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A Path to Inclusiveness

How support groups can help bullied children and provide valuable experiences to their peers.

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Abstract

Being bullied is associated with anxiety, depression symptoms, and long-time negative health outcomes. The aim of this qualitative study was to explore bullied children's experiences with support groups as a tool against bullying and how participating to a group affected the children. The sample consisted of 24 children aged 11-13, four of whom were bullied. Four individual and four focus group interviews were conducted at the children's schools. A Solution-Focused-Approach (SFA) forms the basis on which support groups as an intervention is built. The interview guide was prepared in line with an exploratory design, the questions were open-ended, contained elements of SFA, and with the purpose of gaining an insight into the participants' own experiences. In the process of analysing the data Graneheim & Lundman`s (2004) model for qualitative content analysis were used. The main theme identified in this study was that support groups provides an opportunity for change and can help children to be included among peers. The bullied children explained how they found it difficult to open up about difficulties but experienced that when they did the situation changed. From feeling alone at school, they were included among peers. The changes were made through challenges, encouragement and support from peers and the school nurse or social teacher. The children participating in the support groups reported a feeling of being selected to do an important job. The fellowship the groups provided, together with the opportunity to help a peer, made them feel good about themselves. They also experienced that contributing could be challenging and a demanding role to play. Both getting support and being part of a support group contributed to inclusion, strength and valuable experiences. The findings suggest that a systemic approach to bullying is advantageous, emphasising the importance school nurses and teachers play in bringing about change.

Keywords: Bullying, Support groups, Mental health, School nursing, Solution-Focused-Approach, Systemic approach, School children.

Abstrakt

Mobbing er et samfunnsproblem som disponerer for emosjonelle og somatiske helseplager hos de som berøres. Målet med denne kvalitative studien var å utforske barns erfaringer med supportgrupper som et verktøy for inkludering og forebygging av mobbing i barneskolen. Utvalget bestod av 24 barn i alderen 11-13 år, hvorav fire opplevde mobbing. Fire individuelle og fire fokusgruppeintervjuer ble gjennomført på barnas egne skoler, i skoletiden. En intervjuguide med et eksplorativt design ble utarbeidet og dannet grunnlaget for intervjuene. Spørsmålene var åpne og hadde som formål om å gi innblikk i deltakernes egne erfaringer. En løsningsfokusert tilnærming (LØFT) står sentralt i intervensjonen suppport grupper og danner grunnlaget for hvordan helsesykepleier eller sosiallærer sanhandler med barna. Analysen av data ble gjort i tråd med Graneheim & Lundman`s (2004) modell for kvalitativ analyse. I intervjuene med barna kom det frem at supportgrupper gir en mulighet for endring til en bedre skolehverdag. De utsatte barna opplevde det utfordrende å fortelle om det som var vanskelig til helsesykepleier eller sosiallærer, men satt igjen med positive erfaringer i etterkant. Gjennom oppmuntring, utfordringer og støtte fra både jevnaldrende, helsesykepleier eller sosiallærer opplevde de mestring og fikk nye gode venner. Barna som deltok i supportgruppene fortalte at de opplevde seg utvalgt til å gjøre en viktig jobb, men at det også kunne oppleves utfordrende og vanskelig iblant. Samholdet i gruppene bidro til at de fikk mot, styrke og glede av å hjelpe en klassevenn. Funnene tyder på at en systemisk tilnærming til mobbing er fordelaktig, og understreker betydningen av helsesykepleiere og sosiallærere for å få til endring.

Nøkkelord: Mobbing, Vennskap, Løsningsfokusert tilnærming, Skolebarn, Systemisk tilnærming, Psykisk helse

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1. Introduction

Being bullied is associated with anxiety and depression symptoms (Ringdal, Bjørnsen, Espenes, Eilertsen, Moksnes, 2021). It is extended to children's perceptions of well-being (Flaspohler, Elfstrom, Vanderzee, 2009) and bully-victims may have long-time negative health-outcomes (Wolke & Lereya, 2015). Bullying interferes with functioning in the peer group (Kaufman, Huitsing, Veenstra, 2019) and brings along social consequences that seem to get worse over time (Salmivalli, 2010). Peer support contributes to a more positive school community and may also help bullied children to improve their situation (Cowie, Smith, 2010). While bullies often are central members of their peer networks and have friends (Menesinia & Salmivalli, 2017, Salmivalli, 2010), bully-victims are a group of youth that schools and mental health professionals need to have care for (Kennedy, 2021).

The Norwegian School Health Services aim to collaborate with the school to create a good psychosocial environment for the children, promote good mental and physical health, facilitate good social and environmental conditions, and prevent disease and injury (Norwegian Directorate of Health, 2017). Despite the effort, prevalence of bullying among adolescents are stable. Prevalence of bullying varies from 3% to over 20% in different regions and European countries (World Health Organization, 2016). In Norway 5,8% of school children experienced bullying regularly in 2020 (Norwegian Directorate for Education, 2021).

There are a variety of definitions of bullying. Partnership Against Bullying (2021), a coalition of 14 Norwegian national organizations, defines bullying as a repeated negative behavior aimed at someone who cannot defend themselves. Bullying can be differentiated from other types of peer aggression by four key characteristics: frequency, intensity, power imbalance, and goal-directedness (Volk, Dane, & Marini, 2014). Lund & Helgeland (2020) defines bullying as an expression of social marginalization. This definition reflects a shift in focus from individual characteristics to the social processes, where exclusionary mechanisms in children and young people's communities create a fertile ground for bullying. This perspective forms the basis of this article. Bullying is a complex and systemic issue (Waasdorp, Monopoli, Horowitz-Johnson & Leff, 2019) that needs to be faced at a broad system-level (Fazel & Newby, 2021). Bronfenbrenner's (1977) bioecological model for how the environment you grow up in influence facets of your life, was used as a framework for understanding the consequences of bullying. The microsystem refers to the structure's

children are in direct contact with, such as family, peers and the community. The interaction between the microsystems occurs in the mesosystem, such as the interaction between the school and family (Bronfenbrenner, 1977). The exosystem encompasses aspects of structures within the microsystem that may affect a child, but do not directly. The macrosystem includes social, economic or cultural ideologies that affect the child's environment. This theory foundationally defines how various systems influence a child's behaviour in bullying situations (Banks, Blake & Lewis, 2020).
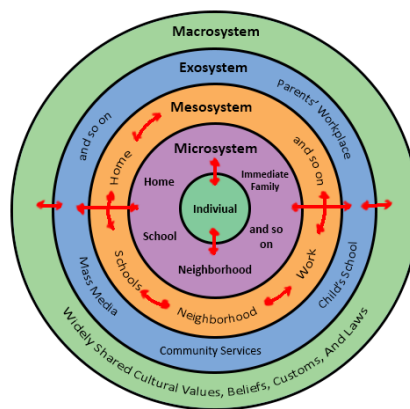

Figure 1: Bronfenbrenner's bioecological model:
https://psychology.wikia.org/wiki/Bioecological_model

Ttofi & Farrington`s (2011) meta-analysis of 29 longitudinal studies recommended new anti-bullying programs to have a systemic approach. Social inclusion is fundamental for learning important social skills, understanding the systemic interaction in the peer group and develop skills concerning important aspects of their lives (Veland, Bru, Idsøe, 2015).

