills and reduction in hostile attribution bias)
• Reduction in depressive symptoms (not a hypothesized effect of RCCP)

Results outcomes

Higher levels of classroom instruction in RCCP resulted in:
• Lower degree of hostile attribution bias (p<.01)
• Reduced acceleration of aggressive fantasies (p<.01)
• Improved interpersonal negotiation strategies (p<.001)
• Decrease of conduct problems over time (no p-value stated)
• Slower rate of acceleration of depressive symptoms over time (p<.01)
• Levels of teacher-observed aggressive behavior remaining the same and not increasing over time (no p-value stated)
• Increase in pro-social behavior over time (no p-value stated)

Taking part in the programme also resulted in:
• A significant decrease in hostile attribution bias (p<.001)
• A decrease in aggressive negotiation strategies when interacting with others (p<.001)

Where a teacher had received more instruction in the programme, children:
• Had a greater hostile attribution bias than children instructed by a teacher who had received less RCCP training (p<.05)
• Displayed a greater increase in hostile attribution bias over time (p<.001)
• Had a greater number of aggressive fantasies over time (p<.01)
• Demonstrated fewer positive negotiation skills when interacting with others (p<.01)
• Became more aggressive in interacting with others over time (p<.001)
• Displayed more conduct problems over time (no p-value stated)
• Showed a slower increase in aggressive behavior over time (p<.05)
• Increased more rapidly in pro-social behavior (p<.01)
• Accelerated faster in the display of depressive symptoms (p<.01)

The researchers’ explanation of these contradictory results for children instructed by teachers who had received a greater amount of training was that the teachers required more support from RCCP staff, in part because the teachers did not supply the intended amount of RCCP instruction in the classroom. Thus the results are interpreted as reflecting a need these teachers had. Teachers who received lower rates of training and coaching may have been implementing the programme correctly from the start, thus not requiring additional support.
Other notes

Although the programme is hypothesized to be effective for children up to the age of 13, no evaluation appears to have been conducted with children not in primary school. Furthermore, ESR’s claim that the programme is tailored to the needs of the individual school raises questions about its fidelity. The importance of the amount of training that the trainers themselves receive, as well as the dosage of the intervention, is clearly demonstrated by this evaluation, although programmes do not often highlight this. It should be established for RCCP how these two factors can be influenced so as to optimize the beneficial effects of the intervention.

Contact details programme
Lisia Morales  
Program Director  
Phone: 001 617 4921764, extension 31  
Fax: 001 617 8645164  
Email: lmorales@ esrnational.org  
http://www.esrnational.org/es/rccp.htm

QUANTUM OPPORTUNITIES PROGRAM

The Quantum Opportunities Program (QOP) is a youth development programme that provides year-round services to socio-economically disadvantaged young people over four years of high school (ages 15-18). The programme aims to improve school achievement and graduation rates and reduce rates of teenage pregnancy and crime. It also seeks to establish long-term meaningful relationships between the participants and mentors/case managers, and build a sense of commitment and involvement within the community and school.

Participants, known as ‘associates’, are engaged in three types of activity: education, development and community service. They are rewarded financially for completing various stages within the programme. The programme is delivered in school, in the community and at a ‘central facility’ after school hours.

Type

This is an early intervention programme for high-school students (aged 15-18) designed to foster educational and social development in order to increase graduation rates and decrease rates of violence and teenage pregnancy. It aims to reach these goals by offering mentorship and intensive case management.

Scope

In 1989, when the programme was first developed, 125 disadvantaged young people from five American high schools (in San Antonio, Philadelphia, Milwaukee, Oklahoma City and Saginaw) received the programme. More recently the programme has been replicated for a further 600 students in seven cities: Cleveland, Fort Worth, Houston, Memphis, philadel-
Philadelphia, Washington DC and Yakima. Implementation has primarily in the US. The total number of children the programme has now serviced is unknown.

Target population

High school students (male and female) from the ninth grade (15 years old) from low-income families (where low income is defined as receiving food stamps and public assistance). As the programme has developed there has been a shift towards children who regularly miss school and have poor grades. Most of the schools involved to date have been from urban settings, although this is not part of the inclusion criteria.

