

**PHR - 10/3006/02**

**A cluster randomised controlled trial evaluation and cost-effectiveness analysis of the Roots of Empathy (ROE) schools-based programme for improving social and emotional wellbeing outcomes among 8-9 year olds in Northern Ireland**

**<https://www.journalslibrary.nihr.ac.uk/programmes/phr/10300602>**

## **RESEARCH INSTRUMENTS**

### **Questionnaires**

1. Teachers Questionnaire
2. Parents Questionnaire
3. Parents Additional Resource Use Questionnaire
4. Children's Questionnaire

### **Interview Schedules for Qualitative Process Evaluation**

1. ROE Instructors
2. ROE Key Point People
3. Parents
4. School Principals and Class Teachers
5. Children (Focus Group)

## Evaluation of the Roots of Empathy Programme Teacher Ratings of Pupil Behaviour

Name of pupil: \_\_\_\_\_

School Name: \_\_\_\_\_

What is your position in relation to this pupil (e.g. class tutor, Year Head, subject teacher)?

\_\_\_\_\_

Please indicate how true each of the following statements are about the child by ticking the appropriate box. Please answer all questions as best as you can even if you are not sure. Please base your answers on the child's behaviour **in the past six weeks**.

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings			
2. Restless, overactive, cannot stay still for long			
3. Often complains of headaches, stomach-aches or sickness			
4. Shares readily with other children (sweets, toys, pencils etc)			
5. Often has temper tantrums or hot tempers			
6. Rather solitary, tends to play alone			
7. Generally obedient, usually does what adults request			
8. Many worries, often seems worried			
9. Helpful if someone is hurt, upset or feeling ill			
10. Constantly fidgeting or squirming			
11. Has at least one good friend			
12. Often fights with other children or bullies them			
13. Often unhappy, down-hearted or tearful			
14. Generally liked by other children			
15. Easily distracted, concentration wanders			
16. Nervous or clingy in new situations, easily loses confidence			
17. Kind to younger children			
18. Often lies or cheats			
19. Picked on or bullied by other children			
20. Often volunteers to help others (parents, teachers, other children)			
21. Thinks things out before acting			
22. Steals from home, school or elsewhere			
23. Gets on better with adults than with other children			
24. Many fears, easily scared			
25. Sees tasks through to the end, good attention span			

Please turn over – there are a few more questions on the other side

Overall, do you think this child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No      Yes – Minor Difficulties      Yes- definite difficulties      Yes – Severe difficulties

If you have answered 'Yes', please answer the following questions about these difficulties.

- How long have these difficulties been present?

Less than a month      1 – 5 months      6 – 12 months      Over a year

- Do these difficulties distress or upset the child?

Not at all      Only a little      Quite a lot      A great deal

- Do these difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do these difficulties put a burden on you or the class as a whole?

Not at all      Only a little      Quite a lot      A great deal

## Child Behaviour Scale

Please indicate how true each of the following statements are about the pupil by circling the appropriate number. Please answer all questions as best as you can even if you are not sure. Please base your answers on the pupils behavior in the past 6 weeks.

	Not True	Sometimes True	Often True
1. Tends to react to classmates' distress by teasing them or making things worse	0	1	2
2. Seems concerned when classmates are distressed	0	1	2
3. Is an aggressive child	0	1	2
4. Taunts and teases classmates	0	1	2
5. Threatens classmates	0	1	2
6. Is kind toward classmates	0	1	2
7. Listens to classmates	0	1	2
8. Compromises in conflicts with classmates	0	1	2
9. Is cooperative with classmates	0	1	2
10. Loses temper easily in conflicts with classmates	0	1	2
11. Argues with classmates	0	1	2
12. Is friendly toward classmates	0	1	2
13. Annoys or irritates classmates	0	1	2
14. Disrupts classmates' activities	0	1	2
15. Shows concern for moral issues (e.g. fairness, welfare of others)	0	1	2
16. Offers help or comfort when classmates are upset	0	1	2
17. Will continue to bother or hurt classmates even when they are clearly upset	0	1	2

Thank you very much for your time.