A Solution-Focused-Approach (SFA) forms the basis on which the support group intervention is built, provides an opportunity for change and a focus on what can be helpful to overcome the problem. SFA emphasizes the search for children`s strengths (Young, 2009) and successes as valuable learning experiences (Young & Holdorf, 2003). The role of friendship is used to promote the children`s emotional competence (Kvarme, Aabø, Sæteren, 2015). Fostering emotionally healthy relationships, (Dawn, Cowie, 2012) with support and caring, lead to lower levels of bullying (Kendrick, Jutengren, Stattin, 2012). Support groups has largely succeeded in helping children regain mastery and social inclusion (Cowie, 2011). However, there is a need for more qualitative studies to explore how support groups can help bullied children and how contributing to support groups affects children.

2. Aim

The aim of this study was to explore bullied children's experiences with support groups and how participating to a group affected the children.

3. Methods

3.1 Design

This is a qualitative study with an exploratory design and a phenomenological hermeneutic mode of understanding. Data were collected through interviews with children and analysed in accordance with guidelines for qualitative studies. Graneheim and Lundman's (2004) methodology for data analysis was used.

3.2 Sample

The study sample consisted of 24 children, aged 11-13, from two different schools. They were recruited by teachers and school nurses. Four of them, three girls and one boy, experienced bullying, and the remaining 20 participated in support groups. The children received information about the study before they volunteered to join, in cooperation with their parents. *Appendix 3*

3.3 Data collection

Data were collected at the children's school during school time in January and April 2021. Individual interviews with children who experienced bullying and focus group interviews with support groups were conducted by the first author. A recorder was used to collect the data. The interviews lasted approximately 40 minutes.

3.4 Interview guide

Before the data collection started an interview guide was prepared. (*Table 1, Appendix 4)* In line with an exploratory design the questions were open-ended, for the purpose of gaining an insight into the participants' own experiences, without guidance. The questions contained elements of the Solution-Focused-Approach (SFA) and the children were encouraged to add their own comments. An informal and relaxed atmosphere were created to make the children feel comfortable. The school nurse was available for the children if they needed support after the interviews.

3.5 Data analysis

In the process of analyzing the data Graneheim & Lundman`s (2004) model for qualitative content analysis were used. The interviews were transcribed word by word, listened and read through several times to gain an understanding of the material as a hole. Meaning units were identified and condensed as sub-themes and themes. The themes were examined to look for similarities, they were sorted and abstracted into main themes. The analysis process was done in line with the hermeneutic circle and Watzlawick, Bavelas & Jackson's (1967) understanding of human communication. We communicate both digitally and analogically, "One cannot not communicate" (Del Rio, 2012) was an understanding that was emphasized while listening to the dialog and analysing the data. On this basis the analysis process was characterized by the work between the themes, main themes and listening to the interviews in trying to include the latent content in the understanding of the children's descriptions. Pre-understanding among the authors also have the potential to influence in the process of analysing the data. All the authors are experienced school nurses with expertise in talking to children. First author is also a family therapist, with own experiences related to running support groups. (*Table 2, Appendix 5)*

3.6 Ethical approval and considerations

This study was approved by the Norwegian Social Science Data Services (NSD) and the Regional Ethical Committee (REC 106944), *(Appendix 1 and 2).* Research on children requires a strong awareness of their vulnerability. The relationship between children's valuable knowledge and their vulnerability were essential in the ethical assessments that were considered. The participants and their parents received information about the aim of this study and the data collection procedures before signing their participation *(Appendix 3).* They were also informed that their participation was voluntary, would not affect the help they received, and that they could withdrawn from the study at any time without consequences. Written informed consent to participate was obtained from all participants and their parents before the interviews were conducted. The data was anonymised and kept safe in an encrypted memory stick that were stored in a locker, to ensure the children's anonymity. Children in the support groups were asked to contribute to a respectful atmosphere and keep the information that were collected to themselves. A safe atmosphere for the children was facilitated, as it increases trustworthiness of the data (Malterud, 2012). All data will be deleted at the completion of the project.

4. Results

The following main themes were found when analysing the data collected from the individual interviews: From lonely to included; The value of opening up about difficulties; An opportunity for change. From the focus group interviews following themes were found: A feeling of being selected; A demanding role to play; Gaining strength and courage. The results of the individual interviews are presented first, followed by the results of the focus group interviews.

4.1 Individual interviews with bullied children

4.1.1 From lonely to included

All the children described a feeling of loneliness. For different reasons they were alone in break times and had no friends to play with. One of the girls said: *"I walked around alone and hid myself. I didn't want to go to school, and I had no friends"*. After the support group began her situation changed: *"My peers came and asked me before the break if I wanted to play with them. My schooldays improved"*. Another girl said that her best friend moved and after that she felt lonely. She described how she did not know what to do about the situation, so she told the school nurse, who suggested a support group for her. The school nurse made her believe it would improve her situation, and it did. The support group members started to ask her how she felt, and they invited her to do schoolwork with them: *"It felt really good! Now I look forward to going to school, it`s a great improvement!"*, she said.

The boy shared that all the fighting at the football field affected him and made him feel scared. He talked to the social teacher about it and the support group contributed to great change: *"If there is a fight now, my peers help me. It makes me feel safer. I think all my peers like this change"*. Now he looked forward going to school: *"I can feel it in my whole body. It feels good"*.

The children expressed the importance of having a friend and how the feeling of being included had made them feel better about themselves. Small changes, like someone greeting them in the morning and being invited to play in the break times, had great impact on their daily life. One of the girls got a new fried: *"One of the girls in the group and I, we play together every day, and we talk. We can talk about everything, and we share our secrets. She is the best friend I've ever had."*

4.1.2   The value of opening up about difficulties

The children expressed feeling insecure when opening up about their difficulties, but they all experienced that doing so improved their situation. A girl said that she thought a lot about it before she spoke to the social teacher: *"I am not used to telling anyone when I feel bad, so I felt insecure. Now I know that asking for help is a good thing. I feel so much better"*, she said. One of the other girls had a similar experience. She told that she used to keep her feelings inside: *"When I try to say something it just stops inside me, although I want to talk about it. Because of that I often keep it to myself and I try to find my own solutions"*. When she eventually opened up her situation improved, although she felt insecure in the beginning:

> *"I was a little scared. How much would the school nurse tell my peers? I was glad when she informed me what she was going to tell them. It made me feel more in control and safer, I was relieved"*.