Description

The programme aims to encourage participants to finish high school, enroll in college and avoid risky behaviors such as substance abuse, crime and teenage pregnancy. The programme provides “quantum opportunities” across three types of activity (community service, education and development) for four years of high school (15-18 year-olds).

Education activities include tutoring, computer-assisted instruction and homework assistance (with particular help with basic reading and maths skills). Development activities include acquiring life and family skills, and planning for college and jobs. Community service activities include community service projects, helping with public events and holding regular jobs.

Participants spend 250 hours per year on each of the three types of activity (750 hours in total), even if they drop out of school or move to another district. The programme offers transportation services, child care and emergency financial assistance alongside financial incentives to remain in the programme (approx. $1.25 per hour spent on programme activities plus a similar amount added to an account for the participant to use when they have graduated from high school – or similar, and a bonus for having reached or exceeded targets or goals).

The programme incorporates the use of case management, mentoring, computer-assisted and other multimedia instruction, work experience and financial incentives. It consists of 96 courses (48 academic and 48 functional) that develop understanding of and engagement with, for example, employment, health and consumer topics. The pace is set according to the preferences and abilities of the individual participants. Each case manager (whose qualifications are not specified) works with 15 to 25 young people. The case manager is bound to the young person for the four-five year duration of the programme by way of an annual contract involving monthly progress reports, participation in service activities and weekly meetings. The coordinator is also able to individually tailor activities to the needs of each associate in order to accommodate short- and long-term goals.

The programme motto is “Once in QOP, Always in QOP”. This means that no participants are ever taken off the programme and those who drop out are tracked and contacted (including if they are in prison). Drop-outs can also return to the programme at any point during the four years. Programme costs generally range from $22,000 - $28,000 per participant for the whole five years of the programme (higher costs have been recorded).
Risks targeted

- Lack of meaningful relationship with a significant adult
- Academic underachievement
- Lack of involvement in community
- Engagement in risky behavior (delinquency, crime, substance use and risky sexual behavior)

Outcomes

- Higher rates of graduation
- Sense of commitment to and involvement in community and school.
- Improved school achievement
- Lower teenage pregnancy rate
- Lower rates of involvement in criminal activity

Hypothesized Logic Model

The Quantum Opportunities Program combats the real and perceived lack of opportunities accessible to socio-economically disadvantaged youth via a number of different methods: by promoting the notion that success and upward social mobility are obtainable; through participation in a meaningful and enduring relationship with the co-coordinator who, to the youth, represents a role model and surrogate parent; by enhancing academic and functional skill levels, to equip young people for success; and finally by reinforcing and rewarding positive action and consequent achievements.

All of these interventions and services theoretically compensate for the deficits apparent in impoverished areas. They should result in lower rates of pregnancy and violence and higher rates of graduation in disadvantaged young people. This is because the opportunities presented within the programme enable partici-

pant to imagine and pursue an alternative lifestyle for themselves. Participation in the programme also fills in the time in which participants may have engaged in more negative or risky behaviors; instead they participate in more positive activities. This should also lead to upward social mobility and a greater commitment to the community.

Evaluation

A randomized controlled trial was conducted between 2004 and 2006 on 1,069 young people eligible for the programme. The young people came from seven implementation sites (Cleveland, Philadelphia, Washington DC, Fort Worth, Houston, Memphis and Yakima), with roughly equal numbers from each area (roughly 80-100) except in Philadelphia and Yakima (50 each).

The evaluation involved four assessments over a number of years. The previous three follow-ups collected data on short-term impacts whilst the programme was still being delivered and on longer-term impacts at one year after implementation and two plus years after implementation. The focus here is on the fourth and final assessment with data collected more than four years after implementation. A survey was conducted by telephone six years after most of the sample members should have graduated from high school aged between 23 and 25 years old. Data was also collected from reading and maths tests and high school transcripts.

In the original sample 580 young people were enrolled in the programme and 489 were assigned to the control group. Participants were predominantly black or Hispanic and came from urban areas. The response rate for this study is not clear but for the previous study (the third assessment) the response rate was 76%.
The survey included questions on high school completion, post-secondary education, training, employment, earnings, risky behaviors, physical and mental well-being and family life. No other details are provided in this study. Results were assessed by differences between means and regression adjustment estimates.

**Type**

A randomized controlled study comparing long-term outcomes between experimental and control groups.

