EVALUATION PROTOCOL

Remedi Restorative Mentors: A Randomised Controlled Trial

University of Birmingham

Principal investigator: Professor Siddhartha Bandyopadhyay

YOUTH ENDOWMENT FUND

Remedi Restorative Mentors

Efficacy Evaluation protocol

Evaluating institution: University of Birmingham

Principal investigator(s): Professor Siddhartha Bandyopadhyay

Project title[1]	*Remedi Restorative Mentors: A Randomised Controlled Trial*
Developer (Institution)	*Remedi*
Evaluator (Institution)	*University of Birmingham*
Principal investigator(s)	*Prof Siddhartha Bandyopadhyay*
Protocol author(s)	*Siddhartha Bandyopadhyay, Emily Evans, Yiannis Karavias, Livia Menezes*
Trial design	*Two-armed randomised controlled trial with random allocation at the individual level*
Trial type	*Efficacy/ effectiveness*
Evaluation setting	*Community and family homes*

[1] Please make sure the title matches that in the header and that it is identified as a randomised trial as per the CONSORT requirements (CONSORT 1a).

Target group	*Children and Young People (CYP) aged 10-17 who have displayed violent behaviours and/or have committed a violent offence referred to Remedi* *via the police and youth justice services.*
Number of participants	*CYP referred to Remedi from the police and youth justice* *services. Target sample size: treatment group – 176, control group - 176.*
Primary outcome and data source	*The primary outcome of interest in this study will be contact with the police measured by the number of contacts of the CYP with Greater Manchester Police (GMP)* as perpetrators, victims or missing person episodes*. These data will be collected one month before the trial ends. Data will be taken for a period 1 year prior to the recruitment date and 3 months after delivery ends for all CYP.*
Secondary outcome and data source	*The secondary outcomes will be:* *1. Self-reported offending/delinquency measured through the Self-Report Delinquency Scale (SRDS)* *2. Emotional and behavioural difficulties measured through Strengths and Difficulties Questionnaire (SDQ)* *Self-reported delinquency is measured by the variables:* • *Variety of delinquency* • *Volume of delinquency* *Emotional and behavioural difficulties are measured by the following three variables:* • *Internalizing score* • *Externalizing score* • *Total difficulties score*

	The SDQ and SRDS questionnaires are completed by CYP at baseline, the end of the RM and RC interventions, and 6 months after the end of the intervention as a follow-up. *For the SDQ CYP are asked to recall over the past 6 months, a period defined in the measure. For the SRDS, CYP are asked to recall over the past 3 months, this was a period defined for this study, in consultation with Remedi.*

Protocol version history

Version	Date	Reason for revision
1.5 [*latest*]	30/4/2024	Updated to agree with the Statistical Analysis Plan
1.4	6/12/2023	Feedback from YEF
1.3	10/10/2023	Feedback from peer reviewer
1.2	26/7/2023	Feedback from YEF
1.1	4/7/2023	Feedback from YEF
1.0 [*original*]	15/5/2023	*[leave blank for the original version]*

Any changes to the design or methods need to be discussed with the YEF Evaluation Manager and the developer team prior to any change(s) being finalised. Describe in the table above any agreed changes made to the evaluation design. Please ensure that these changes are also reflected in the SAP (CONSORT 3b, 6b).

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Study rationale and background

Remedi have developed and are delivering a restorative mentoring programme for children and young people (CYP) to be used as a means of diversion from the criminal justice system (CJS).

The trial will be a two-armed individually randomised controlled trial. It will include an impact and a process and implementation evaluation. Upon referral to Remedi, eligible children and young people (CYP) will be randomly assigned to receive restorative mentoring (RM, the treatment group) or restorative choices training (RC, the control group) on a 1:1 basis. The primary outcome of interest in this study will be contact with police, as perpetrators, victims or missing person episodes The secondary outcomes will be the CYP's emotional and behavioural difficulties (as assessed by the Strengths and Difficulties Questionnaire) and their self-reported delinquency (as reported in the Self-Report Delinquency Scale (SRDS)). The process and implementation evaluation will consider the delivery of the Remedi interventions and the experience of them by all relevant groups. This design is considered by the research team to be the most appropriate to understand how the RM intervention operates and to assess its impact.

This design was used during a one-year pilot trial. No amendments have been made to the intervention or the study design as a result of this trial however the study did provide learning regarding the implementation of the study protocol which will support the current study.

The RM intervention began operation in Greater Manchester in April 2022. The RM intervention consists of 12 weeks of support comprised of three components, intensive one to one mentoring support for CYP based on 3-4 sessions per week, support for their family to address conflicts/improve communication and relationships, and restorative justice with relevant and appropriate victims of offences or incidents. All CYP in the treatment group will receive the mentoring component but the use of either of the other components will be determined by an initial needs assessment. The CYP in the control group will receive RC, a short mentoring scheme focused on the CYP understanding the causes and effects of their actions. This consists of four sessions usually lasting 1-2 hours (depending on the attention abilities of participants). The sessions take place over a period dictated by the availability of the CYP - they can all take place during a week or at most over four weeks. Both RC and RM will be delivered by Remedi.

Diversion can occur at the point of arrest or as a formal out of court disposal (OOCD) once a person has been charged with an offence. Point of arrest diversion allows people to avoid a criminal record in exchange for completing a community-based requirement. An OOCD will feature in a criminal record. Point of arrest diversion, or a referral to a diversionary service at

an even earlier point, aims to reduce the negative consequences of formal criminal justice sanctions while allowing practitioners in relevant services to focus resources on addressing the behaviour. For CYP diversion is aimed at reducing the number of those drawn into the CJS, and the poorer life outcomes associated with this. These can include labelling of CYP as 'offenders', interruption to education, training and employment and a criminal record. Indeed, contact with the CJS can itself be criminogenic, deepening and extending CYP's criminal careers, the further they progress into it (Robin-D'Cruz and Whitehead, 2021). As such, there has been increased interest in diversion in recent years with strong and ever-growing evidence that youth diversion reduces reoffending, lowers costs, and leads to better outcomes for CYP (Ely, Robin-D'Cruz & Jolaoso, 2021).

The YEF Toolkit entry on diversion outline the ways in which these programmes might 'work', these include: (1) avoiding labelling, (2) avoiding association with antisocial peers, (3) reintegrative shaming, which holds youth to account for their actions whilst avoiding stigmatizing them so they reintegrate into the community; and (4) connection to services which address problems the child is facing which may have led to criminal behaviour (Gaffney, Farrington and White, 2021). Overall, research has shown pre-court diversion programmes to be effective in reducing reoffending, compared to formal processing. The observed effect size of 0.144 corresponds to a decrease in reoffending of approximately 13% (Gaffney, Farrington and White, 2021). The nature of diversionary activities varies as do the way they are provided nationally. For example, the Centre for Justice Innovation found significant variation in practice regarding requirements on CYP to plead to or admit guilt, in defining eligibility (including which offences were excluded, when it would be offered and how CYP were assessed as eligible) and also in outcomes monitoring (Lugton, 2021). This variation is linked to a lack of national guidelines for the operation of these schemes, along with rules for recording the work done and clear funding for them (Lugton, 2021). In particular, it can exacerbate racial disparities in criminal justice outcomes for CYP, due to the different ways in which racial groups are policed. Robin-D'Cruz and Whitehead (2021) note that access to diversion is in part affected by previous contact with the police, with greater levels of contact able to exclude CYP from diversion, as it can indicate less possibility of or capacity for reform. This means minority ethnic CYP may not be referred for diversion or not be eligible for it. Contact with the police tends to be more common for those from minority ethnic communities, which are policed to a greater extent, in turn increasing the likelihood of arrest. Furthermore, a lack of trust in the police can make it less likely that minority ethnic people who are arrested will plead guilty, again barring them from diversion programmes.

In general, youth diversion schemes tend to involve short assessments of arrested CYP and quick referrals into light-touch, voluntary programming. In this way the RM diversion intervention provided by Remedi with which this study is concerned is different, in that it aims

to offer a more intensive and comprehensive mentoring service to referred CYP and their families.

Mentoring matches children who, in this case, are at risk of involvement in crime and violence with a mentor. It aims to help children form a good relationship with a positive role model. This may help children develop important skills like self-regulation, form positive relationships with others, and develop positive behaviours, interests and aspirations. In addition, children can directly benefit from the advocacy a mentor provides and from connecting them to services or opportunities of interest or benefit.

Research using both administrative and self-report data has found that mentoring can significantly reduce delinquency outcomes (Blattman et al., 2017; Heller et al., 2017). The YEF toolkit entry on mentoring as a strategy for preventing children and young people becoming involved in crime and violence (Gaffney, Jolliffe and White, 2022), drawing from three meta-studies provides key evidence on this issue. The headline findings are that mentoring programmes can lead to a 14.2% reduction in youth offending based on 37 evaluations, and a 21.1% reduction in violent behaviour based on eight evaluations, and a 20% decrease on reoffending, based on findings from 23 studies.

The YEF mentoring toolkit reports that both of these reviews reported mean effect sizes for additional outcomes with results suggesting that mentoring programmes have the potential to impact a wide range of risk and protective factors for youth offending and violence. For example, one meta study considered found that mentoring programmes had a desirable effect on academic achievement, drug use, and family relationships and physical health; but not on some other outcomes such as social and emotional outcomes and school behaviour. Another of the meta studies included, found that mentoring programmes have desirable effects on outcomes across several domains, including school, psychological, social, cognitive and health outcomes (Gaffney, Jolliffe and White, 2022).

This mirrors the findings of other studies in this area. For example, regarding academic outcomes, Falk et al. (2020) and Rodriguez-Planas (2012) have found that mentoring can be supportive. Other studies have found more limited evidence regarding reductions in aggression and drug use (Tolan et al., 2013).

Regarding moderating factors, the YEF toolkit evidence suggests that matching mentees and mentors on sex (evidence found for males) supports the effectiveness of mentoring, and that shorter meetings between mentors and mentees are also associated with greater effectiveness (Gaffney, Jolliffe and White, 2022). Indeed, the authors report from qualitative data on the importance of matching mentors to mentees, with failure to do so resulting in cost inefficiencies, premature ending of mentoring relationships which are not going well,

and poor handling of termination negating the positive impact of the programme. Tolan et al. (2013) also found evidence that the motivation of the mentors can moderate the effect of the intervention, and only limited detailed evidence of what the mentoring programmes actually consisted of and how they were implemented. The study found stronger effects when the mentoring offered emotional support and advocacy. However, the authors stated that further studies were required to understand which components of mentoring are having the observed effects, findings mirrored in the YEF toolkit (Gaffney, Jolliffe and White, 2022). This will be important to consider in the current study.

Early-stage evidence regarding the particular potential role of mentoring for children from black communities has found that mentoring can help challenge negative wider social stereotypes, which children from these communities often feel they are flooded by in the media and which narrow their own perceptions of their potential and which undermine their wellbeing (Khan et al., 2017).

A key aspect of the Remedi RM intervention is restorative justice (RJ). This underpins the approach taken to mentoring as well as being an element of the intervention itself, so that where appropriate mentors will try to bring victims together with the CYP, whether directly (in-person, for example via a RJ conference) or indirectly (via communication between them such as letters).

As with mentoring, there is evidence that RJ interventions, particularly those which involve direct contact between victims and offenders, can lead to positive and cost-effective outcomes regarding re-offending. The YEF Toolkit entry on RJ (Gaffney, Jolliffe and White, 2021), draws upon two systematic reviews, considered to be the best available evidence on the effectiveness of restorative justice programmes in the criminal justice system for CYP. Both concluded that restorative justice programmes have a small desirable impact on youth reoffending outcomes. Both reviews found that the weighted mean effect size for reoffending was statistically significant and indicated that RJ interventions had a desirable impact on youth reoffending. However, there is still more research needed to better understand how these programmes work and what the active ingredient of RJ is that is associated with the desirable effects seen.