The children expressed that it took a lot of courage to open up. They were afraid the support group would tell their peers about it, but fortunately they all experienced that they didn`t:

> *"They kept it a secret. Even the girl who can be rude, she didn`t say anything. I was so happy for that! I will recommend support group to others who feel alone. Take a chance!"*

4.1.3   An opportunity for change.

The children had weekly consultations with the social teacher or school nurse. These sessions were based on SFA. The children expressed that they learned a lot about themselves. A girl got a specific task from the social teacher: *"She gave me a challenge to do things that I haven`t done before, like playing with several peers at the same time"*. She always preferred being with just one friend at a time. When all her peers played together, she used to hide:

> *"When we were three girls playing together, I often felt excluded. Now I have learned that it can be nice to play with more than one friend at a time. I have challenged myself to do something new and I like it! Sometimes I ask others to join too, I never did that before. It makes me feel good about myself. To be honest I am a bit proud of myself"*.

One of the boys also got a task from the social teacher, he was going to look for good things that happened during break times. This made him see things differently, he experienced a

change within him: *"I feel that I have changed. I am not as angry at my peers as I was before. It feels good. The biggest change is within me actually".*

This opportunity for change was based on a feeling of being listened to and taken seriously:

> *"I got to decide who I wanted to join in the support group. This gave me a feeling of control. I chose some that I knew quite well, and some that I would like to get to know, and felt would be good to have in the group".*

Working with support groups gives an opportunity for change beyond the school situation. One of the girls experienced that difficulties at home affected her and the way she met her peers: *"Often I felt sad. We had some problems in my family which affected me greatly. After my situation at school improved, I fought a lot less with my sisters".* When things improved at home, she came to school in the morning feeling better, which in turn affected her school days.

The children discovered that the support group also affected the social environment among the peers: *"The classroom environment has improved. We are not fighting as much as we did"* a boy told. The extra attention from the social teacher or school nurse also meant a lot. When the support group started up the teacher and school nurse showed a lot of care:

> *"They gave attention to what we did in the break times. If something happened, or I just wanted to tell them something, I knew I could talk to them and they would help me. It made me feel safer".*

The children explained how the changes had affected them greatly. The SFA had made them believe their situation could change. One of the girls explained how she was looking forward to go to school now: *"In the morning I hurry to meet my new friend and go to school together with her".* She wanted to recommend support group to everyone who feels excluded or wants a change: *"It might help you to feel better at school".*

4.2 Focus group interviews

4.2.1 A feeling of being selected

Support group members expressed a feeling of being selected:

> *"Participating in something that makes a peer happy makes me feel good. Being selected to join a group like this, is to me a confirmation that I am a kind person, people trust me and want me to contribute".*

This feeling of being selected and able to make a change was of great importance: *"It makes me so glad to see that I can make a change, I can contribute to improve how a friend feels at school. I can make her feel better!* The girls had made a great effort to improve the peer`s situation: *"I have invited her to play with us, both at school and after. Sometimes she slept over at my house. We had a great time together!* The girls also expressed appreciation for being included in the support group and explained how it made them feel better about themselves: *"I think we were chosen because she thinks that we are kind, and we can help"*.

The group of boys said that they felt they were on an important mission:

> *"We were supposed to look after him during break times. And if anyone hurt him, we were going to support and help him. I liked it a lot. It felt good and it was quite fun"*.

They confirmed what the bullied boy had shared about his situation, how his peers used to do mean things to him, specially at the football field. The boys were supposed to stand up for him, and they did. They also expressed how the new role had changed them: *"It feels good to say nice things to people, I do it often now actually"*.

4.2.2 A demanding role to play

One of the girls in the support group explained how she was surprised when she was asked to contribute to the support group. She felt a great responsibility for her peer, but she was tired of being the one who were supposed to help all the time. She was also in doubt of her peer's explanations:

> *"She has always been very sensitive, and I have felt so much responsibility for her. She has often expressed a feeling of being lonely, but I have seen that she has always been playing someone, and everyone has talked to her and we have had a lot of fun together. Suddenly she just goes somewhere and cries and says that she feels alone and that we have kept her on a distance. I think that has been very tiring"*.

She expressed that it was difficult to understand how her peer felt. In her opinion, no one had bullied her. She felt naughty when telling about this. She wanted to be a good person, but it was also important for her to say things straight out: *"Like I`m not a good person since I say things straight out. It makes me feel bad",* she said. The school nurse understood that the responsibility felt heavy on her and that she needed a break. She got some distance for a while and it helped them find their way back to friendship.

Some of the girls in another group told how much they liked to help, but also felt that it cost them a lot. They chose to prioritize their friend and opted out of their own desires. They found it hard in the beginning because they liked to play with several at the same time. The bullied girl found it hard caused by bad experiences. Luckily the situation changed: *"Now it`s much better. She can play with several friends at a time now"*.

The girls suggested that the group leader frequently gave some attention to examine how the group members felt: *"Would be good if they asked a little about how we felt when we try to help our peer"*.

4.2.3 Gaining strength and courage

The boys told that being a part of the support group had given them strength and courage:

> *"Before I never dared to talk to the girls, after the fighting stopped at the football field, they have joined us. Now I even play with them. Also, if anyone says something bad, I ask them to stop. I never did that before"*.

One of the other boys expressed how much he enjoyed participating to the support group:

> *"It has been so much fun. I've got a new friend! He is so nice. It`s so much better to be kind than evil, because when you are evil you hurt people"*.

He explained how they felt a strong sense of fellowship and felt safer because of the group:

> *"Before I was shy, I didn`t ask anyone to join a game. Now I have felt that I am part of a club, like we are all in this together, now I have more courage to invite others. It feels good"*.

One of the girls told that many of her peers, including herself, have been afraid being bullied themselves, so they didn`t dare to invite her to play: *"I think my peers have been glad that we made a change. I think many of them are relieved"*. The girl who felt it was hard to be the one who always were expected to help had several bad experiences with interventions. She felt that no matter how much she tried, it didn`t help. Some of what the school had tried before had only helped to hide the problem. With the support group she had a different experience: *"The support group made a change! Finally, something works! Then it feels good to be the one helping"*.