**Comparison**

The control group was eligible for the programme but were randomly allocated to the control group and not allowed to participate in QOP.

**Outcomes**

- Increased likelihood of completing high school
- To improve achievement in maths and reading tests
- Increased participation in post-secondary education or training
- Increased earnings and employment rates
- Avoidance of risky behaviors

**Logic Model or Theory**

Education services such as the development of an individual education plan were intended to increase the academic achievements of participants and increase the likelihood of further education. Life skills training was included to reduce the likelihood of participants engaging in behaviors such as substance abuse, criminal behavior and teenage parenthood.

Community service activities were designed to enhance the participants’ sense of responsibility for others living in their neighborhood.

**Results outcomes**

- The programme did not increase the likelihood of graduating from high school with a diploma (60% graduation rates for those receiving QOP and those in the control group).
- Nor were there any significant differences between mathematics and reading test scores.
- Despite previous increases in post-secondary education and training at earlier time-points, significance was not sustained with low rates of both groups reporting to currently be on a college course programme group (38%) and control group (34%).
- There were no significant differences between QOP and control groups in terms of percentages in current employment (67% vs. 68% respectively) or average current earnings ($12,700 vs. $13,200 respectively).
- Participants in QOP reported to be significantly less likely to have been using drugs in the past month in their early twenties than the control group (12% vs. 18% respectively).
- Participants in QOP also reported to be significantly less likely to have been binge drinking in the last month than the control group (25% vs. 31% respectively).
- No other risky behaviors (such as smoking or teen pregnancies) were reported to change significantly between control and experiment groups
- School achievement in reading and maths had not improved for those receiving the programme (a small reduction of 0.4%)
• As young adults the experimental group were significantly more likely to have committed a crime in the last three months than the control group (5% vs. 2% respectively) or have been arrested in the past two years (11% vs. 5% respectively)

Other notes

The focus here is on the fourth and final assessment. Although the overall results are modest (and in some ways negative), the impact of the programme varied across sites and for some specific populations (e.g. age, site). Earlier evaluations showed greater improvements that were not sustained up to this evaluation time-point.

Contact details programme
C. Benjamin Lattimore
Opportunities Industrialization Centers of America Inc.
Telephone 001 215 236 4500
Fax 001 215 236 7480
Internet: There is no dedicated website.
EXPERIENCE CORPS

Experience Corps is an early intervention programme targeted at elementary school children (aged 6-11 years) in inner city schools identified with learning and behavior problems. It aims to improve learning and classroom behavior in schools using older volunteer mentors and tutors to support and guide the children.

Scope

This programme was founded in 1995 and currently has 2,000 members across 19 cities who help to tutor and mentor 20,000 elementary school children every year. It has been implemented in cities across the US including Baltimore, Boston, Chicago, Cleveland, Grand Rapids, Indianapolis, Mesa, Minneapolis, New York, Oakland, Philadelphia, Port Arthur, Portland, San Francisco, St. George, St. Paul, Tempe, Tucson and Washington.

Target population

Children in elementary schools (aged 6-11 years) in urban areas that have been identified as having a high need in literacy and behavior performance. No other inclusion/exclusion criteria are identified.

Description

Experience Corps brings older adults into the classroom as volunteers for 15 hours per week throughout the school year. These volunteers receive training as tutors and mentors and are then placed in a school for a year. Training includes sessions on child development, literacy, conflict resolution, tutoring, parent outreach, and school policies and procedures.

Volunteers spend most of their time working one-to-one with children in the classroom, mostly on academic subjects but also on building close relationships and providing emotional support. Their time is not always spent with just one particular child but with several children as and when they need help. Volunteers could also take the lead in providing after-school activities focused on music, sport and dance and in encouraging parental involvement in the school and their child’s education.

Volunteers must be at least 55 years old and be able to make a firm time commitment to the programme. They work in teams but other than the training and basic in-school structure each programme implementation can vary in its specific method and content, especially in terms of after-school activities. There is no identified curriculum in the Experience Corps programme, rather the volunteers’ work alongside teachers to support and encourage the children with their work. Volunteers can continue their efforts in after-school clubs where they may be able to develop the same issues further so that children learn to cope with their problems across different contexts.

