EVALUATION REPORT

Level Up

Feasibility and pilot study

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YOUTH ENDOWMENT FUND

Anna Freud National Centre for Children and Families

EBPU Evidence Based Practice Unit

A partnership of

UCL

Anna Freud National Centre for Children and Families

About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

Children and young people at risk of becoming involved in violence deserve services that give them the best chance of a positive future. To make sure that happens, we'll fund promising projects and then use the very best evaluation to find out what works. Just as we benefit from robust trials in medicine, young people deserve support grounded in the evidence. We'll build that knowledge through our various grant rounds and funding activity.

Just as important is understanding children and young people's lives. Through our Youth Advisory Board and national network of peer researchers, we'll ensure they influence our work and we understand and are addressing their needs. But none of this will make a difference if all we do is produce reports that stay on a shelf.

Together, we need to look at the evidence, agree what works and then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we'll do this. At its heart, it says that we will fund good work, find what works and work for change. You can read it here.

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About the Evaluator

The evaluation team are based at the Evidence Based Practice Unit (EBPU). Founded in 2006 as an academic group in the Faculty of Brain Sciences at University College London (UCL), within the Department of Clinical, Educational and Health Psychology, in collaboration with the Anna Freud Centre (AFC), the EBPU bridges cutting-edge research and innovative practice in children's mental health.

The EBPU conducts research, develops tools, provides training, evaluates interventions and disseminates evidence across four themes: 1) risk, 2) resilience, 3) change and 4) choice.

The vision of the EBPU is for all children and young people's wellbeing support to be informed by real-world evidence so that every child thrives. Our mission is to bridge the worlds of research and practice to ensure that training, tools and support are informed by the latest evidence. Our values focus on being a) children and young people centred; b) committed to evidence-based practice; c) open to challenge and d) rigorous in our work.

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Executive Summary

The project

Level Up aims to support Year 6-7 (age 10-11) children's transition from primary to secondary school. It aims to help children manage their behaviour, emotions and relationships at home, in school and in the community; build resilience; and be aware of their support systems. Delivered by clinicians at the Tavistock and Portman NHS Foundation Trust, the programme provides four online sessions to children and their parents/carers, which take place in the summer holidays between Years 6 and 7. Sessions are group based, consisting of small groups of children and their parents/carers, and comprise a children's discussion group and a separate parents/carers' group. Sessions encourage participants to reflect on children's sense of self, their feelings about secondary school, the support they have available in their local community and how they can manage change. A final, fifth session is provided at the start of Year 7. Between sessions, children are invited to participate in online activities and four art therapy sessions. Parents/carers are also provided with online videos, comprising parenting tips and explanations of what their children have been doing within the sessions. In this project, participating children were identified by school staff as having elevated levels of emotional, behavioural or social difficulties but below the threshold of need for child and adolescent mental health services (CAMHS).

The evaluation of Level Up was both a feasibility and pilot study. The feasibility study aimed to ascertain what Level Up's core activities are and what barriers and facilitators to delivery exist. It also aimed to explore perceived benefits and drawbacks of the programme. These questions were answered through interviews with families, school staff and Level Up clinicians, as well as analysis of clinical data collected by the Level Up team. Overall, 35 families, all from Islington, Camden or Haringey, participated in the feasibility study, carried out from May-December 2020. The pilot study then aimed to explore how Level Up delivery and evaluation could be scaled up, attempting to identify the most appropriate measures to use in a future trial, how best to recruit and retain participants, what an adequate sample size would be and any challenges a future evaluation may face. It also explored whether there were very early indications that Level Up may be associated with positive outcomes. The pilot consisted of questionnaires, attendance data and semi-structured interviews. Overall, 72 families from Islington, Camden or Haringey participated in Level Up during the pilot, which was delivered from May-December 2021. Both the feasibility and pilot studies were undertaken during the coronavirus pandemic, requiring both the delivery and evaluation teams to adapt to challenging circumstances.

Key conclusions
Level Up clinicians, school staff and families reported several barriers and facilitators to the programme during the feasibility study. Regarding recruitment, remote working and challenges identifying the target population posed barriers. Regarding delivery, facilitators included building good relationships between the Level Up team and families, as well as between families themselves, and the online format increasing programme reach. Barriers included moving the intervention online, communication barriers with families and varying levels of attendance.
Families in the feasibility study identified a range of perceived benefits, including enjoying sessions, appreciating a space for sharing and learning from others, perceptions of a smooth transition to secondary school and filling the gap left by the coronavirus lockdown.
The pilot study identified that changes would be required to measure the impact of Level Up, including clarifying mechanisms of change and outcomes and the inclusion of measures to capture school readiness or connectedness. Assuming a small effect, a 620-family sample would be required in a randomised controlled trial.
Level Up was perceived as enjoyable and helpful by families in the pilot study, and families perceived improvements in confidence and reduced worries over the transition to secondary school. Some minor negative consequences were mentioned by a minority of families, including uncertainty about the inclusion criteria for Level Up or feeling bored during sessions. Families' attendance at Level Up varied during the pilot study. On average, children attended about half of the sessions (2.4/5) and parents/carers even less (1.9/5).
The pilot study struggled to recruit and retain families. This could be improved by including in-person research visits to participants, questionnaire incentives and greater clarity for schools on selecting children to take part. Embedding the delivery of Level Up into school term time and timetables may also improve retention.

Interpretation

Level Up clinicians, school staff and families reported several barriers and facilitators to the programme during the feasibility study. Regarding recruitment, barriers were experienced due to the need for remote working, which prevented the Level Up team visiting schools. School staff also described struggles around the identification of the target population, including the use of the Strengths and Difficulties Questionnaire (SDQ) alone as a selection tool; additional contextual information would have been useful. Regarding delivery, facilitators included building good relationships between the Level Up team and families, as well as between the families in each group. The online format was also perceived as increasing the reach of the programme. Barriers included challenges with moving the intervention online (such as technical difficulties), language and communication barriers with families (such as when English was not families' first language or when families did not understand programme requirements) and families' varying levels of attendance at sessions.

In addition, the feasibility study identified several potential benefits of Level Up. Families enjoyed taking part in Level Up and appreciated having a space for sharing and learning from others. They also described how children's transition to secondary school had been smoother than it might have been without Level Up and felt that the programme had helped to fill some of the gaps in their lives left by the coronavirus lockdown. The evaluator suggested several improvements to Level Up for the pilot, including more clarity in how the programme is communicated to school staff and families and adding in-person components where possible.

The pilot study identified that changes would be required to measure the process, mechanisms and impact of Level Up in future evaluations, including clarifying mechanisms of change and outcomes. It piloted questionnaires featuring scales that measured the impact of Level Up on children's behaviour, emotions and relationships. Most families interviewed perceived the questionnaires as straightforward to complete. Due to the small size of the questionnaire data sample in the pilot and the absence of a control group, quantitative findings remain tentative. Additional measures that capture Level Up's impact on children's school transition (such as school readiness or connectedness) could be included in future evaluations, as well as data on long-term outcomes regarding reducing the impact on youth crime and contact with youth justice services. Assuming a small effect size, parameters from the pilot study indicate that a sample of 620 families would be required in a randomised controlled trial of Level Up, which would require a significant scale-up from this project.

Most families interviewed in the pilot saw Level Up as a positive experience that they would recommend to others. Level Up was perceived as enjoyable and helpful, and families perceived improvements in confidence and a reduction in worries over the transition to secondary school. Some minor negative consequences were also mentioned by a minority of families, including uncertainty about the inclusion criteria for Level Up or feeling bored during sessions. Similar to the feasibility study, families' attendance at Level Up also varied during the pilot. On average, children attended about half of the sessions (2.4/5) and parents/carers even less (1.9/5). Attendance declined over time, with the earlier sessions being better attended. The online activities were also rarely accessed between sessions. Parents/carers who were interviewed in the pilot identified childcare issues, unforeseen emergencies, technical issues and competing commitments as causes of variable attendance.

The pilot study also faced recruitment and retention challenges. This could be improved by including in-person research visits to participants, questionnaire incentives and greater clarity for schools on which children should be selected (as again, some school staff described experiencing difficulties identifying the correct children). Embedding the delivery of Level Up into school term time and timetables may also improve retention.

Overall, Level Up was well received by those families interviewed, the majority of whom found it enjoyable and helpful. However, given the limitations discussed (such as attendance, recruitment and retention), a large-scale intervention and evaluation is not currently feasible.

Introduction

Background

The Year 6 to Year 7 school transition period is a known worry for young people, parents/carers, teachers and policymakers, as youth crime peaks in the summer holidays and young people lose the protective factors provided by education (Department for Digital, Media, Culture and Sport, 2019). This period has also been identified as a critical time to intervene to reduce future risky and violent behaviour (Waddel and Jones, 2018). Problems with successfully transitioning to secondary school and subsequent lower levels of school connectedness can lead to lower education outcomes, school drop-out, increased depression and anxiety, and increased involvement in violent and antisocial behaviour (Bolland et al., 2016; Jindal-Snape et al., 2019; Lester, Waters and Cross, 2013).

Supporting children to transition well to secondary school is therefore of utmost importance, and there is a need for early intervention to prevent behaviour problems escalating to the point of involvement in criminal activity, with a particular focus on the school transition period. Working with schools and teachers to identify and assess young people who are most at risk while at primary school could provide an opportunity for targeted early intervention, particularly at the point of transition from primary to secondary school. However, a review of youth crime prevention interventions in the UK found that there has been a lack of school-based interventions, perhaps due to schools' limited capacity to accommodate the delivery of such interventions in their busy settings (Ross et al., 2011). Thus, to ease the burden on schools, there is a strong rationale for the delivery of prevention interventions involving school-age youth by professionals outside of the school setting, while still drawing on schools' knowledge of which young people such interventions could usefully target.

A recent review by the NHS in Scotland further found that there was a lack of programmes providing an actual bridge between primary and secondary school, with most programmes being delivered before and after the move (White, 2020). Also, few programmes have involved parents/carers, whereas parental/carer support is deemed important for a smooth transition to secondary school (White, 2020).

Consequently, the Tavistock and Portman NHS Foundation Trust developed Level Up, a targeted psychoeducational and therapy-based intervention, delivered across the Year 6 to Year 7 school transition period. Consistent with the need identified in the literature, Level Up is being delivered by clinicians over the summer, providing an actual bridge between primary and secondary education, and parents/carers are actively involved. Level Up aims to provide at-risk young people (and their families) with the skills to manage their behaviour, emotions and relationships (at home, in school and in the community) to support their transition to secondary school.

Level Up intends to achieve its aims by addressing known risk and protective factors for young people over the transition to secondary school. The literature suggests several protective factors for a positive school transition, including social support from parents, siblings, peers and teachers, self-regulation, problem-solving skills and high self-esteem (Bharara, 2020; van Rens et al., 2018; White, 2020). Risk factors include having a lower socioeconomic status (SES) and lower academic achievement prior to the school transition, a cultural background different from the majority of the school, and poor social and emotional skills (van Rens, 2018; White, 2020). Consistent with the literature, Level Up aims to improve the following skills: resilience, self-regulation, problem solving and building positive connections within the community to help young people to feel supported, including support from parents/carers and peers.

As this is a new intervention, a research study is needed to pilot and test the impact and feasibility of this intervention and, in doing so, add to the evidence base for what helps young people when they are transitioning to secondary school and when they may find themselves in unsafe situations in school and in their community; learn for the future about how to improve support for young people and their families; and determine the viability for scaling up delivery of this intervention for a full-scale randomised controlled trial (RCT). In order to understand what works to improve outcomes for at-risk young people and improve support and services for young people and their families, evaluations of new interventions are a necessity (Ghate, 2001).

Intervention

Level Up: Safe Steps to Secondary School is delivered online by the Tavistock and Portman NHS Foundation Trust. Level Up is targeted at young people transitioning from Year 6 to Year 7 (average age of 11 years), with a teacher-report Strengths and Difficulties Questionnaire (SDQ) score of between 7 and 18.

Pre-transition – onboarding

Prior to the intervention, parents/carers and young people are met in person in school by the Level Up team, where Level Up is introduced to them. Due to the coronavirus pandemic, in-person visits were not always possible. In this situation, the Level Up team conducted phone calls with families.

Mid-transition – delivery of main sessions

The main body of the programme consists of four online sessions for both young people and parents/carers separately. These sessions take place over the summer holidays in four consecutive weeks. Groups consist of five to eight young people, where possible from the same school. The sessions consist of a group discussion for the young people and a group discussion for the parents/carers via Zoom.

Each week, the young people are also able to join an art therapy session. They are sent art tutorial videos, and an online art group takes place. The young people are provided with the art materials needed to participate. The young people can also access online activities via the Level Up website prior to each session and are encouraged to complete these. The main focus of the art sessions and online preparatory exercises is to encourage young people to think about their identity, their past and future experiences in school and of their family and other groups. The art sessions and online activities relate to the themes that the young people will be discussing during the main sessions. The creative activity requires no prior skill or knowledge of art-making and is hoped to provide a sense of play and fun. Moreover, the aim is to provide a different way of thinking and thereby produce new and different ideas, feelings and perceptions about themselves and their experiences.

Parents/carers are provided with online videos (SoundClouds) prior to each session, including parenting tips and explanations of what the young people have been doing within the sessions.

Alongside the sessions, there is the possibility of extra online one-to-one sessions with young people and/or parents/carers who are not engaging in the group format. The Level Up team also have regular contact with the parents/carers over the course of Level Up to help them explore any concerns they may have, build their relationship with their child and get more support if they want it.

The sessions aim to help young people and parents/carers identify potential strengths and risks over the transition from primary to secondary school, including helping young people and parents/carers to think about the move to secondary school and how to manage some of the feelings it might bring up. The sessions also seek to identify struggles that young people may face in the areas of academic achievement and behaviour in school and in the community. Within the sessions, there is a focus on building resilience in both settings. Later sessions and activities in particular aim to focus on helping young people to think about their community, the available support and resources within their community and what they can do to help make their community even better. Each session ends with a group discussion about the activities led by a Level Up clinician.

Post-transition – graduation

The final, fifth session is delivered during the October half term once the young people have started secondary school. Similar to the other sessions, there is a separate parent and young person's session. The final session reviews the young people's move to secondary school and reflects on possible changes that have occurred since then. The young people and parents/carers meet on a group call to complete a final activity or discussion together, led by a Level Up clinician. The final session lets families have the opportunity to talk through how they are managing and their experiences and to highlight any potential concerns.

Table 1 presents an overview of the topics covered in each session of Level Up.

Table 1. Overview of topics covered in each session of Level Up

Sessions over the summer holidays	
Session 1	Reflecting on oneself and one's positive attributes *Parent/carer session:* Discussion about how parents help to develop their child's self-esteem and confidence and their sense of self (i.e. personal characteristics and attributes)
Session 2	Reflecting on feelings about going to secondary school Psychoeducation about the 'alarm brain' and 'thinking brain' (emotion regulation) *Parent/carer session:* Psychoeducation about the 'alarm brain' and 'thinking brain' and how to have good responses toward stress
Session 3	Reflecting on local community and sources of support around them and available to them *Parent/carer session:* Discussing how parents/carers can support their children themselves, as well as helping them to identify other sources of support
Session 4	Reflecting on endings and new beginnings, including the ending of Level Up Sharing positive comments about the other members of the group *Parent/carer session:* Discussion of different strategies that parents can use to support their child through change. Parents are encouraged to think about their own ways of managing change.

Session during October half term	
Session 5	Reflection on topics discussed in previous sessions in relation to the transition to secondary school

See Appendix 1 for a copy of the TIDieR[1] framework for Level Up. Further information about intervention delivery can be obtained from Laverne Antrobus (Level Up Clinical Lead): lantrobus@tavi-port.nhs.uk

Ethical review

Ethics approval for the feasibility and pilot study was obtained from the University College London (UCL) Research Ethics Committee (Ethics ID numbers: 18633/003 and 18633/002).

For both the feasibility and pilot study, the following steps were followed. All participants were invited to take part in the evaluation via an expression of interest form (see Appendix 2). Participants who returned an expression of interest form were sent a participant information sheet and consent/assent forms (see Appendix 3) to sign prior to participating in the evaluation. It was made clear in participant information sheets that participants could opt out of the evaluation at any time without giving a reason and that opting out would not disadvantage them in any way and would not affect their participation in Level Up. Participants were offered a £10 voucher as a thank you for taking part in the qualitative interviews.

Data protection

All data were handled in accordance with the General Data Protection Regulation (GDPR) and UK Data Protection Act (2018). The evaluation team registered the evaluation with the UCL Data Protection Office. The UCL Data Protection Registration Number is: Z6364106/2020/01/113. Only the evaluation team have access to the data collected through the evaluation.

The following types of data are held on participants in the feasibility and pilot studies:

- Personal, sensitive data: names, contact details and demographic data
- Questionnaire data
- Interview transcripts

[1] Hoffman, T. C., Glasziou, P. P., Milne, R., Moher, D., Barbour, V., Johnston, M., … & Wyatt, J. C. (2014). Better reporting of interventions: Template for intervention description and replication (TIDieR) checklist and guide. *BMJ, 348,* g1687.

- Interview audio recordings
- Routinely collected clinical data, including number of sessions attended and clinical outcome monitoring data

Electronic versions of consent/assent forms are stored on the Anna Freud Centre's (AFC) secure servers or in the UCL Data Safe Haven. Parents/carers were asked to give their contact details (i.e. home address, email address and phone number) at the point of expressing interest and giving consent to take part in the evaluation (for contact regarding the evaluation, e.g. data collection). Parents'/carers' contact details are stored on the AFC's secure servers.

Quantitative data collected through young people's and parents'/carers' completion of outcome measures are stored in the UCL Data Safe Haven in pseudonymised form.

Encrypted Dictaphones were used to audio record interviews. Transcripts were pseudonymised at the point of transcription, with identifying details, e.g. names of people and places, removed. Direct quotations are used in reports of the findings, but they do not identify individuals. Audio files and transcripts are stored on the AFC's secure servers using a research ID. An AFC-approved transcription service was commissioned to transcribe interview data and sign a data processing agreement guaranteeing confidentiality and GDPR compliance.

Demographic data about the young people who had completed the evaluation outcome measures were collected from young people's schools and then stored in pseudonymised form on the AFC's secure servers. These data were securely transferred to the evaluation team by schools. Demographic data were also collected via a brief self-report questionnaire from qualitative interview participants and then stored in pseudonymised form on the AFC's secure servers. Demographic data were collected to enable the evaluation team to describe the diversity of the sample.

Routine clinical and implementation data (parent/carer- and child-report SDQs and Level Up attendance records) were collected at pre- and post-intervention by the Tavistock and Portman NHS Foundation Trust for the young people and parents/carers who had completed the evaluation outcome measures and securely transferred to the evaluation team. These data are stored on the AFC's secure servers in pseudonymised form.

The Tavistock and Portman NHS Foundation Trust were also asked to provide the evaluation team with anonymised data relating to the young people's and parents'/carers' involvement in the intervention in both the feasibility and the pilot studies, e.g. pre- and post-intervention SDQ data and number of sessions attended, along with aggregated demographic data for all participants in Level Up (gender, age and ethnicity). These data were securely transferred to

the evaluation team by the Level Up team. These data are stored on the AFC's secure servers in anonymised form.

The legal basis for processing data for the research project is public interest (Article 6 (1)(e) and Article 9(2)(j) of the GDPR). This means that personal data can be processed where necessary for the performance of a task carried out in the public interest (in this case, informing future mental health and wellbeing provision) and that the processing of special category data is necessary for archiving purposes in the public interest or for scientific or historical research purposes.

The evaluation team will keep any identifiable and pseudonymised information while the research project is active. After that, the evaluation team will change it to make individuals in the dataset completely unidentifiable. Audio files were deleted after transcription. This anonymous information may then be used for research for another 10 years. After this, the information and data will be securely destroyed. Participants were informed of this in the participant information sheets.

Project team/stakeholders

Level Up Delivery Team:

- Laverne Antrobus, Consultant Child Educational Psychologist, Lead Clinician, Tavistock and Portman NHS Foundation Trust
- Dr Jessica Powell, Child, Community and Educational Psychologist, Tavistock and Portman NHS Foundation Trust
- Rachael Humphries, Specialist Mental Health Nurse, Tavistock and Portman NHS Foundation Trust
- Dr Natalie Kseib, Clinical Psychologist, Tavistock and Portman NHS Foundation Trust
- Jamie Williams, Art Therapist, Tavistock and Portman NHS Foundation Trust

Research (Evaluation) Team:

- Dr Emily Stapley (Co-Principal Investigator), Senior Research Fellow, Evidence-Based Practice Unit (EBPU) (AFC & UCL)
- Dr Daniel Hayes, (Co-Principal Investigator), Senior Research Fellow, EBPU (AFC & UCL)
- Dr Hannah Merrick, Project Manager, Research Fellow, EBPU (AFC & UCL)
- Dr Aurelie Lange, Project Manager, Research Fellow, EBPU (AFC & UCL)
- Prof. Julian Edbrooke-Childs, Steering Group, EBPU (AFC & UCL)
- Prof. Jessica Deighton, Steering Group, EBPU (AFC & UCL)

Feasibility Study

Overview

Research questions

The feasibility study aimed to gain a full understanding of the nature and implementation of the intervention from the perspective of Cohort 1 (year one) Level Up participants:

1. What are the intervention's core activities?
2. What are the barriers and facilitators to delivery?
3. What are the perceived benefits and drawbacks of the intervention from the perspectives of young people and parents/carers?
4. How engaged and satisfied are young people and parents/carers with the intervention?
5. Are there any early indications of impact of Level Up on young people's emotional and behavioural difficulties?

For this purpose, a mixed methods approach was used. The quantitative arm of the feasibility study used routinely collected anonymous clinical data, as well as implementation (attendance) data, as collected by the Level Up team. The qualitative arm consisted of interviews with families, school staff and Level Up staff. The qualitative interviews aimed to address RQs 1–5, whereas the quantitative data provided additional detail regarding RQs 4 and 5.

Success criteria and/or targets

No success criteria/targets were set for the feasibility year. As the evaluation was a combined feasibility and pilot study, learning from the feasibility year was used to inform the final success criteria/targets used in the pilot study.

Methods

Participant selection

Young people were recruited for the Level Up programme from 23 schools in three London boroughs: Islington, Camden and Haringey. The schools received information about the Level Up programme and who the programme was aimed at from the Level Up team.

Inclusion criteria (i.e. risk factors for being affected by youth crime or prerequisites for potential emotional or behavioural difficulties) included young people who may:

- Make risky/impulsive decisions
- Be easily influenced by others
- Seek peer approval
- Struggle with peer relationships
- Have difficulties managing their emotions and behaviour
- Have parents/carers worried about their move to secondary school

Exclusion criteria: Young people with active social care or child and adolescent mental health services (CAMHS) involvement or with an Education and Health Care Plan (EHCP) to be discussed before enrolling onto the programme.

Teachers were asked to complete the SDQ for young people they identified as potentially eligible for the Level Up programme. If a young person scored between 7 and 18 on the SDQ (which could indicate potential difficulties in one subscale or across more than one subscale), the school obtained consent from parents/carers to be contacted by the Level Up team about the Level Up programme. The Level Up team then contacted families with more details about the programme. If families wanted to participate, the Level Up team completed a referral form, asked parents/carers to complete a consent form and collected parent/carer- and child-report SDQs. The parent/carer- and child-report SDQs were a data source in the evaluation of Level Up. A total of nine young people and 17 parents/carers completed both a pre- and post-intervention SDQ.