5. Discussion

The main theme identified in this study was that support groups provide an opportunity for change and can help children to be included among peers. The children experienced the value of opening up about difficulties. Both getting support and being part of a support group contributed to inclusion, strength, and valuable experiences. Children contributing to the support groups felt selected, but also experienced that it could be a demanding role to play. The significance of a systemic approach to bullying and school nurses or social teachers as important contributors to change came out clearly.

5.1 To be part of something important

Children in this study described how contributing to a support group made them feel selected. They felt a strong fellowship and they were willing to sacrifice their own wishes to help their peer. These findings are in line with previous research where support group members expressed how they felt important and that their self-confidence improved (Kvarme et.al, 2015). Support groups largely succeeds in helping children regain mastery and social inclusion and contributes to a more positive school culture (Cowie, 2011). The bullied children described the significance of the support from their peers and they also experienced that the support group contributed to improve the classroom environment. These findings correspond well with a study by Cowie and Smith (2010) who found that peer support not only helps to improve how bullied children feel and deal with rejection and exclusion, but also contributes to a more positive school community.

Though being part of something important, this study illuminated that contribution can be challenging. In a previous study these findings also appeared. The support group members felt unsure of their role and experienced conflicts (Kvarme et.al, 2015). A recent study, (Waasdorp et al, 2019) on individual and classroom factors significance for having sympathy for victimized peers, highlighted the importance of knowledge about factors that influence on peer sympathy for bullied children. Popular youth are less likely to be sympathetic toward victimized peers. Girls and boys need different support to increase sympathy. These findings are important for the development of interventions to increase sympathy for victimized peers (Waasdorp et al, 2019). These considerations are important for further development of support groups as a tool to fight bullying and emphasizes the importance of awareness of who should participate in the groups and duration of the follow-up. According to Kendrick et al.

(2012) there is a need for focus on increasing perceptions of support within existing friendships in future interventions.

5.2 An opportunity for a new understanding of oneself

The SFA is essential in the work with support groups and provides an opportunity to look for solutions rather than focusing on difficulties. Looking for the children's strengths instead of their weaknesses provides an opportunity for a new understanding of oneself (Young, 2009). Both bullied children and support group members described how they changed through participating, support, challenges, and encouragement from the school nurse.

The negative impact of bullying affects both children who are bullied and those who bully others (Flashpoler et.al, 2009). It affects children's experience of well-being. Children who bully others are at risk for developing long-term negative problems (Ringdal et al, 2021). Bullying causes shame in the victim, those who witness the bullying and in those who actively bully other children (Dawn & Cowie, 2012). To overcome a bystander role and become a person who stands up for others can influence the child's self-esteem to a great extent (Salmivalli, 2010). The SFA provides an opportunity to focus on the children's personal strengths and successes as valuable learning experiences (Young & Holdorf, 2003). In this study the participants described that they had gained strength and courage through inclusion and fellowship. The support group had given an opportunity for change. According to Sue Young the support group approach, with the SFA at the core, can be viewed as a brief therapy (Young, 2009). However, it presupposes that the school nurse or social teacher has good competence in how it is to be used in conversations with the children.

5.3 A systemic approach to bullying

The importance of peer support and the child's social context came out clearly in this study. Bronfenbrenner's model helps understand how the interaction between the different system levels affects the child (Bronfenbrenner, 1977). It may also contribute to understand why bullying is a complex group phenomenon (Salmivalli, 2010) that needs to be faced at a broad system-level including peers, family, teachers and in conjunction with overall challenges of inclusion and acceptance (Fazel & Newby, 2021). Having a friend and support from peers can protect children against bullying (Kendrick et al., 2012). Social support from peers

contributes to lower levels of anxiety and depression symptoms and higher scores of mental well-being (Ringdal et al, 2021).

In this study the children's situation at home proved to be an important factor. The significance of this was supported by a study from 2020 where collaboration with parents came out as essential to stop bullying. The fact that parents teach their children to stand up for others had a strong connection with their knowledge and cooperation with the school (Banks et al, 2020). However, there is some uncertainty associated with the importance of the children's home situation. Veland et al (2015) found a week correlation between the children's social-economic situation, parenteral-style, and the children's perceived inclusion in school. Kennedy (2021) refers to research that claims bully victims are more likely to be treated harshly by parents, have a chaotic home-life and experienced trauma in their lives. These findings emphasize the importance of interventions to provide care for children who experience exclusion, loneliness, and bullying. Anti-bullying programs should have a systemic approach, including both the social environment at school and the children`s families (Ttofi & Farrington, 2011). According to Menesinia & Salmivalli (2017) involving parents seems to strengthen the effects.

The teachers are also of great importance. A classroom environment with high levels of teacher–student closeness facilitates a greater sympathy for bullied peers (Waasdorp et al, 2019). A quantitative study from England, including 1648 children at the age 8 to 12 years, published in March 2021, highlighted the importance of looking at exclusion as a responsibility for the whole school, family, and community rather than an individual challenge (Fazel & Newby, 2021).

6. Limitations of this study

The present study gives insight into how support groups can help bullied children, but the results must be interpreted in light of methodological limitations. Data were collected through individual and focus group interviews. Individual interviews provide thorough insight into the children's experiences, but with aspects that needs to be considered. Children are vulnerable in encounters with adults and bullying is a sensitive subject with the potential to evoke strong emotions. The researcher's experiences, competence and discourses may affect both what emerges in the interviews and how it is interpreted afterwards. This must be taken into

account in the interpretation and analysis of the children's statements and also in the assessment of the results. Results from qualitative studies reflects the participants voices and the researcher's reflexivity (Creswell & Poth, 2018). Focus group interviews differs from individuals in light of context, and provides a different knowledge (Malterud, 2012). The children are given an opportunity to inspire, but also influence each other's experiences and explanations. The fact that the children were interviewed only once gives no opportunity to follow up the results over time. However, the results correspond with previous research and may be transferable to similar contexts with school children at the same age.

7. Recommendations for future research

Further research on support groups is important for development and further implementation of the intervention in schools. There is a need for effect studies, like RCT and longitudinal studies, that can follow up the results, to see if they persist. Research in other parts of the country would also be important to uncover geographical and cultural differences. Programs and practices need to be scaled up and eventually sustained over time to have the desired long-term outcomes (Fixsen, Blase & Fixsen, 2017).

8. Implications for school nursing

According to the national professional guidelines the school health service is obligated to contribute to the school's work with measures that promote a good psychosocial environment and prevent dissatisfaction, bullying and mental illness (Norwegian Directorate of Health, 2017). School nurses have a key role in the work of safeguarding children's mental health (Colliety et al., 2016) and they are also in an ideal position to initiate interventions (Jacobson et al, 2011) like support groups.