Risks targeted

- Low income areas
- Indication of poor performance academically and behaviorally

Protective factors targeted by the programme

- Early school years still influential and open to change
- Active school (and community) involvement
- Experienced and committed volunteers
Outputs

- Increased learning for the children
- Help for teachers
- Communities use their older adult resource better

Outcomes

- Improved children’s academic achievement
- Improved children’s social skills
- Improved older adult well-being
- Decreased disruptive behavior

Specified Logic Model / Theory of Change

Experience Corps focuses on elementary schools in inner city areas as the academic and social needs of low-income children are great. Participation in Experience Corps leads to increases for children in academic stimulation, behavioral management and readiness for learning. This in turn leads to increases in their vocabulary, alphabet recognition, reading, social skills, school attendance, motivation to learn and concentration. It also leads to a decrease in their disciplinary action and aggression (or in all improved reading and academic performance and improved classroom behavior). The programme tries to strike a balance between what volunteers give and receive from their experience in terms of learning and growth. It incorporates a large group of older adult volunteers to highlight the impact a group could have within a specific school or neighborhood.

Evaluation

This evaluation was conducted in 1999/2000 in six schools from Baltimore. Three schools were randomly assigned to an experimental group which received the Experience Corps programme, and three schools were randomly assigned to a control group which did not receive the programme but could receive other services as per normal. A total of 1,194 Kindergarten to grade three children (aged five to eight years) were assessed at pre- and post-test time points with a follow-up assessment three months after the intervention (experimental group n=688, control group n=506). The gender split in the sample was roughly equal (46% female, 54% male) and the main ethnic group was African American (95%). Assessments took place during normal school hours in individual sessions and were run by six trained interviewers. The assessments included measures on alphabet recognition, listening comprehension, verbal ability, the Comprehensive Test of Basic Skills (CTBS), the Maryland School Performance Assessment Program (MSPAP) and school behavior records. School and teacher outcome assessments were also conducted to measure teacher self-efficacy, teacher perception about seniors in the classroom and school climate. The results of the children’s outcomes were analyzed using General Linear Modeling.

Type

Pilot evaluation based on a randomized controlled design (RCT). The control group did not receive the intervention.

Comparison

The control group consisted of three schools that did not receive the programme but which were able to receive other services as per normal.
Results outputs

- Most teachers felt they were making a difference in the lives of their children; there were no significant differences between the two groups, although more teachers in the intervention group (100%) than the control group (91%) believed they were making a difference.
- Teachers in the experimental group had more favorable attitudes towards seniors than teachers in the control group, although the differences were not significant. 87% of teachers in the experimental group had a good or very good perception of seniors in the classroom compared with 73% in the control group.
- Although differences between the groups were not significant the teachers in the experimental group were more likely than those in the control group to feel that teachers had more strategies to adapt instructions for children as necessary (68%, control group 57%), felt more part of a team effort (61%, control group 50%) and felt that most classrooms had a clearly defined set of rules about appropriate behavior (89%, control group 82%).

Results outcomes

- Alphabet recognition scores were higher for children in the Kindergarten experimental group (mean=25.1, ES=0.17) than for the Kindergarten control group (mean=23.4, ES=0.1, p<.004).
- No improvements were seen in first graders on alphabet recognition due to ceiling effects (ES=0.11 for experiment group and 0.13 for control group).
- Differences between the two groups regarding scores on the listening comprehension and verbal ability were not statistically significant (p=.11) but the ES for the experimental group was 0.32 for Kindergarten (control group 0.07) and 0.24 for first grade (control group 0.12).
- The overall percentage change on the scores for the CTBS measure of basic skills was higher for the experimental group (mean=49.3) than for the control group (mean=30.7) but the differences were not significant.
- Scores on the MSPAP reading measure for children in the third grade were statistically significant between the two groups (p<.02), with children in the experimental group performing better than those in the control group.
- Principals of the experimental group schools reported a 50% decrease in the number of referrals to their offices for behavioral issues. This was not seen in the control groups.