## Evaluation of the Roots of Empathy Programme Parental Questionnaire 2015

Thank you very much for taking the time to complete the last Roots of Empathy parent questionnaire.

Your answers will be treated in the strictest confidence and will not be shared with anyone outside of the research team. We appreciate you taking part and your answers will play an important role in evaluating the *Roots of Empathy* programme for children.

The information requested in this form should be completed by the mother/father or the main guardian of the child. Please read each question and the instructions carefully and try to answer all questions as honestly as you can.

### About You and Your Household

Please fill in the following answers by putting a ✓ in 1 box like this  or use the spaces provided \_\_\_\_\_.

- Today's date \_\_\_\_\_
- What is your name? \_\_\_\_\_
- What is your address (including postcode)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What is your email address? \_\_\_\_\_
- What is your child's name? \_\_\_\_\_
- What is the name of your child's school? \_\_\_\_\_
- Does your child have any brothers and/or sisters?

Brothers  **If Yes**, how many? \_\_\_\_\_. Sisters  **If Yes**, how many? \_\_\_\_\_.

What are their ages? \_\_\_\_\_.

## Some questions about your household

➤ What is your relationship to the child? (please tick)

- |                     |                          |  |
|---------------------|--------------------------|--|
| Father.....         | <input type="checkbox"/> |  |
| Stepfather.....     | <input type="checkbox"/> |  |
| Mother.....         | <input type="checkbox"/> |  |
| Stepmother.....     | <input type="checkbox"/> |  |
| Grandfather.....    | <input type="checkbox"/> |  |
| Grandmother.....    | <input type="checkbox"/> |  |
| Legal Guardian..... | <input type="checkbox"/> | → If yes, are you male <input type="checkbox"/> or female <input type="checkbox"/> ? |
| Other.....          | <input type="checkbox"/> | → If OTHER, please state relationship  |
- 

➤ Within your household, what is the highest level of **parental education** which has been completed to date? **(Please tick only one box for each parent, where applicable)**

	Mother/ Step mother	Father/ Step father/ Partner
Primary School or below	<input type="checkbox"/>	<input type="checkbox"/>
GCSEs	<input type="checkbox"/>	<input type="checkbox"/>
BTEC/NVQs/Certificate or Diploma	<input type="checkbox"/>	<input type="checkbox"/>
A Level/AS Level/Higher National Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Degree (e.g. BSc/BA)	<input type="checkbox"/>	<input type="checkbox"/>
Master's Degree	<input type="checkbox"/>	<input type="checkbox"/>
PhD	<input type="checkbox"/>	<input type="checkbox"/>

➤ Please tick the **main** employment status of each parent or guardian that lives in your household. **(Please tick only one box for each parent, where applicable)**

	Mother/ Step mother	Father/ Step father/ Partner
At work	<input type="checkbox"/>	<input type="checkbox"/>
Seeking regular work for the first time	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>
Looking after home / family	<input type="checkbox"/>	<input type="checkbox"/>
Retired from employment	<input type="checkbox"/>	<input type="checkbox"/>
Unable to work due to permanent disability/sickness	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state _____)	<input type="checkbox"/>	<input type="checkbox"/>

## Some questions about your child's behaviour

For each item, please tick the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour **over the last six weeks.**

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings			
2. Restless, overactive, cannot stay still for long			
3. Often complains of headaches, stomach-aches or sickness			
4. Shares readily with other children (sweets, toys, pencils etc)			
5. Often has temper tantrums or hot tempers			
6. Rather solitary, tends to play alone			
7. Generally obedient, usually does what adults request			
8. Many worries, often seems worried			
9. Helpful if someone is hurt, upset or feeling ill			
10. Constantly fidgeting or squirming			
11. Has at least one good friend			
12. Often fights with other children or bullies them			
13. Often unhappy, down-hearted or tearful			
14. Generally liked by other children			
15. Easily distracted, concentration wanders			
16. Nervous or clingy in new situations, easily loses confidence			
17. Kind to younger children			
18. Often lies or cheats			
19. Picked on or bullied by other children			
20. Often volunteers to help others (parents, teachers, other children)			
21. Thinks things out before acting			
22. Steals from home, school or elsewhere			
23. Gets on better with adults than with other children			
24. Many fears, easily scared			
25. Sees tasks through to the end, good attention span			