9. Conclusion

The main finding in this study was that support groups can provide an opportunity for change. Bullied children expressed that it was hard to talk about their difficulties, but it helped them to make a change and be included among their peers. Children contributing to support groups described feeling selected, but also experienced that helping a peer could be challenging. Both

bullied children and children in the support groups reported gaining strength and courage through participation. The findings suggest that a systemic approach to bullying is advantageous, emphasising the importance school nurses and teachers play in bringing about change.

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Region:	Saksbehandler:	Telefon:	Vår dato:	Vår referanse:
REK sør-øst B	Elin Evju Sagbakken	22845502	07.10.2020	170024
			Deres referanse:	

Lisbeth Gravdal Kvarme

170024 106944 Supportgrupper mot mobbing

Forskningsansvarlig: OsloMet - storbyuniversitetet

Søker: Lisbeth Gravdal Kvarme

Søkers beskrivelse av formål:

Formålet med prosjektet er å prøve ut supportgrupper mot mobbing for å se om det kan bidra til å stoppe mobbingen og undersøke hvilke erfaringer elever, lærere, foreldre og helsesykepleiere har med tiltaket. Mobbing blant skolebarn representerer et stort helseproblem. Skolens oppgave er å sørge for å skape et trygt og godt skolemiljø som skal inkludere alle elever. Målet til skolehelsetjenesten er å fremme god helse og forebygge sykdom og skade.

Supportgrupper er bygd på den løsningsfokuserte tilnærmingen har vist at bruk av en jevnaldrendes støttegruppe kan hjelpe elever ved mobbing. Ingen tidligere studier har undersøkt effekten av en løsningsfokusert støttegruppe på skolebarn. Tidligere forskning viser at støtte fra venner kan være en beskyttende faktor mot å bli ekskludert på skoler (Kendrick et al 2012, Bollmer 2005). Til tross for mye arbeid for å forhindre mobbing i skolene, opplever fortsatt mange barn mobbing. Deltagerne i denne studien vil være skolebarn fra 5-7 klasse som vil delta i dette prosjektet. Vi vil bruke både kvantitativ metode (spørreskjema) og kvalitativ metode (intervjuer). Kvantitativ metode med nettbasert spørreskjema for å måle endringen i skolebarnas erfaringer av å delta i støttegruppen, endringer i livskvalitet, mestringsforventning og mobbing. Kvalitativ metode (intervjuer) for å utforske opplevelsen til eleven som har mottatt eller vært med i støttegruppen. I tillegg vil vi intervjue foreldre, lærere og helsesykepleiere for å finne ut deres erfaringer med supportgruppene.

REKs vurdering

Vi viser til søknad om forhåndsgodkjenning av ovennevnte forskningsprosjekt. Søknaden ble behandlet av Regional komite for medisinsk og helsefaglig forskningsetikk (REK sørøst B) i møte avholdt 16.09.2020. Vurderingen er gjort med hjemmel i helseforskningsloven § 10, jf. forskningsetikkloven § 10.

Ellen Karine Grov ble erklært inhabil og deltok ikke i vurderingen.

Vurdering

Slik komiteen forstår søknad og protokoll er hensikten med prosjektet å prøve ut supportgrupper mot mobbing for å se om det kan bidra til å stoppe mobbingen og undersøke hvilke erfaringer elever, lærere, foreldre og helsesykepleiere har med tiltaket.

Hovedmålet med denne studien er å hjelpe mobbede eller ekskluderte skolebarn til å få hjelp så raskt som mulig og gi lærerne og helsesøstrene et tiltak som mulig kan stoppe mobbing. I den kvantitative delen vil de undersøke effekten av støttegrupper for skolebarn og vurdere om det kan forbedre inkludering og styrke skolebarnas livskvalitet, mestringstro og sosial deltakelse. I den kvalitative delen er målet å få mer kunnskap om hvordan skolebarn opplever skolehverdagen og det å ha en støttegruppe.

I tillegg ønsker prosjektgruppen å få lærernes, foreldrenes og helsesykepleiernes erfaringer. I kvalitative intervjuer ønsker de å få fram deltakernes erfaringer og opplevelser av intervensjonen.

Dette er en pilotstudie der fem skoler deltar. Planen er å inkludre skolebarn som er utsatt for mobbing eller ekskluderte i barneskolen i aldrestrinn fra 5. – 7. klasse. I tillegg skal foreldre, lærere og helsesykepleiere bli intervjuet.

Deltakerne vil bli rekruttert av lærere og helsesykepleiere ved de aktuelle skolene. De vil også spørre om elevene kan tenke seg å være med i et forskningsprosjekt og prøve ut supportgrupper. Elevene som er utenfor eller har vært mobbet velger selv hvilke elever de vil ha med i støttegruppen. Lærer eller helsesykepleier spør deretter hver enkelt elev om de kan tenke seg å delta. Deltakerne får en ukes betenkningstid på å svare om de vil delta. Foreldre/foresatte må godkjenne at deres barn kan delta, og det er frivillig å delta for elevene.

Komiteens vurdering

Søknaden ble første gang behandlet i komitemøte 11.03.2020 der saken ble utsatt med flere spørsmål til prosjektleder. Med bakgrunn i tilsvaret mottatt fra prosjektleder, ble prosjektet avslått i møtet 10.06.2020. Det omsøkte prosjektet er en fornyet søknad i saken.

Komiteens vurdering er at søknaden nå er betydelig forbedret der det er hensyntatt de innvendingene komiteen tidligere hadde til prosjektet. Det er utarbeidet en tilfredsstillende beredskapsplan og mer beskrivende informasjon/samtykke til de de ulike deltakergruppene. Helsesykepleier følger barna nå tettere opp med ukentlig møter.

Prosjektet vurderes nå som forsvarlig å gjennomføre og kan godkjennes.

Vedtak

Godkjent

Vedtak
REK har gjort en helhetlig forskningsetisk vurdering av alle prosjektets sider. Prosjektet

godkjennes
med hjemmel i helseforskningsloven § 10.

Vi gjør samtidig oppmerksom på at etter ny personopplysningslov må det også foreligge et behandlingsgrunnlag etter personvernforordningen. Det må forankres i egen institusjon.

I tillegg til vilkår som fremgår av dette vedtaket, er godkjenningen gitt under forutsetning av at prosjektet gjennomføres slik det er beskrevet i søknad og protokoll, og de bestemmelser som følger av helseforskningsloven med forskrifter.

Godkjenningen gjelder til 03.10.2022.
Komiteens avgjørelse var enstemmig.