All young people who consented to take part in the Level Up programme and participated in Level Up were invited by the evaluation team to take part in interviews as part of the feasibility study (n = 28). The Level Up team contacted families, on the evaluation team's behalf, with an invitation to take part in the evaluation, and families who were happy to be contacted by the evaluation team returned an expression of interest form (n = 9). The evaluation team then contacted each family with an information sheet for the parent/carer and the young person about the evaluation. Parents/carers who were happy to take part in an interview completed a consent form (n = 5). Young people who were happy to take part in an interview completed an assent form, and their parents/carers completed a consent form

for them to take part (*n* = 4). Due to all activities moving online during the coronavirus pandemic, consent and assent forms were completed via email or audio recording.

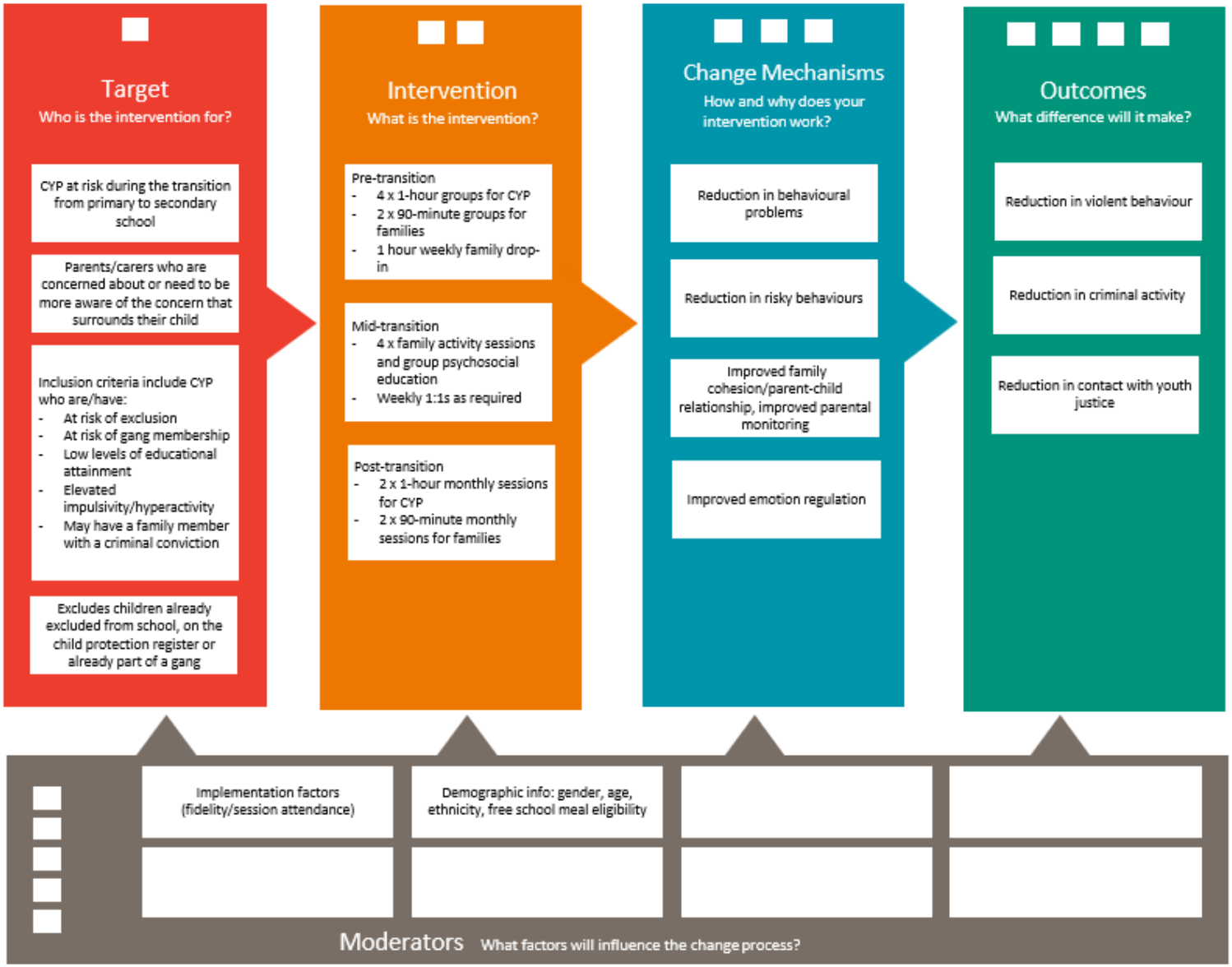
School staff (*n* = 31) were approached about the evaluation by the Level Up team and completed an expression of interest form if they were happy to be contacted by the evaluation team. School staff who returned an expression of interest form (*n* = 6) were then contacted with an information sheet about the evaluation. Consent to take part in an interview was obtained by email or audio recording (*n* = 3).

The Level Up delivery team (*n* = 5) were invited to take part in the evaluation directly by the evaluation team. Consent to take part in an interview was obtained by email or audio recording (*n* = 4).

Theory of change/logic model development

The logic model was developed collaboratively between the Level Up team and the evaluation team prior to the Level Up intervention being delivered (see Figure 1). The logic model would then be revised as necessary for the pilot study in light of learning from the feasibility study.

Figure 1: Logic model developed for the feasibility study phase of Level Up


Target
Who is the intervention for?
CYP at risk during the transition from primary to secondary school
Parents/carers who are concerned about or need to be more aware of the concern that surrounds their child
Inclusion criteria include CYP who are/have:
- At risk of exclusion
- At risk of gang membership
- Low levels of educational attainment
- Elevated impulsivity/hyperactivity
- May have a family member with a criminal conviction
Excludes children already excluded from school, on the child protection register or already part of a gang
Intervention
What is the intervention?
Pre-transition
- 4 x 1-hour groups for CYP
- 2 x 90-minute groups for families
- 1 hour weekly family drop-in
Mid-transition
- 4 x family activity sessions and group psychosocial education
- Weekly 1:1s as required
Post-transition
- 2 x 1-hour monthly sessions for CYP
- 2 x 90-minute monthly sessions for families
Change Mechanisms
How and why does your intervention work?
Reduction in behavioural problems
Reduction in risky behaviours
Improved family cohesion/parent-child relationship, improved parental monitoring
Improved emotion regulation
Outcomes
What difference will it make?
Reduction in violent behaviour
Reduction in criminal activity
Reduction in contact with youth justice
Implementation factors (fidelity/session attendance)
Demographic info: gender, age, ethnicity, free school meal eligibility
Moderators
What factors will influence the change process?

Data collection

The feasibility study had two strands: a quantitative and a qualitative strand. This mixed methods approach sought to combine the strengths of both research designs. Specifically: a) quantitative implementation data were used to develop an understanding of attendance and uptake of the intervention, thus answering RQ 4; b) routinely collected clinical data allowed the evaluation team to develop an understanding of the target population and provide early indications of impact, thus answering RQ 5; and c) qualitative interviews provided an in-depth understanding of the core activities (RQ1), barriers and facilitators to delivery and engagement (RQ 2), and benefits and drawbacks – including engagement (RQ 4) and perceived impact (RQ 5).

We will refer to the different research questions throughout our discussion of the findings.

Quantitative data (collected by the Level Up team):

- Aggregated anonymised demographic data: age, gender and ethnicity
- Routinely collected anonymised clinical data: SDQ (pre- and post-intervention). Please note that the SDQ forms part of the YEF Common Measurement Framework. Data collection took place within two weeks prior to start of the intervention and within two weeks post-intervention.
- Anonymised implementation data: attendance at sessions and completion of online activities

The Level Up team obtained consent from all families for their anonymised data to be shared with the evaluation team for the purposes of the evaluation.

The evaluation team had also planned to administer additional pre- and post-intervention questionnaires for the young people and parents/carers as part of the feasibility study. These questionnaires would have allowed for the evaluation of outcomes and mechanisms of change, as described in the logic model. However, this was not possible during the feasibility study timeframe due to delays in the research ethics approval processes, impacted by the coronavirus pandemic. These questionnaires were therefore only included in the pilot study.

Qualitative data (collected by the evaluation team):

Twenty-eight young people completed Level Up in the feasibility study. Five parents/carers, four young people, three school staff members and four clinicians took part in qualitative semi-structured interviews as part of the feasibility study evaluation (see Appendix 4 for copies of the interview schedules). The interviews were conducted to answer all five research questions by understanding the barriers and facilitators to delivery; the perceived benefits

and drawbacks of the intervention; ways in which the intervention might be improved; and any challenges presented by the evaluation of the project.

For parents/carers and young people, the topics covered in the interviews were: experiences of the sessions and activities (RQs 2, 3 and 4); perceived changes in the young person or parent/carer (RQ 5); causes of those changes, including what was helpful or unhelpful about Level Up (RQ 1); suggested improvements or recommendations (RQs 2, 3 and 4); and whether they would recommend Level Up (RQs 3, 4 and 5).

For school staff and Level Up staff (clinicians), the topics covered in the interviews were: understanding what Level Up is and its aims/purpose (RQ 1); the screening process (RQ 2); perceived impact of Level Up for young people and parents/carers, including what was helpful or unhelpful about Level Up (RQs 1 and 5); engagement of families and factors affecting engagement (RQ 4); and suggested improvements (RQ 2). Delivery staff were also asked about their experiences of moving and delivering the Level Up programme online and their perceptions of the barriers and facilitators to delivery (RQ 2).

Interviews were as long as participants wanted to or had time to talk for. Interviews with parents/carers, young people and school staff ranged from nine to 23 minutes in length. Interviews with Level Up staff ranged from 60 to 90 minutes in length.

Table 2. Methods overview

Research methods	Data collection methods	Participants/data sources	Data analysis method	Research questions addressed	Implementation/logic model relevance
Interviews with staff	Video call	Level Up team and School staff	Thematic analysis	Q1: Core activities Q2: Barriers and facilitators to delivery Q4: Engagement and satisfaction Q5: Early indications of impact	Every aspect of the logic model
Interviews with families	Video call	Parent/carer and young person	Thematic analysis	Q1: Core activities Q2: Barriers and facilitators to delivery Q3: Benefits and drawbacks	Every aspect of the logic model

				Q4: Engagement and satisfaction Q5: Early indications of impact	
Clinical attendance data	Email	Level Up team	Descriptive statistics	Q4: Engagement and satisfaction	Moderator
SDQ	Post	Parent/carer and young person	Descriptive statistics	Q5: Early indications of Impact	Change mechanisms and outcomes

Analysis

Using Excel and IBM SPSS Statistics 26.0 (IBM Corp., 2019), descriptive statistics were calculated to illustrate Level Up attendance data and routinely collected clinical data. As sample sizes were small, medians and the interquartile range have been provided. As per the YEF Evaluations Guidance, no pre-post significance testing was conducted. However, changes between pre- and post-assessment are reported upon and described.

In terms of the qualitative data, interviews were conducted with parents/carers, young people, Level Up staff and school staff members to facilitate data triangulation. Together, the different participant groups provided a richer understanding of the feasibility and impact of Level Up from a range of perspectives. Where overlap or contradictions were apparent between participants' views and experiences, these have been reported on as relevant within the report. However, the different data sources were mainly used complementarily rather than for the purposes of comparison. All analyses were conducted by two researchers, as described in more detail below.

The qualitative data were analysed using thematic analysis in NVivo 12 (QSR, 2020). Our use of NVivo provided a clear audit trail for the analysis process. Braun and Clarke's (2006) method for thematic analysis was drawn upon to conduct in-depth analysis of the themes (or patterns) that could be derived across participants' responses in relation to our research questions. Guided by the six steps identified by Braun and Clarke (2006):

- The first researcher familiarised themself with the dataset through quality checking interview transcripts and assigning relevant extracts of the interview transcripts to broad overarching categories, derived 'top-down' from the research questions (e.g. suggestions for improvement of the intervention) (Step 1: familiarisation).
- The first researcher then coded the data assigned to these overarching categories, which involved applying labels that described the content of the transcript extracts within them (Step 2: generating codes).

- Similar codes were then combined by the first researcher to create themes and subthemes, derived 'bottom-up' from the data (Step 3: searching for themes).
- A second researcher then reviewed the themes by reviewing the coded text and the 'fit' of the themes to the dataset as a whole, including assessing the degree to which the themes reflected and were clearly grounded within the data (Step 4: reviewing themes). The purpose of this process was to help the first researcher refine and reflect on the themes and subthemes they had derived from the data, with the second researcher suggesting edits or additions where necessary. The first and second researchers discussed the themes with each other and reached consensus on the final list of themes and subthemes together.
- The first and second researcher collaboratively named and described the themes (Step 5: defining and naming themes) and wrote the report (Step 6: writing the report). In the report, the themes have been organised by research question.

Timeline

Figure 2: Timeline for the feasibility study

Date	Activity
April–May '20	Level Up team in contact with schools to collect teacher-report SDQs.
April–June '20	Level Up programme moved to online delivery. Website development and planning for carrying out group sessions using Zoom.
May–July '20	Level Up team contacted families who met inclusion criteria for Level Up and collected referral forms, consent forms and parent/carer-report and child-report baseline/pre-intervention SDQs.
August '20	Level Up programme delivered online to young people and parents/carers over four weeks.
Sept '20	School staff invited to take part in interviews by Level Up team.
Sept '20	Evaluation team obtained consent from school staff and carried out interviews with school staff.
Sept–Oct '20	Level Up team invited to take part in interviews, consent obtained and interviews carried out with individual team members by evaluation team.
Oct '20	Final Level Up session delivered by Level Up team during half term. Level Up team collected parent/carer-report and child-report post-intervention SDQs.
Oct '20	Families invited to take part in the evaluation (qualitative interviews) by Level Up team.
Oct–Dec '20	Families recruited to evaluation, consent/assent obtained and interviews carried out by evaluation team.
Nov–Dec '20	Interview data analysed by evaluation team.
Dec '20	Anonymised data (SDQ and implementation data) sent to evaluation team by Level Up team.
Dec '20–Jan '21	Data analysis conducted of quantitative anonymised data and feasibility report written.

Findings

Participants

Recruitment to Level Up programme

In total, 99 young people were eligible for participation in Level Up. Approximately half of these young people (*n* = 48) gave consent for participation, 35 young people started the programme and 28 young people completed the programme (participated in some way in at least two of the four main sessions). This means that the drop-out rate was 42% after consent and 20% during the programme. Young people who participated in the Level Up programme were recruited from 23 schools across three London boroughs (Islington, Camden and Haringey). The majority of young people completing the programme were from Islington (*n* = 12, 43%) and Haringey (*n* = 14, 50%). They were all aged 10–11 years old, and the majority were male (75%). A breakdown by ethnicity is not provided due to the small sample size. However, the majority of participants identified as either Black/Black British (9/28, 32%) or Asian/Asian British (6/28, 21%).

Participants in feasibility study

In the qualitative strand, interviews were conducted with four (of five) members of the Level Up team, three (of 31) school staff members who had referred a young person to the programme, five (of 28) parents/carers who participated in Level Up and four (of 28) young people. Interviewees provided self-reported demographic data. All young people were 11 years old at the time of their interviews. Three of the young people were male, and one was female. All parents/carers were mothers. Ethnicity data have not been reported to protect participants' anonymity.

In the quantitative strand, baseline/pre-intervention SDQs were completed by 19 young people and 33 parents. Post-intervention SDQs were completed by nine young people and 17 parents. Attendance data were available for all 35 families who started the programme.

Intervention feasibility

The feasibility study sought to answer five research questions:

1. What are the intervention's core activities?
2. What are the barriers and facilitators to delivery?
3. What are the perceived benefits and drawbacks of the intervention from the perspectives of young people and parents/carers?
4. How engaged and satisfied are young people and parents/carers with the intervention?

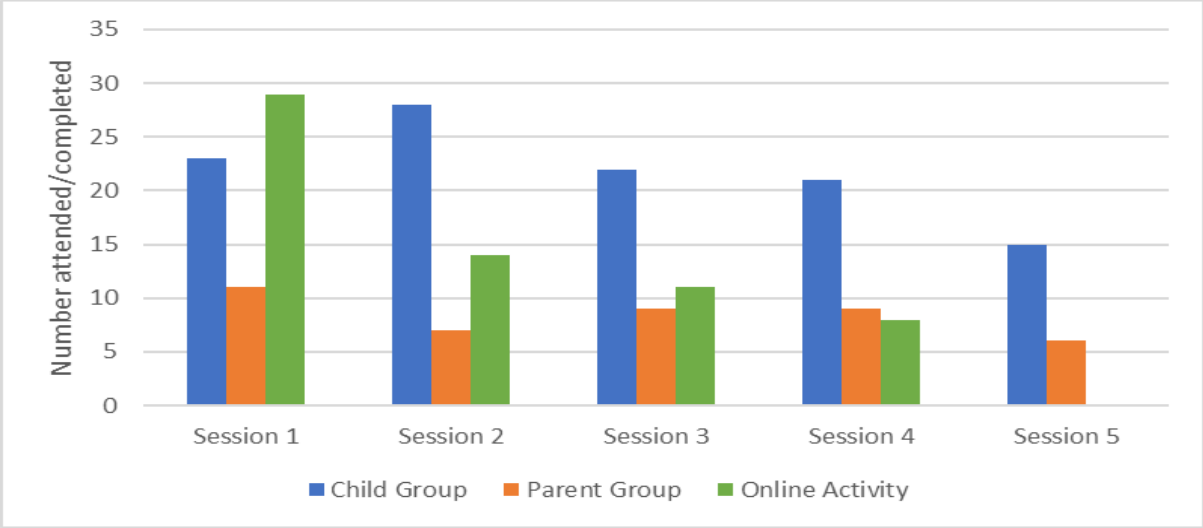
5. Are there any early indications of impact of Level Up on young people's emotional and behavioural difficulties?

Quantitative findings

RQ 4: Level Up attendance

Attendance by young people and parents/carers was relatively consistent over the course of the programme, with young people's attendance being higher than parents' attendance. Attendance at the last session was slightly lower. Eleven (31%) young people attended all five of the group sessions, and only two parents/carers attended all sessions. Completion rates of the online sessions also declined, with 29 (83%) young people completing the activities in week one, and eight young people completing the final online activity in week four. This information is illustrated in Figure 3. Possible explanations for this are explored in the qualitative findings section below. Increasing families' engagement with the intervention in general and over its course would be desirable in future roll-out of the intervention.

Figure 3: Attendance at Level Up groups and activities



Note: All families were offered all three types of activities (child group sessions, parent/carer group sessions and online activities)

RQ 5: Strengths and Difficulties Questionnaire (SDQ) scores

Higher scores on subscales and higher total scores indicate greater difficulties, apart from on the Prosocial behaviour subscale, whereby higher scores indicate fewer difficulties. Baseline/pre-intervention SDQs were completed by 33 parents/carers and 19 young people.

All pre-intervention median scores for the whole sample on parent/carer-report SDQ subscales and total scores fell into the 'normal' range, apart from Peer problems, which fell into the borderline range (normal range: emotional difficulties = 0–3, conduct problems = 0–2, hyperactivity/inattention = 0–5, peer problems = 0–2, prosocial behaviour = 6–10, total difficulties = 0–13). All pre-intervention median scores for the whole sample on child-report SDQ subscales and total scores also fell into the 'normal' range (normal range: emotional difficulties = 0–5, conduct problems = 0–3, hyperactivity/inattention = 0–5, peer problems = 0–3, prosocial behaviour = 6–10, total difficulties = 0–15).

Table 3 below presents baseline/pre-intervention SDQ scores for the whole sample, those who completed post-intervention SDQs and those who did not. Missing data at post-intervention was due to the Level Up team not being able to contact families. No significant differences were found in terms of pre-intervention parent/carer- or child-report SDQ scores for those who did and did not complete the post-intervention SDQ at the end of Level Up. This indicates that there was likely no bias in the drop-out rate from pre- to post-intervention for the SDQ, i.e. participants who completed pre- and post-intervention SDQs were comparable to participants who only completed the pre-intervention SDQ. However, as we do not have any information on the whole population who took part in Level Up, we cannot ascertain the extent to which our sample is representative of the whole population.

Table 3. Baseline/pre-intervention SDQ scores for those who did and did not complete post-intervention SDQs

	Child-report SDQ baseline/pre-intervention			Parent/carer-report SDQ baseline/pre-intervention		
	Whole sample (*n* = 19)	Follow-up (*n* = 9)	No follow-up (*n* = 10)	Whole sample (*n* = 33)	Follow-up (*n* = 17)	No follow-up (*n* = 16)
Subscale*	*Median (IQR)*	*Median (IQR)*	*Median (IQR)*	*Median (IQR)*	*Median (IQR)*	*Median (IQR)*
Emotional difficulties (0–10)	2(1–5)	2(1–5)	2.5(1–3)	2(1–5)	2(1–5.5)	3(1–4.25)
Conduct problems (0–10)	2(0–3)	2(0–3)	1(0–2.75)	1(0–3)	1(0–3)	0(0–3.25)
Hyperactivity/inattention (0–10)	5(2–7)	6(3–6)	3.5(2–7.5)	5(2–7)	3(3–5)	5.5(2–7.25)
Peer problems (0–10)	2(1–4)	3(2–4)	2(1.25–3.75)	3(1.5–4)	3(2–4)	2.5(1–5)
Prosocial behaviour (0–10)	9(8–10)	8(8–9)	9.5(8.25–10)	9(8–10)	9(8–9)	9.5(8–10)
Total difficulties (0–40)	10(5–17)	10(6–19)	10.5(6–15.5)	11(6–16)	10(6–14)	12.5(9–16.25)

**Brackets show the possible score range for each subscale; IQR = interquartile range*

Nine young people and 17 parents/carers provided both pre- and post-intervention SDQ data According to the child-report SDQ data, levels of emotional difficulties and conduct problems were higher post-Level Up, whereas peer problems were lower. According to the parent/carer-report SDQ data, levels of peer problems, prosocial behaviour, and total difficulties were lower post-Level Up (see Table 4).

Table 4. Pre- and post-intervention parent/carer- and child-report SDQ scores

	Child-report SDQ					Parent/carer-report SDQ				
	Pre			Post		Pre			Post	
Subscale*	*N*	*Median*	*IQR*	*Median*	*IQR*	*N*	*Median*	*IQR*	*Median*	*IQR*
Emotional difficulties (0–10)	9	2	1–6	3	2.5–4.5	17	2	1–5.5	2	0.5–4
Conduct problems (0–10)	9	2	0–3.5	3	1.5–3.5	17	1	0–3	1	0.5–2
Hyperactivity/inattention (0–10)	9	6	3–6.5	6	3–8.5	17	3	2.5–5.5	3	2–5.5
Peer problems (0–10)	9	3	1.5–4	2	1-3	17	3	2–4	2	1–3.5
Prosocial behaviour (0–10)	9	8	8–10	8	7.5–10	17	9	7.5–9	8	7.5–10
Total difficulties (0–40)	9	10	5.5–20	10	9–19.5	17	10	6–15	8	5.5–14

**Brackets show the possible score range for each subscale; IQR = interquartile range*

Qualitative findings – staff interviews

RQ 1: Core activities of Level Up

The main aim of Level Up, according to Level Up staff, is to reduce the risks associated with young people transitioning to secondary school, as the transition is an important period and not landing well in secondary school may create risk later on.

> *'We're trying to identify those young people who have particular vulnerabilities that might put them at risk of that, or might make them more at risk of being a victim of crime or difficulties. And we know that children that don't successfully and securely move to secondary school are more at risk because of that.'* (Clinician)

Level Up aims to help young people with a range of vulnerabilities, such as impulsivity, peer relationship difficulties or '*quieter, more understated children, maybe lacking in confidence, maybe who are easily led by peers*' (Clinician). The programme is targeted towards young people who do not meet the threshold for CAMHS involvement.