Contact details programme
Experience Corps National Office
Phone: 202-478-6190
Email: info@experiencecorps.org
www.experiencecorps.org
OLWEUS BULLYING PREVENTION

The programme is designed to prevent and reduce bullying in elementary and secondary schools. It seeks to promote more positive behavior in children who bully and to enhance the self-confidence and social acceptance of victims of bullying. The activities aimed at achieving these outcomes operate at the levels of the school, the classroom and the individual child. The activities include, for example, a bullying prevention coordinating committee, classroom meetings about bullying and talks with bullies and victims. The programme works with teachers and parents as well as children.

Scope

The Bullying Prevention Programme was set up in 1983 in northern Norway. It has since been introduced in Iceland, the UK, the USA and Germany. No information could be obtained about the total number of children who have been receiving the programme to date, but has been implemented on a large scale.

Target population

All students attending elementary and secondary school (6 to 18 years of age) are targeted, whilst students identified as bullies or bully victims receive additional individual interventions.

Description

The Olweus Bullying Prevention Programme is delivered in a school setting during a two-year period by school staff members to all children attending participating schools. Activities aimed at preventing and reducing bullying operate at the levels of the school, the classroom and the individual child.

(1) SCHOOL:

A bullying prevention coordination committee is formed to ensure programme fidelity. This committee normally comprises 8-13 members, including a school administrator, a teacher representative from each grade, a parent, a non-teaching staff member, a school-based mental health professional and, if applicable, a playground supervisor and a school resource officer or school-based law enforcement officer.

Committee members are trained for two days by certified trainers and can consult with a trainer during the school year over the telephone (typically this consultation takes place each month and takes about an hour). There is also an on-site coordinator if the school is large. Other staff members receive training as well (half a day to a day) and are involved in discussion groups. The committee coordinates the school’s efforts to reduce bullying, meeting at regular intervals, planning the implementation of programme components and liaising between school staff and programme consultants.

Once these organizational conditions have been met, each student in the school completes a questionnaire (anonymously) to establish the nature and extent of bullying in the school. This is repeated at the end of the two-year programme. The questionnaire is intended to give an insight into the nature and prevalence of bullying in the school. For example, “hot spots” for bullying in school grounds are identified by students filling it out, so that the school can increase teacher supervision in those spots.

School-wide anti-bullying rules are established. The wording of these rules varies across schools but typically captures that other students will not be bullied, that students will try to help those that are bullied and that they will make a point to include students
who tend to get left out. A coordinated supervision system is introduced for break periods, increasing the amount of supervision provided by staff. The committee also decides on appropriate positive and negative consequences for children’s behavior. For example, standing up for someone who gets bullied can be rewarded by a prize draw, additional privileges, or coupons to be redeemed at the school store.

Bullying can result in a one-to-one discussion with a staff member about the bullying behavior, a loss of privileges in school or a meeting between the student, school staff and the student’s parents. The school involves parents in the project, for example by offering parent-staff meetings in which the parents receive information about the project, or discussing bullying in individual meetings with parents whose child bullies or is bullied.

(2) CLASSROOM:
School-wide anti-bullying rules are reinforced in class and there are regular classroom meetings with students to make them more aware of the problem and increase empathy. In addition, there are informational meetings with parents of the children in a particular class.

(3) CHILD:
There are individual meetings with children who bully and children who are the victims of bullying. This level also includes meetings at an individual basis with parents of children involved, offering them help and support.

Risks targeted
Risk factors for bullies are as follows:

At the individual level:
• Impulsive, dominant personality
• Lack of empathy
• Struggling to conform to rules
• Low frustration tolerance
• Positive attitude towards violence
• Gradually decreasing interest in school
• For boys: physical strength

At the family level:
• Little parental warmth and involvement
• Lack of supervision from parents
• Harsh discipline / physical punishment
• Very permissive parenting

At the peer level:
• Friends/peers with positive attitudes towards violence

At school:
• Teachers indifferent towards or accepting of bullying behavior
• Pupils indifferent towards or accepting of bullying behavior
Outputs

- Prevention, reduction and, ultimately, elimination of direct and indirect bullying (direct bullying involves explicit attacks, including verbally and through facial expressions and physical contact, whereas indirect bullying concerns social exclusion in the classroom)
- Better peer relationships for both bullies and victims
- More positive social functioning of bullies within and outside school, including reduced aggressive behavior and more positive ways of asserting themselves
- Increase in the self-confidence of victims of bullying
- Making victims feels more secure at school
- Ensure that victims feel more accepted by at least some of their peers