Av dokumentasjonshensyn skal opplysningene oppbevares i 5 år etter prosjektslutt. Opplysningene skal oppbevares avidentifisert, dvs. atskilt i en nøkkel- og en datafil. Opplysningene skal deretter slettes eller anonymiseres.

REKs vedtak kan påklages, jf. forvaltningslovens § 28 flg. Klagen sendes til REK sør-øst B. Klagefristen er tre uker fra du mottar dette brevet. Dersom vedtaket opprettholdes av REK sør-øst B, sendes klagen videre til Den nasjonale forskningsetiske komité for medisin og helsefag for endelig vurdering.

Med vennlig hilsen

Ragnhild Emblem
Professor, dr. med.
leder REK sør-øst B

Elin Evju Sagbakken
Seniorrådgiver og komitesekretær
REK sør-øst B

Kopi sendes forskningsansvarlig institusjon og eventuelle medarbeidere som er gitt tilgang til prosjektet i REK-portalen.

Sluttmelding
Søker skal sende sluttmelding til REK sør-øst B på eget skjema senest seks måneder etter godkjenningsperioden er utløpt, jf. hfl. § 12. Dersom prosjektet ikke igangsettes eller gjennomføres skal prosjektleder også sende melding om dette via sluttmeldingsskjemaet.

Søknad om å foreta vesentlige endringer
Dersom man ønsker å foreta vesentlige endringer i forhold til formål, metode, tidsløp eller organisering, skal søknad sendes til den regionale komiteen for medisinsk og helsefaglig forskningsetikk som har gitt forhåndsgodkjenning. Søknaden skal beskrive hvilke endringer som ønskes foretatt og begrunnelsen for disse, jf. hfl. § 11.

Appendix 2- NSD godkjenning

Melding03.12.2020 11:30
Det innsendte meldeskjemaet med referansekode 837332 er nå vurdert av NSD.
Følgende vurdering er gitt:
BAKGRUNN Prosjektet er vurdert og godkjent av Regionale komiteer for medisinsk
og helsefaglig forskningsetikk (REK) etter helseforskningsloven (hfl.) § 10 (REK sør-øst
B, ref. 170024). Det er NSD sin vurdering at behandlingen også vil være i samsvar
med personvernlovgivningen, så fremt den gjennomføres i tråd med det som er
dokumentert i meldeskjemaet datert 03.12.2020 med vedlegg, samt i
meldingsdialogen mellom innmelder og NSD.

Behandlingen kan starte. MELD VESENTLIGE ENDRINGER Dersom det skjer vesentlige
endringer i behandlingen av personopplysninger, kan det være nødvendig å melde
dette til NSD ved å oppdatere meldeskjemaet. Før du melder inn en endring,
oppfordrer vi deg til å lese om hvilke type endringer det er nødvendig å melde:
nsd.no/personvernombud/meld_prosjekt/meld_endringer.html Du må vente på svar
fra NSD før endringen gjennomføres.
TYPE OPPLYSNINGER OG VARIGHET Prosjektet vil behandle særlige kategorier av
personopplysninger om helseopplysninger og alminnelige kategorier av
personopplysninger frem til 31.10.2022. Data med personopplysninger oppbevares
deretter ved TSD frem til 31.10.2027, dette grunnet dokumentasjonshensyn/vilkår satt
av REK. LOVLIG GRUNNLAG UTVALG 1 Prosjektet vil innhente samtykke fra foresatte
til behandlingen av personopplysninger om elevene(Utvalg 1). Vår vurdering er at
prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 nr. 11 og art. 7,
ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse, som kan
dokumenteres, og som den foresatte kan trekke tilbake. Barna/elevene vil også
samtykke til deltakelse. Lovlig grunnlag for behandlingen vil dermed være foresattes
uttrykkelige samtykke, jf. personvernforordningen art. 6 nr. 1 bokstav a, jf. art. 9 nr. 2
bokstav a, jf. personopplysningsloven § 10, jf. § 9 (2).
LOVLIG GRUNNLAG UTVALG 2 OG 3 Prosjektet vil innhente samtykke fra de
registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet
legger opp til et samtykke i samsvar med kravene i art. 4 og 7, ved at det er en
frivillig, spesifikk, informert og utvetydig bekreftelse som kan dokumenteres, og som
den registrerte kan trekke tilbake. Lovlig grunnlag for behandlingen vil dermed være
den registrertes samtykke, jf. personvernforordningen art. 6 nr. 1 bokstav a.

TAUSHETSPLIKT NSD minner om at helsepersonell og lærere har taushetsplikt, og
dermed ikke kan omtale enkeltelever på en måte som gjør dem identifiserbare. I
forkant av intervjuene anbefaler vi at deltakerne minnes om sin taushetsplikt og
oppfordres til å omtale sine erfaringer på en måte som ikke gjør elever

identifiserbare, hverken direkte (ved bruk av navn) eller indirekte (gjennom kombinasjoner av bakgrunnsopplysninger).

PERSONVERNPRINSIPPER NSD vurderer at den planlagte behandlingen av personopplysninger vil følge prinsippene i personvernforordningen om: - lovlighet, rettferdighet og åpenhet (art. 5.1 a), ved at de registrerte får tilfredsstillende informasjon om og samtykker til behandlingen - formålsbegrensning (art. 5.1 b), ved at personopplysninger samles inn for spesifikke, uttrykkelig angitte og berettigede formål, og ikke viderebehandles til nye uforenlige formål - dataminimering (art. 5.1 c), ved at det kun behandles opplysninger som er adekvate, relevante og nødvendige for formålet med prosjektet - lagringsbegrensning (art. 5.1 e), ved at personopplysningene ikke lagres lengre enn nødvendig for å oppfylle formålet DE REGISTRERTES RETTIGHETER Så lenge de registrerte kan identifiseres i datamaterialet vil de ha følgende rettigheter: åpenhet (art. 12), informasjon (art. 13), innsyn (art. 15), retting (art. 16), sletting (art. 17), begrensning (art. 18), underretning (art. 19), dataportabilitet (art. 20). Unntak fra retten til sletting etter helseforskningsloven § 16 tredje ledd, og personvernforordningen art. 17 nr 3 bokstav d: I utgangspunktet har alle som registreres i forskningsprosjektet rett til å få slettet opplysninger som er registrert om dem. Etter helseforskningsloven § 16 tredje ledd vil imidlertid adgangen til å kreve sletting av sine helseopplysninger ikke gjelde dersom materialet eller opplysningene er anonymisert, dersom materialet etter bearbeidelse inngår i et annet biologisk produkt, eller dersom opplysningene allerede er inngått i utførte analyser. Regelen henviser til at sletting i slike situasjoner vil være svært vanskelig og/eller ødeleggende for forskningen, og dermed forhindre at formålet med forskningen oppnås. Etter personvernforordningen art 17 nr. 3 d kan man unnta fra retten til sletting dersom behandlingen er nødvendig for formål knyttet til vitenskapelig eller historisk forskning eller for statistiske formål i samsvar med artikkel 89 nr. 1 i den grad sletting sannsynligvis vil gjøre det umulig eller i alvorlig grad vil hindre at målene med nevnte behandling nås.
NSD vurderer dermed at det kan gjøres unntak fra retten til sletting av helseopplysninger etter helseforskningslovens § 16 tredje ledd og personvernforordningen art 17 nr. 3 d, når materialet er bearbeidet slik at det inngår i et annet biologisk produkt, eller dersom opplysningene allerede er inngått i utførte analyser. Vi presiserer at helseopplysninger inngår i utførte analyser dersom de er sammenstilt eller koblet med andre opplysninger eller prøvesvar. Vi gjør oppmerksom på at øvrige opplysninger må slettes og det kan ikke innhentes ytterligere opplysninger fra deltakeren.
NSD vurderer at informasjonen som de registrerte vil motta oppfyller lovens krav til form og innhold, jf. art. 12.1 og art. 13. Vi minner om at hvis en registrert tar kontakt om sine rettigheter, har behandlingsansvarlig institusjon plikt til å svare innen en måned.