'Level Up really is for those children who fall just under the threshold of having lots of professionals involved, where if you really think about it, you think, gosh, what would they do? Would they be okay? Would they have enough?' (Clinician)

Level Up seeks to achieve its aims through increasing resilience in young people, as well as supporting them to reach out to other sources of support in the future. As one clinician said: '*We want to make these children robust and resilient and have all these support structures in place so that they are not at risk*.' The programme encourages young people to seek out the positive aspects of their community. As one clinician explained:

'*It was about us helping them to link to their communities, feel safe in their community, to see all the positives in their community.*'

The programme also aims to support parents/carers, including helping parents/carers in building resilience and confidence in their children. Another important aspect of the programme, according to Level Up staff, is the peer support nature of the sessions, for young people but also for parents/carers.

'That was a huge part of the programme I think, them feeling that they're not the only ones going through this. They're not the only ones worried or having the same concerns, having the same fears, the same anxieties, and listening to each other. And some of the loveliest moments, or the things that have really stuck with me from doing the sessions, are when they were helping each other. So the whole peer, learning from each other.' (Clinician)

<u>RQ 2: Barriers and facilitators to recruitment</u>

Theme 1: Remote working

The lockdown due to the coronavirus pandemic prevented the Level Up team from contacting and visiting schools. It limited their communication with school staff, for example about which young people could benefit from the programme (i.e. who to refer) and what the programme involved.

'Even though we'd all talked through a script that we would say to the teachers, it was so hit and miss because COVID had happened just as we were about to go into the schools to talk to them about it. So, we were ringing the schools, and dependent on who got through to – some of them you got through to the headteachers, or you couldn't get through to anyone. And it was just really quite varied.' (Clinician)

However, from school staff perspectives, the Level Up team were helpful and responsive to queries.

> *'I got lots of help and advice and guidance, if you like, from the Level Up team. […] I think if there was a slight doubt in terms of their suitability for the programme, then it was something that I would liaise with the Level Up team.'* (School staff)

Theme 2: Identification of target population

The SDQ was described as a suitable screening tool, but both school staff and Level Up staff suggested the need to also collect more contextual information about the young people.

> *'It does feel that, alongside the SDQ, it would have been better if we had conversations with the person that filled them out, or that they… and, or, that they provided additional information.'* (Clinician)

> *'I think there's nothing which replaces a conversation. So although SDQs are important, and they give you a score, and you'll have certain scores that you're looking to meet, and certain parameters within which the children should fall – I don't know, maybe this is what happens – but if a child is very close, or isn't quite there, or whatever, I would hope that a conversation would take place, rather than they just be ruled out.'* (School staff)

School staff and Level Up staff described risks of profiling young people for inclusion in the programme and parents/carers potentially being concerned about why their child had been chosen to take part: *'That would be the only thing, how parents would perceive their child being chosen* (School Staff).

<u>RQ 2: Barriers and facilitators to delivery of Level Up</u>

Category 1: Barriers and facilitators to working with the families

Theme 1: Relationship building. One important facilitator for delivering the programme, as identified by staff, was building good relationships. Level Up staff felt that it was helpful for them as clinicians to develop good relationships with the families, but also that the families needed to bond within the groups. Level Up staff explained that levels of engagement varied in groups, potentially depending on how comfortable participants felt in the groups and the level of trust they had with each other and with the Level Up team.

Theme 2: Flexibility. A flexible attitude by Level Up staff towards families' attendance and completion of website activities was deemed important to facilitate families' engagement with the intervention.

> *'I didn't put too much pressure on them, and I felt that was important. It's not a CAMHS intervention, it's not that level of… and we said from the start that even though we wanted obviously the children to attend and the parents to attend, it was optional. So it kind of needed that feel to it.'* (Clinician)

Theme 3: Language and communication barriers. For some families, English was not a first language for the parents, which was a barrier to engagement with Level Up. Nevertheless, some families did have work-around solutions, such as older siblings translating. It was also felt by Level Up and school staff that communication of the benefits of Level Up to parents/carers had not always been as explicit as it had been for young people, implying that parents' and young people's engagement depended on families' perceptions of the benefits of taking part and how comfortable they felt about why they had been approached to take part in Level Up.

> *'I know there have been parents who said they didn't realise that there was even a parent session when we first talked to them about the programme, and I can own that and say I probably didn't talk about it as much. I kind of sold it as a child… a programme for children rather than parents as well.'* (Clinician)

For the next cohort, the Level Up team considered different strategies to improve attendance to sessions (especially the parent/carer sessions), such as being clear from the outset about the commitment needed from participants.

Category 2: Remote working – barriers and facilitators

Theme 1: Technical barriers. Online delivery created technical challenges, such as families or clinicians not having the required IT skills, experiencing technical difficulties and increased administrative work needed to get the online sessions running.

> *'Such a huge part of the programme running was kind of the legwork, ringing the parents, texting them just before the Zoom meeting, texting them the night before, texting them just before the Zoom meeting. Ringing them, getting them on the Zoom phone call or Zoom video, and then them ringing part way through not being able to get in.' (Clinician)*

Theme 2: Session management challenges. Online delivery also created challenges during the sessions, such as managing safeguarding issues and building a connection with families. Some young people did not have a private space when participating in the programme. Clinicians also talked about not knowing the young people as well as they might have done had they met them in person and finding it hard to facilitate discussions and manage silences online.

> *'The downside is… I think we didn't get to know the children as well as if we'd been in the room with them. Partly because we hadn't been in the school and we hadn't had a huge amount of conversation with the people that knew them best, and also you just don't get a real sense of people through a screen as well.'* (Clinician)

Theme 3: The move to online. Moving the intervention online led to challenges associated with working with website developers. The Level Up team struggled with translating their

ideas to the website developers and then having these translated into online material. As a consequence, the website was not completely as they had envisaged:

> *'I think it was maybe partly communication and us not really knowing the developers' language and vice versa, what could be provided.'* (Clinician)

The original design of the Level Up programme had involved organising visits to places in the community for young people to go to in order to help embed the young people within their community. This was not possible, however, due to coronavirus restrictions and closures.

> *'I think it's a real shame that the community activities weren't able to happen because I can see that that would add an extra element to it which would be really, really fantastic.'* (School staff)

For the next cohort, the Level Up team wanted to find a better way to link the online activities to the Zoom call sessions. They also hoped that they would be able to increase in-person activity with schools and with parents/carers and young people, including going into primary schools and meeting teachers and families prior to the start of the programme.

> *'We'd go in and meet teachers, we'd go in and meet the children, talk to them face to face about the programme, meet with families and do the same, talk to them about what the programme is, and what the commitment would be. Even, yeah… so, just being more present in the school so that when they come online to us, we're not strangers.'* (Clinician)

Theme 4: Increased reach. Level Up and school staff also spoke about the positive side of online delivery, including reaching families who would not be able to attend in-person delivery and being able to include more groups: *'We managed to fit in more groups maybe than we would have if we had been travelling around'* (Clinician).

Category 3: Practical barriers and facilitators

Theme 1: The team. The Level Up team mentioned several practical facilitators to delivery, e.g. good team working and organisation/preparation. They talked about there being a good plan, great leadership and clear roles for everyone so that everyone knew what to do. They also talked about being able to learn from one another and enjoyed delivering the sessions with two facilitators, as each facilitator brought their own skillset.

> *'I also liked that it was co-delivered; I think that was really helpful because it meant that we brought different skills to the same group, and different personalities, and I think that was nice.'* (Clinician)

Theme 2: Attendance. Consistency in attendance from participants was perceived as a facilitator by Level Up staff: *'It was nice when the same people were coming each week, and you could see the improvement in their confidence and trust… and being able to talk and stuff.'*

However, attendance was impacted by the timing of sessions, which was not always convenient as all families had different routines, or indeed a lack of routine, during the summer holidays. For the next cohort, the Level Up team were thinking about how suitable delivering over the summer holidays was without the support of the school structure. For example, they were considering starting the sessions while the young people were still in school.

Theme 3: Group set-up. The Level Up team referred to the considerations and worries that they had had around the group set-up, i.e. the pros and cons of groups composed of young people from the same or different schools. For example, putting young people or parents/carers from the same school together in a group could be a positive factor as they would know each other, but if some were good friends, then this could also negatively affect the group by making others feel excluded.

> *'In one of the groups, I felt like the school was a real community and the parents knew each other. And then, in our second group, I didn't feel that as well, and that certainly had an impact on that group's attendance. But then, having said that, in the group where they knew each other, three or four of them came the first time and then didn't come again all together.'* (Clinician)

Theme 4: Time and capacity. The Level Up team also experienced time and capacity issues. They described multi-tasking to redesign the programme into its online form, onboard schools and recruit schools and families within a short timeframe and in the midst of the coronavirus pandemic.

> *'It just took a lot of organisation, basically. So, it was like designing it, figuring out how to do that through Zoom, at the same time as contacting the schools. It was just a lot of multi-tasking and also managing your own mental health, your own goings-on at home.'* (Clinician)

<u>RQ 5: Impact of Level Up</u>

The Level Up team were able to comment on the impact they had observed during the sessions or heard from parents/carers. They further talked about the impact they hoped Level Up would have achieved.

Theme 1: Supporting with the transition to secondary school

Level Up staff felt that Level Up had supported families with the transition to secondary school. For example, Level Up had filled a gap during the summer holidays and in lost transition work with school closures due to the coronavirus pandemic. It had helped families to prepare for the move to secondary school and had given young people and parents/carers a chance to think about their feelings and worries. For young people, it had also provided a

space to think about how they would overcome problems they may face, and the Level Up team had observed an increase in confidence in young people over time in group sessions.

> *'I think I definitely saw a noticeable reduction in worries and anxieties about it – and maybe [also in] fear and feeling quite overwhelmed – and an increase in confidence.'* (Clinician)

For parents/carers, the groups had provided a space to become more aware of the vulnerabilities seen in their children in relation to their transition to secondary school.

> *'I think that having a space seemed to really be helpful for parents to just think about things they're concerned about, and the move and what that may raise.'* (Clinician)

Theme 2: Creating and providing support networks

Level Up had provided peer support for parents/carers and young people and had allowed them to share concerns/worries to help normalise feelings about transitioning to secondary school: *'Loads of the feedback has been, "I found that talking about it made me feel better" or "It made me feel more normal, it made me feel not as worried".'* (Clinician). From the Level Up team's perspective, Level Up had also helped young people feel supported and have a positive experience of support from professionals so that they would feel comfortable reaching out to other sources of support in the future. In turn, it had helped families to navigate support at their children's schools and gain access to other sources of support or resources within their community.

> *'I think we hopefully have opened up this idea that there are people around them that can help them. And it might not be the most obvious person to them. Like, if you trust your aunt, they might be a nice person to talk to.'* (Clinician)

As there was a last session of Level Up in the October half term, the Level Up team were also a source of support to families near the start of secondary school. Families kept Level Up team members updated on how the transition had been going. For the next cohort, the team felt that they would consider offering further support to families at the end of the programme, e.g. help with gaining support from school when needed.

> *'I would like us to be able to support the parents and the children even more, so maybe, where we've identified some additional needs in the children, that we could then go on to offer another intervention for them or an assessment.'* (Clinician)

Theme 3: Increased understanding of self

Another area of impact described by the Level Up team was that Level Up had provided knowledge and language for young people to use to talk about how they were feeling and to understand how they were feeling and behaving: *'I think by the end, he was just a bit more*

aware of who was around him. And I guess one change was that he had a language to explain about anxiety' (Clinician).

Qualitative findings – young person and parent/carer interviews

RQ 1: Core activities

Young people and parents/carers could not always clearly remember or describe the topics of the sessions when asked during their interviews. However, most young people and parents/carers could remember talking about moving to secondary school, and the session on 'alarm brain' and 'thinking brain' stood out for many young people.

> *'They were just asking about how do I feel about she's going into secondary school and her journey on her own… what I can do to build her confidence.'* (Parent/Carer)

> *'It was about the alarm brain. And also like, then like around us there's many communities and also like we learn that there's certain people around us to help us.'* (Young person)

RQ 2: Barriers and facilitators

Theme 1: Pros and cons of the online format

Reflecting the perspectives of the Level Up team, young people and parents/carers had sometimes felt nervous about the online format at first, but all had enjoyed it by the end. They described being used to using Zoom during lockdown and enjoyed seeing friends and other parents/carers virtually in Level Up sessions. One young person preferred the online, smaller group format to the idea of doing the sessions in school.

> *'They were pleasant. Like, it was a pleasant area to be. Like, you get to see like anything in, yeah, in your head, but I think, well, if I was like somewhere at school, I wouldn't do that.'* (Young person)

Nevertheless, young people and parents/carers suggested moving to in-person delivery or having some in-person content during the programme or at the end. They emphasised how it is easier to interact and communicate in person rather than online.

> *'I can actually talk to people, and we could do a lot more together.'* (Young person)

> *'I suppose in the future, face to face. Even though they were a great session, doing Zoom, I feel sometimes that face to face, patting people on the back, you can talk as much as you like over Zoom, but it's still not the same.'* (Parent/Carer)

Theme 2: Familiarity

Young people enjoyed being in groups with their friends or people who they recognised from their primary school. Being with people they knew *'broke the ice'* and made it easier to open up about their feelings and experiences.

Theme 3: Attendance

Parents/carers commented on the low attendance of some parents/carers to some of the parent/carer sessions and described how they could sometimes be the only one or one of two parents/carers attending. Some enjoyed having private one-to-one time with the clinicians, but some also stressed the benefit of being in a group and hearing others' experiences.

> *'I really benefitted from it just being one-on-one. I really enjoyed it, but I also enjoyed other parents when they did come on, their opinions and everything.'* (Parent/Carer)

> *'It's far more beneficial that other parents or other children could have taken part continuously. If you're not going to be dedicated to it... so that is one thing that they, they've got to be strong in the sense where someone has to sign, we have to sign and say, "You know what? At least four out of five sessions we will be available".'* (Parent/Carer)

Non-attendance was due to such reasons as work or childcare commitments and not seeing the benefits for themselves. Hence, suggestions by parents/carers included creating more flexibility in the dates or times of the group sessions and making parents/carers more aware of the need for their involvement in the programme and the benefits for them of taking part, as well as for the young people. Another suggestion was to create more consistency in how the additional art sessions were delivered, in line with the main Level Up sessions. For example, families thought that it would have been helpful to receive links to the videos and activities and have reminders about the activities and some direct contact with the art therapist.

<u>RQ 3: Benefits and drawbacks</u>

Theme 1: Enjoyment

Parents/carers described how the way that the Level Up team presented the content and the encouragement they gave the young people meant that, from their perspective, it would be instilled in the young people.

> *'I think he wanted to then learn it and instil it in him. Because he knew that he was being appreciated, but at the same time he appreciated what he was learning as well.'* (Parent/Carer)

Parents/carers and young people indicated that they had enjoyed feeling part of something while taking part in Level Up.

> *'It was just a feeling of being included in something and hearing how other people think.'* (Young person)

> *'I can't think of any negatives. But it was nice. It was a new incentive. Something new. It was good to be part of the pilot project, and yeah, I found it good.'* (Parent/Carer)

All of the young people and parents/carers reported enjoying taking part in Level Up. They enjoyed the online activities, art sessions, watching the videos and seeing kind messages from friends. None of the parents/carers or young people mentioned any drawbacks of participating in Level Up, although parents/carers discussed difficulties in attending sessions.

Theme 2: Being kept in the loop

Parents/carers appreciated being updated on sessions when they had to miss a session and enjoyed hearing about the young people's sessions in their group chat.

> *'For myself, it was just having a weekly meeting after the children had taken part in their sessions and just going over what the children have spoken about, evaluating if they did put the theory into practice, how I felt as well, how we felt, and if it had an impact over the week. What they've learned.'* (Parent/Carer)

<u>RQ 5. Perceptions of impact</u>

Theme 1: Sharing and learning

Young people and parents/carers found it helpful to share their anxieties about starting secondary school, knowing they were not the only ones having concerns, and being able to learn from other people's insights and experiences. The young people, especially, described how helpful they had found learning about 'alarm brain' and 'thinking brain' in understanding their reactions and behaviours.

> *'They taught us how to think, how to control ourselves. When we go to our alarm brain but getting to thinking brain […], so I implemented that at school.'* (Young person)

Young people and parents/carers also referred to how helpful it was to think about their community, safe places for the young person and where they can go for help if needed. Young people described feeling more comfortable asking for help from parents/carers, teachers or other trusted people in their community.

> *'I think he's okay; he's able to walk by himself outside, be thinking about the things the programme has taught him and what I and my husband have taught him as well, be safe and all that.'* (Parent/Carer)

Theme 2: A smooth school transition

Young people and parents/carers described how young people's transition to secondary school had been smoother than it might have been without having taken part in Level Up due to the following factors that Level Up had contributed to: increased confidence, having fewer problems with anger, being able to make new friends, having reduced worries about secondary school and prior concerns about moving to secondary school being eased.

> *'I knew a bit about how to talk to new people, but it gave me a lot more knowledge, and I could speak to more people, because obviously there were some people in the group that I didn't know already, and it then helped me find friends in my new school because I knew how to talk to people.'* (Young person)

> *'I feel like she's quite worried going into secondary school, and I think these lessons gave her a bit of confidence, a little bit of a boost. Also given me a bit of… I'm still worried now but not as worried as I was at the beginning of letting her go back herself.'* (Parent/Carer)

Theme 3: Filling a gap

Due to the coronavirus pandemic, young people and parents/carers mentioned that young people had not always been able to finish primary school with fun activities or had not always been able to say goodbye to friends and teachers. Thus, they described how taking part in Level Up had helped to fill some of the gaps in their lives left by lockdown as it had enabled them to see friends and have some social contact with their classmates through the Level Up sessions. Level Up had also meant that they had received help related to the transition to secondary school, which they had missed while schools were closed due to lockdown restrictions.

> *'**What did you find helpful about the sessions?** A lot of things around, like just seeing a friendly face, like talking to somebody other than my family in lockdown.'* (Young person)

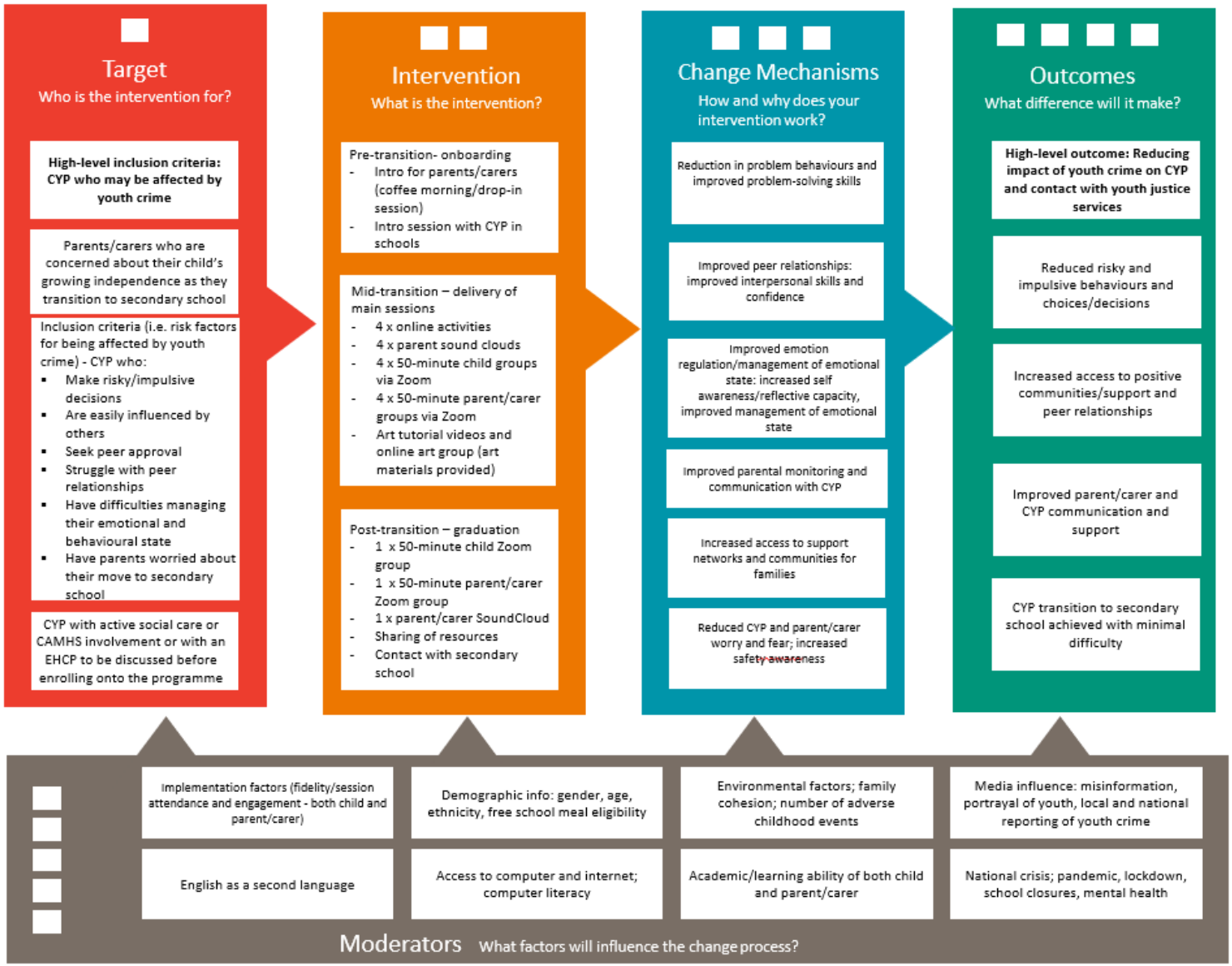
> *'Even though this year, I think Year 6 children basically missed out school, and they missed out to visit the new school during the transition period. They haven't had that, and it was suddenly, in September, they have to be in a new building, new people, new everything and a new journey. So, I think this programme during the summer has helped a little bit with that transition, where they have not received that from the primary school at all.'* (Parent/Carer)

Logic model development

In preparation for the pilot study, the logic model was reviewed by the evaluation team and the Level Up team together, following the evaluation team's analysis of the quantitative and qualitative data. Amendments are outlined below (see Figure 4 for the updated logic model):

- The target population criteria were refined in light of the Level Up team's experience of recruiting young people to participate in Level Up during the feasibility study, qualitative findings on school staff members' experiences of identifying young people eligible to participate in the programme, and both the evaluation team and the Level Up team's understanding of the aims of the programme at the end of the first year of delivery.
- The intervention structure and content were updated by the Level Up team in light of refinements they had made to the programme as a result of their experiences of delivering the programme so far.
- Drawing on the Level Up team's experiences of delivering the programme so far and the qualitative findings on young people's and parents'/carers' experiences of and perspectives on Level Up, the evaluation team and the Level Up team also sought to delineate the change mechanisms and outcomes with more specificity at this stage in order to inform the evaluation team's decisions regarding which outcome measures to use in the pilot study phase.
- A focus on short-term outcomes for young people and parents/carers was considered appropriate rather than long-term outcomes due to the short time that young people and parents/carers spend in the Level Up programme. Nonetheless, the long-term, high-level outcome of reducing impact of youth crime on young people and contact with youth justice services was still included for clarity.
- Reflecting together on the Level Up team's experiences of delivering the programme and the qualitative findings from the interviews with young people, parents/carers, school staff and the Level Up team also helped the evaluation team and the Level Up team to identify several additional moderators that had affected engagement with and change as a result of Level Up in the feasibility study, which thus could be relevant in the pilot study.