The first systematic review (Strang et al., 2013) considered 10 randomised controlled trials of face-to-face restorative justice conferences bringing together victims and offenders. This restricts the evidence considered to offences where there was an identifiable victim and of the studies included, only four included CYP as opposed to adult offenders. The second (Wong et al., 2016) considered the effect of 21 restorative diversion programmes for CYP. The aim of restorative justice is to minimise the stigma and labels often associated with involvement

in the criminal justice system, and instead encourage an understanding of the impact of the harm caused on behalf of the offender, while also providing the victim with a voice. This should encourage greater prosocial behaviour and assist the offender to desist from offending (Wong et al., 2016).

The systematic review produced by Strang and colleagues, found that RJ approaches have better victim satisfaction outcomes compared to standard criminal justice processes. Findings from those RJ interventions including only juvenile offenders showed a smaller effect size than those with adult offenders.

Gaffney, Jolliffe and White (2021) report that implementation studies from the UK have found that victims and perpetrators were highly supportive of the use of restorative justice. Some reservations were expressed by some practitioners, especially police. Establishing good relationships can facilitate the RJ process, especially so that the CYP involved feel they are being treated with respect. Reparation or 'pay-back' work can also play an important role in establishing self-esteem and skills development. Key challenges to RJ were good communication, low referrals and contacting victims.

Further evidence of RJ conferencing with adult participants (Shapland et al., 2007, 2008) showed that one key predictor of the 'success' of RJ regarding subsequent offending was the way in which the offender experienced the intervention. For example, the extent to which the offenders felt the intervention had made them realise the harm done by their offending; the extent to which the offender was observed to be actively involved in the intervention; whether the offender wanted to meet the victim; and how useful offenders felt the intervention had been (2008: iv). The authors link these findings to the way in which RJ interventions can support an offender's motivation to desist or cease offending. It will be important to gather data on these factors in the current study to help understand the findings. Overall, they found high levels of satisfaction with RJ from both the victims and offenders who took part (Shapland et al., 2007). The majority of victims received an apology, and they reported that RJ helped lessen the negative effects of the offence. Dissatisfaction revolved around disputes between victim and offender regarding the offence, or difficulties in communication.

There is limited evidence of the effect of the type of family support the Remedi RM intervention will involve. There is some evidence that youth mentoring is more effective when combined with additional support services (Kuperminc et al., 2005), and with family support (Taylor and Porcellini, 2013). This is mainly because CYP eligible for mentoring programs often face several disadvantages, ranging from problems at school, harmful peer connections, and

parental conflicts (DuBois et al. 2002). This very much mirrors the organisation and intentions of the Remedi RM intervention.

There is good quality evidence regarding similar interventions, although these do not take exactly the same approach Remedi will take. For example, the Early Intervention Foundation provide evidence regarding functional family therapy and multidimensional family therapy in which trained therapists work with families in need for a period of time. This shares some characteristics with the Remedi RM intervention, but it is provided by a practitioner with different training although with similar aims - to help improve the relationships within and functioning of the family. The findings of these studies are outlined below to indicate the type of effects family support can have for families identified as in need of it.

Studies of functional family therapy (FFT) have found it to have a short-term positive effect on CYP. CYP aged between 10 and 18 years who are involved in serious antisocial behaviour and/or substance misuse and their families were referred to learn strategies for improving family functioning and addressing the CYP's behaviour. FFT's effect has been assessed through a small number of rigorously conducted RCT (Waldron et al., 2001) or QED (Darnell et al., 2015) studies and is supported by the findings of less rigorous studies mostly conducted in the USA. However, another RCT in the UK had more mixed results (Humayun et al. 2017), with FFT found to be no more effective than standard support provided to families and to have a negative impact on observed child/parent interaction. The authors note that this was unexpected and may be linked to the quality of the standard, 'management as usual' condition provided to all families in the study.

Regarding multidimensional family therapy (MDFT), studies have shown it to have positive effects for the CYP involved, regarding their use of substances and their involvement in offending and anti-social behaviour, at 12 and 18 month follow up points. A number of the studies of MDFT have focused solely on the outcomes regarding substance use. Those which focused on outcomes regarding involvement in offending include two RCTs. Schaub and colleagues (2014) conducted an RCT in a number of European countries. They found reductions based on both self-report measures and those completed by parents and improvements in family conflict as reported by the CYP. Dakof and colleagues (2015) conducted a RCT in the USA. They found reductions based on both self-report measures supported by analysis of administrative data on arrests.

Studies of interventions which support the families of CYP involved with the criminal justice system do suggest they can have positive effects for the family and CYP, which is the aim of the Remedi RM intervention.

Intervention

Remedi is a third sector organisation primarily providing RJ services to adults and CYP across the UK. This includes community and custodial settings and working with individuals as well as families.

The Restorative Mentoring (RM) intervention provided by Remedi aims to deal with high levels of violent behaviours and violent crime committed by CYP in the Greater Manchester area. In particular, the intervention focuses on CYP aged 10-17 who have displayed violent behaviours and/or have committed a violent offence but who are not subject to an order higher than OOCD level. Specifically, the offence types eligible for the intervention included:

- Violence against a person: assault, threats to kill, harassment, malicious communications
- Public order: Violent disorder, causing public fear alarm or distress, racially or religiously aggravated public fear, alarm or distress
- Possession of weapons: Possession of firearm (with or without intent), possession of bladed article (with or without intent)[2]
- Sexual offences: sexual assault, rape
- Miscellaneous crimes against society: Going equipped
- Arson and criminal damage: arson endangering life, criminal damage to residential, business or other property
- Robbery: robbery of a person

This is a newly developed intervention introduced in Spring 2022, as part of the pilot study undertaken by the current research team. As part of this efficacy study, the intervention will run from April 2023 until April 2025.

CYP will be referred to Remedi via the police and youth justice services on a consent-based voluntary basis. Remedi reports that these CYP frequently have low levels of awareness / understanding / empathic awareness regarding the impact of their behaviours, have problematic issues within their familial setting and face varying levels of challenges regarding

[2] Remedi ask for further information around these offences to understand the circumstances and whether the CYP was displaying violent behaviour when in possession.

their mental and/or emotional health. In the experience of Remedi, if unsupported these behaviours often result in greater degrees of violence/criminality[3].

The RM intervention consists of three components, to provide intensive one to one support for CYP. All CYP in the intervention group will receive the mentoring component but what, if any, other component they receive will be determined by an initial needs assessment of the CYP. This takes place during an initial contact meeting between the mentor and CYP and considers the following areas of a CYP's life: relationships with parents/carers, educational attendance, mental health, self-esteem and peer pressure, emotional regulation, dealing with people in authority. The result of this assessment informs the creation of a support plan for the CYP[4].

The three components of RM are:

i. Mentoring: This element will last for around 12 weeks, based on 3-4 1-to-1 sessions per week. The content of these sessions is determined through the creation of an 'Action Plan' agreed with the CYP with Specific, Measurable, Achievable, Relevant and Time-bound (SMART) goals and expectations established.

ii. Restorative Justice (RJ): Provision of a full RJ intervention (whether direct or indirect) with harmed individuals identified and willing to take part RJ will be offered and mentioned during the mentoring work to give many opportunities to take part – using Remedi's empathic thinking work during the mentoring. An RJ intervention will not be able take place without an identified or willing victim

iii. Restorative-based family work: where the referring professional, the CYP or the Remedi mentor identifies that familial support is required this will be offered with the aim to address conflicts/improve communication and support.

Control Group

CYP in the control group will receive Restorative Choices (RC) training, a short mentoring scheme focused on the CYP understanding the causes and effects of their actions. This tends to consist of four sessions usually lasting 1-2 hours (depending on the attention abilities of

[3] Remedi restorative mentoring case studies: http://www.remediuk.org/case-studies-restorative-mentoring/

[4] Where family needs are identified during the initial needs assessment, a family meeting is held to develop a family support plan.

participants). The sessions take place over a period dictated by the availability of the CYP; they can all take place during a week or at most over four weeks.

Both RC and RM will be delivered by Remedi.

Restorative Mentoring Theory of Change

WHY	***Problem Observation***	There are high levels of violent behaviours and violent crime committed by children and young people (CYP) in the Greater Manchester area.
	Need	A number of these CYP frequently have low levels of awareness / understanding / empathic awareness regarding the impact of their behaviours, have problematic issues within their familial setting and face varying levels of challenges regarding their mental and/or emotional health. If unsupported these behaviours frequently result in greater degrees of violence/criminality.
WHO	***Target Population***	CYP aged 10-17 who have displayed violent behaviour OR have committed a violent offence, capped at the level of an OOCD sanction. Referred via Youth Justice Services and Police Planned scale: 176 CYP engaged with the restorative mentoring service (the control group will consist of 176 CYP receiving Restorative Choices).
HOW	***Intervention Activities***	Provision of a dedicated, trained team of 10 full-time practitioners providing intensive one to one support for children and young people with 3 primary focuses: 1. Intensive Mentoring 2. Restorative Justice 3. Restorative-based family support The above team working in a collaborative partnership with referring agencies. Following referral and initial suitability check CYP are offered: • ALL: o Initial introduction and needs assessment o Supported referral on and direct support to access wider specialist mental health services. o Impact assessment and evaluation o Mentoring: 'Action Plan' agreed with young person with SMART goals and expectations established, one to one support with lower level mental health needs (confidence building etc). Will last for around 12 weeks, based on 3-4 sessions per week.

		• RJ: Provision of full Restorative Justice intervention with harmed individuals identified (if desired by harmed/victim). RJ will be offered and mentioned during the mentoring work to give many opportunities to take part – using Remedi's empathic thinking work during the mentoring. • Restorative-based family work: to address conflicts/improve communication and support etc. will be based on a family plan including family circle work, Remedi's 'Together Families' programme and work towards a family agreement/exit plan.
	Intervention Mechanisms	**Mentoring** • Increased self-esteem, confidence and resilience, better able to cope with life crisis points • Increased understanding consequential thinking skills • Increased empathic thinking skills • CYP less socially isolated **RJ** • Victim satisfaction/benefits regarding coping and recovering, feeling safe and less fearful, improved health and sense of wellbeing **Restorative-based family support** • Improved familial relationships • Improved familial communication • Families better equipped to address future challenges **Overall** • Increased access/ engagement with mental health services
WHAT	***Short Term Outcomes***	• Reduced violent behaviours • Reduced levels of aggression • Reduced weapon carrying (where applicable) • Reduction in displayed 'behavioural problems'

	Medium Term Outcomes	• Reduced involvement in violent and non-violent criminal offences • Reduction in gang involvement • Improved relationships with friends
	Long Term Outcomes	• Reduced levels of crime • Reduced demand on other statutory services • Reduced community tensions • Improved mental/physical health of CYP