Overall, do you think your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes – Minor Difficulties	Yes- definite difficulties	Yes – Severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'Yes', please answer the following questions about these difficulties.

- How long have these difficulties been present?

Less than a month	1 – 5 months	6 – 12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do these difficulties distress or upset the child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do these difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do these difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Some questions about your child's health

- Please indicate below how many times (if at all) **since June 2014**, your child has used any of the services listed below. If your child has **not** been in contact with a particular service, please enter '0' rather than leaving it blank.

***Note: please enter '0' if service has not been used***

Service	Total number of contacts
General Practitioner (GP)	
School Nurse	
Education Welfare Officer	
Accident and Emergency (A&E) Visit	
Social Worker	
Speech therapist	
Occupational therapist	
Physiotherapist	
Educational psychologist	
Psychiatrist	
Counselling/therapy	
Dentist	
Optician	
Police	
Hospital stay	Number of nights:
Hospital outpatient visit	

- Has your child used any other services that are not listed in the table above? If so please let us know:

Other service 1: \_\_\_\_\_ No. of contacts: \_\_\_\_\_

Other service 2: \_\_\_\_\_ No. of contacts: \_\_\_\_\_

- Please list below your child's use of any medication taken since June 2014.

Name of medication	How long did your child take this medication for? (e.g. 1 week)	Daily Dosage
1.		
2.		
3.		
4.		

- Since June 2014, have you had to take time off work or your usual daily activities due to your child being off school? *(For example, time off due to child's illness, behavioural problems, attending appointments etc.)*

Yes  No

If yes, please state how many days:

## Some questions about your health

Under each heading, please tick the ONE box that best describes your health TODAY

### **MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

### **SELF-CARE**

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

### **USUAL ACTIVITIES** (*e.g. work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

### **PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

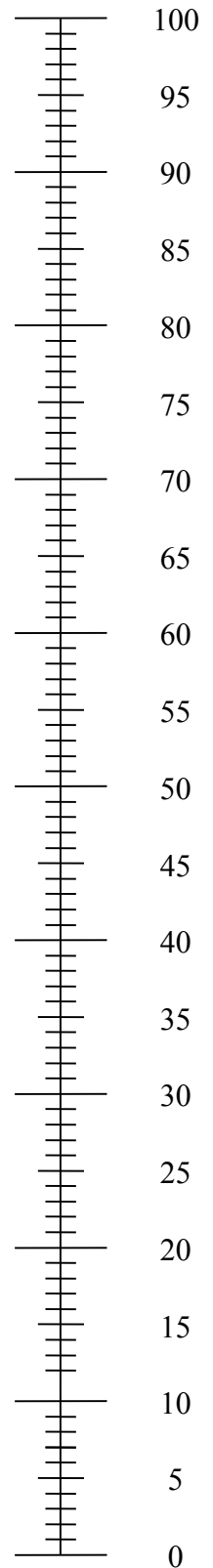
### **ANXIETY / DEPRESSION**

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health  
you can imagine



The worst health  
you can imagine

**Thank you very much for your time. Please return to the research team in the freepost envelope provided (no stamp required).**



## Evaluation of the Roots of Empathy Programme Resource Use Questionnaire

Thank you very much for taking the time to complete the last Roots of Empathy parent questionnaire.

Your answers will be treated in the strictest confidence and will not be shared with anyone outside of the research team. We appreciate you taking part and your answers will play an important role in evaluating the *Roots of Empathy* programme for children.