Figure 4: Logic model developed for the pilot study phase of Level Up


Target
Who is the intervention for?
High-level inclusion criteria: CYP who may be affected by youth crime
Parents/carers who are concerned about their child's growing independence as they transition to secondary school
Inclusion criteria (i.e. risk factors for being affected by youth crime) - CYP who:
Make risky/impulsive decisions
Are easily influenced by others
Seek peer approval
Struggle with peer relationships
Have difficulties managing their emotional and behavioural state
Have parents worried about their move to secondary school
CYP with active social care or CAMHS involvement or with an EHCP to be discussed before enrolling onto the programme
Intervention
What is the intervention?
Pre-transition- onboarding
- Intro for parents/carers (coffee morning/drop-in session)
- Intro session with CYP in schools
Mid-transition – delivery of main sessions
- 4 x online activities
- 4 x parent sound clouds
- 4 x 50-minute child groups via Zoom
- 4 x 50-minute parent/carer groups via Zoom
- Art tutorial videos and online art group (art materials provided)
Post-transition – graduation
- 1 x 50-minute child Zoom group
- 1 x 50-minute parent/carer Zoom group
- 1 x parent/carer SoundCloud
- Sharing of resources
- Contact with secondary school
Change Mechanisms
How and why does your intervention work?
Reduction in problem behaviours and improved problem-solving skills
Improved peer relationships: improved interpersonal skills and confidence
Improved emotion regulation/management of emotional state: increased self awareness/reflective capacity, improved management of emotional state
Improved parental monitoring and communication with CYP
Increased access to support networks and communities for families
Reduced CYP and parent/carer worry and fear; increased safety awareness
Outcomes
What difference will it make?
High-level outcome: Reducing impact of youth crime on CYP and contact with youth justice services
Reduced risky and impulsive behaviours and choices/decisions
Increased access to positive communities/support and peer relationships
Improved parent/carer and CYP communication and support
CYP transition to secondary school achieved with minimal difficulty
Implementation factors (fidelity/session attendance and engagement - both child and parent/carer)
Demographic info: gender, age, ethnicity, free school meal eligibility
Environmental factors; family cohesion; number of adverse childhood events
Media influence: misinformation, portrayal of youth, local and national reporting of youth crime
English as a second language
Access to computer and internet; computer literacy
Academic/learning ability of both child and parent/carer
National crisis; pandemic, lockdown, school closures, mental health
Moderators
What factors will influence the change process?

Conclusion

Key findings from the feasibility study are summarised in Figure 5. From Level Up staff members' perspectives, there were challenges in moving the Level Up programme online and engaging schools and families remotely during lockdown. However, Level Up was successfully delivered online to 28 young people, even though attendance rates were neither as high nor as consistent as anticipated, particularly for parents/carers.

Initial exploration of whether Level Up was impactful in terms of SDQ scores was limited due to the small sample size; however, it should be noted that assessing impact was not the main focus of the feasibility study. The interviews with young people and parents/carers did indicate several perceived benefits for families from taking part in Level Up – mainly in terms of Level Up leading to a successful transition to secondary school from their perspectives.

Figure 5: Summary of feasibility study findings

Research question	Finding
What are the intervention's core activities?	Level Up is a programme delivered online. Young people and parents/carers attend four group sessions (separately) over the summer holidays between primary and secondary school and a final 'graduation' group session once they are in secondary school. The group sessions allow young people and parents/carers to share their experiences and concerns with each other. Young people also complete online activities each week and are offered four art therapy sessions. Level Up aims to help young people to manage their behaviour, emotions and relationships at home, in school and in the community; build resilience; be aware of their support systems; and prepare for the transition to secondary school. Young people are guided and helped to explore what they value in themselves as individuals, reflect on the attachments they have developed to school, and extend these discoveries to think about the wider communities they live in and will be encountering as they change school and enter adolescence.
What are the barriers and facilitators to delivery of the intervention?	The Level Up team and school staff referenced several barriers and facilitators to the recruitment for and delivery of Level Up. Regarding recruitment, barriers were experienced due to the need for remote working and struggles around the identification of the target population. Regarding delivery, the following facilitators were identified: building good relationships between the Level Up team and families and also between the families in each group; consistency in attendance to the groups; the Level Up team having a flexible approach to delivery; and the online format increasing reach of the programme. Barriers to delivery were: challenges with moving the intervention online, including technical barriers and session management challenges; language and communication barriers; the group set-up, e.g. small group size; loss of components of the intervention (e.g. community connection) due to coronavirus restrictions; and time and capacity issues. Parents/carers and young people shared pros and cons associated with the online format, level of familiarity of the group members and levels of attendance.
	Level Up was described by young people and parents/carers as supporting young people with their transition to secondary school and filling a gap left by lockdown.

What are the perceived benefits or drawbacks of the intervention?	Young people and parents/carers found it helpful to share their anxieties about starting secondary school, knowing that they were not alone in their concerns, and they benefitted from being able to learn from other people's insights and experiences. Young people and parents/carers also described how helpful it was to think about their community, safe places for the young person and where they can go for help if needed. Parents/carers also appreciated being 'kept in the loop' about the young people's sessions. Drawbacks were primarily identified by parents/carers and centred on their difficulties attending sessions.
How engaged and satisfied are young people and parent/carers with the intervention?	The perceived benefits described by young people and parents/carers spoke to their satisfaction with the intervention. Young people's attendance at the sessions was consistent over the four weeks. Attendance rates for the parent/carer sessions were not as high nor consistent as anticipated due to such reasons as work or childcare commitments and not seeing the benefits for themselves.
Are there any early indications of impact of Level Up on young people's emotional and behavioural difficulties?	The interviews with young people and parents/carers indicated several benefits for families from taking part in Level Up – primarily in relation to Level Up leading to a successful transition to secondary school from their perspectives.

Evaluator judgement of intervention feasibility

Based on the findings from the feasibility study, the following suggestions are made to increase young person and parent/carer engagement with the intervention and evaluation for the pilot phase:

- To allocate more time to engage with schools about the programme, define who the intervention is targeting and discuss what the programme involves.
- To allocate more time to recruit families prior to the start of the programme to collect pre-intervention quantitative measures.
- To change how the programme is described to parents/carers so that it is clear who Level Up is aimed at and why it is beneficial for both young people and their parents. This is so that parents/carers understand the expectation of them being a part of the programme and the benefits of taking part.
- To incorporate the community linkage aspect back into the programme.
- To better embed the art sessions and online activities, as well as including additional support after the last session.
- To add some in-person components to the programme to support online delivery, e.g. introductory workshops for families prior to starting Level Up.
- To consider incorporating post-intervention SDQ data collection into the final session of Level Up to increase completion rates.

Interpretation

The feasibility study sought to answer the following research questions:

- What are the intervention's core activities?
- What are the barriers and facilitators to delivery?
- What are the perceived benefits and drawbacks of the intervention from the perspectives of young people and parents/carers?
- How engaged and satisfied are young people and parents/carers with the intervention?
- Are there any early indications of impact of Level Up on young people's emotional and behavioural difficulties?

The feasibility study has provided a better understanding of the core activities of the intervention. Moreover, it has provided an initial understanding of barriers and facilitators, benefits and drawbacks, engagement and satisfaction, and potential impact. Level Up was appreciated by families and staff and was felt to have a positive impact on the transition from primary school to secondary school. As the impact was not visible in the quantitative strand of the feasibility study, a larger sample is needed to better understand the impact of the intervention in future evaluations. The feasibility study has also provided some learning to improve the delivery of Level Up in the future.

The logic model was revised in light of the feasibility study to make the mechanisms of change more specific and to specify short-term rather than long-term outcomes, reflecting the short time that young people spend in the Level Up programme and the limited timeframe of the evaluation. This led to the inclusion of the following change mechanisms in the logic model: improving parent-child communication, improving emotion regulation, improving peer relations, decreasing problem behaviour, increasing access to community support and reducing worries and fear. These change mechanisms were hypothesised to lead to reduced crime and contact with youth justice services, reduced risky behaviour, increased access to support, improved parent-child communication and a positive transition to secondary school.

Together, the results of the feasibility study provide a good basis for conducting a pilot study. This study should aim to better understand the impact of the intervention, as well as further understanding of barriers, facilitators, benefits, drawbacks, engagement and satisfaction.

It is important to note that Level Up was implemented during the coronavirus pandemic, which impacted the delivery as well as, potentially, staff and families' experiences of it. As suggested by the qualitative data, Level Up did fill a gap left by the lockdown, but it also had to be delivered online rather than in person as intended. Future research will need to evaluate how families value Level Up outside of pandemic restrictions.

The number of participating families in the quantitative and qualitative strand of the feasibility study was relatively small. Moreover, all interview participants were families who were very engaged with the programme. Therefore, the current findings can only be interpreted as preliminary, and further research is needed to evaluate the feasibility and potential impact of Level Up with larger samples.

Implications for pilot study

The refined logic model, drawing on learning from the feasibility study and including more specificity on change mechanisms and short-term outcomes, should be reflected in any measures built into the pilot study. Given the age of the young people involved in Level Up, the data already collected routinely as part of the Tavistock and Portman NHS Foundation Trust's clinical outcome monitoring processes, and the variable attendance of young people and parents/carers over the course of Level Up, consideration should be given to measures that are brief and easy to read or use. Furthermore, given ongoing uncertainty in terms of how the coronavirus pandemic may continue to disrupt schools and research, evaluation data, where possible, should be collected online (via computer, tablet or smartphone) via secure links sent to individuals who agree to participate in the evaluation or over the phone.

Pilot (Pre/Post-Test) Study

Study overview

Research questions

The pilot study aimed to build evidence from the perspective of Cohort 2 (year two of the delivery of Level Up) that would inform the future scale-up of Level Up to large-scale delivery and evaluation. It had five research questions:

1. What are appropriate measures of process, mechanism and impact that reflect the programme's theory of change?
2. What are the best methods for recruitment and retention of participants in the evaluation?
3. Are there early indications that the intervention is associated with positive changes in relevant outcomes?
4. Based on the data available, what would an adequate sample size for a full trial of the intervention be?
5. What challenges does the evaluation encounter, including recruitment and retention issues, and how might these be addressed in a future scaled-up evaluation?

To answer these research questions, a mixed methods approach was used, including:

1. Analysis of pre- and post-intervention surveys, collected by the evaluation team. Participants who completed these surveys are referred to as the **evaluation sample**. These data have been used to answer RQs 1, 3 and 4.
2. Attendance data and parent/caregiver- and child-report SDQs, collected by the Level Up team as part of their routine clinical data collection. These data were shared anonymously with the evaluation team and are referred to as the **anonymous sample**. The attendance data were used to answer RQs 2 and 4, whereas the SDQ data were used to answer RQs 1, 3 and 4.
3. Semi-structured interviews, referred to as the **qualitative strand**, were used to answer RQs 1, 2, 3 and 5.

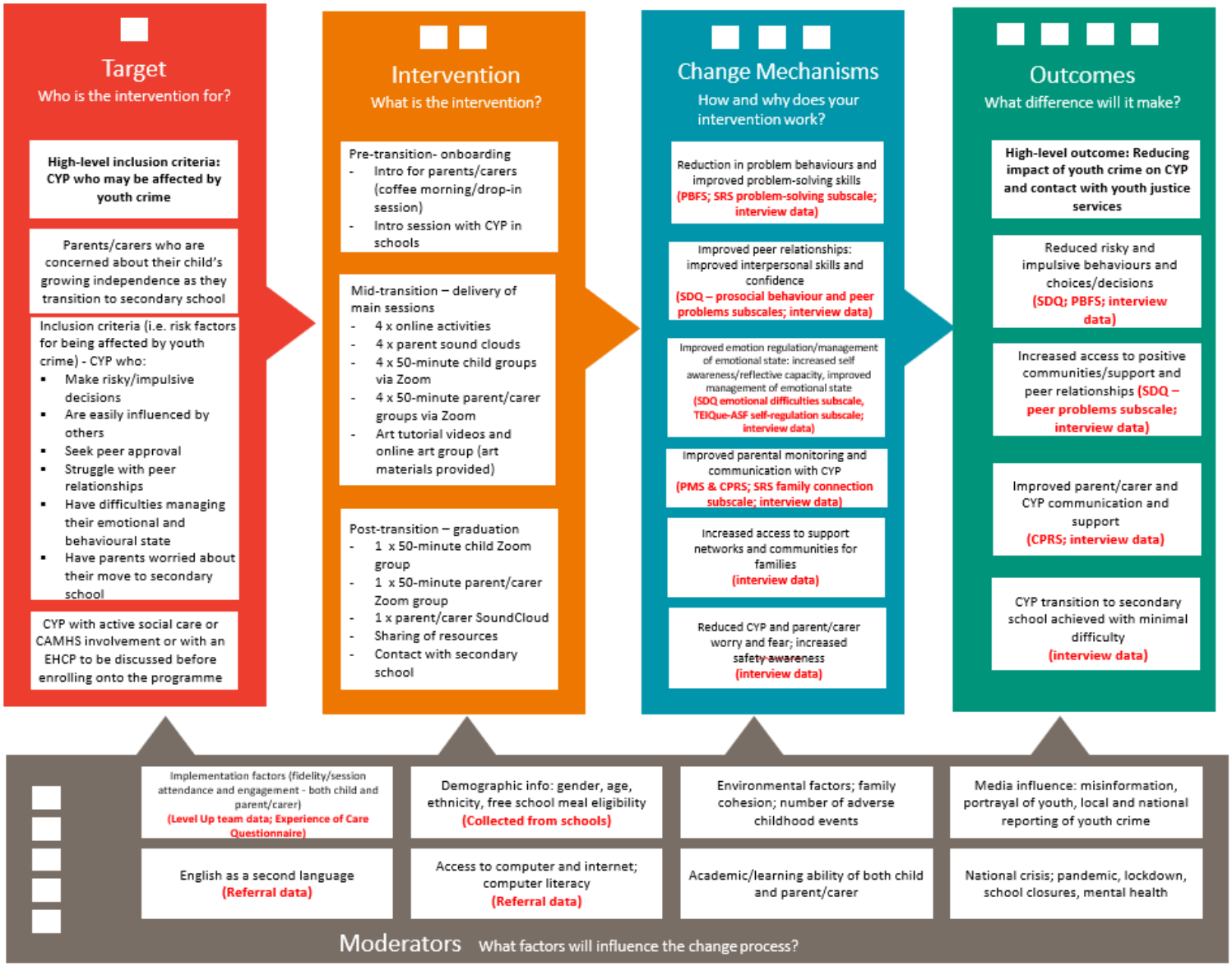
Families were recruited separately for the pre-/post-intervention surveys and the semi-structured interviews. This means that the above three strands of evidence and data collected refer to three different samples of participants.

We will refer to the different research questions throughout the findings.

Figure 6 presents the logic model drawn on in the pilot study, including the measures associated with the different outcomes. There is no outcome measure included for the high-level outcome (reducing the impact of youth crime on young people and contact with youth

justice services) as this would require a longer follow-up period to assess. Hence, this was outside the scope of the pilot study.

Figure 6: Logic model including the measures associated with the different outcomes



PBFS – Problem Behaviour Frequency Scale
SRS – Student Resilience Scale
SDQ – Strengths and Difficulties Questionnaire
TEIQue-ASF- Trait Emotional Intelligence Questionnaire - Adolescent Short Form
PMS – Parental Monitoring Scale
CPRS – Child-Parent Relationship Scale

Success criteria and/or targets

The success criteria for the evaluation of the intervention are presented in Figure 7.

Figure 7: Success criteria for the intervention

Level Up criteria				
Method	**Indicator**	**Fully Met**	**Partially Met**	**Not Met**
Ability to engage and enrol schools	Proportion of schools accepting Level Up offer	50–100%	40–49%	0–39%
Ability to receive appropriate referrals from schools	Proportion of referrals that meet the screening criteria	55–100%	40–54%	0–39%
Ability to recruit and retain YP to project	Proportion of YP completing three group sessions	55–100%	40–54%	0–39%
Ability to recruit and retain parents/carers to project	Proportion of parents/carers completing two group sessions	55–100%	40–54%	0–39%
Ability to collect routine clinical data (SDQ)	Proportion of YP who complete baseline and follow-up SDQ	55–100%	40–49%	0–39%
Ability to collect routine clinical data (SDQ)	Proportion of parents/carers who complete baseline and follow-up SDQ	55–100%	40–49%	0–39%

Success criteria for impact as assessed by evaluation outcome measures

The measures of young people's outcomes were agreed with YEF to align with the YEF Common Measurement Framework and to reflect change mechanisms and outcomes specified in the logic model.

Outcome measures

a. No evidence of substantially negative effects on young people's or parent/caregiver's outcome measures.
b. Evidence of substantial negative effects on young people's or parent/caregiver's outcome measures.

Success criteria for perceptions of impact and acceptability as assessed by evaluation interview data

1) Acceptability of the Level Up programme:
    a. Parents/caregivers/young people report programme as acceptable and/or how acceptability could be increased.
    b. Parents/caregivers/young people report programme as unacceptable but not how acceptability could be increased. Evaluation team/Level Up team identify a plan to increase acceptability.
    c. Parents/caregivers/young people report programme is unacceptable, and the evaluation team/Level Up team does not identify a plan to increase acceptability.

2) Acceptability of evaluation methods:
    a. Parents/caregivers/young people report evaluation as acceptable and/or how acceptability could be increased.
    b. Parents/caregivers/young people report evaluation as unacceptable but not how acceptability could be increased. Evaluation team/Level Up team identify a plan to increase acceptability.
    c. Parents/caregivers/young people report evaluation is unacceptable, and the evaluation team/Level Up team does not identify a plan to increase acceptability.

3) Perceived impact of intervention on young people and parents:
    a. Parents/caregivers/young people report positive changes or impacts of intervention on themselves (e.g. understanding of emotions, management of emotions and confidence).

b. Parents/caregivers/young people do not report any positive changes or impacts on themselves from taking part in Level Up.

The success criteria for the research milestones and outputs are outlined in Figure 8.

Figure 8: Success criteria for research milestones and outputs

Research Criteria				
Method	**Indicator**	**Fully Met**	**Partially Met**	**Not Met**
Logic model and TiDIER	Agreed by Tavi and AFC	Yes	-	No
Acceptability of data archiving and linkage to participants	Proportion of dropouts recorded due to data archiving	0-35%	36-50%	51-100%
Ability to collect parent baseline measures	Proportion of parents/carers completing baseline questionnaires	55-100%	40-54%	0-39%
Ability to collect YP baseline measures	Proportion of young people completing baseline questionnaires	55-100%	40-54%	0-39%
Ability to collect follow up measures from parents	Proportion of parents/carers completing follow up questionnaires of those with complete baseline questionnaires	55-100%	40-54%	0-39%
Ability to collect follow up measures from young people	Proportion of young people completing baseline questionnaires	55-100%	40-54%	0-39%
Ability to collect school data	Proportion of schools that agree to data sharing	50-100%	40-49%	0-39%
	Proportion of data received for YP and parents who consent to school data being shared	55-100%	40-54%	0-39%

Methods

Participant selection

Quantitative strand

Referral to Level Up

A total of 217 families were identified as potential referrals by schools in early 2021, of which 165 (76%) met the criteria for inclusion for Level Up. For 85 (52%) of these families, a referral form was completed; of these, 72 families (85%) gave their consent to take part in Level Up.

Evaluation sample

All 85 families who were referred to and gave their consent to take part in Level Up received an expression of interest form to take part in the evaluation. Of this cohort, 44 (52%) returned the form to the evaluation team. Families were included in the evaluation if at least one member of the family (parent/carer or young person) gave their consent to take part (or for their child to take part) and completed at least one baseline questionnaire[2]. This resulted in an evaluation sample of 14 families, consisting of 14 young people and 13 parents/carers[3] (see Figure 9 for a flowchart illustrating participant recruitment and reasons for attrition). The evaluation sample represents 19% of the families who agreed to take part in Level Up and 32% of the families who expressed initial interest in taking part in the evaluation.

At baseline/pre-intervention, evaluation questionnaires were completed by 12 parents/carers and 12 young people. The SDQ, which was collected as part of the Level Up team's routine clinical outcome monitoring and used for evaluation purposes with consent from families, was completed by 13 parents/carers and 11 young people.

At the post-intervention timepoint, evaluation questionnaires were completed by seven parents/carers (attrition = 42%) and six young people (attrition = 50%). The SDQ was completed by six parents/carers (attrition = 54%) and five young people (attrition = 55%). Please note that the SDQ was sent as a paper copy by the Level Up team to the families at pre- and post-intervention, whereas the evaluation questionnaires were completed via an online link sent by email by the evaluation team.

[2] Baseline/pre-intervention questionnaires could include the evaluation measures or the SDQ, which is routinely collected by the Tavistock and Portman NHS Foundation Trust as part of assessment and follow-up.

[3] One parent did not consent to take part in the evaluation but did provide consent for their child to participate.

Overall, in terms of the evaluation questionnaires, matched data (baseline/pre-intervention and post-intervention) were available for six young people and seven parents/carers, and for the SDQ, matched data were available for six parents/carers and five young people.

Anonymous sample

Aggregated and anonymised routinely collected clinical outcome data and implementation data (attendance) were provided by the Level Up team for the entire cohort of young people who had participated in Level Up during the pilot year, i.e. 72 families. These data were submitted to the evaluation team by the Level Up team in anonymised form for analysis and reporting.

SDQs were completed by 43 young people and 54 parents/carers at baseline/pre-intervention, and 17 young people and 20 parents/carers completed the SDQ at post-intervention. In total, 62 families had provided at least one SDQ. Overall, 14 young people and 18 parents/carers had matched pre- and post-intervention SDQ data (attrition = 67% for both parents/carers and young people). Attendance data were provided for 69 families[4].

[4] Attendance data were missing for three families.