Hypothesized Logic Model

A permissive environment contributes to bullying, so implementing school rules on bullying and training teachers send out the message that bullying is not tolerated. Research also indicates that lack of parental warmth and parents being too permissive contributes to children being aggressive, so these issues are addressed by offering a non-permissive environment at school (in terms of bullying) and conveying the message to parents and children that bullying is not accepted. At the peer level, it is expected that the change in school climate and the reinforcement of anti-bullying rules helps bullies reduce poor behavior and improve their behavior with peers in school, extending to their lives outside of school as well. Collectively these activities improve the social climate at school, reduce the number of new bullying victims and make children more satisfied with school life. In turn, it is anticipated that there will be reductions in general anti-social behavior, including vandalism, fighting, theft and truancy (although this is not an explicit objective of the programme).

Evaluation

The study involved a quasi-experimental design in which 18 middle schools in rural South Carolina, US, were allocated either to the programme (11 schools) or to a control group (7 schools) for one year (the control group schools also received the programme in the second year). The schools in the programme and control group came from six participating school districts and were matched in terms of student and community demographics.

Measures were taken at baseline (March 1995), after a year (March 1996) and after two years (March 1997). Students aged 11-13 years were asked a number of questions, mostly developed by the authors, except for self-reported bullying, which was measured using one item from the Olweus Bully/Victim Questionnaire.

The analysis used data on 2,649 children at baseline (1,113 in the programme group and 1,536 in the control group), 3,173 after the first year (1,175 and 1,998 respectively) and 883 after two years (experimental group only). The researchers do not report the attrition rate. There were slightly more girls than boys in the sample. Information about ethnicity at the school level was not available. The programme developer was consulted in the study in order to strengthen programme fidelity.
Type

18 middle schools in rural South Carolina, US, were selected for the study in early 1995 and allocated to programme or control condition by means of a quasi-experimental design. Of the 18 schools, eleven implemented the programme. The other seven schools formed a control group in the first year of delivery and commenced implementation afterwards.

Comparison

The control group did not receive the programme in year one but were placed on a waiting list so that they did start receiving the programme in year two.

Outcomes

• Reduced bullying among middle-school students
• Reduced related anti-social behavior in middle-school students, including frequency of engagement in fights and vandalism

Results outcomes

• A large decrease in self-reported bullying of others in the current semester at one-year follow-up (but the level was similar to baseline at two-year follow-up).
• For boys, there was a large, significant decrease in being bullied after a year. There was no such difference in this respect for girls and, after two years, both boys and girls reported similar levels of victimization as at baseline.
• Self-reported isolation decreased significantly for boys, particularly in the first year, but did not change for girls.
• Bullying incidents reported to parents decreased significantly for both boys and girls over the two years of the programme.

• Both boys and girls reported a moderate decrease in the number of occasions at which an adult addressed children who bullied or were bullied, although after two years this was no longer significant for boys, whereas it became more significant for girls. The authors of the study suggest that this may have resulted from a decrease in the number of bullying incidents.
• Self-reported attitudes towards bullying did not change for boys. Girls, however, became more tolerant of bullying behaviors in year two.

Findings related to anti-social behavior were not reported. More importantly, standardized mean scores were compared within the experimental group, i.e. only differences within the experimental group were analyzed and the analysis did not extend to the control group. After the second year of the study (so after the control group schools had been applying the programme for a year) there were no positive effects of the programme for the control group and they have not been described further. The authors suggest that the programme appeared to have no effect on the control group schools because of poor fidelity. The extent to which there were differences within the programme group, and their accompanying p-value, was not reported.

Other notes

Although acknowledged to be a model programme, not every evaluation of the Olweus Bullying Prevention Program is positive; e.g. a study in Austria found no programme effects whatsoever. A weakness of the evaluation reported on above is that some of the outcomes specified in the original programme, such as increased self-confidence among victims, were not examined.
Contact details programme
Dr Dan Olweus
The Olweus Group
Phone: (+47) 55 58 28 08
Fax: (+47) 55 58 98 87
Email: for written information about programme materials:
olweus@online.no
For contacting Dr Olweus himself: olweus@psyhp.uib.no
Team members' email: olweus-gruppen@uib.no
www.clemson.edu/olweus