We are interested in finding out what health and social care services your child has had access to since they started Primary 5.

- What is your child's name? \_\_\_\_\_
- What is the name of your child's school? \_\_\_\_\_

Please indicate below how many times (if at all) your child has used any of the services listed below. If your child has not been in contact with a particular service, please enter '0' rather than leaving it blank.

Note: please enter '0' if service has not been used

Service	Total number of contacts
General Practitioner (GP)	
School Nurse	
Accident and Emergency (A&E) Visit	
Social Worker	
Speech therapist	
Occupational therapist	
Educational Psychologist	
Counselling/therapy	
Dentist	
Optician	
Police	
Hospital stay	Number of nights:
Hospital outpatient visit	

Has your child used any other services that are not listed in the table above? If so please let us know:

Other service 1: \_\_\_\_\_

No. of contacts: \_\_\_\_\_

Other service 2: \_\_\_\_\_

No. of contacts: \_\_\_\_\_

Please list below your child's use of any medication taken since he/she started P5.

Name of medication	How long did your child take this medication for? (e.g. 1 week)	Daily Dosage
1.		
2.		
3.		
4.		

Since your child started P5, have you had to take time off work or your usual daily activities due to your child being off school? (For example, time off due to child's illness, behavioural problems, attending appointments etc.) Yes  No

If yes, please state how many days: \_\_\_\_\_

**Thank you very much for your time. Please return to the research team in the freepost envelope provided (no stamp required).**



Queen's University  
Belfast

## Roots of Empathy Evaluation Pupil Survey 2015

Queen's University Belfast would like you to complete the Roots of Empathy questionnaire for the last time. This is not a test, and there are no right or wrong answers. Please answer each question as honestly as you can. Only the researchers at Queen's University Belfast will see your answers, and we will not show your answers to your parents or your teachers.

When you are finished, please put your completed questionnaire in the envelope provided, seal the envelope, and give to your teacher.

Thank you for all your help with the Roots of Empathy project!

**First Name:**

**Last Name:**

**Date of Birth:**

**School Name:**

**Form tutor:**

**Year group:**

Year 8 / Form 1

Year 9 / Form 2

**Are you:**

girl

boy

## Section 1: Feelings

The following sentences describe ways children might feel about their feelings. For each sentence, indicate how well it describes **you** by circling the number that describes **HOW TRUE** it is for you. Read each sentence carefully. Answer honestly. Thank you.

	<u>Not very often</u> True	<u>Sometimes</u> True	<u>Often</u> True
1. When I am feeling mad, I control my angry feelings.	1	2	3
2. I hold my anger in.	1	2	3
3. I stay calm and keep my cool when I am feeling mad.	1	2	3
4. I do things like slam doors when I am mad.	1	2	3
5. I hide my anger.	1	2	3
6. I attack whatever it is that makes me mad.	1	2	3
7. I get mad inside but I don't show it.	1	2	3
8. I can stop myself from losing my temper.	1	2	3
9. I say mean things to others when I'm mad.	1	2	3
10. I try to calmly deal with what is making me feel mad.	1	2	3
11. I'm afraid to show my anger.	1	2	3