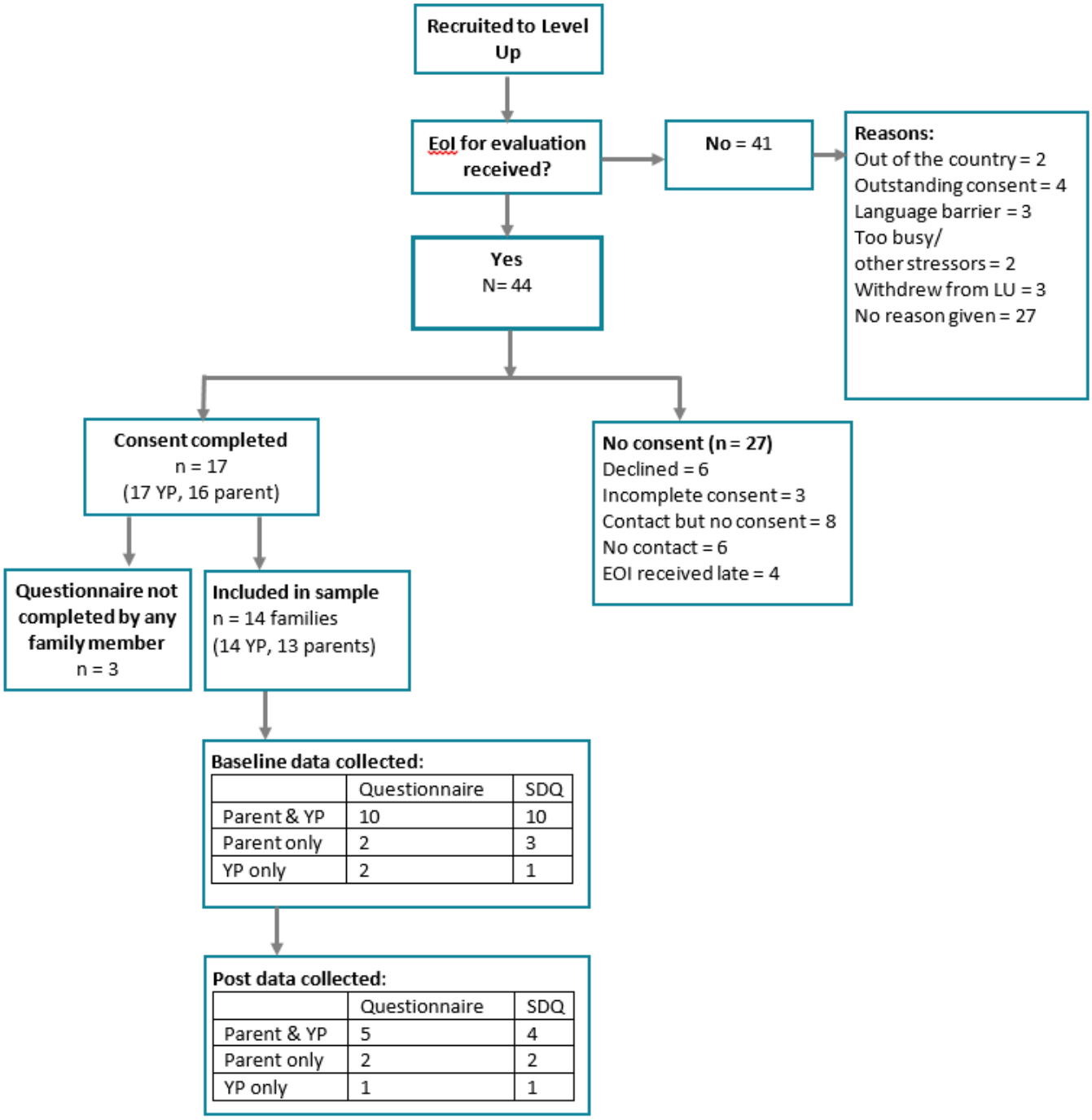


Figure 9: A flowchart illustrating recruitment and participation in the quantitative strand of the pilot study

Note: 'Outstanding consent' means that families had not yet completed their consent form for participation in the Level Up intervention and therefore could not yet be invited to take part in the evaluation.

Qualitative strand

Parents/carers and young people

All families who had expressed interest in taking part in the evaluation were contacted to take part in an interview, unless they had subsequently declined to participate in the evaluation. Six families had declined participation in the evaluation, and two more families had consented to participate in the quantitative strand but had declined being contacted for an interview. This meant that 36 families were contacted and invited for an interview. Of these 36 families:

- Twelve families did not respond to the invite.
- Nine families declined to take part. Two families declined because they had not participated in Level Up or had dropped out of Level Up. The other families declined because they were too busy or no longer interested in taking part.
- Two families were ultimately unable to attend their scheduled interviews.

Thirteen families agreed to take part in an interview, of which 12 parents/carers and 10 young people participated. Three young people did not participate because their parents/carers thought they would not want to. One parent/carer did not participate because there was not a suitable date and time for their interview.

Staff members

Nineteen schools participated in Level Up. Staff from 13 schools were invited to take part in an interview. Staff at the remaining six schools were not invited to take part in an interview as they had competing priorities or were unavailable.

All Level Up staff members were invited to take part in an interview. Four Level Up staff members were involved in the delivery of Level Up: three were facilitators (clinicians) of the regular Level Up sessions, and one was the facilitator of the art sessions.

In total, interviews were conducted with three Level Up clinicians (75% response rate) and two school staff members (15% response rate).

Data collection

Quantitative measures

The following measures were used to assess change for the young people and their parents/carers.

The following measures were completed by young people only:

- Antisocial behaviour was measured by the child-report Problem Behaviours Frequency Scale (Farrell et al., 2000). This scale measures the frequency of different antisocial behaviours with six items. Respondents are asked to indicate how often (0, 1–2, 3–5, 6–9, 10–19 or 20 or more times) in the past month they have been suspended, stolen something or shoplifted, cheated or damaged the property of others. Item scores are summed, with higher total scores indicating higher levels of difficulties regarding antisocial behaviour. Previous research has found acceptable reliability (α = .77-.79) and criterion validity (Farrell et al., 2000; Farrel et al., 2016).
- Resilience was measured by the child-report Student Resilience Scale (SRS; Sun and Stewart, 2007). The SRS is a 47-item measure comprising 12 subscales measuring students' perceptions of their individual characteristics associated with resilience, as well as protective factors embedded in their environment (Lereya et al., 2016). Reflecting the logic model, we used three subscales – family connection (four items), problem solving (three items) and goals and aspirations (two items). Each item was rated on a 5-point scale (1 = never; 5 = always). Example items include: 'At home, there is an adult who is interested in my school work', 'When I need help, I find someone to talk to' and 'I think I will be successful when I grow up.' Previous research has found adequate reliability, with α = .89, .73 and .93, respectively, good internal consistency and adequate criterion validity (Lereya et al., 2016).
- Emotion regulation was measured by the child-report TEIQue Emotion regulation subscale (Mikolajczak et al., 2007). There are six items measured on a scale of 1–7 (disagree to agree). Example items include: 'I find it hard to control my feelings' and 'I can control my anger when I want to.' Previous research has found good reliability of α = .84 and good construct validity (Petrides et al., 2006; Petrides et al., 2007).

The following measures were completed by parents/carers only:

- Parental monitoring was measured by the Parental Monitoring Scale (Capaldi and Patterson, 1989). This scale consists of 11 items, measured on a scale of 1–4. This scale is designed to assess the parent's perception of parental rule-setting, supervision, consequences and monitoring. Example items include: 'How much do you know about who your child spends time with?' and 'Do you tell your child what time he/she has to be home on school nights?'. Previous research has found acceptable reliability (α > .70) and construct validity (Cottrell et al., 2007; Youthrex, 2019).
- Child-parent/carer relationship quality was measured by the Child-Parent/carer Relationship Scale (CPRS; Pianta, 1992). Parents/carers are asked to reflect on the degree to which 30-statements currently apply to their relationship with their child. Items are measured on a scale of 1–5 ('definitely does not apply' to 'definitely applies'). Three subscale scores are obtained: conflict, positive relationship and dependency. Previous research has found medium to good reliability, with α = .83, α

= .72 and α = .50, respectively, and good construct validity (Driscoll and Pianta, 2011; Dyer, Kaufman and Fagan, 2017).

The following measures were completed by both parents/carers and young people:

- Difficulties in feelings, behaviours and relationships were measured by the Strengths and Difficulties Questionnaire (SDQ, parent/carer- and child-report; Goodman, 2001). The SDQ is a 25-item emotional and behavioural screening questionnaire comprising of five subscales: emotional difficulties, conduct problems, hyperactivity/inattention, peer problems, and prosocial behaviour, and a total scale called 'total difficulties'. An additional supplement provides a score on the impact of difficulties on the child's life, named 'impact on life'. Previous research has shown good reliability and predictive validity (Goodman, 2001).
- Child Experience of Care Questionnaire (CHI-ESQ; Brown et al., 2014) – parent- and child-report version – completed by young people and parents/carers at post-intervention only. The CHI-ESQ consists of 12 items rated on a scale of 1–3 (Yes/Very well/Comfortable = 3; Only a little/OK/Maybe = 2; Not really/Not very well/Uncomfortable = 1). Example items include: 'Did the people who saw you listen to you?', 'Were you given enough explanation about the help available here?' and 'If a friend needed this sort of help, do you think they should come here?'. The CHI-ESQ consists of two scales: satisfaction of care and satisfaction of environment. The satisfaction of care subscale was used in the pilot study because previous research has found that the satisfaction of care subscale shows good discriminant validity (Brown et al., 2004).

All measures were completed at pre- and post-intervention, apart from the CHI-ESQ, which was only completed at post-intervention, as this was a questionnaire evaluating the quality of care. All measures were completed online, apart from the SDQ, which was completed on paper forms sent out by the Level Up team as part of their routine outcome monitoring.

Demographic and implementation data

Schools were asked to provide demographic data for all participants in the evaluation.

The Level Up team collected pre- and post-intervention SDQ data and Level Up attendance data. These data were available for the majority of Level Up participants and were securely transferred in anonymised form to the evaluation team for analysis. For the evaluation participants, where consent was received, identifiable SDQ and attendance data were provided by the Level Up team.

Qualitative interviews

The interviews were semi-structured and took place via Microsoft Teams on a suitable date and time for both the participant and the researcher (see Appendix 4 for copies of the

interview schedules). Participants provided written or verbal consent prior to their interviews. Verbal consent was audio recorded. Interviews were audio recorded and transcribed.

Interviews were, on average, 22 minutes, ranging from 6 to 52 minutes. Interviews with young people and school staff ranged from 6 to 22 minutes in length, interviews with Level Up staff ranged from 42 to 52 minutes and interviews with parents/carers ranged from 8 to 49 minutes.

For parents/carers and young people, the topics covered in the interviews were: experiences of the sessions and activities; perceived changes in young person or parent; causes of those changes, including what was helpful and unhelpful about Level Up; suggested improvements or recommendations; whether they would recommend Level Up; and their experience around recruitment, consent and participation in the evaluation. The latter was a new topic for the pilot study phase as this was the first test of the quantitative strand of the evaluation. The project plan had initially included focus groups to explore this; however, due to the coronavirus pandemic, focus groups were not deemed feasible, and this topic was therefore explored during the interviews instead.

For school staff and delivery staff (Level Up clinicians), the topics covered in the interviews were: understanding of what Level Up is and its aims/purpose; the screening process; perceived impact of Level Up for young people and parents, including what was helpful and unhelpful about Level Up; engagement of families and factors affecting engagement; and suggested improvements. Level Up staff were also asked about their experiences of moving and delivering the Level Up programme online and their perceptions of barriers and facilitators to delivery.

Table 5. Methods overview

Research methods	Data collection methods	Participants/data sources	Data analysis method	Research questions addressed	Implementation/logic model relevance
Problem Behaviours Frequency Scale	Online, email invitation sent by evaluation team	Young person	Descriptive analyses	Q1: Appropriate measures Q3: Early indications of positive changes in relevant outcomes Q4: Adequate sample size	Outcome: Reducing youth crime
Student Resilience Scale (SRS) – family connection; problem solving; goals and aspirations	Online, email invitation sent by evaluation team	Young person	Descriptive analyses	Q1: Appropriate measures Q3: Early indications of positive changes in relevant outcomes Q4: Adequate sample size	Outcomes: - Reducing risky and impulsive behaviour - Improved parent/carer and YP communication and support
Emotion regulation (TEIQue)	Online, email invitation sent by evaluation team	Young person	Descriptive analyses	Q1: Appropriate measures Q3: Early indications of positive changes in relevant outcomes Q4: Adequate sample size	Outcome: Reducing risky and impulsive behaviour
Parent/carer Monitoring Instrument (PMI)	Online, email invitation sent by evaluation team	Parent	Descriptive analyses	Q1: Appropriate measures Q3: Early indications of positive changes in relevant outcomes Q4: Adequate sample size	Outcome: Improved parent/carer and YP communication and support
Child-Parent/carer Relationship Quality (CPRS)	Online, email invitation sent by evaluation team	Parent	Descriptive analyses	Q1: Appropriate measures Q3: Early indications of positive changes in	Outcome: Improved parent/carer and YP communication and support

				relevant outcomes Q4: Adequate sample size	
Strengths and Difficulties Questionnaire (SDQ)	Paper, sent by Level Up team, or over the phone with the Level Up team	Parent/carer and young person	Descriptive analyses	Q1: Appropriate measures Q3: Early indications of positive changes in relevant outcomes Q4: Adequate sample size	Outcome: Reducing risky and impulsive behaviour
Clinical attendance data	Email	Level Up team	Descriptive statistics	Q2: Recruitment and retention Q4: Adequate sample size	Moderator
Demographic information	Email	School staff	Descriptive statistics	N/A	Moderator
Child Experience of Care Questionnaire (CHI-ESQ)	Online, email invitation sent by evaluation team	Parent/carer and young person	Descriptive statistics	Q1: Appropriate measures Q4: Adequate sample size	Moderator
Interviews with families	Video call	Parent/carer and young person	Thematic analysis	Q1: Appropriate measures Q2: Recruitment and retention Q3: Early indicators of positive changes in relevant outcomes Q5: Challenges	Every aspect of the logic model
Interviews with staff	Video call	Level Up team and school staff	Thematic analysis	Q2: Recruitment and retention Q3: Early indicators of positive changes in relevant outcomes Q5: Challenges	Every aspect of the logic model

Analysis

Quantitative strand analysis

Attendance

- Dosage was defined as the number of elements (sessions and activities) that families attended, compared to the total possible number of elements in Level Up (up to 14[5]). This informs us about 'how much' Level Up families received.
- Attendance was defined as the number of families attending each particular element (session or activity) of Level Up. This informs us about how families' engagement with the programme changed over time or varied between the different elements.

Descriptive statistics are provided for dosage and attendance rates.

Outcomes

Outcomes at pre- and post-intervention were compared descriptively, as per the YEF Evaluations Guidance. Medians and the interquartile range (IQR) are provided given the small sample size.

Relations between outcomes and dosage

To get an initial understanding of the relation between dosage and outcomes, non-parametric correlations were calculated to estimate the relations between outcomes at post-intervention and dosage (i.e. the total number of Level Up activities and sessions attended by the young person or parent/carer).

Qualitative strand analysis

Interviews were conducted with parents, young people, Level Up staff and school staff members to facilitate data triangulation. Together, the different participant groups provided a richer understanding of the feasibility and impact of Level Up from a range of perspectives. Where overlap or contradictions were apparent/carer between participants' views and experiences, these have been reported on as relevant within the report. However, the different data sources were mainly used complementarily rather than for the purposes of comparison. All analyses were conducted by two researchers as described in more detail below.

The qualitative data were analysed using thematic analysis in NVivo 12 (QSR, 2020). Our use of NVivo provided a clear audit trail for the analysis process. Braun and Clarke's (2006)

[5] Although the actual total number of elements is 18 (see below), we did not have any dosage information regarding the four art sessions. We therefore evaluated dosage for the remaining 14 elements.

method for thematic analysis was drawn on to conduct in-depth analysis of the themes (or patterns) that could be derived across participants' responses in relation to our research questions. Guided by the six steps identified by Braun and Clarke (2006):

- The first researcher familiarised themself with the dataset through quality checking interview transcripts and assigning relevant extracts of the interview transcripts to broad overarching categories, derived 'top-down' from the research questions (e.g. suggestions for improvement of the intervention) (Step 1: familiarisation).
- The first researcher then coded the data assigned to these overarching categories, which involved applying labels that described the content of the transcript extracts within them (Step 2: generating codes).
- Similar codes were then combined by the first researcher to create themes and subthemes, derived 'bottom-up' from the data (Step 3: searching for themes).
- A second researcher then reviewed the themes by reviewing the coded text and the 'fit' of the themes to the dataset as a whole, including assessing the degree to which the themes reflected and were clearly grounded within the data (Step 4: reviewing themes). The purpose of this process was to help the first researcher refine and reflect on the themes and subthemes they had derived from the data, with the second researcher suggesting edits or additions where necessary. The first and second researchers discussed the themes with each other and reached consensus on the final list of themes and subthemes together.
- The first and second researcher collaboratively named and described the themes (Step 5: defining and naming themes) and wrote the report (Step 6: writing the report). In the report, the themes have been organised by research question.

Timeline

Figure 10: Timeline for the pilot study

Date	Delivery/Evaluation team	Details/Activity
Feb–Apr 2021	Evaluation team	Present pilot findings to Level Up team and prepare for pilot study (e.g. submission of research ethics amendments).
April–June 2021	Delivery team	Level Up team in contact with schools to collect teacher-report SDQs.
May–July 2021	Delivery team	Level Up team contacted families who met inclusion criteria for Level Up; collected referral forms, consent forms, parent/carer-report and child-report baseline/pre-intervention SDQs; and provided families with expression of interest forms for the evaluation.
June 2021	Evaluation team	Collection of Data Sharing Agreements from schools.
June–July 2021	Evaluation team	Recruitment of families to the evaluation.
July 2021	Evaluation team	Quantitative data collection at baseline/pre-intervention.
August 2021	Delivery team	Level Up programme delivered online to young people and parents/carers over four weeks.
Aug–Oct 2021	Evaluation team	School staff, families and Level Up team invited to take part in interviews by evaluation team. Consent/assent obtained, and interviews carried out by evaluation team.
Sept–Dec 2021	Evaluation team	Collection of pupil demographic data from schools.
Oct 2021	Level Up team	Final session delivered by Level Up team during half term.
Oct 2021	Level Up team	Level Up team collected parent/carer-report and child-report post-intervention SDQs.
Oct 2021	Evaluation team	Quantitative data collection at post-intervention.
Nov–Dec 2021	Both	Anonymised data (SDQ and implementation data) sent to evaluation team by Level Up team.
Nov–Dec 2021	Evaluation team	Quantitative and qualitative data analysis.
Dec 2021–Jan 2022	Evaluation team	Pilot study report complete.

Findings

Participants

Participants in the quantitative strand

Evaluation participants

Fourteen families involved in Level Up consented to participate in the evaluation. The average age of the young people was 11.43. The largest proportion of the sample identified as Black or Black British (36%), followed by White or White British (29%). An equal number of male and female young people participated in the evaluation.

Of those that consented to the evaluation, six young people and seven parents/carers completed both the baseline/pre-intervention evaluation questionnaire and the post-intervention evaluation questionnaire. SDQ data for evaluation participants were available for five young people and six parents/carers who completed the SDQ at both baseline and post-intervention, while attendance data were available for 14 young people and 13 parents[6].

To assess whether there were any differences between those who completed pre- and post-intervention evaluation questionnaires (six young people and seven parents) and those who did not (eight young people and seven parents), comparisons using either the Mann-Whitney U tests or chi-square tests were undertaken. Comparisons were explored in both the young person and parent/carer samples. Differences between the samples are highlighted below:

- Parents/carers who completed pre- and post-intervention evaluation questionnaires had significantly lower scores in terms of parental monitoring at baseline/pre-intervention than parents/carers who did not complete questionnaires at both timepoints (p = .01).
- Parents/carers who completed pre- and post-intervention evaluation questionnaires had a child with significantly lower levels of conduct problems (parent/carer-report) at baseline/pre-intervention than parents/carers who did not complete questionnaires at both timepoints (p = .01).
- Parents/carers who completed pre- and post-intervention evaluation questionnaires had a child with significantly lower levels of hyperactivity/inattention (parent/carer-report) at baseline/pre-intervention than parents/carers who did not complete questionnaires at both timepoints (p = .03).

[6] One parent did not give consent for their attendance data to be shared with the research team.

Similar comparisons were conducted between participants who completed pre- and post-intervention SDQs (five young people and six parents/carers) and those who did not (nine young people and eight parents/carers):

- Parents/carers who completed pre- and post-intervention SDQs had a child with significantly lower emotion regulation at baseline/pre-intervention (child-report) than parents/carers who did not complete SDQs at both timepoints (p = .04).
- Parents/carers who completed pre- and post-intervention SDQs attended significantly more sessions than parents/carers who did not complete SDQs at both timepoints (p = .02).
- Young people who completed pre- and post-intervention SDQs had significantly lower scores in terms of their goals and aspirations at baseline/pre-intervention than young people who did not complete SDQs at both timepoints (p = .03).
- Young people who completed pre- and post-intervention SDQs had parents/carers who attended significantly more sessions than young people who did not complete SDQs at both timepoints (p = .02).

Overall, these differences demonstrate that the samples who completed pre- and post-intervention evaluation questionnaires and/or SDQs may not be fully representative of the wider evaluation sample. This means that any findings should be treated with caution as they may not apply to the wider sample. Although the sample size is too small to draw definitive conclusions, the current pattern of attrition suggests that young people who are experiencing more problems are more likely to drop out, as reflected in previous research (Johnson et al., 2008). Engagement with Level Up also appeared to correspond with better engagement with the evaluation.

Anonymous sample

The anonymous, aggregate data consisted of all potential participants in Level Up, i.e. 72 families. Attendance data were available from the Level Up team for 69 families (data were missing for three families). Sixty-two families had completed at least one SDQ; 43 young people and 54 parents/carers completed an SDQ at baseline/pre-intervention; and 17 young people and 20 parents/carers completed the SDQ at post-intervention. Matched pre- and post-intervention SDQs were completed by 14 young people and 18 parents/carers. Young people were, on average, 11.31 years old (*IQR* = 11.08–11.53), and 57% were male. The largest proportion of the sample identified as White (any background; 37%), followed by Black/Black British (24%), Mixed Ethnic Background (21%) and Asian or Other/Unknown (17%).

To assess whether there were any differences between those who completed pre- and post-intervention SDQs (14 young people and 18 parents/carers) and those who did not (48 young people and 44 parents/carers), comparisons using the Mann-Whitney U tests were

undertaken. Comparisons were explored in both the young person and parent/carer samples. Differences between the samples are highlighted below:

- Young people who completed pre- and post-intervention SDQs had higher levels of conduct problems (parent/carer-report) at baseline/pre-intervention than young people who did not complete SDQs at both timepoints.

This demonstrates that the sample with pre- and post-SDQ data may not be fully representative of the wider sample of families providing an SDQ. This means that any findings should be treated with caution as they may not apply to the wider sample.

Comparison between the evaluation and anonymous samples

To assess whether there were any differences between the evaluation sample (*N* = 14) and the anonymous sample (*N* = 48), child-report and parent/carer-report SDQ scores at baseline/pre-intervention and young people's ages were compared using the Mann-Whitney U test, whereas gender and ethnicity were compared using a chi-square test. Differences between the samples are highlighted as follows:

- Young people in the evaluation sample had higher parent/carer-reported levels of emotional difficulties compared to young people in the anonymous sample.

This means that the evaluation sample may not be fully representative of the anonymous sample, and any findings should be treated with caution as they may not apply to the wider, anonymous sample. We cannot assess to what extent the evaluation sample or anonymous sample are representative of all of the families participating in the Level Up programme.

Participants in the qualitative strand

Twelve parents/carers and 10 young people from 13 families were interviewed by the evaluation team. Parents/carers were between 35 and 55 years old. The majority of parents/carers (55%; *n* = 6) were Black or Black British. The other parents/carers were White or White British (27%, *n* = 3) or from another ethnic background (18%, *n* = 2). Demographic data were not collected for one parent/carer. Young people were 11 years old (77%; *n* = 7) or 12 years old (33%; *n* = 2). The majority of the young people (55%; *n* = 6) were Black or Black British. The other young people were White or White British (22%; *n* = 2) or from another ethnic background (18%; *n* = 1). Demographic data were not collected for one young person. For most families, the parent/carer and young person both participated in the interview together. One young person participated without their parent/carer. Three parents/carers participated without their child. Three Level Up clinicians and two school staff members were interviewed by the evaluation team.

Research questions

The pilot study sought to answer five research questions:

1. What are appropriate measures of process, mechanism and impact that reflect the programme's theory of change?
2. What are the best methods for recruitment and retention of participants in the evaluation?
3. Are there early indications that the intervention is associated with positive changes in relevant outcomes?
4. Based on the data available, what would an adequate sample size for a full trial of the intervention be?
5. What challenges does the evaluation encounter, including recruitment and retention issues, and how might these be addressed in a future scaled-up evaluation?

Evaluation feasibility

Acceptability of measures

At the post-intervention timepoint, young people and parents/carers were asked (using an open-ended text box) about what they thought of the evaluation questionnaire (i.e. the quantitative outcome measures) after completing it. Three young people answered this question. Some replied that it was fun and easy and that it did not take too long. However, others felt that it was too long. Three parents/carers answered this question, with mixed experiences. For example, one parent/carer mentioned that one of the questions was hard as their child *'doesn't go anywhere'*, whereas another parent/carer thought that the questionnaire was easy to answer.