Procedures

Figure 1 Restorative mentoring overview

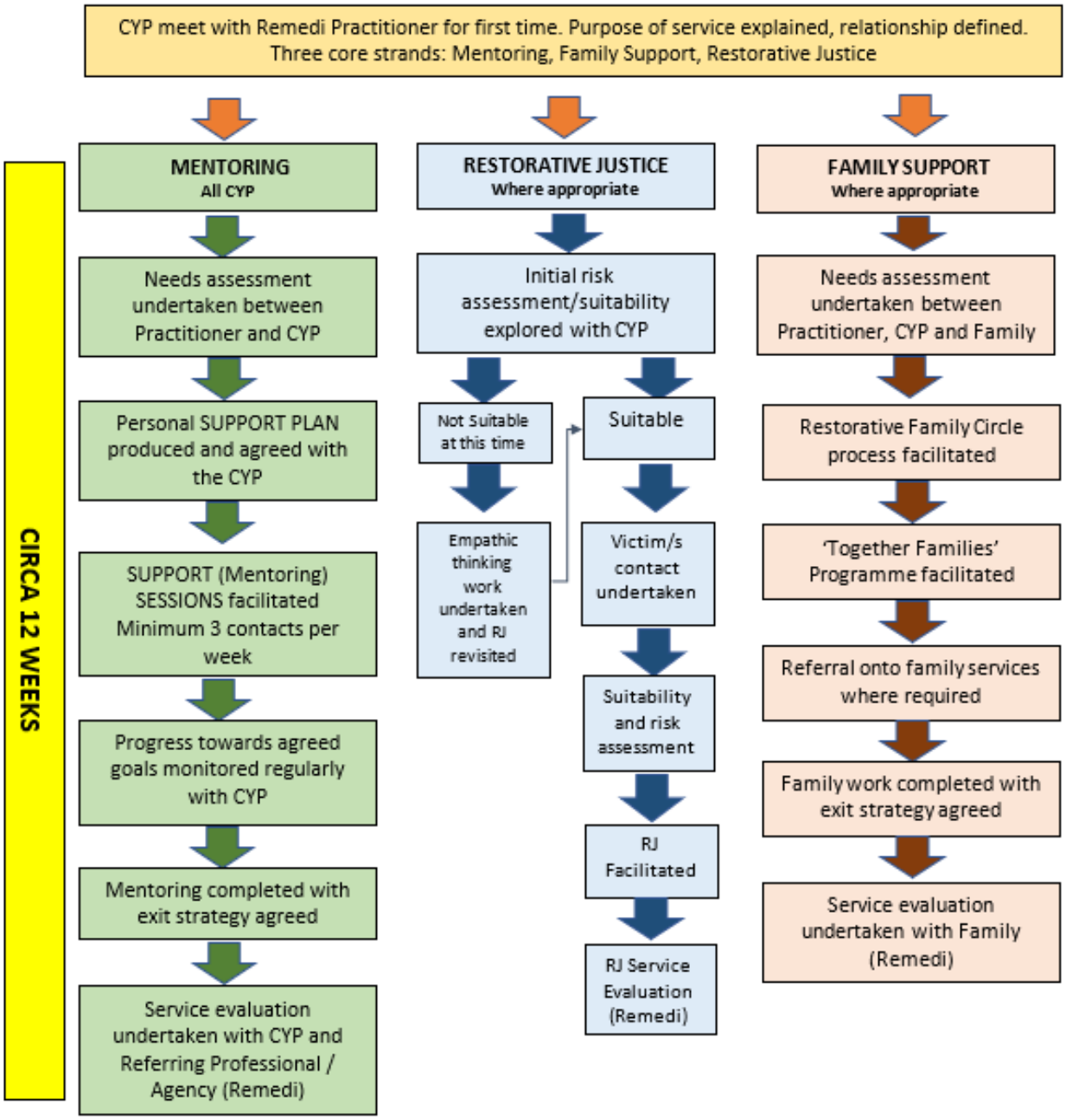


Figure 2. Mentoring component process

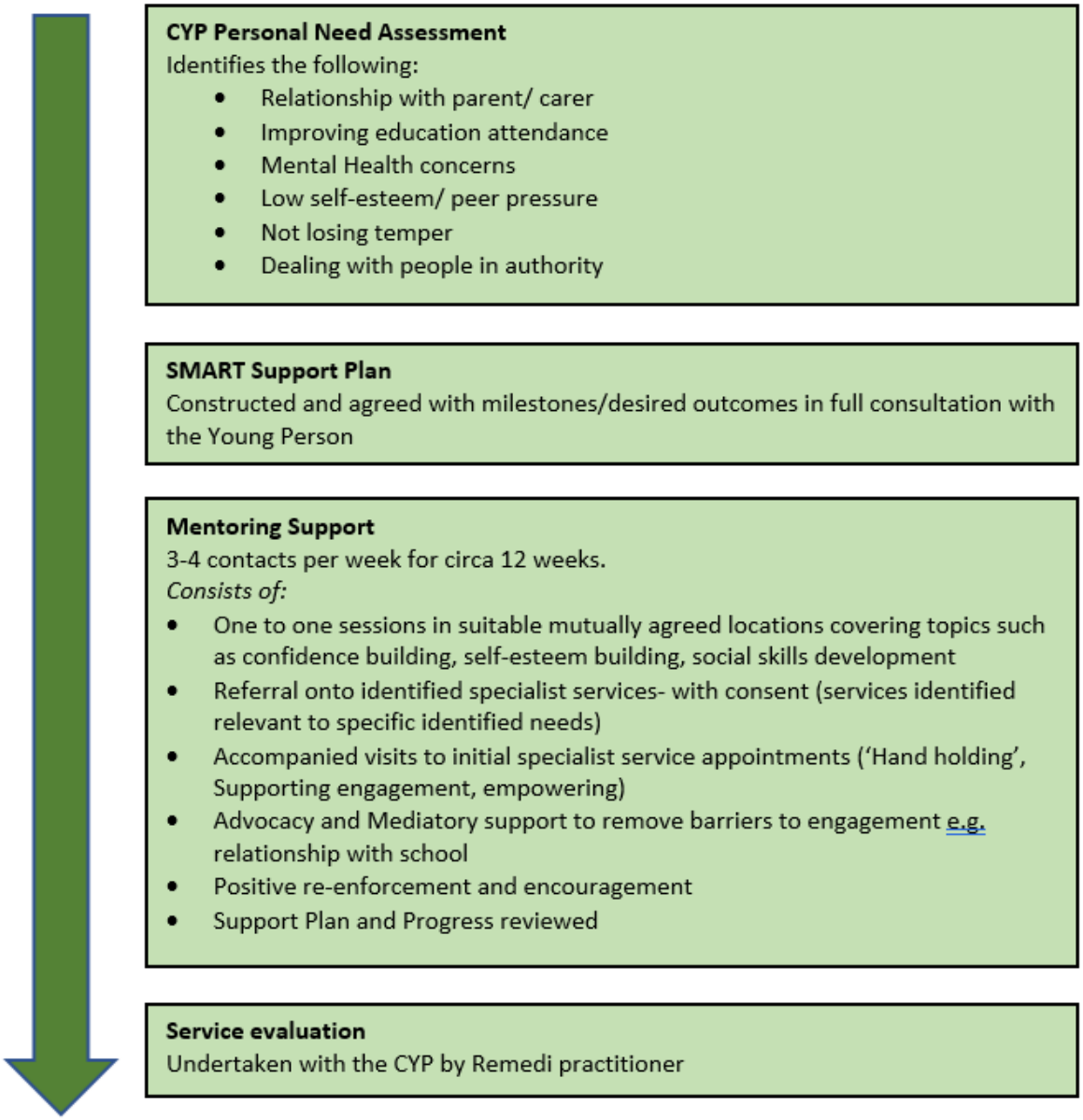


Figure 3. Restorative Justice component process

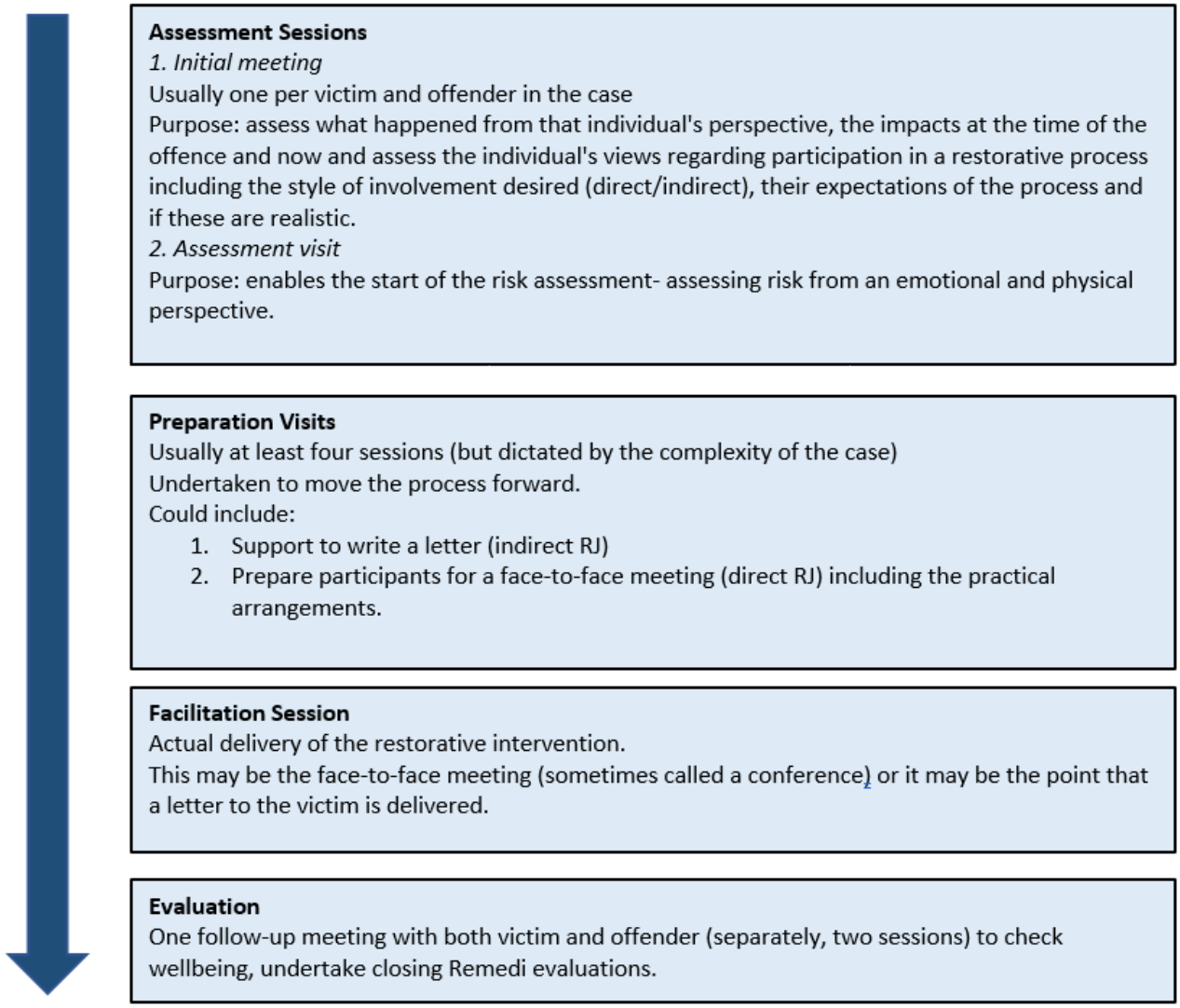
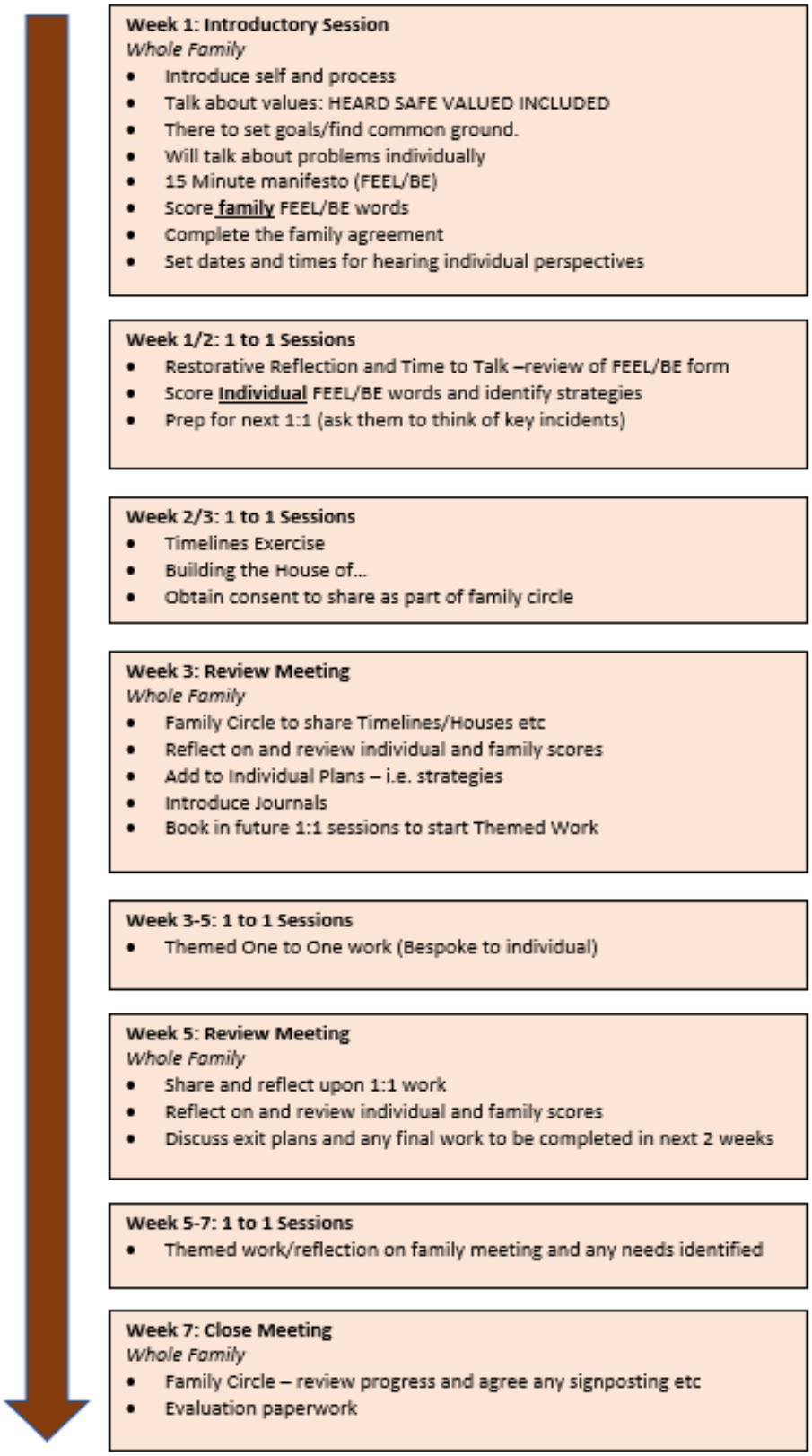