**CHECK TO MAKE SURE YOU ONLY HAVE ONE NUMBER CIRCLED PER LINE**

	<u>Not True</u>	<u>Sometimes True</u>	<u>Certainly True</u>
1. I try to be nice to other people. I care about their feelings	1	2	3
2. I am restless, I cannot stay still for long	1	2	3
3. I get a lot of headaches, stomach-aches or sickness	1	2	3
4. I usually share with others (food, games, pens etc)	1	2	3
5. I get very angry and often lose my temper	1	2	3
6. I am usually on my own. I generally play alone or keep to myself	1	2	3
7. I usually do as I'm told	1	2	3
8. I worry a lot	1	2	3
9. I am helpful if someone is hurt, upset or feeling ill	1	2	3
10. I am constantly fidgeting or squirming	1	2	3
11. I have one good friend or more	1	2	3
12. I fight a lot. I can make other people do what I want	1	2	3
13. I am often unhappy, down-hearted or tearful	1	2	3
14. Other people my age generally like me	1	2	3
15. I am easily distracted, I find it difficult to concentrate	1	2	3
16. I am nervous in new situations. I easily lose confidence	1	2	3
17. I am kind to younger children	1	2	3
18. I am often accused of lying or cheating	1	2	3
19. Other children or young people pick on me or bully me	1	2	3
20. I often volunteer to help others (parents, teachers, children)	1	2	3
21. I think before I do things	1	2	3
22. I take things that are not mine from home, school or elsewhere	1	2	3
23. I get on better with adults than with people my own age	1	2	3
24. I have many fears, I am easily scared	1	2	3
25. I finish the work I'm doing. My attention is good	1	2	3



## Section 2: Infant Feelings

Please look at the baby picture on the next page, and answer Questions 1 and 2 below.

**Write down as many answers as you can. Thank You!!!**

1. What are some reasons that this baby cries?

2. What things can you do to help a baby who is crying?



### Section 3: How I feel about other people

The following sentences describe ways children might feel. For each sentence, indicate how well it describes **you** by circling the number that describes **HOW TRUE** it is for you. Read each sentence carefully. Answer honestly. Thank you.






	<u>Not at all</u> like me	<u>A little bit</u> like me	<u>Kind of</u> like me	<u>Alot</u> like me	<u>Always</u> like me
1. I am quite a sensitive person	1	2	3	4	5
2. I want to help people who get treated badly	1	2	3	4	5
3. Emergency situations make me feel worried and upset.	1	2	3	4	5
4. I often feel worried about people that are not as lucky as me, and feel sorry for them	1	2	3	4	5
5. I get very worried and upset when I see someone who needs help in an emergency	1	2	3	4	5
6. When I am angry or upset at someone, I usually try to imagine what he or she is thinking or feeling	1	2	3	4	5
7. I often get affected by things I see happen	1	2	3	4	5
8. When I am arguing with my friends about what we are going to do, I think carefully about what they are saying before I decide whose idea is best	1	2	3	4	5
9. When people around me are nervous or worried, I get a bit scared and worried too.	1	2	3	4	5
10. When reading a good story, I imagine what it would be like if the story were true	1	2	3	4	5
11. When reading a book, I try to imagine what the people in the story are thinking	1	2	3	4	5
12. It is easy for me to pretend that I am the star of my favourite movie	1	2	3	4	5
13. I try to think about other people's feelings before I make mean comments on them	1	2	3	4	5
14. I am likely to lose control during an emergency	1	2	3	4	5
15. I day dream quite a lot about things that might happen to me	1	2	3	4	5
16. I sometimes try to understand my friends better by pretending I am them	1	2	3	4	5
17. Sometimes I feel helpless when people around me are upset	1	2	3	4	5
18. I think people can have different opinions about the same thing	1	2	3	4	5



**CHECK TO MAKE SURE YOU ONLY HAVE ONE NUMBER CIRCLED PER LINE**

## Section 4: How are Claire and Andrew Feeling?

Please read each story and tick the box for the emotion that you think Claire or Andrew is feeling.

Story	Happy 	Sad 	Angry 	Scared 	Don't know 
1. Claire won first prize in a competition					
2. Andrew's little brother broke his favourite toy on purpose					
3. Claire's friend made her a cake					
4. Andrew and his little brother have a pet dog. The dog is sick					
5. Claire and her friend go on a day trip					
6. Andrew made his dad a mug for his birthday. Andrew told his baby brother not to touch it, but his brother did and the mug broke					
7. Claire's favourite shoes that she liked a lot were very old					
8. A big dog was chasing after Andrew					
9. Claire had a dream about a monster					
10. It was Andrew's birthday, but he got no cards or presents because everyone forgot					
11. Claire worked hard on a picture and showed it to her father. Her father really like it and said Claire did a good job					
12. Andrew got on the wrong bus and is lost in a part of town he's never been to before					
13. Andrew had an older brother who was telling Andrew ghost stories					
14. Claire was trying to tell her mother about something exciting, but her little brother kept interrupting					
15. Andrew let his best friend use his new ball. His friend wasn't careful and lost the ball and wouldn't give Andrew a new one					
16. Claire's best friend was moving to a different school					