FØLG DIN INSTITUSJONS RETNINGSLINJER NSD legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1. f) og sikkerhet (art. 32). For å forsikre dere om at kravene oppfylles, må dere følge interne retningslinjer og eventuelt rådføre dere med behandlingsansvarlig institusjon.
OPPFØLGING AV PROSJEKTET NSD vil følge opp underveis (hvert annet år) og ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet/pågår i tråd med den behandlingen som er dokumentert.

Lykke til med prosjektet! Tlf. Personverntjenester: 55 58 21 17 (tast 1)

Appendix 3- Information to participants

OSLOMET
OSLO METROPOLITAN UNIVERSITY
STORBYUNIVERSITETET

SUPPORTGRUPPER MOT MOBBING

HVA INNEBÆRER PROSJEKTET?

Dette er et spørsmål om deltagelse i en forskningsstudie for å undersøke hvilke erfaringer skolebarn som har vært utsatt for mobbing kan ha av å ha en supportgruppe. Målet med supportgruppene er at eleven får det bedre på skolen gjennom støtte og hjelp fra medelever. Jeg, Lisbeth, G. Kvarme, er forsker ved OsloMet og er prosjektleder for denne studien.

Når du mottar dette skrivet er det fordi ditt barn enten har behov for en supportgruppe, eller har blitt inkludert i en supportgruppe for å støtte et annet barn. (Tiltaket Supportgrupper mot mobbing har dere fått info om i eget skriv tidligere).

Deltakelse i forskningen innebærer at barna fyller ut et spørreskjema før, rett etter tiltaket og tre måneder senere. Spørreskjemaet inneholder spørsmål om ditt barns alder, kjønn, mobbing, venner, mestringsforventning og om livskvalitet.

Barna vil også bli intervjuet rett etter avsluttet supportgruppe, for å høre hvordan han/ hun har opplevd å ha en supportgruppe. Helsesykepleier vil være til stede under intervjuene, som er beregnet å ta en skoletime. Intervjuene blir tatt opp på lydbånd. Navnet på elevene kommer ikke fram.

Vi ønsker også å intervjue dere som foreldre om deres erfaringer med intervensjonen.

Dersom dere ønsker å delta, undertegner eleven og foresatte samtykkeerklæringen på siste side.

MULIGE FORDELER OG ULEMPER

Tidligere forskning på supportgrupper har vist at tiltaket har god effekt og at elever opplever å bli inkludert og får en bedre skolehverdag. Elever som har deltatt i supportgrupper har opplevd at de får være med på å gjøre en forskjell og at de er betydningsfulle. Vi håper at tiltaket vil oppleves positivt også for deres barn. Deltakelse i forskning er også en erfaring barna får med seg gjennom dette tiltaket. Dersom tiltaket ikke har ønsket effekt vil skolen tilby andre tiltak, støtte og hjelp. Supportgruppene gjennomføres i skoletiden, men vil ikke være veldig tidkrevende. Oppstarten inkludert utfylling av spørreskjema vil ta maks 1 time, gruppesamlingene ca 30 min ukentlig og intervjuene ved avslutning vil ta maks 1 time. Dette vil også medføre refleksjon og læring som elevene får med seg.

FRIVILLIG DELTAKELSE OG MULIGHET FOR Å TREKKE SITT SAMTYKKE

Det er frivillig å delta i studien. Dere kan når som helst og uten å oppgi noen grunn trekke dere fra prosjektet. Dersom dere ønsker å delta, undertegner eleven og foresatte samtykkeerklæringen på siste side. Dersom dere senere ønsker å trekke dere eller har spørsmål til studien, kan dere kontakte skolen eller prosjektleder Lisbeth G. Kvarme tlf 95050370 eller på e-post liskva@oslomet.no. Dersom dere ikke ønsker å delta i studien vil ikke det få konsekvenser for deres videre kontakt med lærer/helsesykepleier.

HVA SKJER MED OPPLYSNINGENE OM DEG?

Opplysningene som registreres om deg skal kun brukes slik som beskrevet i hensikten med prosjektet. Du har rett til innsyn i hvilke opplysninger som er registrert om deg og rett til å få korrigert eventuelle feil i de opplysningene som er registrert. Du har også rett til å få innsyn i sikkerhetstiltakene ved behandling av opplysningene.

Alle opplysningene vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger.

Opplysningene om deg vil bli anonymisert eller slettet fem år etter prosjektslutt.

GODKJENNING

Regional komité for medisinsk og helsefaglig forskningsetikk har vurdert prosjektet, og har gitt forhåndsgodkjenning.

Etter ny personopplysningslov har behandlingsansvarlig OsloMet og prosjektleder Lisbeth G. Kvarme et selvstendig ansvar for å sikre at behandlingen av dine opplysninger har et lovlig grunnlag. Dette prosjektet har rettslig grunnlag i EUs personvernforordning artikkel 6 nr. 1a og artikkel 9 nr. 2a og ditt samtykke.

Du har rett til å klage på behandlingen av dine opplysninger til Datatilsynet.