Figure 4. Restorative-based family component process



Providers

Both RM and RC will be delivered by a dedicated, trained team of 10 full-time practitioners. This team will work on a fully collaborative basis with referring agencies. It is anticipated that the majority of Remedi staff working on the project will be graduates with a background in Criminology and Psychology.

All Remedi staff received an initial training package comprised of general training (i.e., on policies and procedures, data protection, safeguarding) and training on the three components of the RM intervention: restorative justice skills (4 days), mentoring (4 days) and restorative family training (3 days). All providers additionally access skills development training (internally and externally), additional safeguarding training accessed via local authority, local partner agencies and advanced skills training (sensitive and complex case training for example).

Materials:

Remedi have created a series of in-house resources to support their work for this project. All procedural and service users resources are made available to personnel via secure online systems[5].

They are outlined below:

Mentoring:

- Mentoring Handbook *(Remedi developed resource: Core of training and available online to all Remedi personnel via secure staff portal)*
- Mentoring initial needs assessment document
- Mentoring agreement and Mentoring support plan
- Case management record
- Mentoring evaluation documentation/procedure

Restorative Justice: Restorative Justice Handbook, an in-house training course (4 days), plus an additional package focused on enhanced skills development for sensitive and complex cases (e.g. sexual offences, cases involving death, vulnerable service users etc.; 2 days), a list of RJ procedures covering risk management, case management and Standards of Practice and ways in which to evaluate RJ interventions.

[5] Access to the content of the materials available on request from Remedi, for research purposes only.

Restorative-based Family Support:

- 'Together Families': A documented 7 session family support programme based around restorative principles/approaches. Documentation: child/young person assessment process; parent/carer assessment process; initial needs and support plan; structured exercises to undertake on an individual and family basis; exit strategies including 'Family Plan' and evaluation process.
- Restorative Family Skills training (3 days) Building on the above Restorative Justice training and exploring all aspects of delivery regarding the Together Families programme.

Format of delivery

The majority of service delivery takes place face to face with service users, although telephone contacts may be undertaken within the context of the mentoring component as support becomes less intensive or in order to check in. In addition, in response to the Covid-19 pandemic, Remedi has developed virtual methods of service delivery for all of their operations that can be adopted as required should there be any further lockdowns or should a service user be unable to meet face to face due to having to self-isolate. Initial meetings with service users will be undertaken in suitably secure venues as close to the service user as possible. These venues will be sourced via Remedi's partnership networks and may include-community centres, schools, local authority venues and police stations. These locations will be pre-assessed to ensure confidentiality can be maintained and to ensure they are suitable to meet the diverse needs of the service user. Initial meetings will incorporate risk assessment and discussions regarding the venues of future meetings. Where home visits are appropriate, Remedi operates a lone working protocol to ensure the safety of colleagues.

Frequency and dosage

For the RM project, support will be provided over a 12-week period, although the length and frequency of the three different components differ depending on the features of the individuals, families and cases involved. The details of each strand are outlined in Figures 2-4 above.

All contacts/sessions will be arranged to meet the availability of service users and will include evening and weekend sessions as required.

Logic Model

A logic model has been co-developed with inputs from Remedi and YEF and is presented below:

Restorative Mentors, Logic Model

INPUTS	***What resources are needed?***	Provision of a dedicated, trained team of 10 full-time Practitioners providing intensive one to one support for children and young people with 3 primary focuses: 1. Intensive Mentoring- including supported engagement with specialist mental health services 2. Restorative Justice 3. Restorative-based family support Skills and qualities specified in the job description: • Communication • Flexibility • Motivation • IT capabilities • Keeping safe The above team will work on a fully collaborative partnership basis with partner agencies. The RM intervention will also make use of written resources Remedi have created and use in other work.
OUTPUTS	***Activities*** *What needs to take place for CYP to accomplish the short term outcomes*	Following referral and initial suitability check CYP are offered: • ALL: o Initial introduction and needs assessment o Supported referral on and direct support to access wider specialist mental health services. o Impact assessment and evaluation o Mentoring: 'Action Plan' agreed with young person with SMART goals and expectations established, one to one support with lower level mental health needs (confidence building etc). Will last for around 12 weeks, based on 3-4 sessions per week.

		• RJ: Provision of full Restorative Justice intervention with harmed individuals identified (if desired by harmed/victim). RJ will be offered and mentioned during the mentoring work to give many opportunities to take part – using Remedi's empathic thinking work during the mentoring. • Restorative-based family work: to address conflicts/improve communication and support etc. will be based on a family plan including family circle work, Remedi's 'Together Families' programme and work towards a family agreement/exit plan. Please refer to procedure flow charts for each element of the RM intervention for further details. The vast majority of service delivery takes place face to face with service users. However, given Covid 19, Remedi have developed virtual methods of service delivery for all of our operations that can be adopted as required should there be any further lockdown issues or should a service user be unable to meet face to face due to having to self-isolate. With regard to mentoring- telephone contacts may be undertaken as support becomes less intensive or in order to check in. All support at this stage is intended to be facilitated on a one-to-one basis. Should we, once fully operational, identify the potential for suitable small group work, we will review this at that time. Initial meetings with service users will be undertaken in suitably secure venues as close to the service user as possible. These venues will be sourced via our partnership networks and may include- community centres, schools, local authority venues. These locations will be pre assessed to ensure confidentiality can be maintained and to ensure they are suitable to meet the diverse needs of the service user. Initial meetings will incorporate risk assessment and discussions regarding the venues of future meetings. This may well be the family home. In all instances of home visits Remedi operate a lone working system to ensure the safety of colleagues.
	Participation *What outputs must be achieved for the short term outcomes to be achieved.*	CYP aged 10-17 who have displayed violent behaviour OR have committed a violent offence, capped at the level of an OOCD sanction. Referred via Youth Justice Services or the Police Planned scale: 176 CYP engaged with Restorative Mentoring (supported and evaluated) and 176 CYP engaged with Restorative Choices (supported and evaluated).
OUTCOMES	***Short Term Outcomes***	• Reduced violent behaviours

		• Reduced levels of aggression • Reduced weapon carrying (where applicable) • Increased self-esteem, confidence and resilience • Reduction in displayed 'behavioural problems' • Increased access/ engagement with mental health services
	Medium Term Outcomes	• Reduced involvement in violent and non-violent criminal offences • Reduction in gang involvement • Improved familial relationships • Improved familial communication • Improved relationships with friends • Increased understanding consequential thinking skills • Increased empathic thinking skills
	Long Term Outcomes	• Reduced levels of crime • Victim Satisfaction/benefits (re coping and recovering, feeling safe and fearful, improved health and sense of wellbeing) • Reduced demand on other statutory services • Reduced community tensions • CYP able to cope with life crisis points • CYP less socially isolated • Improved mental/physical health of CYP • Families better equipped to address future challenges
UNDERPINNING ASPECTS	***Assumptions*** • There are high levels of violent behaviours and violent crime committed by children and young people (CYP) in the Greater Manchester area. • A number of these CYP frequently have low levels of awareness / understanding / empathic awareness regarding the impact of their behaviours, have problematic issues within their familial setting and face varying levels of challenges regarding their mental and/or emotional health. If unsupported these behaviours frequently result in greater degrees of violence/criminality. • Remedi can expect to receive referrals in from partner agencies listed above.	

	External Factors • The family, social and community circumstances of the CYP using the Remedi service. • Availability of specialist services in Greater Manchester for Remedi mentors to refer on to and thresholds of these organisations.

Impact evaluation

Research questions or study objectives

The overarching objective is to explore whether the RM intervention has greater impact than the RC intervention in terms of CYP's contact with the police and emotional and behavioural difficulties. The study has the following research questions:

1. What is the impact of the RM intervention on the contact with the police of CYP who experience it?
    a. Is this greater than the impact of the RC intervention?
2. What is the impact of the RM intervention on the emotional and behavioural difficulties of CYP who experience it?
    a. Is this greater than the impact of the RC intervention?
3. Does any impact vary across subgroups, including CYP demographic characteristics (age, sex and ethnicity) and the exact variant of the RM intervention received (which combination of the three elements received; mentoring, restorative-based family support, restorative justice).[6]

To achieve the overarching objective of the impact evaluation, it is necessary that:

- Regular fidelity checks are carried to ensure that the approved protocol is closely followed;
- That the blinding arrangements are in place;
- Data collection is regularly observed for timeliness and consistency;
- The necessary number of CYP recruitment is reached;
- The data are analysed according to the Statistical Analysis Plan.