## Section 5: How do you feel today?

These questions ask about how you are **today**. For each question, read all the choices and decide which one is most like you **today**. Then put a tick in the box next to it. Only tick **one** box for each question.

### Example

Today I feel quite upset so I will tick this box:

#### **Upset**

- I don't feel upset today
- I feel a little bit upset today
- I feel a bit upset today
- I feel quite upset today
- I feel very upset today

Now think about and answer the rest of the questions below

#### **1. Worried**

- I don't feel worried today
- I feel a little bit worried today
- I feel a bit worried today
- I feel quite worried today
- I feel very worried today

#### **2. Sad**

- I don't feel sad today
- I feel a little bit sad today
- I feel a bit sad today
- I feel quite sad today
- I feel very sad today

#### **3. Pain**

- I don't have any pain today
- I have a little bit of pain today
- I have a bit of pain today
- I have quite a lot of pain today
- I have a lot of pain today

#### **4. Tired**

- I don't feel tired today
- I feel a little bit tired today
- I feel a bit tired today
- I feel quite tired today
- I feel very tired today

**5. Annoyed**

- I don't feel annoyed today
- I feel a little bit annoyed today
- I feel a bit annoyed today
- I feel quite annoyed today
- I feel very annoyed today

**6. School Work/  
Homework (such as  
reading, writing,  
doing lessons)**

- I have no problems with my schoolwork/homework today
- I have a few problems with my schoolwork/homework today
- I have some problems with my schoolwork/homework today
- I have many problems with my schoolwork/homework today
- I can't do my schoolwork/homework today

**7. Sleep**

- Last night I had no problems sleeping
- Last night I had a few problems sleeping
- Last night I had some problems sleeping
- Last night I had many problems sleeping
- Last night I couldn't sleep at all

**8. Daily routine**

- I have no problems with my daily routine today
- I have a few problems with my daily routine today
- I have some problems with my daily routine today
- I have many problems with my daily routine today
- I can't do my daily routine today

**9. Able to join in activities  
(things like playing out  
with your friends, doing  
sports, joining in things)**

- I can join in with any activities today
- I can join in with most activities today
- I can join in with some activities today
- I can join in with a few activities today
- I can join in with no activities today

## Section 6: Bullying

Here are some questions about being bullied by other children in your school. When we say 'bullied', we mean that a child is being bullied when another child, or several other children...

- Say mean things to them
- Leave them out or exclude them
- Hit, kick, push or shove them
- Tell lies or spread false rumours about them
- And other hurtful things like that

**How often have you been bullied at school in the last couple of months?**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**Have you been bullied at school in the past couple of months in one or more of the following ways?**

**I was called mean names, was made fun of, or teased in a hurtful way**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**Other children left me out of things on purpose, excluded me from their group of friends, or completely ignored me**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I was hit, kicked, pushed, shoved, around or locked indoors**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**Other children told lies or spread false rumours about me and tried to make others dislike me**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I had money or other things taken away from me or damaged**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I was threatened or forced to do things I didn't want to do**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I was bullied with mean names or comments about my race or colour or the country where I used to live**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I was bullied with the use of mobile phones**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I was bullied with the use of computers or online**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**When you see a student your age being bullied at school, what do you feel or think?**

- That is probably what they deserve
- I don't feel that much
- I feel a bit sorry for them
- I feel a bit sorry for them and want to help

**If you have been bullied where did it happen?**

- I haven't been bullied
- In school
- Going to/from school
- Around where I live
- Somewhere else: \_\_\_\_\_