Young people and parents/carers were also asked about their experiences of taking part in the evaluation during their qualitative interviews with the evaluation team. Many young people and parents/carers could not remember much about the recruitment and consent procedure for the Level Up evaluation. Several young people and parents/carers mentioned having no problems regarding their participation in the evaluation. Most young people and parents/carers felt that the questionnaires were easy and straightforward to complete: *'It was very quick and very easy.'*

Young people and parents/carers did also mention issues related to their participation in the evaluation. For example, some experienced confusion or felt that they did not understand everything, for example in relation to the recruitment and consent procedure or why there were different questionnaires. Others stated that there was too much information, which could feel stressful: *'It's just when you've got a million things to do and then you've got to go through all these forms.'* Parents/carers advised the evaluation team to use paper versions of recruitment documents and measures in future and to complete them with participants in

person. It was also mentioned that some of the questions in the measures could be hard for children to complete on their own or that the questions were not tailored to all age groups.

Evidence of promise

Quantitative findings

Attendance and dosage data for all participants in Level Up

Attendance data, provided in an anonymised and aggregated format by the Level Up team, were available for 69 families. Fourteen families did not participate in any session or activity. This meant that 55 families (80%) participated in one or more elements of Level Up. Dosage and attendance were calculated based on these 55 families.

Level Up consisted of five online sessions for young people (four during the summer and one graduation session), five online sessions for parents/carers (four during the summer and one graduation session), four online activities (associated with each of the young people's summer sessions) and four art sessions. For the art sessions, only attendance data but no dosage data were available.

Of the five Level Up sessions[7], on average young people attended 2.42 sessions, parents/carers attended 1.85 sessions and 0.36 activities were completed by young people. A total of 39 (71%) young people and 21 (38%) parents/carers completed at least two sessions. Per family, an average of 4.64 of the sessions and activities were completed (observed range: 1 to 13). Figure 11 presents dosage as the percentage of participants (separated per activity: child session, parent/carer session and child online activity) who completed zero to all five of the sessions. As can be seen in Figure 11, most young people attended one, two or three sessions (20% to 29% each), with 71% of the young people completing at least two sessions. This corresponds to 57% of the families who gave their consent to participate in Level Up. Most parents/carers participated in zero (18%) sessions or one (44%) session. The online activities were rarely accessed, with 80% of the young people not participating in any of the online activities associated with the sessions. For those who did complete an activity, 16% completed one or two of the activities, and 3% completed more than two activities.

[7] Four weekly online sessions during the summer holidays and the fifth online graduation session during October half term.

Figure 11: Dosage (% of participants who attended zero to all five sessions)[8]

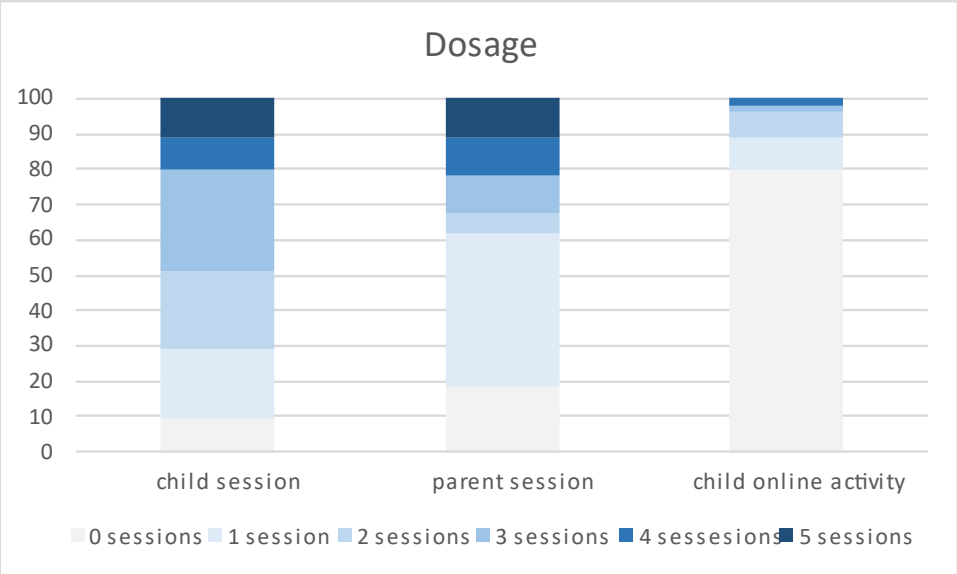
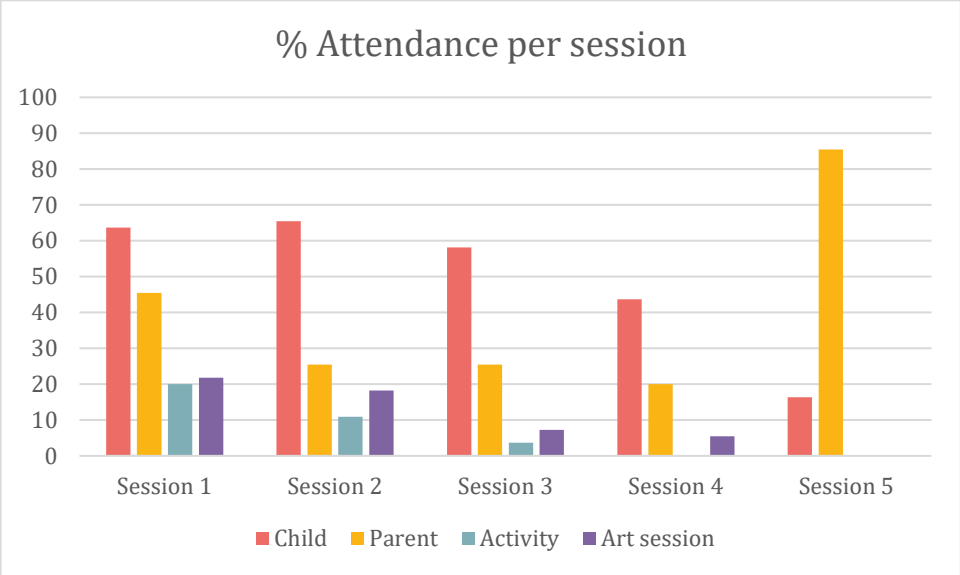


Figure 12 presents attendance per session. Attendance dropped over time. The young people's sessions were best attended, by approximately 60% in the first two sessions, dropping to 44% in session 4. The parents'/carers' sessions were attended by 45% for session 1 and 20% by session 4. Session 5, during the October half term, was not well attended by young people (16%) but was very well attended by parents/carers (85%). The online activities and art sessions were rarely accessed by young people. The completion rate for the online activities ranged from 4% to 20%. Art sessions were attended by 5% to 22% of the young people.

[8] Zero is a possible value for the 55 families as it may be that a parent attended a session but the young person did not.

Figure 12: Attendance (% of participants who attended each session)



Previous research has estimated drop-out rates in child psychotherapy to be between 28% and 75% (de Haan et al., 2013). Within de Haan and colleagues' (2013) meta-analytic review, estimations varied widely depending on the definition of drop-out used. In our study, drop-out was defined in terms of completing fewer than two of the four core sessions, and the drop-out rate was 43%. This corresponds to a similar definition used by de Haan and colleagues (2013), i.e. terminating participation before completing half of the intervention, which identified a drop-out rate of 18% to 69%. Thus, our drop-out rate is comparable to previous studies using a similar definition.

Outcomes for the evaluation sample

Higher scores on the following constructs/measures indicate greater difficulties: antisocial behaviour (PBFS), conflict (CPRS), dependency (CPRS), and the SDQ scales – conduct problems, emotional difficulties, peer problems, hyperactivity/inattention, total difficulties and impact on life. Conversely, higher scores on the following constructs/measures indicate fewer difficulties: family connection (SRS), problem solving (SRS), goals and aspirations (SRS), emotion regulation (TEIQue), parental monitoring (PMS), positive relationship (CPRS), and prosocial behaviour (SDQ). Higher scores on the parent/carer and young person satisfaction of care scale (CHI-ESQ) indicate higher levels of satisfaction.

Most pre-intervention median scores on the young person- and parent/carer-report SDQ subscales and total scores fell into the 'normal' range (see Table 6). However, the child-report hyperactivity/inattention subscale median and total difficulties scale median fell in the borderline category, as did the parent/carer-report emotional problems subscale median. Satisfaction with care (CHI-ESQ) was low for young people but high for parents/carers.

For young people, the medians of all of the SRS subscales, measuring family connection, problem solving, and goals and aspirations, increased between pre- and post-Level Up. Emotion regulation (TEIQue) and emotional difficulties (SDQ) were higher post-Level Up. Impact on life (SDQ) and prosocial behaviour (SDQ) were higher post-Level Up; however, total difficulties (SDQ) and peer problems (SDQ) were lower.

For parents/carers, parental monitoring (PMS) was higher post-Level Up. In terms of the parent-child relationship, the medians on all three CPRS subscales, measuring conflict, positive relationship and dependency, decreased between pre- and post-Level Up. Like the child-report measures, the median score for emotional difficulties (SDQ) was higher post-Level Up. Conduct problems (SDQ), hyperactivity/inattention (SDQ), peer problems (SDQ) and total difficulties (SDQ) were also higher post-Level Up, whereas prosocial behaviour (SDQ) was lower.

Changes in antisocial behaviour (PBS, child-report), conduct problems (SDQ, child-report), hyperactivity/inattention (SDQ, child-report), and impact on life (SDQ, parent/carer-report) were not observed.

Table 6. Comparison of baseline/pre-intervention and post-intervention outcome measure scores for the evaluation sample

Outcome	*N*	Range	Baseline Median	Baseline IQR	Post Median	Post IQR
	Young Person					
Antisocial behaviour (PBS)	6	1–6	1.00	1.00–1.16	1.00	1.00–1.00
Family connection (SRS)	6	1–5	4.38	4.19–4.81	5.00	4.75–5.00
Problem solving (SRS)	6	1–5	4.33	3.67–4.75	4.67	4.42–4.75
Goals and aspirations (SRS)	5	1–5	4.50	3.50–4.75	5.00	4.75–5.00
Emotion regulation (TEIQue)	6	1–7	3.50	2.88–4.88	5.00	4.66–6.08
Satisfaction of care (CHI-ESQ)	6	1–4	-	-	1.00	1.00–1.14
Conduct problems (SDQ)	5	0–10	2.50	1.25–5.25	2.50	1.00–4.75
Emotional difficulties (SDQ)	5	0–10	5.00	4.25–7.25	6.00	3.75–8.25
Hyperactivity/inattention (SDQ)	5	0–10	5.50	4.25–7.50	5.50	5.00–6.75
Impact on life (SDQ)	3	0–10	0.00	0.00–0.00	2.00	0.00–2.00
Peer problems (SDQ)	5	0–10	2.50	2.00–3.75	2.00	0.25–3.75
Prosocial behaviour (SDQ)	5	0–10	8.00	7.25–8.75	10.00	9.25–10.00
Total difficulties (SDQ)	5	0–40	16.50	15.25–19.25	15.50	11.25–22.75
	Parent/Carer					
Parental monitoring (PMS)	7	1–4	3.45	3.18–3.60	3.64	3.18–3.82
Conflict (CPR)	7	1–5	2.08	1.66–3.17	2.00	1.17–2.67
Positive relationship (CPR)	7	1–5	4.40	4.10–4.90	4.30	4.10–4.80
Dependency (CPR)	7	1–5	3.25	2.75–3.50	3.00	2.75–4.00
Satisfaction of care (CHI-ESQ)	6	1–4	-	-	3.00	2.88–3.00
Conduct problems (SDQ)	6	0–10	2.00	0.50–3.50	3.00	0.00–4.00
Emotional difficulties (SDQ)	6	0–10	4.00	2.50–6.00	6.00	1.50–8.50

Hyperactivity/inattention (SDQ)	6	0–10	4.00	3.00–8.00	7.00	4.00–8.50
Impact on life (SDQ)	5	0–10	0.00	0.00–1.00	0.00	0.00–4.50
Peer problems (SDQ)	6	0–10	2.00	1.00–4.50	5.00	0.50–7.00
Prosocial behaviour (SDQ)	6	0–10	9.00	7.00–10.00	8.00	8.00–9.50
Total difficulties (SDQ)	6	0–40	13.00	10.50–18.00	19.00	9–26.00

We also evaluated the association between dosage and outcomes in the evaluation sample. In total, young people could participate in five sessions of Level Up, four art sessions and four online activities, yielding a total dosage of 13 activities. On average, young people received a dosage of 4.50 (*SD* = 3.06) sessions/activities. Parents/carers participated on average in 2.85 (*SD* = 1.99) sessions. Using Kendall's Tau, dosage was correlated with several outcomes for young people at post-intervention, all indicating that a higher dosage was related to better outcomes. A higher dosage of Level Up for young people was related to significantly lower levels of conduct problems (parent/carer-report: t = -0.83, p = .03) and significantly lower levels of emotional difficulties (parent/carer-report: t = -0.93, p = .01) at post-intervention. A higher dosage of Level Up for parents/carers was related to significantly lower levels of hyperactivity/inattention (child-report: t = -0.88, p = .05).

Outcomes for the anonymous sample

As outlined previously, higher scores on the SDQ subscales and higher SDQ total difficulties scores indicate greater levels of difficulty, apart from for prosocial behaviour, whereby higher scores indicate fewer difficulties. Most baseline/pre-intervention median scores on the child- and parent/carer-report SDQ subscales and total scores fell into the 'normal' range. However, the child-reported hyperactivity/inattention subscale median fell in the borderline category, as did the parent/carer-reported emotional difficulties subscale median (see Table 7).

Young people reported lower levels of conduct problems, emotional difficulties, hyperactivity/inattention and total difficulties, and higher levels of prosocial behaviour at the end of Level Up, compared to baseline/pre-intervention. Parents/carers reported lower levels of conduct problems, emotional difficulties, prosocial behaviour and total difficulties at the end of Level Up. No differences were observed in terms of impact on life (child- and parent/carer-report), peer problems (child- and parent/carer-report) and hyperactivity/inattention (parent/carer-report).

Table 7. Comparison of baseline/pre-intervention and post-intervention outcome measure scores for the anonymous sample

Outcome	*N*	Range	Baseline Median	Baseline IQR	Post Median	Post IQR
	Young Person					
Conduct problems (SDQ)	14	0–10	3.00	2.00–5.00	2.00	1.00–5.50
Emotional difficulties (SDQ)	14	0–10	4.00	1.50–5.00	3.00	1.00–5.50
Hyperactivity/inattention (SDQ)	14	0–10	6.00	5.00–7.00	5.00	2.50–7.50
Impact on life (SDQ)	12	0–10	0.00	0.00–0.00	0.00	0.00–1.50
Peer problems (SDQ)	14	0–10	2.00	1.50–3.00	2.00	1.00–3.50
Prosocial behaviour (SDQ)	14	0–10	8.00	7.00–8.50	9.00	4.50–10.00
Total difficulties (SDQ)	14	0–40	15.00	12.00–17.00	12.00	6.50–19.50
	Parent/Carer					
Conduct problems (SDQ)	18	0–10	2.00	0.50–3.00	1.00	0.00–4.00
Emotional difficulties (SDQ)	18	0–10	4.00	1.00–6.00	2.00	0.50–6.50
Hyperactivity/inattention (SDQ)	18	0–10	5.00	3.00–7.00	5.00	2.50–7.00
Impact on life (SDQ)	17	0–10	0.00	0.00–0.00	0.00	0.00–1.00
Peer problems (SDQ)	18	0–10	2.00	0.00–4.00	2.00	0.50–4.00
Prosocial behaviour (SDQ)	18	0–10	9.00	6.00–10.00	8.00	6.50–10.00
Total difficulties (SDQ)	18	0–40	13.00	9.00–16.50	11.00	8.50–17.50

Qualitative findings

<u>Experiences of and opinions on Level Up – findings from interviews with young people and parents/carers</u>

Theme 1: Variable attendance. The majority of the young people reported participating in most or all of the Level Up sessions. Attendance from parents/carers was less consistent; whereas some parents/carers attended all of the Level Up sessions, other parents/carers did not attend any. Some mentioned having difficulties attending sessions. This was due to childcare issues – *'I always had my hands full with the kids'* (Parent/Carer), unforeseen emergencies, technical issues with accessing sessions and materials or difficulties balancing competing commitments – *'It was all up and down really in the holidays'* (Parent/Carer). One parent/carer explained why it could be logistically difficult for them to attend their sessions:

> *'You have the children at home. So I had to literally lock myself in my bedroom. I literally had to close the door, make sure that they've had something to eat, they've got activities, they're settled, then I kind of lock myself away.'* (Parent/Carer)

The mixed attendance resulted in groups that varied in size during the Level Up sessions, which both young people and parents/carers described noticing, particularly when they were the only member of a group or when they were a member of a very small group. They

mentioned both positive and negative aspects of this, as explained by one of the parents/carers:

> *'And in my sessions, the ones that I could attend, it was just me. So that was really nice in a way because it meant I got to just flaff on about, you know, everything I wanted to talk about, which was really nice. But I guess it would have been nice to have had another parent to bounce off at the same time maybe.'* (Parent/Carer)

Theme 2: Online versus in person. Young people and parents/carers reported that they had had a positive experience attending Level Up online or indicated that they did not mind it being online. This was because the online nature of Level Up had allowed them to join when they were not in London (such as because they were on holiday) or, for parents, when they were at work. Some young people liked using a computer to access Level Up: *'It's easier to do it on the compute, because I like using computers'* (Young person).

Yet, young people and parents/carers also mentioned that they would have preferred Level Up to be in person. Some thought that communication would be easier because there would be no technical glitches or screen shyness: *'With a screen, it's harder because it could disconnect or just when it's quiet it starts to get boring'* (Young person). Others said that Zoom '*wasn't quite enjoyable'* (Young person) or felt that in-person sessions would be more conducive to allowing participants to *'feed on the energy'* of the clinicians running the sessions.

Theme 3: A positive experience. Young people and parents/carers felt that they would recommend Level Up to others. The main reasons were to support with the transition to secondary school and to increase confidence and reduce worries.

> *'I would recommend it to my brother because it's just empowering. It helps you feel more confident when you've done the rest of the sessions. It makes you feel safe in the area that you're in.'* (Young person)

> *'Because it can keep the young person and give them ideas that might help them with their schooling. That's one of the basis I would recommend it. It gives an insight into some of the things you can expect in your new school, like making friends.'* (Parent/Carer)

Theme 4: Room for improvement. Young people and parents/carers offered suggestions for how Level Up could be improved. For example, it was advised by some that Level Up should be offered to all children; however, others said that it would only benefit children who need it.

> *'I think it should be available for all children… maybe all children should be included. It'll be good for everybody to have this confidence and to know these things.'* (Parent/Carer)

'I think it's only something for certain children that feel uncomfortable with it because if someone's comfortable going to secondary school, and they go through Level Up, they're going to think it's not that good, and then they wouldn't recommend it to other people.' (Young person)

Parents/carers were not always certain about whether their children even needed to be involved in Level Up. They explained that children were referred to Level Up if they had issues, but they did not feel that this necessarily applied to their children.

'We were trying to identify why she's been chosen, and then when she went to school and found out a couple of other people… she was trying to find out what she had in common with those people, which was a negative for her. She didn't see herself like she saw them.' (Parent/Carer)

Parents/carers and young people also felt that there was scope for more Level Up sessions.

'I think more sessions as well. Because where she, I think this has helped her a lot. It helped her a lot. But I feel like afterwards, when it had stopped, she didn't have no one to talk to. I feel if it went on for a couple of more weeks, she would have been a bit more happier. So now going into secondary school, she most probably would want to express that to [Level Up Clinician]. How she's feeling and how the days have been and whatnot.' (Parent/Carer)

'I feel like you should add a little bit more sessions to it.' (Young person)

Attendance at the sessions was flagged as an area for improvement by parents/carers and young people, who felt that low attendance could affect the dynamic within and the impact of the groups.

'He often came to me and said, "It was only me and one other child today" who he knows from his school, so I'm not sure if everyone who was supposed to attend did attend, so that could improve.' (Parent/Carer)

'Maybe there should be a bit more people… because there was a less amount of people in my group. They didn't talk that much, and they didn't share their ideas much… there could be more people.' (Young person)

Other suggestions for improvement were to include drama activities in the sessions for young people or to make a WhatsApp group for parents/carers so that they could keep in touch with each other.

<u>Experiences of and opinions on Level Up – findings from interviews with school staff and Level Up staff</u>

Theme 1: The pros and cons of online delivery. Level Up staff described how it felt more difficult to connect with families and schools when using online rather than in-person methods of contact. For example, during sessions, young people did not always want to turn their camera on or would not participate very much. In this way, online sessions had a different energy and flow when compared to in-person sessions: *'It's so difficult online; it's not an easy endeavour to open up that free space, particularly when you don't know the children very well'* (Clinician). This undermined the sense of community that Level Up staff had wanted to create through Level Up. Indeed, online delivery in general was felt to have undermined the potential scale of the intervention.

Contacting schools and families was also harder due to restrictions on in-person contact as a result of the coronavirus pandemic; although they were able to visit some schools, the Level Up team were not able to visit all schools and families to explain what Level Up was and why they should be involved. Trying to get in contact with families could be time consuming for both Level Up and school staff: *'It takes quite a lot of time to constantly follow-up, follow-up, follow-up. And I think that was something that… it wasn't a challenge, but it just took some additional time'* (School staff).

Nevertheless, Level Up and school staff did also comment that many people had become used to using Zoom as a result of the coronavirus pandemic, which was a facilitator to online delivery. Moreover, online delivery meant that families could join sessions from different places, such as if they were away over the summer holidays. It also allowed some distance and provided a safe space for young people who were less confident in a group situation.

> *'Some children used the chat to me to answer the questions that they didn't feel so confident answering. So I think it allowed… it opened up a bit of space for children who might struggle in more face-to-face situations.'* (Clinician)

Theme 2: Organisational challenges. An organisational challenge, which was specific to the pilot study, related to the fact that Level Up staff were running the sessions alone rather than together this year. This was because the team had more referrals and thus had to deliver more groups during the pilot study, meaning that staff had to split up to be able to run all of the groups. Running sessions alone was much harder according to all Level Up staff. Reasons for this included the challenge of managing both delivery of the session content and mitigating behaviour issues in the child sessions and the fact that it meant that it was not possible to be off sick as there was no one to cover: *'The groups couldn't not happen. They had to happen. If you missed, if we missed one week, there's no other week to backfill. So it has to happen that week, which puts a huge amount of pressure on us'* (Clinician).

Online delivery also led to difficulties for Level Up staff around ensuring that the child sessions were just for young people: *'Parents would come on, and we had to have a bit of a thing about, "Well this is just for the children"'* (Clinician).

In terms of other organisational challenges, there was a mix of experiences from school staff members' perspectives regarding the identification and referral of the right children for the programme. Some schools thought that the process was straightforward, e.g. because they were a small school and knew all of the children well or because they felt supported by the Level Up team. However, other schools struggled to refer the right children. School staff did not always understand the criteria or found it difficult to identify children who met the Level Up programme criteria.

> '*I don't understand the criteria, to be honest*. […] *I suppose if you knew more about it, then you would make a decision based on it. You have a general idea. Obviously, they say it's a child who is vulnerable, all of the above; however, you kind of need… but then that could be many children, so I suppose it is about knowing who*.' (School staff)

Theme 3: Inconsistent attendance. Although there were more young people and parents/carers participating in Level Up this year, which was why the Level Up team had decided to run the sessions alone, attendance rates were very mixed and less consistent than during the feasibility study year: *'I've found that the groups weren't as cohesive as they were last year. The attendance was quite sporadic'* (Clinician).