YEF will not have any role in the collection or interpretation of the data, or in the decision to submit results.

We will be required to provide monitoring information to the funder quarterly on the progress of the study.

[6] This will be examined via exploratory analyses.

Any changes to the protocol will be logged in a change log following discussion with the provider and funder.

Design

The trial will be a two-armed (RM and RC) individually randomised controlled trial. Upon referral to Remedi, CYP who have committed a violent offence or have displayed violent behaviours will be randomly assigned to RM (the treatment group) or RC (the control group) on a 1:1 basis.

Table 1: Randomized Control Trial protocol

Step 1:	CYP is referred to Remedi
Step 2:	Remedi assesses eligibility. Ineligible cases are excluded.
Step 3:	Informed consent/assent is provided by eligible CYP.
Step 4:	Data on CYP are collected (SDQ, SRDS questionnaires).
Step 5:	Randomisation done by the University of Birmingham: CYP is assigned to RM or RC.
Step 6:	CYP receives RM or RC.
Step 7:	Right after the interventions are completed, data on CYP are collected (SDQ, SRDS questionnaires) for short-term outcomes.
Step 8:	For CYP completing the interventions in the first 18 months of the trial, follow-up SDQ and SRDS questionnaires will be collected, 6 months after the completion of the interventions.
Step 9:	One month before the trial ends, police administrative data are collected from the Police National Computer via GMP.

Table 2: Trial design

Trial design, including number of arms		Two-arm Randomised Controlled Trial
Unit of randomisation		Individual CYP
Stratification variables (if applicable)		N/A
Primary outcome	variable	The primary outcome of interest in this study will be contact with the police, as perpetrators, victims or missing person episodes.

	measure (instrument, scale, source)	Police contact data will be taken from Greater Manchester Police administrative records. Police contact data is a count variable starting at 0. These data will be collected one month before the trial ends. Data will be taken for a period 1 year prior to the recruitment date. Every CYP will have a 3-month follow-up period after completion of the intervention.
Secondary outcome(s)	variable(s)	The secondary outcomes will be the CYP's emotional and behavioural difficulties and self-reported delinquency. Emotional and behavioural difficulties are measured by the following three variables: 1) Internalizing score 2) Externalizing score 3) Total difficulties Self-reported delinquency is measured by: 4) Variety of delinquency 5) Volume of delinquency
	measure(s) (instrument, scale, source)	The first three scores are measured with the Strengths and Difficulties Questionnaire (SDQ). The remaining two scores (4 & 5) are measured with the Self-Reported Delinquency Scale (SRDS). The SDQ and SRDS are completed by CYP at the point of consent, the end of the interventions and 6 months after the end of the interventions as a follow-up (for CYP who start the interventions in the first 18 months of the trial). For the SDQ CYP are asked to recall over the past 6 months, a period defined in the measure. For the SRDS, CYP are asked to recall over the past 3 months, this was a period defined for this study, in consultation with Remedi. In the pilot study 73% of CYP consented into the interventions completed the initial questionnaires,

		and between one third and one half completed the end point questionnaires. We would expect these rates to be similar for this efficacy study and so could expect to receive around 257 initial questionnaires and 148 end point questionnaires. Six-month follow up questionnaires were not completed as planned during the pilot study and so we cannot use these completion rates to estimate the expected number of completed questionnaires during the efficacy study. However, we would expect completion rates to be lower than those at the end of the interventions, due to the break in contact with the CYP. As such as estimate between 10-20% of CYP will complete these questionnaires, which would equate to between 35-70 questionnaires. Scales are 0-20 for the internalizing and externalizing scores and 0-40 for the total difficulties score. Variety of delinquency ranges from 0-19 and volume of delinquency ranges from 0-198 (this excludes the scoring for Question 16, which is different from the other questions).
Baseline for primary outcome	variable	The primary outcome of interest is the number of contacts of the CYP with the police, as perpetrators, victims or missing person episodes.
	measure (instrument, scale, source)	Police contact data will be taken from Greater Manchester Police administrative records for events 1 year prior to the intervention. Police contact data is a discrete count variable starting at 0.
Baseline for secondary outcome	variable	The secondary outcomes will be the CYP's emotional and behavioural difficulties and self-reported delinquency. Emotional and behavioural difficulties are measured by the following three variables: 1) Internalizing score 2) Externalizing score

		3) Total difficulties Self-reported delinquency is measured by: 4) Variety of delinquency 5) Volume of delinquency
	measure (instrument, scale, source)	The first three scores are measured with the Strengths and Difficulties Questionnaire (SDQ) and the last two (4 & 5) are measured with the Self-Reported Delinquency Scale (SRDS) questionnaire The SDQ and SRDS are completed by CYP at the start of the intervention. Scales are 0-20 for the internalizing and externalizing scores and 0-40 for the total difficulties score. Variety of delinquency ranges from 0-19 and volume of delinquency ranges from 0-198 (this excludes the scoring for Question 16, which is different from the other questions).

Randomisation

The "simple" randomisation method (Suresh, 2011) will be used, which is a robust method against selection and accidental biases. We will use the statistical software package Matlab to implement the randomisation. Automated randomisation will be based on a pseudo random number generated sequence that will ensure that the process is transparent and reproducible.

Allocation concealment will be ensured because Matlab will be operated by University of Birmingham researchers, who will not release the randomisation outcome until the CYP has consented and been recruited into the trial and gone through the initial questionnaire phase, which takes place after all baseline measurements have been completed. Central randomisation will be used as the Remedi administrators, who are involved in CYP recruitment, will have to contact University of Birmingham researchers to receive the allocation of the CYP. Participants and mentors will be blind to the randomisation procedure, while the University of Birmingham staff responsible for the randomisation will be blind to baseline measurements and participant data, beyond a

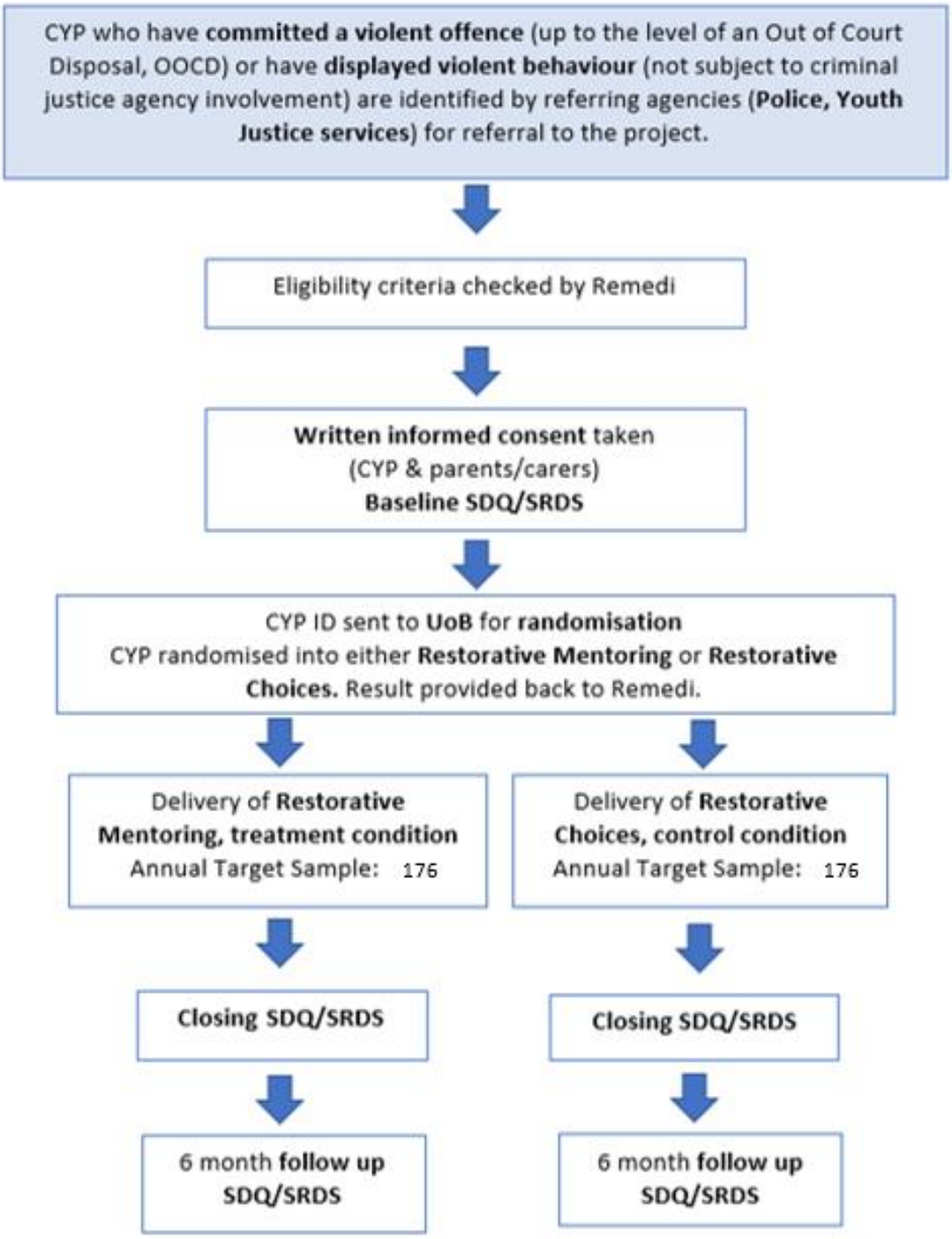
case number that will be sent to them. Finally, the mentor responsible for the follow-up questionnaire measurements will not know whether the CYP measured will belong to the treatment or the control group.

Because several of the evaluation outcomes are self-report and may be susceptible to bias, (for example SDQ and SRDS), we will blind participants with respect to the true hypothesis that the RM intervention is better than RC. We will only let them know that we are interested in testing two different types of interventions.

Participants

The intervention will be offered to CYP aged 10-17 who have committed a violent offence or have displayed violent behaviour identified by the police and youth justice services. The diagram below provides a summary of the stages of the intervention and anticipated numbers of CYP participating in the intervention.

Figure 5. Intervention and control group process summary



The following inclusion and exclusion criteria will be used. Referrals will consist of any young person (10-17) in receipt of a police outcome, up to and including an out of court

disposal (at any level[7]) that has committed a violent offence in Greater Manchester. Once referred to Remedi, CYP must provide written, informed consent (or assent if relevant) before any study procedures occur. The same process would apply for parents/carers of CYP. CYP who are unable to take part or who fail to engage with the intervention would be excluded from the study. In addition, CYP should not participate in other youth support programmes at the same time as the RM or RC intervention.

We will request both CYP assent and their parents/carers' consent in line with Remedi's processes to involve CYP and their carers in the consenting process. The only exception to this would be 17-year-olds living independently, of who there are expected to be few.

Trained Remedi mentors will introduce the trial to CYP who will explain the main aspects of the mentoring programme. CYP and their parents/carers will also receive information sheets. Mentors will discuss the trial with CYP in light of the information provided in the information sheets. CYP and their parents/carers will then be able to have an informed discussion with the mentor. Mentors will obtain written assent (and consent where applicable) from CYP and written consent from parents/carers willing to participate in the trial.