## About bullying other pupils

**How often have you taken part in bullying another student at school in the last couple of months?**

- I have not bullied another pupil at school in the past couple of months
- Only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**Have you bullied another pupil at school in the past couple of months in one or more of the following ways?**

**I called another pupil mean names and made fun of or teased him or her in a hurtful way**

- It has not happened in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I left him or her out of things on purpose, excluded him or her from my group of friends or completely ignored him or her**

- It has not happened in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I hit, kicked, pushed and shoved him or her around or locked him or her indoors**

- It has not happened in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I spread false rumours about him or her and tried to make others dislike him or her**

- It has not happened in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I took money or other things from him or her or damaged his or her possessions**

- It has not happened in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I threatened or forced him or her to do things he or she didn't want to do**

- It has not happened in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I bullied him or her with mean names or comments about his or her race or colour or the country where they used to live**

- It has not happened in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I bullied him or her with the use of mobile phones**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week

**I bullied him or her with the use of computers or online**

- It hasn't happened to me in the past couple of months
- It has only happened once or twice
- 2 or 3 times a month
- About once a week
- Several times a week



# **1) ROE Instructors**

## **Outcomes and benefits**

- Overall, what do you think are the main benefits of the Roots of Empathy Programme?
- What have been the specific benefits of RoE for:
  - The children?
    - How have children responded to programme?
    - How has their learning and behaviour been affected?
  - The parents?
  - The teachers?
    - What changes occur in the classroom-learning environment because of the Roots of Empathy Programme?
  - The school as a whole?
  - The principal?
- Do you think Roots of Empathy Programme is an effective socio-emotional learning programme? Why/why not?
- Is the Roots of Empathy Programme an effective tool for teaching socio-emotional learning?
- How do you think the programme works in terms of improving the child/parent/teacher outcomes that you mentioned?
- What do you think are the limitations of the Roots of Empathy Programme?

## **Implementation**

- What have been the main challenges in terms of implementing the Roots of Empathy Programme?
- What do you think of the curriculum content of the Roots of Empathy Programme?
- How would you rate the support you have received from your RoE mentor (who's aim is to support you in your role as an instructor)?
- Is there anything that you feel could be done differently or better?
- Is there anything else you would like to say about the Roots of Empathy Programme and its implementation?

## **Parental Engagement**

- How involved are parents in the programme?
- What has the school done to promote or encourage the involvement of parents in the Roots of Empathy programme?
- What is the school's engagement strategy for parents in relation to SEL programmes?
- Has there been any feedback in terms of what parents have thought of the programme?
- What are your perceptions of the experience of participation of parents/barriers to participation, the consequences of participation/non participation for children?

## **2) ROE Key Point People**

### **Outcomes and benefits**

- Overall, what do you think are the main benefits of the Roots of Empathy Programme?
- What have been the specific benefits of RoE for:
  - The children?
    - How have children responded to programme?
    - How has their learning and behaviour been affected?
  - The parents?
  - The teachers?
    - What changes occur in the classroom-learning environment because of the Roots of Empathy Programme?
  - The school as a whole?
  - The principal?
- Do you think Roots of Empathy Programme is an effective socio-emotional learning programme? Why/why not?
- Is the Roots of Empathy Programme an effective tool for teaching socio-emotional learning?
- How do you think the programme works in terms of improving the child/parent/teacher outcomes that you mentioned?
- What do you think are the limitations of the Roots of Empathy Programme?

### **Implementation**

- What have been the main challenges in terms of implementing the Roots of Empathy Programme?
- What do you think of the curriculum content of the Roots of Empathy Programme?
- How difficult/easy was it to recruit schools, instructors and parents with a baby?
- What has the commitment/engagement of instructors/teachers/schools to the programme been like?
- *What types of things did you do to ensure the smooth roll out of the programme and promote the engagement of schools?*
- Is there anything that you feel could be done differently or better?
- Is there anything else you would like to say about the Roots of Empathy Programme and its implementation?
- How would you rate your experience of being part of a large-scale evaluation? What have been the main challenges?