KONTAKTOPPLYSNINGER

Dersom du har spørsmål til prosjektet kan du ta kontakt med Lisbeth G. Kvarme, tlf. 95050370

e-post: liskva@oslomet.no

Appendix 4 - Table 1. INTERVIEW GUIDE

Main questions for the individual interviews:
How did you experience having a support group?   On a scale from 1-10 (when 10 is best) how did you experience your school days before the support group started up?   On a scale from 1-10, how do you experience your school days now?   Can you describe in what way the support group has made a difference for you?   Can you share some examples on what the support group has done?   Is there anything else you would like to share from this experience?   Is there anything that could have been done differently, that you miss?
Main questions for the focus group interviews:
How did you experience being part of a support group?   Can you describe how the support group has made a difference?   On a scale from 1-10 (when 10 is the best) how was the classroom environment before the support group started up?   On a scale from 1-10, how is the classroom environment now?   How has supporting a peer affected you?   Is there a specific experience related to being part of the group that you would like to share?   Is there anything that could have been done differently, that you miss?

Appendix 5 - Table 2. Examples from the analysis matrix

Quotes	What is being said	Sub theme	Theme
"Usually I have been very lonely in the break times, walked around alone and hid myself. But after the group started they have asked me before the break time if we can play together, so it is a very good arrangement. I get a much better school day, simply".	She was lonely before and used to hide. Now the group members invite her to play in break times. She likes the arrangement. Her school days are much better	Loneliness To be included Outcomes from the support group intervention	**From lonely to included**
"At first I thought it was a bit difficult to tell about my loneliness, since I am not used to telling anyone when I feel bad, so I felt insecure. Now I know that asking for help is a good thing. I feel so much better"	Difficult to tell about loneliness, not used to open up. Felt insecure It helped Feels better	To open up about difficulties The situation changed and she feels better	**To value of opening up about difficulties**
Before I used to be angry at my peers, and I didn't like to play with the others. But after the group started inviting me things changed. Also, I got a specific task from the social teacher. I was going to look for nice things that happened. Now I feel that I have changed. I am not as angry at my peers as I was	Used to be angry at his peers The group invited him to play Task: look for nice things that happened He changed	Invitations and a new task made him change within	**An opportunity for change**

before. It feels good. The biggest change is within me actually".	Biggest change is within		
"Participating in something that makes a peer happy makes me feel good. Being selected to join a group like this, is to me a confirmation that I am a kind person, people trust me and want me to contribute".	It feels good to participate and make a peer happy Being selected is a confirmation that she is a kind person.	Feels good to be selected A confirmation that she is a good person	**A feeling of being selected**
"She has always been very sensitive, and I have felt so much responsibility for her. She has often expressed a feeling of being lonely, but I have seen that she has always been playing someone, and everyone has talked to her and we have had a lot of fun together. Suddenly she just goes somewhere and cries and says that she feels alone and that we have kept her on a distance. I think it has been very tiring".	Felt responsible for a peer She expressed a feeling of being lonely, but she has always been playing with someone She says that we keep her on a distance. It has been very tiring.	Feels responsible, but she sees the situation differently. She feels tired.	**A demanding role to play**
"I didn't dare to go to him, I was afraid of what the other's might say. But after the support group I was thinking: Well, I am in this group now, I feel stronger	Before he was afraid of how peers might react. The group makes him feel stronger	He was afraid before, now he feels stronger. It feels good to have more courage	**Gaining strength and courage**

because of them. So now I have asked him to join us. If felt so good to have more courage"	A good feeling to have more courage		

Appendix 6 - Manuscript Submission Guidelines:

THE *JOURNAL OF SCHOOL NURSING* - *https://journals.sagepub.com/author-instructions/JSN*

Manuscript Submission Guidelines

The *Journal of School Nursing* (JOSN) is the official journal of the National Association of School Nurses. It is a peer-reviewed journal whose purpose is to provide a peer-reviewed forum for improving the health of school children and the school community. The JOSN is an excellent vehicle for translation of research to practice to over 15,000 clinician-readers who are members of NASN. See theAims and Scope link for a description of types of manuscripts sought. Manuscripts from all disciplines related to child, school, and community health are welcome.

Because JOSN seeks manuscripts that bring new perspectives and innovations to school nursing, we urge authors to review previously published articles related to their topic in order to (1) build on the comprehensive body of published literature on the subject and (2) ensure the uniqueness of their own article's contribution.

Average time from submission to first decision: 27 days

Types of Articles

For all types of manuscripts, please see the *Publication Manual of the American Psychological Association*, Seventh Edition (2020) for guidance in developing the abstract. Identify three to 10 key words or short phrases placed below the abstract. These key words will be published with the abstract. It is important to embed key words in the abstract. Key words from Index Medicus are helpful.

Original Research Reports

Original research reports can address specific clinical issues, health concerns or behavioral factors that affect individuals and or populations within the school community. For intervention studies and randomized controlled trials, please review the Consort Statement including a description of the participant Flow Diagram for inclusion in the manuscript- http://www.consort-statement.org/ . Original research reports include pilot, preliminary and feasibility studies and research designs including observational, epidemiological, quantitative, qualitative, and clinical trials. Clinical trials are registered. For reporting qualitative studies the Consolidated criteria for Reporting Qualitative research (COREQ) will be helpful (http://www.equator-network.org/reporting-guidelines/coreq/). The implications for school nursing and school health services delivery must be identified. See the Publication Manual of the American Psychological Association, Seventh Edition (2020) for guidance in formulating elements of a research report as well as the reference list and tables. **Manuscript narrative should not exceed 20 pages excluding references and tables.** The following criteria guide the peer reviews of original research manuscripts:

1. The title and abstract are descriptive of the study.
2. The purpose of the study is clearly stated.
3. Research questions or hypotheses are clear.

4. The significance of the study is clear and builds on previous research.

5. The literature review is current (most within the last five to ten years), synthesized and   related to the purpose of the paper.

6. Theoretical/conceptual framework/models as appropriate

    6.1 Described/operationalized

    6.2 Guides the research

7. The purpose, theoretical framework, design, and methods are congruent.

8. Methods include:

    8.1 Design

    8.2 Institutional Review Board approval

    8.3 Population/setting

    8.4 Sampling procedure description, sample size rationale

    8.5 Measures are described

    8.6 The data collection and analysis procedures are appropriate, and clearly reported.

    8.7 Interventions and fidelity steps are described

    8.8 The statistics and analyses are described in an understandable manner.

    8.9 Steps for human subjects' protection including consenting and assents for children are assured and ethics maintained.

9. Results

    9.1 Participant flow/consort diagram

    9.2 Results including ancillary analyses

10. Discussion synthesizes the results

11. The application to school nursing practice is relevant, clear, and practical.

12. Limitations and recommendations for future research are presented.

13. References current and relevant