The varying attendance levels impacted on the programme in several ways. First, Level Up staff felt that young people who did not attend all sessions *'didn't get the full package'* (Clinician). They organised two additional recap sessions for anyone who had missed a session to counter this. Although the first recap session was well attended, the second one was not attended by anyone. Second, staff felt that young people missed out on the group dynamic when attendance was low. Although young people and parents/carers could sometimes gain a lot from a more personal, one-to-one session, Level Up staff felt that young people were *'missing out on the group experience'*, such as sharing thoughts on the topics being discussed.

The inconsistency in attendance also affected the level of comfort in the sessions, as new children could be joining each time.

> *'Part of the programme is about children feeling confident, feeling safe within the group, and then the group's changing every week; I think they struggled a bit to be as honest and open as they might have been if there was a consistent group that they were attending.'* (Clinician)

Finally, it affected the work with parents. Level Up staff would call families if a young person did not attend, finding that parents/carers would want to discuss a range of issues and support needs with them during this telephone call. This was not something that had happened during the feasibility study.

> *'It felt more this year. And even this year, the discussions were more in-depth. I mean last year, it was just calling to say, "What happened?" They'd say, "Oh I didn't want to log on today", and that's it. Whereas this year, there was much more discussion with*

parents about the things that were happening in their lives and support they might need. So, yeah, that... the follow-up aspect of the work feels very different.' (Clinician)

Level Up staff hypothesised that barriers to attendance this year stemmed from families' competing priorities and the extent of the activities that families had going on in their lives. Level Up took place over the summer holidays, which were busy generally for families. In addition, society had opened up in the summer following the end of restrictions associated with the coronavirus pandemic: *'This year, the world's opened up a bit, and of course they want to be out and about'* (Clinician). Some young people also attended summer school during the summer holidays. All of these activities had put a time constraint on families' availability to participate in Level Up.

Level Up and school staff reflected on how some families' engagement in Level Up was also impacted by personal circumstances such as family bereavement, sickness (e.g. from coronavirus) or language barriers: *'This year feels like there's so much going on externally for families that perhaps impacted their ability to really engage with the programme'* (Clinician).

Level Up staff also felt, however, that the varying attendance rates were not easily explained or understood: *'It felt very, very patchy and not very clear or coherent as to why that was'* (Clinician). For example, parents/carers would say that they would join sessions but then did not, with no explanation, or families would not attend for an extended period of time, and then *'they'd pop up at some point, just when you thought they might be ready to be discharged from the system'* (Clinician). In contrast to the feasibility study, the art sessions were better attended this year; however, the online material was not accessed as much: *'We had an online bit of the programme as well. No one did it. And last year they did, and we're still really baffled as to what happened there'* (Clinician).

Theme 4: The value of in-person contact. Being able to have at least some in-person contact this year with families was an important facilitator from Level Up and school staff members' perspectives. During the pilot study, Level Up staff had been able to visit many, although not all, of the schools and meet with families prior to the programme starting. This had facilitated collection of the baseline/pre-intervention SDQs, as part of routine clinical data collection, and had helped the Level Up team to build relationships with schools and families. The latter was helpful for the Level Up team when they were calling families later on or meeting them on screen.

'I felt it was easier to call parents because I'd met them.' (Clinician)

'The lady that facilitated it with the children, she actually came in to meet them. Really, really nice. She was lovely. She was so, so lovely, and the children, I could tell, made that attachment to her straight away, which was really positive.' (School staff)

Theme 5: Improvements in session content and organisation. Level Up staff felt that the programme was stronger in terms of its content, integration and organisation this year. For

example, session plans had been improved by the team, the sessions were better linked to one another, the art sessions were better integrated into the rest of the programme and key messages were more clearly marked.

> *'We got together as a team, and we sat and we went through each session, shared ideas about what could potentially be. And just tried to make it a bit more tight in that each session linked to the previous session. … I think we did that better this year. I think the flow was better this year.'* (Clinician)

The Level Up team also felt that the introduction of a printed workbook component this year had worked well. This was provided to all families at the start of the programme. Families could use it as a reference for programme content, but the Level Up team could also use it in the sessions, referring back to it or showing visuals from it.

> *'We had this handbook that we sent out this year, which we hoped the parents will read. It had advice and tips and all these sorts of things that people ask for, strategies and things about how to help, support children, managing change.'* (Clinician)

Consistency and regularity of the programme were also important facilitators to its successful delivery from both Level Up and school staff members' perspectives. This was highlighted not only in relation to the frequency and regularity of the sessions but also in relation to communication between programme staff and families.

> *'I think the consistency of the programme, and the fact that the programme was running really regularly, and they're… I think it was weekly. ... I think that intense, every week, and not having a break in between is really, really important.'* (School staff)

> *'I think we had a bit of a better system for messaging the parents, emailing them, so admin, the admin team were helping with that, so it was done more consistently. I was texting the parents every morning. So I changed doing that, instead, rather than the night before.'* (Clinician)

Theme 6: The importance of flexibility. Level Up staff members alluded to the importance of being flexible with regard to families' attendance at Level Up sessions. They explained that they had welcomed families to attend as many sessions as they could and understood that regular attendance could be difficult. Consequently, the Level Up team had had to adapt each week to differing group sizes and to the different people attending each group, including the specific needs and vulnerabilities of the young people and parents/carers in the group: *'I had a couple of children that turned up sort of after the third sessions, after missing the first two, but it was just like, right, well, we'll just roll with it, little recap'* (Clinician).

Restrictions and illness associated with the coronavirus pandemic also impacted the programme and required flexibility from the Level Up team, e.g. visits to schools could change

at the last minute due to coronavirus outbreaks: *'We just had to be very adapting. I think the word for Level Up's been definitely adaptable'* (Clinician).

Theme 7: Suggestions for future implementation. Level Up and school staff members were really enthusiastic about the programme in general: *'I think it's an amazing programme'* (School staff). Nevertheless, they did have some ideas or suggestions for improvement. One suggestion was that Level Up should or could be implemented more widely, as it was felt that a lot of children could benefit from the programme.

Level Up staff all felt that Level Up would work well as a school-based, in-person programme, at least for young people. Parent/carer sessions could potentially still be online, in the evenings or as drop-in sessions in order to fit around parents' busy childcare and work schedules. School-based, in-person sessions for young people could improve attendance and participation in activities as school staff could help with this and facilitate young people to access the programme in school.

> *'Attendance would definitely be better in school than online. The teachers would be in a better position to make sure those children were there, and they would go and get them and bring them to the session. But also, there'd be nothing else for them to do, they can't go and do any other activities.'* (Clinician)

Level Up staff also felt that in-person sessions could improve the session experience in general for young people. This was particularly pertinent given that some of the programme had originally been designed quite differently in its initial in-person format prior to the coronavirus pandemic.

> *'It makes me lament the fact that we had had an idea of having these clubs in person in the summer on these family days, where people came in and we met with the parents and the children went off to [Art Therapist], to the art club. So there was the reality to the impact of the pandemic, as a really differently scaled programme which we just had to live with really.'* (Clinician)

However, staff also commented that a school-based programme would mean transferring the programme to term time rather than the holidays, which had both advantages and disadvantages, as explained by one of the Level Up clinicians:

> *'We didn't get a summer holiday this year, for example. So that was a downside. But it's also really nice to have that connection with them during the holidays as well. They leave behind the support of primary school, and then they have us supporting them, and then they're back to, they're kind of handed over to secondary school. So that worked really nicely. But also summertime is the time everyone's busy. That's when they're all going on holiday or visiting grandparents and enjoying themselves.'* (Clinician)

It was also suggested that the programme could start during term time but then continue over the summer holidays.

> *'I think if the programme could start before the summer; say, when we start doing more work around transitioning the last, in the last three to four weeks, and then carry through into the summer. I think a longer programme would be better for the children and also, then we'd be able to hear, we'd be able to support and ensure that the children were accessing it and have that communication with parents to ensure the children are accessing the programme from home. So yeah, I think it would be beneficial to do it earlier.'* (School staff)

There was also recognition of the need to do more work in terms of recruiting and informing families. School staff mentioned that families needed to be better informed about what Level Up involved, including providing information earlier down the line: *'I feel like buy-in from parents probably needs to happen first. Because you go through all of that and then they either might not make it or the parents might not want it'* (School staff). School staff also felt that they were shouldering a lot of the burden of recruitment of families. However, the Level Up team suggested that more involvement from school staff would be beneficial.

> *'The bottom line is, their primary school, they've been there for years and years. They feel safe and secure there. And that's the place to meet with them initially. To settle them into the programme. And taking their teacher or their person that they're comfortable with into those sessions to begin with as well. To kind of, like I said, to kind of handover to us.'* (Clinician)

School staff suggested that it would be helpful to receive weekly feedback from the Level Up team about how the young people were getting on.

> *'I think it's useful in school to get that feedback because then we're able to… if there is anything that comes up, or is anything that's really positive, we can act on that, either by praising and that. Or if it's something that needs additional support, we can work that into the week.'* (School staff)

<u>Perceptions of impact – findings from interviews with young people, parents, school staff and Level Up staff</u>

There was much overlap between the findings from the interviews with young people, parents and staff regarding their perceptions of the impact of Level Up.

Theme 1: Enjoyable and useful. Young people and parents/carers had enjoyed Level Up. They described how the atmosphere during the sessions was fun, relaxing and supportive. They felt appreciated and were glad that they had a confidential space to talk. Parents/carers also felt reassured and supported with regard to their parenting.

'It was just having [Level Up Clinician] just reassure what I'm doing is right. The support that I'm giving her.' (Parent/Carer)

This was partly due to the friendliness of the clinicians who delivered Level Up. Young people and parents/carers felt that the Level Up clinicians were nice, helpful, accessible and flexible to their needs, including if English was not their first language.

'[She's] really kind, and nice as well, she's really kind and really polite […] if you don't understand, [she'll] say, "I'm going to repeat, don't worry". She's very polite, and I like her; I like her so much.' (Parent/Carer)

They also felt that the Level Up materials and content were presented in a fun way. Topics or aspects of content that stood out for young people and parents/carers were the art sessions, talking about emotions (such as through the 'alarm brain' and 'thinking brain' concepts), learning about street safety, who to go to for support, how to handle bullying, reflecting on personal qualities and general preparation for secondary school. This was echoed by the clinicians. They felt that young people had liked the art and had liked talking about their qualities and having a space to reflect and share their views and bring the community together.

'We spoke about what to do if anything happened on the street and who to talk to.' (Young person)

'We talked about our anxieties on our children moving on to secondary establishments, how they felt about that, ways that we can assist them emotionally with that transition.' (Parent/Carer)

'Some of the children in my groups went to the art groups, which they really enjoyed, thinking about themselves in those contexts, thinking about some of the subject matter that [Art Therapist] brought.' (Clinician)

Level Up was perceived as filling a gap in families' lives caused by the coronavirus pandemic restrictions.

'It gave them that opportunity in the six weeks, obviously during this time as well with the pandemic, to talk about things in all aspects of their life, not just about moving into school.' (Parent/Carer)

Theme 2: Making connections. Young people and parents/carers appreciated having time to talk to a clinician through Level Up and share their worries, which included feeling listened to and 'heard': *'I feel really blessed that I was given so much time to talk about these issues because, apart from friends, there's no one else really to talk to about this'* (Parent/Carer).

This also included enjoying the group-based nature of the sessions. They liked connecting with other parents/carers or young people in the sessions, sharing their views and learning from each other. This connection helped them to not feel alone and to know that other parents/carers and young people were experiencing the same thing as them. The Level Up team recognised this, saying that the support from other parents/carers and from the clinicians was really important for parents. The Level Up team supported parents/carers through one-to-one contact or through being a '*go-between'*.

> *'Level Up was really good for me. I felt confident because I'm like happy to see everyone and listen to other people, what they're saying as well.'* (Young person)

> *'It felt reassuring because sometimes when you go to meetings, and things like that, you have these questions, but you don't want to be the first one to ask, or you've got them on your mind and you think, "Well, am I being silly by saying this or saying that".'* (Parent/Carer)

> *'For some of the other parents, I think what's been the most helpful bit for them has been the contact with me outside of the groups. So those moments when I've called to check in with them and see how they're doing, they've had an opportunity to talk through some of their concerns.. or just things that are going on in their life at that time.'* (Clinician)

Young people and parents/carers also indicated that they liked the family-oriented approach of Level Up; Level Up created time for the parent/carer and young person to bond, as the parent/carer learned more about their child and they spent time together doing the sessions or talking about the transition to secondary school.

Theme 3: Improved confidence and reduced worries. The increase in young people's confidence and reduction in their worries, such as about secondary school, were major outcomes for many of the young people, parents/carers and Level Up team members.

> *'And when they talked to me, just, "Don't worry", and I was given confidence that I shouldn't worry about him.'* (Parent/Carer)

> *'It's really good; it helped me a lot, and it boosted [my] confidence, transferring from primary school to secondary school.'* (Young person)

> *'One of the girls, she said that she felt more confident as a result of coming to the groups, and that she felt more prepared for what secondary school would be like.'* (Clinician)

Theme 4: Improvements in ways of thinking, behaving or regulating emotions. Many young people and parents/carers described how Level Up had helped young people to change their

behaviour, thinking and emotion regulation. For example, the discussion about the 'alarm brain' and the 'thinking brain' was felt to be very helpful. For some, Level Up had improved their anger management and had helped them to think situations through before acting.

> *'She has become calmer. And she has, before she does anything, she's thinking about it. Now that she's gone over to secondary school, she – there was a couple of incidents, didn't include her, but what she would have done was being in the mix of all of that trouble. And now she's thinking about the consequences, now she's thinking about her actions, don't need to be involved in it, and she's keeping herself out of it now.'* (Parent/Carer)

> *'I think it's a really cool thing for me, and that it could also help me with my anger.'* (Young person)

Theme 5: A positive transition to secondary school. Young people and parents/carers, as well as the clinicians, described how the transition to secondary school had been a positive experience for many of the young people following their participation in Level Up; young people had made new friends, were enjoying their new school and had felt ready for the transition.

> *'Now she's got into the school, and she's taken her steps in there, she's doing so much better, she's coming home, she's excited. She's made new friends, and she's took some strategies that the lady, [Level Up Clinician], was saying to her, and she's using them strategies to help her build her friendships over there.'* (Parent/Carer)

> *'It's been really good. I found lots of friends.'* (Young person)

> *'I'm just so happy to hear – I think I've made about 13 calls – that they got to school, they're happy enough and the parents are happy.'* (Clinician)

Theme 6: Negative aspects or perceived limitations. Some young people and parents/carers reported having more negative or limited experiences of Level Up, such as finding it boring, feeling that they personally had not learned much from it, finding that it had not had much impact, or finding it difficult to remember what they had done during Level Up.

> *'I think, do you know what, I might not have really got that much out of it.'* (Parent/Carer)

> *'I would rather have never done it. After a while, it kind of becomes a bit more boring.'* (Young person)

Some young people experienced issues relating to their transition to secondary school, such as needing some more time to settle in, receiving multiple detentions or struggling generally at their new school.

'She's really struggled with everything. She's struggled with getting from one class to the next, dealing with the assortment of lessons, timing, being able to manage her time and her social time as well.' (Parent/Carer)

'It's not great-great, but it's okay. […] There was this one time that I got a detention because I overslept […] they give too much homework. Then, there's, if you call out, it's already a warning.' (Young person)

The group-based format was also flagged as problematic by some parents/carers and young people who mentioned that they did not enjoy this format for the sessions because they felt that they were the only one talking, they did not appreciate the attitude of the other participants in the group or they did not like speaking to other people.

Readiness for trial

Success criteria for intervention milestones[9]

The coloured font represents whether the success criterion was met (green), partially met (orange) or not met (red).

- Ability to receive appropriate referrals from school

A total of 217 families were identified as potential referrals by schools in early 2021, of whom 165 (76%) met the criteria for inclusion for Level Up. For 85 (52%) of these families, a referral form was completed. This criterion is therefore scored as 'not met' since < 40% (i.e. 85 of 217 = 39%) of the initial referrals led to an appropriate and completed referral.

- Ability to recruit and retain young people to the Level Up programme

A total of 72 families consented to take part in Level Up, and 39 (54%) of these young people participated in at least two sessions, meaning that this success criterion was partially met (recruitment and retainment 40–54%).

- Ability to recruit and retain parents/carers to the Level Up programme

[9] Please note: Regarding the success criterion 'ability to engage and enrol schools', this information was not available to the evaluation team and therefore cannot be judged in this report.

Of the 72 families who consented to take part in Level Up, 21 (29%) parents/carers participated in at least two sessions, meaning that this criterion was not met (recruitment and retainment < 40%).

- Ability to collect young person routine clinical data (SDQ)

A total of 14 young people completed both the pre- and post-intervention SDQ (19%), meaning that this criterion was not met (collection rate < 40%).

- Ability to collect parent/carer routine clinical data (SDQ)

A total of 18 parents/carers completed both the pre- and post-intervention SDQ (25%), meaning that this criterion was not met (collection rate < 40%).

Success criteria for research milestones and outputs

- Development of logic model and TIDieR framework

A logic model and TIDieR framework were developed and agreed by the AFC and Tavistock and Portman NHS Foundation Trust (see Appendix 1 for the TIDieR framework).

- Acceptability of data archiving and linkage to participants

Overall, 44 families expressed an interest in hearing about the evaluation (as indicated by their willingness to complete an expression of interest form). Of those that expressed an interest, 17 (39%) consented to take part in the evaluation, which could be interpreted as an indication that data archiving was acceptable to participants. Moreover, no families who did not take part in the evaluation explicitly refused on the basis of data archiving and linkage. However, the inclusion of information on data archiving and linkage did significantly increase the length of the participant information sheet, which was mentioned as a drawback by some participants in their qualitative interviews. Data archiving and linkage was also an additional consideration for participants to weigh up in terms of potential impact when deciding whether to take part in the evaluation. Data archiving and linkage could thus have been a contributing factor in up to 20 (45%) of cases, where reasons for not taking part were not provided, individuals were not contactable or individuals did not provide consent after initial contact. This means that this success criterion was partially met, as drop-out was estimated to be between 36% and 50%.

- Ability to collect parent/carer baseline measures

Overall, 44 families expressed an interest in hearing about the evaluation (as indicated by their willingness to complete an expression of interest form). Of those that expressed an interest, 16 parents/carers provided consent and 12 completed baseline/pre-intervention

measures. This means that 27% of parents/carers who expressed an initial interest completed baseline/pre-intervention measures, which means that this criterion was not met (collection rate < 40%).

- Ability to collect young person baseline measures

Overall, 44 families expressed an interest in hearing about the evaluation (as indicated by their willingness to complete an expression of interest form). Of those that expressed an interest, 17 young people provided assent and 12 completed baseline/pre-intervention measures. This means that 27% of young people who expressed an initial interest completed baseline/pre-intervention measures, meaning that this criterion was not met (collection rate < 40%).

- Ability to collect parent/carer follow-up measures

Of the 12 parents/carers who completed baseline/pre-intervention measures, seven completed follow-up measures. This means that 58% of parents/carers who completed baseline/pre-intervention measures were also able to complete follow-up measures. This means that this criterion was fully met (collection rate 55–100%).

- Ability to collect young person follow-up measures

Of the 12 young people who completed baseline/pre-intervention measures, six completed follow-up measures. This means that 50% of the young people who completed baseline/pre-intervention measures were also able to complete follow-up measures, meaning that this criterion was partially met (collection rate 40–54%).

- Ability to collect school data

Of the 10 schools with pupils participating in the evaluation, nine (90%) agreed to data sharing, resulting in the criterion being met (50–100%). Pupil data were shared by seven schools, meaning that we collected pupil data from 70% of the schools for 11 pupils (79% of the pupils). Pupil data were missing for three young people. This means that this criterion was fully met (55–100%).

- Outcome measures

Significance testing on outcome measures for the pilot was not carried out, as per the YEF Evaluation Guidelines. This means that we are unable to quantitatively judge this criterion. Qualitatively, some young people and parents/carers felt they had not learned anything or that Level Up was boring. The majority, however, experienced Level Up as enjoyable and useful.

Success criteria for perceptions of impact and acceptability as assessed by interview data

Acceptability of the Level Up programme

- Parents/young people report programme as acceptable and/or how acceptability could be increased.

Almost all of the young people and parents/carers interviewed had enjoyed Level Up. A minority of young people and parents/carers reported having more negative or limited experiences of Level Up. Young people and parents/carers did make suggestions for improvement, such as increasing the number of sessions, improving attendance rates, creating a WhatsApp group for parents/carers and including more drama activities for young people. As suggestions for improvements were made, this criterion was evaluated as green.

Acceptability of evaluation methods

- Parents/caregivers/young people report evaluation as acceptable and/or how acceptability could be increased.

At the post-intervention timepoint, young people and parents/carers were asked (using an open-ended text box) about what they thought of the evaluation questionnaire (i.e. the quantitative outcome measures) after completing it. Three young people answered this question. Some replied that it was fun and easy and that it did not take too long. However, others felt that it was too long. Three parents/carers answered this question, with mixed experiences. For example, one parent/carer mentioned that one of the questions was hard as their child *'doesn't go anywhere'*, whereas another parent/carer thought that the questionnaire was easy to answer.

Young people and parents/carers were also asked about their experiences of taking part in the evaluation during their qualitative interviews with the evaluation team. Many young people and parents/carers could not remember much about the recruitment and consent procedure for the Level Up evaluation. Several young people and parents/carers mentioned having no problems regarding their participation in the evaluation. Most young people and parents/carers felt that the questionnaires were easy and straightforward to complete: *'It was very quick and very easy.'*

Young people and parents/carers did also mention issues related to their participation in the evaluation. For example, some experienced confusion or felt that they did not understand everything, e.g. in relation to the recruitment and consent procedure or why there were different questionnaires. Others stated that there was too much information, which could feel stressful: *'It's just when you've got a million things to do and then you've got to go through all these forms.'* Parents/carers advised the evaluation team to use paper versions of recruitment documents and measures in future and to complete them with participants

in person. It was also mentioned that some of the questions in the measures could be hard for children to complete on their own or that the questions were not tailored to all age groups. As suggestions for improvements were made, this criterion was evaluated as green.

Perceived impact of intervention on young people and parents/carers

- Parents/caregivers/young people report positive impacts of intervention on themselves (e.g. understanding of emotions, management of emotions and confidence).

Young people and parents/carers described experiencing perceived improvements in multiple areas as a result of Level Up: improved confidence and reduced worries; improvements in ways of thinking, behaving or regulating emotions; making connections; and a positive transition to secondary school.

Conclusion

Key findings from the pilot study are summarised in Figure 13.