### **Parental Engagement**

- Are you aware of the school's engagement strategy for parents in relation to SEL programmes? (Roots of Empathy in particular)
- Has there been any feedback in terms of what parents have thought of the programme?
- What are your perceptions of the experience of participation of parents/barriers to participation, the consequences of participation/non-participation for children?

### **3) Parents**

#### **Outcomes and benefits**

- How much do you know about the Roots of Empathy programme?
- How did you find out about the programme?
- Overall, what do you think are the main benefits of the Roots of Empathy Programme?
- What have been the specific benefits of RoE for your child?
- How has your child responded to the programme?
- How has their learning and behaviour been affected?

#### **Parental Engagement**

- What influenced your decision to participate
- How well do you think your child's school communicates with you regarding providing information about the ROE programme/PMDU/events/your child's progress/issues?
- What is the quality of your relationship with your child's class teacher and other staff in the school?
- How effectively and/or appropriately do you feel the school seeks to involve you the Roots of Empathy programme/ SEL Programmes at school?
- To what the extent would you like to play / are playing a larger part in the life of the school/including volunteering/making a contribution to the school's decision-making process.
- What is the school's engagement strategy for parents in relation to SEL programmes?
- Have you been asked for any feedback in terms of what you thought of the ROE programme?
- What are your perceptions of the experience of your participation in your child school?
- What are the barriers if any to participation, the consequences of participation/non participation you're your child?
- How confident are you in participating in your child's school activities?
- How helpful do you perceive your child's school to be in supporting you to help their child?
- What influenced your decision to participate in the research?
- Would you recommend the programme to others?

## **4) School Principals & Class Teachers**

### **Outcomes and benefits**

- Overall, what do you think are the main benefits of the Roots of Empathy Programme?
- What have been the specific benefits of RoE for:
  - The children?
    - How have children responded to programme?
    - How has their learning and behaviour been affected?
  - The parents?
  - The teachers?
    - What changes occur in the classroom-learning environment because of the Roots of Empathy Programme?
  - The school as a whole?
  - The principal?
- Do you think Roots of Empathy Programme is an effective socio-emotional learning programme? Why/why not?
- Is the Roots of Empathy Programme an effective tool for teaching socio-emotional learning?
- How do you think the programme works in terms of improving the child/parent/teacher outcomes that you mentioned?
- What do you think are the limitations of the Roots of Empathy Programme?
- Would you recommend the programme?

### **Implementation**

- What have been the main challenges in terms of implementing the Roots of Empathy Programme?
- What do you think of the curriculum content of the Roots of Empathy Programme?
- How would you rate your experience of being involved in a large scale randomised controlled trial?
- What were the challenges associated with this?
- What are the benefits of taking part in an evaluation like this?
- Is there anything that you feel could be done differently or better in relation to either the Roots of Empathy programme and/or the evaluation?
- Is there anything else you would like to say about the Roots of Empathy Programme and its implementation?
- What has worked well, what less well, the perceived 'costs' (time, resource, adverse consequence) and benefits.

### **Parental Engagement**

- How involved are parents in the RoE programme?
- What has the school done to promote or encourage the involvement of parents in the Roots of Empathy programme and/or the RCT?
- What is the school's engagement strategy for parents in relation to SEL programmes?
- Has there been any feedback in terms of what parents have thought of the programme?
- What are your perceptions of the experience of participation of parents/barriers to participation, the consequences of participation/non participation for children?

## **5) Children (Focus Group)**

### **Outcomes and benefits**

- Can you tell me what the Roots of Empathy programme is about?
- Do you like it?
- What do you learn about?
- What was your favourite part?
- Do you think that all children should get the ROE programme? If so, why?

### **Parental Engagement**

- Do you talk about Roots of Empathy at home?
- What do your family/parents think about the ROE programme?