Police and Youth Justice services will identify and refer CYP cases satisfying the above criteria to Remedi. The mentoring meetings, which include data collection, will take place in Greater Manchester, in the buildings of local authorities and the Greater Manchester Police. The questionnaire data will be transferred to the Remedi case management system by the mentors. The police administrative data will be collected by appropriately authorised Remedi staff that will be given access to a police computer.

Sample size calculations

The planned number of the trial participants is 352 CYP in its two years of implementation, 176 in the RM group and 176 in the RC group. The sample size is such that the trial is sufficiently powered to detect a Cohen's d of at least 0.3 At the same time, the sample size is in line with the recruitment capacity, funder guidelines and the previous literature, see e.g. O'Connor and Waddell (2015) for a review. The mean effect sizes found in that paper for youth violence interventions range between 0.19-0.4. The calculations are done in Matlab based on Rosner (2011).

Table 3: Sample size calculations

[7] Community resolution, Youth caution, Youth conditional caution, plus CYP who have been in contact with the police for a violent offence, but no further action has been taken.

		PARAMETER
Minimum Detectable Effect Size (MDES)		0.3
Alpha		0.05
Power		0.8
One-sided or two-sided?		Two-sided
Number of participants	Intervention	176
	Control	176
	Total	352

The above calculations report the sample size for the whole study over a two-year period.

Outcome measures

Primary outcome

The primary outcome of interest is the number of contacts of the CYP with the police, as perpetrators, victims or missing person episodes[8]. This will be measured using police administrative data from Greater Manchester Police (COGNOS system). Data will be taken for a period 1 year prior to the recruitment date and 3 months following the end of the interventions for each CYP. Police contact data is a discrete variable starting at 0.

This is a broad definition and was chosen because the CYP being referred to the RM or RC interventions were expected to have only had limited contact with the police. As a result, relying only on subsequent arrests and proven offending risked minimising their further contact with the police.

Secondary outcomes

The secondary outcomes will be the CYP's emotional and behavioural difficulties (as measured by the Strengths and Difficulties Questionnaire, SDQ) and self-reported delinquency (as measured by the Self-Report Delinquency Scale, SRDS).[9] CYP will complete these at the point of consent, at the end of the interventions and 6 months

[8] In cases where a CYP was arrested and rearrested for the same offence, we would create a rule that as this relates to the same offence, this would count as one arrest.

[9] Full questionnaires for both the SDQ and SRDS are provided at Appendix 2.

following the end of the interventions (for CYP who start the interventions in the first 18 months of the trial).

The SDQ is a popular questionnaire measuring behaviours, emotions and relationships. It consists of 25 statements, to which CYP can respond 'not true', 'somewhat true' or 'certainly true' thinking about the past six months. It has been shown to predict consistent behavioural problems (Wilson et al., 2012) and to be an effective outcome measure in children at risk of developing conduct problems (Hutchings et al., 2013).It includes five subscales that measure:

- Emotional symptoms;
- Conduct problems;
- Hyperactivity/inattention;
- Peer problems;
- Prosocial behaviour

It generates an internalizing, externalizing and total difficulties score. Scales of the SDQ are 0-20 for the internalizing and externalizing scores and 0-40 for the total difficulties score, with higher scores indicating greater difficulties experienced by CYP.

The SRDS is used under YEF guidelines, drawn from sweep three of the Edinburgh Study of Youth Transitions and Crime (ESYTC), a longitudinal study of young people who started their first year of secondary school in the City of Edinburgh in August 1998 (Smith and McVie, 2003). It consists of 19-items covering a range of both antisocial and offending behaviours considered over the last three months. CYP are asked if they have done any of these things over the recall period, defined in this study as three months, and if so, how many times, if they got into trouble, with whom, and in some cases some details of the incident. This self-reported data is intended to complement the administrative data taken from GMP.

It has been found to have excellent internal consistency properties (Cronbach's alpha's of 0.87-0.92, see Fonagy et al., 2018 and Humayun et al., 2017) and to correlate well with police arrests (89.5% - 95.2%; McAra & McVie, 2005). Each question is measured by an 8-point scale, ranging from 0 (never) to 11 (more than ten times[10]. The responses produce two scores. The sum of different offending behaviours the CYP has been

[10] Question 16 is measured on a 4-point sale, from 'never' to 'most days' and so is excluded from the calculation of the two scores.

involved in produces the variety of delinquency score, the estimated minimum total number of offending behaviours committed produces the volume of delinquency score.

In the pilot study 73% of CYP consented into the interventions completed the initial questionnaires, and 42% completed the end point questionnaires. We would expect these rates to be similar for this efficacy study and so could expect to receive 257 initial questionnaires and 148 end point questionnaires. Six-month follow up questionnaires were not completed as planned during the pilot study and so we cannot use these completion rates to estimate the expected number of completed questionnaires during the efficacy study. However, we would expect completion rates to be lower than those at the end of the interventions, due to the break in contact with the CYP. As such as estimate between 10-20% of CYP will complete these questionnaires, which would equate to between 35-70 questionnaires.

While these are the outcomes of interest to the study, Remedi believes that the RM intervention has a series of short, medium, and long-term outcomes which are outlined above in the theory of change for the RM intervention. Most of these cannot be quantified within the evaluation period, though the process evaluation will capture some of the subjective measures.

Compliance

Compliance will be ensured by implementing a regular fidelity check agreement. The list of indicators to monitor include:

1. *To ensure the program is implemented by Remedi as designed and improve quality and programme fidelity, it is necessary to guarantee:*

    - Children and young people (CYP) referred to Remedi are eligible.
    - Inform/consent is signed before randomisation.
    - Baseline data is appropriately collected before randomisation.
    - CYP receive the correct result RM or RC.
    - Final data is appropriately collected at the end of the intervention.

2. *To avoid threats to internal validity* it is necessary to consider:

    - Attrition – monitor CYP who disengage and do not participate in the final data collection.
    - Compliance – monitor the engagement of the CYP with the interventions, assessed by whether they complete the programme or not, using data

recorded on the Remedi CMS (e.g., if they change their minds and disengage, do not engage in the sessions, etc.)
- Spill overs – unlikely - treatment and control groups are not likely to communicate.
- Evaluation-driven effects (CYP changing their behaviour in response to the evaluation instead of the intervention) – can look at outcomes from the administrative data.
- Contamination (external factors influencing outcomes) – monitor whether other programs are being offered to CYP.

3. *To inform the analysis and reporting it is necessary to:*

    - Document all threats to internal validity registered during the intervention.

4. *To inform generalizability and scaling-up it is necessary to:*

    - Collect data on the costs and context of the intervention.

Analysis

Descriptive statistics will be presented for the overall sample, as well as for the treatment and control groups separately. The random assignment of cases will be formally tested by comparing means of observable characteristics (such as age, sex, ethnicity among others) between treatment and control groups.

For the analysis, simple differences in means will be calculated for all the outcomes as well as regression-adjusted results. An intention to treat effect (ITT), denoted by β, will be estimated in the regression model presented below:

$$E(Y_i|T_i, Z_i) = \alpha + \beta T_i + Z_i'\gamma$$

Y_i is the outcome for individual i. T_i is an indicator variable equal to 1 if i was assigned to treatment and 0 if i was assigned to the control group. Z_i is a vector of individual characteristics that are not affected by the intervention (such as sex, age, ethnicity, district, past offences, and referral source). The analysis below depends on the over-arching assumption that the sample of observations are independent to each other. This is reasonable as the sample is only a small subset of the whole population.

The dependent variable here is a count variable and it is highly likely that the lower values will have much higher frequency, in other words it is heavily skewed to the right. This feature of the data suggests that they are best analysed using Poisson regression.

Another assumption that needs to hold for the Poisson regression is that conditionally on the regressors, the mean and variance of Y_i must be equal to each other. If this assumption does not hold, then we must estimate the model using the Negative Binomial regression which is able to deal with overdispersion.
Furthermore, as it is expected that compliance will not be perfect, the analysis will involve estimating a local average treatment effect (LATE), which will provide an estimate of the treatment effect for individuals who engage with the intervention (Imbens & Wooldridge, 2007; Angrist, 2014). In this case, treatment assignment will be used as an instrument for whether individuals get treated or not.

Given the potential for treatment to have different effects on individuals or specific groups, tests for heterogenous treatment effects will be performed to analyse whether individuals respond differently to treatment based on observable characteristics such as sex and ethnicity. Although the individual randomisation process was not stratified based on these groups, if the sample size is sufficiently large to do a sufficiently powered analysis, reporting results for groups defined post-randomisation could provide supplementary insights alongside the primary findings (Duflo et al. 2007). This is also the case for the groups of CYP who have received the different elements of the RM intervention (mentoring, restorative-based family work and RJ). We consider the RM intervention to be one intervention provided to CYP, but if the sample size is sufficiently large to achieve statistical significance, reporting results for groups who have received different components will be considered.

Longitudinal follow-ups

Police administrative data for the primary outcome will be gathered one month prior to the end of the trial, allowing a three-month follow-up for all CYP.

Follow-up data for the secondary outcome measures will be collected 6 months following the end of the interventions (for those CYP who begin the interventions during the first 18 months of the study). These data will allow the evaluation of the longer-term impact of the intervention. We will perform a follow-up analysis that mirrors the approach outlined in the previous section, incorporating the data collected during the 6-month post-intervention period.

Table 4: Impact Evaluation Methods overview

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed
Quantitative	Provision of administrative data by Greater Manchester Police	Administrative data on intervention and control group contact with the police (as perpetrators, victims or missing person episodes) (N=352)	Poisson regression, Negative Binomial regression, t-test, Cohen's d.	1. Establish whether RM is more effective than RC in terms of contact with the police.
	SRDS Questionnaires	RM (N=176) RC (N=176)	Linear regression, t-test, Cohen's d.	1. Establish whether RM is more effective than RC in terms of contact with the police.
	SDQ Questionnaires	RM (N=176) RC (N=176)	Linear regression, t-test, Cohen's d.	2. Establish whether RM is more effective than RC in terms of improving behavioural and emotional difficulties.

Implementation and process evaluation

Research questions

The overarching objective of the implementation and process evaluation is to understand how the RM intervention is implemented and experienced by relevant stakeholder groups including the CYP, families and victims Remedi work with, as well the Remedi staff providing the intervention and professionals who refer into the intervention. The specific research questions are as follows:

1. Has the RM intervention been implemented as planned across Greater Manchester?
    a. What has caused any variation from the planned implementation?
    b. How and why does implementation vary across Greater Manchester districts?
2. How has the RM intervention been experienced by service users (CYP, families/carers, victims/harmed persons taking part in RJ)?
    a. How does the experience of CYP vary between the RM and RC interventions?
3. How has the RM intervention been experienced by Remedi staff and referring organisations?
    a. How and why does experience vary across Greater Manchester districts?

We will use these aspects of the study to assess the completeness and relevance of the Theory of Change already in place and any need for revisions, as well as the fidelity of the intervention and explore any reasons for a lack of fidelity.

Research methods

Interviews and focus groups will be used to gather the views of CYP, families, RJ victims, Remedi staff and other stakeholders (such as referring agencies) about their experience of the RC and RM intervention. This will be vital to understanding how the intervention has been experienced by those receiving it, how its different parts have interacted and any unintended consequences.

- Remedi staff - Staff will be interviewed (most probably as part of a focus group as occurred in the pilot study) at the start of the trial and then again towards the end of the first year. Participants will be those working directly on the project (project managers and all mentors). This is expected to be around 12 individuals.
- Practitioners in referring organisations – covering the 10 local authority areas in Greater Manchester.

- CYP aged 10 to 17 who are participating in the both the treatment and control interventions. We will aim to interview 10-15 individuals. These CYP would be sampled purposively to reflect the different potential groups of CYP and referred into the different aspects of the intervention.
- Parents/Carers of CYP who have received the restorative-based family component (5-10 individuals).
- Victims who have been involved in the RJ component (5-10 individuals).

For the final three groups where only a sample of participants can be interviewed, we will seek a maximum variation sample (Schreier, 2018) to give a range of different backgrounds, experiences, referral routes, aspects of the intervention and ethnic backgrounds. Thank you tokens in the form of shopping vouchers (£20) will be offered to those participating. In order to take part in an interview, participants will need to be able to communicate in English.

Analysis

For the qualitative data, all interviews and focus groups will be audio-recorded and transcribed. Data will be analysed using Braun and Clarke's (2021) thematic techniques. NVIVO will aid data analysis and interpretation. We recognise that some individuals may be reluctant to be recorded and, in those cases, a written record will be made and these notes will be analysed in the same way. Collection and analysis of qualitative data will be an iterative process, with both occurring in parallel – enabling emerging themes to be investigated in later interviews.

Table 5: IPE Methods overview

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed
Qualitative	Interviews / Focus groups	CYP (N=10-15 per year) Remedi staff (N=12, to be interviewed throughout the intervention to counter staff turnover) Referrers (N=8-10 during the efficacy study) Victims (N=5-10 per year) Families (N=5-10 per year)	Thematic	1. Has the RM intervention been implemented as planned across Greater Manchester? 2. How has the RM intervention been

				experienced by service users? 3. How has the RM intervention been experienced by Remedi staff and referring organisations?
Quantitative	Remedi case management system	Descriptive data on CYP who begin the interventions and control take-up and	Descriptive	1. Has the RM intervention been implemented as planned across Greater Manchester?

Cost data reporting and collecting

There are several organisations involved in the trial delivery. Greater Manchester Police and Youth Justice Services will provide referrals to Remedi. Remedi will provide the interventions. Case referrals by the Greater Manchester Police and Youth Justice Services are part of their standard operation and therefore no further costs arise for these organisations. Therefore, in the following table we provide cost descriptions from Remedi's point of view.

Our approach will be based on five pillars: a) observe employees' work, b) request reports, c) employ self-monitoring tools, and d) review progress on a regular basis. The key employees in this intervention are the hired mentors. There are 10, a number which is not big, and therefore we will observe and evaluate all of them. Data will be collected by the coordinator, which is one person, and therefore will be consistent across the mentors. Both RM and RC interventions are well structured and we do not expect large cost deviations. To understand the resources needed to deliver the intervention, we need to understand the number of CYP who go through the RCT and the associated costs.

Remedi expect to work with 176 CYP in the RM intervention group and 176 CYP in the RC control group. Across Greater Manchester, Remedi will need 10 Mentors, 2 administrators, a project coordinator and a manager, as well as full support in terms of computer and travel expenses. Remedi have estimated the costs of providing this service in their submitted bid to the funder. We will seek to estimate the cost of delivering the intervention (RM), the control (RC) and combined.

We will collect cost data using the principles articulated in the YEF guidance document, i.e. a bottom up approach estimating the different components of costs for the organisation concerned. We expect to collect the data from Remedi and include labour costs (these will be the main source of costs), material (including licensing) costs, training costs, and venue costs where applicable (if this is a regular fixed rental to be paid where say mentoring takes place). There is certainty about some of these costs, such as labour because the staff have already been hired, and in the event of excess demand for the interventions, no new staff will be hired to meet this demand.

Diversity, equity and inclusion

We are an experienced and diverse team with extensive experience of ensuring that the research designs consider diversity and inclusion. All team members have undertaken mandatory institutional EDI training.

We will ensure that each phase is delivered in a culturally competent way and does not exclude people for cultural and linguistic reasons. For example, we have made clear to Remedi staff and on participants information sheets that study information can be provided in different formats (such as audio) or languages as needed. Our design also seeks to collect data on all CYP referred to the Remedi service, regardless of their experience of it (positive or negative). Remedi have also agreed to offer interviews to all CYP who complete the intervention. Through including the voices of the CYP, as well as all other relevant participant groups, in the study and being culturally aware when we speak to them, we will ensure their voices are truly included in the evaluation. We will also monitor the participants background to flag any wide discrepancies with the demographic composition of the areas served. This will be done both through discussions with relevant project stakeholders, including Remedi staff and referral partners, as well as quantitative analysis That should ensure the research design is truly inclusive by accounting for the potential diverse voices.

Ethics and registration

Research into violence and criminality and with CYP has certain ethical and safeguarding challenges. We will ensure all issues like confidentiality, safeguarding, disclosure etc. are fully considered. We have a robust ethics framework in place. The UoB has an overarching Code of Ethics and ethical approval is a requirement of the Code of Practice for Research. All research projects go through the ethical review and approval process. The process includes completion of a self-assessment form. Then, for studies involving

human participants such as the current evaluation, stage 2 is to secure ethical approval via the central research ethics committee. Application to securing approval typically takes between 6 and 10 weeks. If amendments are needed (e.g. further development of an interview schedule or the addition of another organization / group of participants to the project) then these can be submitted and processed quickly by the ethics committee.

Any modifications to the protocol which may impact the conduct of the study, potentially benefit CYP or may affect CYP safety, including changes of study objectives, study design, participant population, sample sizes, study procedures, or significant administrative aspects will require a formal amendment to the protocol. Such amendment will be agreed upon by the University of Birmingham, Remedi and YEF and approved by the University of Birmingham ethics committee prior to implementation. Administrative changes of the protocol are minor corrections and/or clarifications that have no effect on the way the study is to be conducted. These administrative changes will be agreed upon by the University of Birmingham, Remedi and YEF, and will be documented in a memorandum. The University of Birmingham ethics committee may be notified of administrative changes at the discretion of the University of Birmingham research group.

The study is be registered on https://www.isrctn.com/ with registration number ISRCTN12813855.

Data protection

The six lawful bases for processing are set out in Article 6 of the UK GDPR (one of which must apply when data is processed). A relevant basis for processing personal data here is the 'public task' basis.

For qualitative data, the most relevant principle/basis is consent; the individual has given clear consent for you to process their personal data for a specific purpose. Informed Consent will be obtained – this is where participants receive information outlining the nature of the research, what they are being asked to do, their right to refuse to take part without negative consequences and their right to withdraw from the research during the fieldwork and up to two weeks afterwards.

Regarding confidentiality, participants will be informed prior to and post the interview process that the information they provide will be kept strictly confidential and that no identifying information will be available to anyone external to the research team. Confidentiality will be preserved (for quantitative and qualitative data) through steps such as (1) assignment of participant numbers/pseudonyms, (2) deletion of audio files post- transcription, (3) transcripts / consent forms stored in a locked cabinet at the University, and (4) electronic data held on password protected spaces only accessible to researchers.

All study-related information will be stored securely in Remedi premises, the Remedi case management system and University of Birmingham computers. All participant information will be stored in locked file cabinets in areas with limited access. All reports, data collection, process, and administrative forms will be identified by a coded ID [identification] number only to maintain participant confidentiality. All records that contain names or other personal identifiers, such as locator forms and informed consent forms, will be stored separately from study records identified by code number. All local databases will be secured with password -protected access systems. Forms, lists, logbooks, appointment books, and any other listings that link participant ID numbers to other identifying information will be stored in a separate, locked file in an area with limited access.

All participant results will be kept strictly confidential, all counselling will be conducted in private rooms, and study staff will be required to sign agreements to preserve the confidentiality of all participants. The final trial dataset will be accessed by the University of Birmingham researchers. They can access the data for a period of 10 years after the conclusion of the trial.

No later than three years after the trial starts, we will deliver the following for sharing purposes:

1. A dataset to the DfE containing only the personally identifying data (i.e. name, address etc.) for the CYP in the treatment and control groups, with a list of random references numbers.

2. The evaluation data set and random references numbers to ONS (no directly identifying data will be included)

Data Management Plan

Assessment and use of existing data and creating new data

We will analyse existing routinely collected police data and may produce new quantitative and qualitative data alongside the more sensitive individual level data. Ethics approvals will be obtained from the UOB where needed that will set out the usage, storage and governance of data. The research team will respect any conditions of usage set forward by the data owners and the informed consent sheets will set out how data that is collected will be used.

For interviews, when prior consent is received, all interviews will be digitally audio recorded. The recorded data will be saved on password-protected and encrypted computers of the research co-ordinator and lead for the study and will be either transcribed in-house or sent electronically to a transcription agency that complies with

the University's data protection policy and agreed security standards set by the funder. The transcripts will be stored on the computer of the research fellow in Word Format and will be thematically analysed by the study lead and research fellow.

Quantitative data will be stored anonymously. If any individual data is collected, participant names will be allocated a research ID number. A separate list detailing the participant name and research ID code will be stored in an encrypted file in research co-ordinator's laptop, separate from the rest of the project files. All UOB laptops have secure encryption which satisfies the requirements of the Data Protection Act 2018. All work involving matching using names will be on UOB encrypted machines by researchers under the PI's supervision.

All data collected will be for the specific purpose of carrying out the efficacy trial and will be GDPR compliant.

Quality assurance of data

Data collection will be designed and reviewed to ensure integrity and quality. This will be achieved by having regular project team meetings and consulting research participants on an ongoing basis. Quality assurance of data will form a standing agenda item at all team meetings.

The Project manager will have ultimate accountability and oversight for quality assurance of data; however, it will be emphasised to all team members that they have a personal responsibility to produce high quality data. In order to ensure 360-degree oversight, a selection of each lead's work will also be reviewed by the co-leads and research fellow.

Quality assurance in the merged and linked data files will be ensured via the use of clear, consistent coding that will be crosschecked by members of the research team. All provided coding will be clearly annotated so that the purpose of the code is understood by any potential user. Data will also be manually examined by more than one person, either using subsets of the data for complete examination against the original data or running frequencies of the original and newly created data, for inconsistencies and errors.

Back-up and security of data

Each study lead and research fellow will store the data on their encrypted laptop. Further data back-up will be provided by using the UOB's secure network. Backup copies of data are taken at least daily or immediately if needed.

The UOB's Information Security document can be provided upon request. The project team will be mindful of not carrying/ using devices that contain sensitive data (such as personal details of participants) in 'risky' situations e.g., all members of the project team will be made aware of the issues posed by the theft of laptops etc.

This evaluation will comply with YEF's Data Archive guidance, including the collection and long-term archiving of personal data. We have considered YEF's guidance on this and will abide by it.

Data Monitoring

A data monitoring committee (DMC) will be established, which will be independent of the study organisers, the funder and the evaluation team. The DMC will consist of two people, one of which will act as a chair.

The DMC will have unblinded access to all data and can propose the stopping of the project. The steering committee decides on the continuation of the trial and will report to the central ethics committee.

An audit is planned after six months in the trial, which will include site visits. The audit will be conducted by the DMC committee.

Stakeholders and interests

Delivery Team

The Remedi team for this project is as follows:

- Remedi Director, Steve Jones: Project oversight.
- Restorative Mentoring Team:
- Manager (Lacey Foster): Strategic management, liaison with all key partners, contract compliance, quality assurance
- Co-ordinator: Line management of practitioner base: professional supervision, case supervision/management
- Restorative Mentors: Direct service user support: Mentoring support, RJ facilitation, restorative-based family support, case recording, evaluations with service users

- Administrators: Initial triage of referrals, data entry, maintenance of case management system, collation of data for progress reports/feedback

Evaluation Team

- The team for this project will be led by Professor Siddhartha Bandyopadhyay (SB). He will act as overall principal investigator / project manager and will lead the impact elements of the study.
- The impact evaluation will be supported by Dr Livia Menezes (LM) and Dr Ioannis Karavias (IK).
- The process and implementation evaluation will be led by Professor Julie Taylor (JT).
- She will be supported by Dr Shola Apena Rogers (SAR) and Professor Eddie Kane (EK) from the University of Nottingham. Research fellows will support project co-ordination and all aspects of the evaluation:
- Dr Emily Evans (EE) will support SB in project management as needed as well as supporting the process and implementation evaluation and ToC work.
- Dr Juste Abramovaite (JA) will be the research fellow supporting the impact evaluation from design, data collection, and analysis.
- The team will have a small group of experts who will advise the team and provide quality assurance, and if the senior researchers reach capacity, they are capable of taking on a more substantive role:
- Professor Paul Montgomery (PM) will advise on overall methodology.
- Dr Joht Singh Chandan (JSC) will advise on the approach for the impact evaluation.
- An independent data management team will be formed to have oversight. This will comprise:
- Dr. Kausik Chaudhuri (KC) will advise on the approach for the impact evaluation.
- Dr James Martin (JM) will provide advice as a representative of the Birmingham Clinical Trials Unit.
- Professor Anindya Banerjee (AB) will quality assure the impact evaluation.

- Professor Matt Cole (MC) will quality assure the impact evaluation.
- The wider team have other expertise relating to public health, econometrics, social sciences, evaluation methods, statistics, and implementation science. These members of staff and senior researchers will form part of a 'critical friends' group to provide an independent review function as well as an advisory role as the project progresses.

Risks

To manage risk, we use a risk register and maintain an issues log. We have identified risks and provided mitigation for these.

We are particularly aware of risks related to Covid-19; the team and the university has become proficient with secure online working, including online meetings, webinars and workshops. The team has access to standard software such as Microsoft Teams for this purpose if needed.

Additionally, given the increased possibility of illness or care duties, a resilient team has been created. Each evaluation in addition to a lead, has at least two senior researchers and two research fellows associated with it. We also have a small cohort of experienced persons who have an advisory role who can step in for a team member should there be an unexpected contingency that will make them unavailable. All the senior researchers supporting the overall project lead have the ability and experience in this area to step in to become overall lead in case of anything unexpected happening that makes the project manager unable to carry on leading the project.

Our issues log will be used to collate key questions/issues and target the appropriate individual for a response which will be recorded in the log. Our risk register will identify, assess and control risks and uncertainties enabling us to improve the ability of the project to succeed. Our risk management is based on PRINCE2 principles.

We believe this is a low to medium risk project and have identified (and mitigated for) a small number of potential early risks prior to project initiation. The issues log and risk register will be reviewed weekly by the research team. Any issues and/or risks will be shared at the earliest possible opportunity internally for mitigation and where necessary, if these are viewed as major risks, these will be escalated to 'named' project contacts within YEF and Remedi.

Timeline

Dates	Activity	Staff responsible/ leading
April–May 2023	Project mobilization – staff recruitment, training, CYP consenting process, update record management processes Evaluation mobilization – finalise evaluation materials (topic guides, fidelity checklist), draft protocol and statistical analysis plan.	Remedi UoB
May 2023	Project launch – recruitment of CYP into intervention and control group, begin collecting case monitoring data, begin collecting SDQ/SRDS outcome measures.	Remedi UoB
November 2023	Submit final, peer reviewed trial protocol and Statistical Analysis Plan.	UoB
May 2023-June 2025	Project operation. Key dates: • CYP consented into the study until 30 November 2024 Delivery ends late February / beginning of March 2025 (for CYP randomised into RM) – closing SRDS / SQDs completed. • Opening, closing and 6-month follow-up SDQs/SRDSs, and Remedi case monitoring data to be gathered on an ongoing basis by Remedi staff throughout the efficacy study. Final data to be shared by 31 March 2025. • CYP (consented up until 31 July 2024) approached to complete 6-month follow-up SDQs/SRDS (ends in May 2025). • GMP data collection undertaken by: 6 June 2025. UoB team to gather qualitative data (interviews with staff, referrers, CYP, families, RJ victims) on an ongoing basis throughout the efficacy study, until end May 2025.	Remedi UoB
July 2025	Draft final evaluation report	UoB
Sept 2025	Submit final evaluation report	UoB
Oct 2025	Complete support for YEF publication process	UoB

TBC	Data archiving	UoB

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Appendix 1: Changes since the previous YEF evaluation

Appendix Table 1: Changes since the previous evaluation

Feature		Pilot to efficacy stage
Intervention	Intervention content	None. Remedi have improved the way the intervention is recorded to better understand which elements have been delivered, and agreed to return to the agreed protocol for consenting and randomizing CYP and gathering baseline data.
	Delivery model	None. There has been turnover in the staff delivering the intervention, but they have received standard training to continue delivery as before.
	Intervention duration	None.
Evaluation	Eligibility criteria	None. Remedi do have a more direct way of identifying eligible CYP via access to GMP data, but criteria remain the same.
	Level of randomisation	NA
	Outcomes and baseline	NA
	Control condition	NA

Appendix 2: Outcome measure questionnaires

Self-Report Delinquency Scale (SRDS) - Things you might have done

Instructions:

- All of the answers you give to these questions are confidential – nobody gets to see them, unless the information disclosed may result in significant harm to yourself or others.
- Read the questions carefully and follow the instructions at each question (these tell you how many boxes to tick and when to write something in).
- It is not a test – if you get stuck or need help just ask a member of staff.
- Questions that ask about 'your parents/carers' mean the adults that look after you.
- We are interested in things you might have done in the **last three months.**
- **Thank you for completing the survey.**

Your Name: Case ref no.:

Date of Birth: Today's date:

☐ Male ☐ Female ☐ Other ☐ Prefer not to say

1. During the last three months, did you travel on a bus or train without paying enough money or using someone else's pass?

☐ Yes - answer questions in box ☐ No - go to question 2

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from an inspector or another adult

☐ Yes, from my parents/carers ☐ No

2. During the last three months, were you noisy or cheeky in a public place so that people complained, or you got into trouble? (DON'T include things you did at school)

☐ Yes - answer questions in box ☐ No - go to question 3

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

3. During the last three months, did you steal something from a shop or store?

☐ Yes - answer questions in box ☐ No - go to question 4

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes from a security guard or another adult

☐ Yes, from my parents/carers ☐ No

iii. The last time you did this, what did you take from the shop or store?

I took

_____

4. During the last three months, did you ride in a stolen car or van or a stolen motorbike?

☐ Yes - answer questions in box ☐ No - go to question 5

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

iii. The last time this happened, did you personally steal a vehicle?
(Tick YES or NO)

☐ Yes ☐ No

5. During the last three months, did you steal money or something else from school?

☐ Yes - answer questions in box ☐ No - go to question 6

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from a teacher or another adult

☐ Yes, from my parents/carers ☐ No

6. During the last three months, did you carry a knife or other weapon with you for protection or in case needed in a fight?

☐ Yes - answer questions in box ☐ No - go to question 7

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

iii. The last time you did this, what kind of weapon did you carry?
(Tick ONE box only)

☐ Small knife or penknife ☐ Large Knife or flick knife

☐ Pole, stick or bat ☐ BB gun or air rifle

☐ Hammer or other metal weapon ☐ Another kind of weapon

7. During the last three months, did you write or spray paint on property that did not belong to you (e.g., a phone box, building or bus shelter)?

☐ Yes - answer questions in box ☐ No - go to question 8

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

8. During the last three months, did you use force, threats or weapon to steal money or something else from somebody?

☐ Yes - answer questions in box ☐ No - go to question 9

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

iii. The last time this happened, what did you steal from the person?

I stole

_____

9. During the last three months, did you damage or destroy property that did not belong to you on purpose (e.g., windows, cars or streetlights)?

☐ Yes - answer questions in box ☐ No - go to question 10

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

10. During the last three months, did you go into or break into a house or building to try and steal something?

☐ Yes - answer questions in box ☐ No - go to question 11

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

iii. The last time you did this, what did you steal from the building?

I stole

_____

11. During the last three months, did you steal money or something else from home?

☐ Yes - answer questions in box ☐ No - go to question 12

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

12. During the last three months, did break into a car or van to try and steal something out of it?

☐ Yes - answer questions in box ☐ No - go to question 13

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

iii. The last time you did this, what did you steal from the car or van?

I stole

_____

13. During the last three months, did you set fire or try to set fire to something on purpose (e.g., a school, bus shelter, house etc)?

☐ Yes - answer questions in box ☐ No - go to question 14

i. How many times did you do this during the three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

14. During the last three months, did you hurt or injure any animals or birds on purpose?

☐ Yes - answer questions in box ☐ No - go to question 15

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from the RSPCA or another adult

☐ Yes, from my parents/carers ☐ No

iii. The last time you did this, what kind of animal or bird did you hurt or injure?

I hurt a

_____

15. During the last three months, did you, hit, kick or punch someone on purpose (fight with them)? (DON'T include brothers, sisters or play-fighting),

☐ Yes - answer questions in box ☐ No - go to question 16

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

iii. The last time you did this, how badly did you hurt the other person?
(Tick as many boxes as you need to)

☐ No injuries ☐ Bruises or black eye

☐ Scratches or cuts ☐ Broken bones

☐ Something else (please say what) _____

16. During the last three months, how often did you do each of these things to someone you know? (DON'T include brothers or sisters)

Tick ONE box on Every line

	Most Days	At least once a week	Less than once a week	Never
Ignore them on purpose or leave them out of things	☐	☐	☐	☐
Say nasty things, slag them or call them names	☐	☐	☐	☐
Threaten to hurt them	☐	☐	☐	☐
Hit, spit or throw stones at them	☐	☐	☐	☐
Get other people to do these things	☐	☐	☐	☐

17. During the last three months, did you hit or pick on someone because of their race or skin colour?

☐ Yes - answer questions in box ☐ No - go to question 1

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

18. During the last three months, did you sell an illegal drug to someone

☐ Yes - answer questions in box ☐ No - go to question 19

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from another adult

☐ Yes, from my parents/carers ☐ No

iii. The last time you did this, what kind of drug did you sell?

I sold _____

19. During the last three months, did you, skip or skive school?

☐ Yes - answer questions in box ☐ No - End of questions.

i. How many times did you do this during the last three months?
(Tick ONE box only)

☐ Once ☐ Twice ☐ 3 times ☐ 4 times ☐ 5 times

☐ Between 6 and 10 times ☐ More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

☐ Yes, from the police ☐ Yes, from a teacher or another adult

☐ Yes, from my parents/carers ☐ No

iii. How do your parents/carers feel most about your skiving school?
(Tick ONE box only)

☐ Worried ☐ Angry

☐ Not Bothered ☐ They don't know

☐ Something else _____

UNIVERSITY OF BIRMINGHAM

YOUTH ENDOWMENT FUND

Strengths and Difficulties Questionnaire

For each item, please mark 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 based on how things have been for you over the **last six months**.
All of the answers you give to these questions are treated as confidential, unless the information disclosed may result in significant harm to yourself or others. It is not a test – if you get stuck or need help just ask a member of staff. **Thank you.**

Your Name ..... ☐ Male ☐ Female ☐ Other

Date of Birth..... ☐ Prefer not to say

Case ref no.: .....

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

Your signature ..... Today's date .....

YOUTH ENDOWMENT FUND

Impetus

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The Youth Endowment Fund Charitable Trust

Registered Charity Number: 1185413