Figure 13: Summary of pilot study findings

Research question	Finding
Are there early indications that the intervention is associated with positive changes in relevant outcomes?	Based on the interviews, the intervention is perceived as enjoyable and helpful by most participants and is described as having a significant positive impact, including reducing worries and increasing confidence in parents/carers and young people. The data collected from quantitative measures within the evaluation sample indicated some potential benefit on certain metrics. For young people, indications of improvement were observed from pre- to post-Level Up in terms of their sense of family connection, problem solving, goals and aspirations, emotion regulation, total difficulties, peer problems and prosocial behaviour. For parents/carers, indications of improvement were seen from pre- to post-Level Up in terms of their sense of parental monitoring and conflict and dependency within the parent-child relationship. For the anonymous sample, indications of improvement were observed from pre- to post-Level Up in terms of young people's levels of conduct problems, emotional difficulties, hyperactivity/inattention, total difficulties and prosocial behaviour. Parents/carers also reported indications of improvement in terms of young people's levels of conduct problems, emotional difficulties, prosocial behaviour and total difficulties. However, in general, due to the small sample size, the lack of significance testing (as per the YEF Evaluations Guidance), and the absence of a control group, these findings remain tentative.
Based on the data available, what would an adequate sample size for a full trial of the intervention be?	Given that the sample in the pilot study was very small and may not be representative, we have provided three different scenarios, of which the first two (small and small-to-medium effect size) are estimated to be the most viable, based on the pilot study findings: • Assuming a small effect size (d = 0.2), a sample of 620 families would be needed (310 per group; intervention and control). Based on the pilot study data retention rates, this means that around 6,200 families would need to be recruited to the programme, aiming to include at least 1,240 families in the evaluation.

	• Assuming a small-to-medium effect size (*d* = 0.35), a sample of 204 families would be needed (102 per group). Based on the pilot study data retention rates, this means that around 2,040 families would need to be recruited to the programme, aiming to include at least 408 families in the evaluation. • Assuming a medium effect size (*d* = 0.5), a sample of 102 families would be needed (51 per group). Based on the pilot study data retention rates, this means that around 1,020 families would need to be recruited to the programme, aiming to include at least 204 families in the evaluation.
What are appropriate measures of process, mechanism and impact that reflect the programme's theory of change?	The mechanisms of change and outcomes may require some refinement in future versions of the intervention logic model. For example, given that, from interviewees' perspectives, most impact was experienced around the transition to secondary school itself, additional measures to assess school readiness (e.g. confidence) and the actual transition (e.g. grades or the young person's sense of school connectedness) could be included. Also, measures to assess the high-level outcome of reducing the impact of youth crime on young people and contact with youth justice services should be included in future evaluations with longer follow-up timepoints.
What are the barriers and facilitators to delivery of and engagement with the intervention and its evaluation?	Families and staff mentioned several barriers towards engagement and delivery. Regarding **engagement**, barriers and facilitators revolved around the online delivery, timing and time constraints, and group size. While online delivery did have its advantages, for example facilitating attendance during working hours for parents/carers, multiple young people, parents/carers and staff members voiced a preference for in-person delivery. Another barrier to engagement was the intervention timing and participants' time constraints. Providing an intervention like Level Up over the summer holidays is challenging and was difficult for families to attend due to their other obligations. Group size was both a barrier and facilitator. For instance, small groups could undermine the aim of the programme of providing a forum for young people and parents/carers to meet others, hear their concerns echoed and share experiences. Nevertheless, a small group size also allowed for more one-to-one work with the Level Up team, which was beneficial for some participants. Regarding the **delivery**, it was suggested by staff that better integration of the programme into schools could benefit delivery and engagement. Closer collaboration between schools and the Level Up team over the course of the programme was hindered by the coronavirus pandemic, which prevented some of the Level Up team's in-person visits to schools. This made recruitment to Level Up harder. In contrast, the Level Up team meeting with families in person prior to the first Level Up session, which had been achieved with some families, was experienced as a facilitator. Level Up staff further described how delivery was more challenging when facilitating sessions on their own this year rather than with a colleague (as had happened during the feasibility year). However, content and session plans were perceived to have improved this year, which had facilitated delivery. Some young people and parents/carers found the paperwork associated with the **evaluation** to be too long and complex, but most found their participation straightforward.
What are the best methods for recruitment and retention of participants in the evaluation?	Recruitment and retention could be improved by including in-person visits to participants, providing paper copies of information sheets, consent forms and questionnaires, and providing participants with appropriate incentives for completing the questionnaires, such as a £10 voucher.

What challenges does the evaluation encounter, including recruitment and retention issues, and how might these be addressed in a future scaled-up evaluation?	Due to the coronavirus pandemic, recruitment to the evaluation took place over email and via phone calls. In-person visits would likely help to improve take-up of and engagement with the evaluation. Recruitment challenges could be addressed by using methods as described above. Retention of participants in Level Up was also low. The interview data suggested that delivery of Level Up over the summer holidays was a challenge and that retention could be improved by embedding the programme more into schools, e.g. by providing it (partially) in school and/or by spreading it over a longer period of time, such as starting before the summer holidays and including more programme delivery after the summer holidays. Another suggestion for improvement in future implementation of Level Up would be greater clarity on the target sample and the content of the intervention, including how that maps onto the hypothesised change mechanisms and outcomes in the logic model, to inform the selection of measures used in the evaluation.

Evaluator judgement of intervention and evaluation feasibility

Based on the feasibility and pilot study, while the Level Up programme shows potential for positive impact and was well received by the families and school staff who were interviewed for the evaluation, it is our judgement that the evaluation and intervention are not feasible in their current form. This reflects issues regarding the level of specificity of the target sample, the need for refinement of the logic model and the low recruitment/retention rates for both the intervention and the evaluation (as indicated by all recruitment/retention targets being only partially met or not met). These issues are discussed further throughout this section.

<u>Summary of findings from the feasibility study</u>

- Attendance was relatively consistent over the course of the programme. Approximately one third (31%) of the young people attended all five sessions, and less than 1% of the parents/carers attended all sessions. Completion rates of the online sessions declined from 83% in week 1 to 23% in week 4.
- In their qualitative interviews, young people and parents/carers identified barriers and facilitators around the online format, familiarity of the group members and attendance. Level Up staff identified barriers and facilitators around working with families (relationship building, flexibility, language and communication barriers), remote working (technical barriers, session management challenges, moving online and increased reach) and practical barriers (the team, attendance, group set-up, and time and capacity).
- There were indications of improvement in terms of peer problems (child- and parent/carer-report) and total difficulties (parent/carer-report) from pre- to post-Level Up. There were indications of deterioration in terms of emotional difficulties (child-report), conduct problems (child-report), and prosocial behaviour

(parent/carer-report) from pre- to post-Level Up. However, sample sizes were small and findings should thus be interpreted with caution.

- Findings from the qualitative interviews showed that young people and parents/carers found it helpful to share their anxieties and learn from others and about the 'alarm brain' and safe communities. Level Up was described as supporting young people with the transition to secondary school, and it had filled a gap during lockdown. Drawbacks were primarily identified by parents/carers and centred on their difficulties attending sessions.

Summary of findings from the pilot study

- We observed **dosage** in the anonymous sample. On average, young people attended 2.42 of the five sessions, while parents/carers attended 1.85 of the five sessions. Contrary to the feasibility study, the online activities were rarely accessed, with 80% of the young people not completing any of them.
- **Attendance** to Level Up during the pilot study was higher than during the feasibility study, as based on the anonymous sample. Attendance dropped over the course of the programme. The young people's sessions were best attended, by approximately 60% in the first two sessions, dropping to 44% in session 4. The parents' sessions were attended by 45% for session 1 and 20% by session 4. Session 5, during the October half term, was not well attended by young people (16%) but was well attended by parents/carers (85%).
- Within the evaluation sample, we evaluated the relationships between **dosage and outcomes**. Higher numbers of Level Up sessions or activities participated in by young people and/or parents/carers (i.e. higher dosages) were related to significantly lower levels of conduct problems (parent/carer-report), emotional difficulties (parent/carer-report) and hyperactivity/inattention (child-report) in young people at the end of Level Up. This provides preliminary evidence that dosage may be related to better outcomes.

Findings regarding impact

The quantitative findings regarding the impact of Level Up showed a mixed picture. The following results were found for the evaluation sample:

- For young people, there were indications of improvement in terms of their sense of family connection, problem solving, goals and aspirations, emotion regulation, total difficulties, peer problems and prosocial behaviour. However, there were indications of deterioration in terms of their sense of emotional difficulties and impact on life.
- For parents/carers, there were indications of improvement in terms of their sense of parental monitoring and conflict and dependency within the parent-child relationship. However, there were indications of deterioration in terms of parents'/carers' sense of a positive relationship with their child, their child's level of conduct problems,

emotional difficulties, peer problems, hyperactivity/inattention, prosocial behaviour and total difficulties.
- We did not observe changes in antisocial behaviour (child-report), conduct problems (child-report), hyperactivity/inattention (child-report) or impact on life (parent/carer-report).

The following results were found for the anonymous sample:

- For young people, there were indications of improvement in terms of their conduct problems, emotional difficulties, hyperactivity/inattention, total difficulties and prosocial behaviour.
- For parents/carers, there were indications of improvement in terms of their child's conduct problems, emotional difficulties, prosocial behaviour and total difficulties.
- No differences were observed in terms of impact on life (child- and parent/carer-report), peer problems (child- and parent/carer-report) and hyperactivity/inattention (parent/carer-report).

However, ultimately, given the small sample size, the lack of significance testing (as per the YEF Evaluations Guidance) and the absence of a control group, it is not possible to draw definitive conclusions about the positive or negative impact of Level Up from the quantitative findings in the pilot study. Thus, these findings remain tentative.

The qualitative findings of the pilot study did provide some additional, preliminary evidence on the impact of Level Up, which was perceived as enjoyable and helpful by participants and was described as having a significant positive impact, especially in terms of improving their confidence and reducing their worries. Some minor negative consequences were also mentioned. Some parents/carers indicated that they were uncertain about the inclusion criteria. This suggests that further specificity with regard to the nature of the target sample and the recruitment strategy could usefully be provided to families in future roll-out of the intervention. A minority of young people and parents/carers also mentioned that they did not learn much or that Level Up was boring. No other drawbacks were mentioned by parents/carers, young people or staff members interviewed. Therefore, the potential harmful effects of Level Up are estimated to be minimal, but potential unintended consequences could continue to be explored in future evaluations.

Schools appear to be amenable to Level Up, referring 217 pupils in total. Moreover, most schools completed data sharing agreements, and the majority shared the pupil data with the evaluation team. This suggests that schools are able to participate in both the intervention and evaluation aspects of Level Up. Suggestions for future implementation of Level Up provided by school staff in their interviews included: the need to do more work earlier in terms of recruiting and informing families, including providing information earlier down the line; reducing the burden of recruitment of families for school staff; and integrating the

programme more in school, for example by providing it in school, starting before the summer holidays or providing school staff with weekly feedback on how the children are doing.

Issues around specificity of the target sample

The intervention was targeted towards young people who are potentially at risk of getting involved in youth crime but who are not currently involved in social care CAMHS or have an EHCP. This inclusion criteria, operationalised as an SDQ score between 7 and 18 on the teacher-report SDQ, was relatively broad, which led to confusion among some school staff members and parents/carers. For example, school staff members described experiencing difficulties identifying the right young people for Level Up (e.g. not understanding the criteria), and parents/carers mentioned being unsure why their child had been referred. Additionally, there was a high level of drop-out between initial identification of young people and signing consent forms for participation in the programme. Together, these findings could suggest that clearer definition of, and communication about, the target sample, with corresponding inclusion and exclusion criteria, could be beneficial for further development of the intervention.

The relatively broad nature of the inclusion criteria may also have meant that the population of focus for the intervention consisted of young people with a range of experiences and difficulties. Future implementation of the intervention could therefore also potentially benefit from more specificity in inclusion criteria to ensure that the intervention is reaching the young people who could most benefit from this.

Alternatively, some young people and parents/carers suggested in their interviews that future implementation of the intervention could include delivery to whole classes rather than targeted individuals, as it was felt that the intervention could then benefit a much wider population of families.

Need for refinement of the logic model

Another issue needing consideration in any future implementation of the intervention is the logic model. First, the mechanisms of change could more clearly map onto the activities provided by Level Up, i.e. what are the intervention-specific mechanisms that map onto the outcomes? Second, there is currently some overlap between the mechanisms of change and the outcomes included in the logic model, which could be teased out in future versions of the logic model. For example, improved parent/carer communication is listed as both a mechanism of change and an outcome. Third, further specificity of the mechanisms of change could be helpful. For example, one mechanism of change detailed in the logic model is 'improved emotion regulation/management of emotional state: increased self-awareness/reflective capacity, improved management of emotional state'. For both evaluation and delivery purposes, it would be helpful to have a clearer sense of what exactly

the mechanism of change is, how this is being addressed or stimulated by the intervention and what the outcome is that this should lead to.

Issues around recruitment and retention

Recruitment and retention rates were relatively low. Existing research suggests that effective strategies for engagement and retention of participants in family interventions revolve around 1) addressing families' expectations, motivations and needs for the intervention and 2) helping families to address practical and psychological challenges to engagement throughout the whole treatment process (Fernandez and Eyberg, 2009). Both of these elements might have been challenging for the Level Up team because addressing families' expectations, motivations and needs ideally requires close contact with families, including motivational interviewing. This was hampered by the coronavirus pandemic, which prevented some of the Level Up team's school visits to meet with young people and parents/carers. Indeed, this was identified by Level Up staff in their interviews as being a significant challenge in their engagement attempts and by parents/carers and young people as a barrier to engagement. Moreover, scope for the Level Up team to support families to address practical and psychological challenges to engagement could have been limited as the sessions had to be delivered in the specified four weeks of the summer holidays, meaning that clashes between Level Up sessions with other summer holiday activities were inevitable. This was indeed identified by parents/carers as another barrier to engagement and attendance. Nonetheless, the interviews with Level Up staff indicate that the team did everything they could to address these practical challenges, such as taking a flexible approach to attendance and following up with families that did not attend.

Interviewees provided several additional suggestions to improve attendance, including integrating the intervention more into schools (so that it becomes more of a school-based or school-facilitated programme), as well as increasing the length of time the intervention is spread over (e.g. starting prior to the summer holidays and then continuing further into the new academic term). Both of these suggestions could help to boost families' engagement with the intervention by embedding the programme more within their school lives. However, both of these suggestions would have time and capacity implications for school staff. Moreover, for intervention delivery, this would likely mean the Level Up team liaising with schools within the first term of Year 6 (rather than primarily during the second and third terms) so that staff are aware of eligibility criteria from the start of the academic year and can flag potential participants with the Level Up team earlier, and thus implementation of the intervention can begin earlier.

Interpretation

1. What are appropriate measures of process, mechanism and impact that reflect the programme's theory of change? / 2. Are there early indications that the intervention is associated with positive changes in relevant outcomes?

Early indications of positive changes

The logic model hypothesised the following mechanisms of change and outcomes: a reduction in problem behaviour and improvement in problem-solving skills (mechanism of change and outcome), improved peer relationships (mechanism of change and outcome), improved emotion regulation (mechanism of change), improved parental monitoring and communication (mechanism of change and outcome), increased access to support networks (mechanism of change and outcome), reduced worry and fear and increased safety awareness (mechanism of change) and the transition to secondary school being achieved with minimal difficulty (outcome). The pilot study found the following evidence for these hypotheses:

Problem behaviour and problem-solving skills:

- Evaluation sample: Changes in antisocial behaviour (child-report), hyperactivity/inattention (child-report), and conduct problems (child-report) were not observed. However, from young people's perspectives, there was indication of improvement in terms of their problem-solving skills. Yet, there was indication of deterioration in terms of their levels of conduct problems and hyperactivity/inattention from their parents'/carers' perspectives.
- Anonymous sample: There were indications of improvement from young people's perspectives in terms of their levels of conduct problems and hyperactivity/inattention, whereas for parents/carers there were indications of improvement only in terms of their child's level of conduct problems (no changes were observed for parent/carer-reported hyperactivity/inattention).
- Behavioural problems were not often discussed during the interviews, but some young people and parents/carers did suggest that young people's behaviour had improved.

Peer relationships:

- Evaluation sample: There were indications of improvement from young people's perspectives in terms of their levels of peer problems, but there were indications of deterioration according to their parents/carers.
- Anonymous sample: No changes were observed in peer problems from both the parents'/carers' and young people's perspectives.

- During the interviews, many young people and parents/carers described how the young people had made new friends in secondary school.

Emotion regulation:

- Evaluation sample: There were indications of improvement in terms of emotion regulation but also indications of deterioration in terms of emotional difficulties (parent/carer- and child-report) from pre- to post-intervention.
- The interviews suggested that some young people and parents/carers had observed improvements in terms of young people's emotion regulation.

Parental monitoring and communication:

- Evaluation sample: There were indications of improvement in terms of levels of conflict and dependency between parents/carers and young people but also indications of deterioration in terms of perceptions of a positive parent-child relationship between pre- and post-intervention.
- The interviews suggested that young people and parents/carers liked the family-oriented approach of Level Up and that Level Up had created time for parents/carers and young people to bond.

Access to support networks:

- There is no evidence on the basis of the current study to evaluate this as this was not a topic mentioned by parents/carers or young people in their interviews, nor was this measured.

Worries, fear and safety awareness:

- These were key topics mentioned in the interviews, with most young people and parents/carers mentioning that their worries and fears around the transition to secondary school, as well as around street safety, had reduced significantly due to their participation in Level Up.

The transition to secondary school:

- The interviews suggested that this had been achieved with minimal difficulty for many young people; however, several participants did encounter challenges during the transition, such as needing more time to settle in, receiving multiple detentions or struggling in a more general sense.

Based on the current findings, there are some preliminary indications that Level Up can achieve positive impact, most notably to reduce worries and fears, increase confidence of families and support families to have a smoother transition to secondary school. This reflects findings from a recent study on the 'Talking about School Transition' (TaST) intervention, a

class-based emotion-centred intervention (Bagnall et al., 2021). Bagnell et al. (2021) found that pupils participating in TaST reported significantly decreased school transition worries, but there were no changes in emotional symptoms, peer problems and coping efficacy compared to the control group (Bagnall et al., 2021). It thus may be that interventions like Level Up and TaST are particularly helpful in reducing transition-related worries for children. Our qualitative findings suggest that this reduction in worry may further be related to an improvement in confidence and self-esteem, both of which can be particularly affected during the school transition (Coehlo and Romão, 2017).

Appropriateness of measures

Based on qualitative feedback from young people and parents/carers, the current measures seem acceptable as most participants reflected on them being easy and quick to complete. Nevertheless, the questions for the young people may benefit from scrutiny as, according to one parent/carer, they were not always appropriate for this age group.

Given that the aim of Level Up is to support families with the transition to secondary school and to prevent future involvement in antisocial behaviour, additional data could be collected that is directly related to the school transition period, including additional measures around school readiness or connectedness, confidence or anxiety, peer support or peer relationships, and school attainment data. Such constructs have been identified as key indicators of a successful school transition and/or have been found to impact on behavioural problems (Bharara, 2020; Lester, Waters and Cross, 2013; Okano et al., 2020; van Rens et al., 2018).

There were some high-level outcomes that could not be measured during the brief evaluation timeframe, including reducing the impact of youth crime on young people and contact with youth justice services and increasing access to positive communities. Future evaluations could potentially assess these outcomes using official police or youth justice service records, as well as attendance or engagement records from supportive facilities within the local community. Inclusion of these measures would require at least one long-term follow-up evaluation timepoint.

<u>3. What are the best methods for recruitment and retention of participants in the evaluation? / 4. What challenges does the evaluation encounter, including recruitment and retention issues, and how might these be addressed in a future scaled-up evaluation?</u>

As described above, milestones for parent/carer and young person baseline/pre-intervention measure completion were not met (reflected in a completion rate of 27% within the evaluation sample, which was lower than the target of 40%). A lot of evaluation team time and capacity was taken to repeatedly try and get in contact by phone and email with busy families with competing priorities, talk them through the evaluation and then get them to the point of completing both the consent forms and questionnaires online. When families did not

seem to be completing the consent forms or questionnaires online, the evaluation team offered to arrange meetings with the families to do this with them over the phone or via video call instead. However, many families did not take up this opportunity.

Coronavirus restrictions prevented the evaluation team from visiting families' homes to complete the consent forms and questionnaires in person. In-person visits to participants' homes (or another location convenient for participants, such as schools) would have been optimal for maximising completion. In addition, while participants in interviews were given a £10 voucher as a thank you for taking part, future evaluations could benefit from offering a similar incentive to participants for completing the pre- and post-intervention questionnaires.

Retention rates were less problematic than recruitment difficulties. Milestones for follow-up measure completion were fully met for parents/carers (reflected in a completion rate within the evaluation sample of 58%, which was higher than the target of 55%) and partially met for young people (reflected in a completion rate within the evaluation sample of 50%, which was within the target range of 40–54%). This suggests that once engaged in the evaluation, there is evidence that follow-up measures may be completed.

5. Based on the data available, what would be an adequate sample size for a full trial of the intervention?

The primary outcome for Level Up is a change in the total difficulties score of the SDQ as reported by young people. The SDQ is the screening measure used to refer young people into the programme, and it reflects the range of difficulties young people may face during the transition from primary to secondary school, which Level Up aims to address.

Three different sample size calculations have been provided. Given the length of the intervention and that participant baseline/pre-intervention SDQ scores mainly fell within the 'normal' range, we would expect the intervention to have a small (0.2) or small-to-medium (0.35) effect size.

Calculations below are based on the following assumptions: a significance level $\alpha = 0.05$; statistical power $\beta = 0.80$; and one-tailed testing.

Small effect size

Assuming a small effect size ($d = 0.2$), a sample of 620 families would be needed, with 310 families in the intervention group and 310 families in the control group. Taking into account pilot study recruitment and retention rates, this means that 6,200 families would need to be recruited to the programme, aiming to include at least 1,240 families in the evaluation.

Small-to-medium effect size

Assuming a small-to-medium effect size ($d = 0.35$), a sample of 204 families would be needed (102 per group). Taking into account pilot study recruitment and retention rates, this means

that around 2,040 families would need to be recruited to the programme, aiming to include at least 408 families in the evaluation.

Medium effect size

Assuming a medium effect size (*d* = 0.5), a sample of 102 families would be needed (51 per group). Taking into account pilot study recruitment and retention rates, this means that around 1,020 families would need to be recruited to the programme, aiming to include at least 204 families in the evaluation.

Based on the pilot study, we expect that only 10% of the families consenting to the programme will participate in the evaluation. In the pilot study, 19% (*n* = 14) of the consenting families (*n* = 72) participated in the evaluation, and 50% of those (*n* = 6) also participated at the follow-up (post-intervention) timepoint. We have used this estimate to calculate the required number of families in the programme and in the evaluation at baseline/pre-intervention. However, Intention to Treat (ITT) analysis would still need to be undertaken on any further analysis in a subsequent trial. Other recruitment strategies (see below) should be considered to reduce the total sample size in each calculation, which is inflated due to recruitment and retention rates.

Strengths and limitations

This study has several **strengths**. By using a mixed methods approach and including multiple informants, we were able to provide a comprehensive understanding of Level Up, a new online intervention for young people transitioning from primary to secondary school, led by clinicians at the Tavistock and Portman NHS Foundation Trust. We achieved our aim in terms of the sample size within the qualitative strand across the feasibility and pilot study (aim: 15–20 interviews with families; achieved: interviews conducted with 12 parents/carers and 10 young people), thus providing a rich understanding of families' experiences around participating in Level Up and in the evaluation.

Nevertheless, this study also has some **limitations**. First, we struggled to interview our targeted number of school staff (aim: 7–10 interviews with school staff members; achieved: interviews with three school staff members). This was primarily due to the busy schedules of school staff members. As such, we may have a more limited understanding of schools' experiences of recruiting and referring pupils to Level Up.

Second, most families participating in qualitative interviews were well engaged with the intervention. This means that our findings regarding barriers and facilitators may be limited. For example, there may have been important barriers to participation that were not experienced by this sample. Future evaluations should therefore continue to consider potential barriers and facilitators, especially as recruitment and retention rates to Level Up are currently relatively low.

Third, recruitment, and to a lesser extent retention, to the quantitative strand of the study was very low. With only 14 families, the pilot study sample represented 19% of the families who agreed to take part in Level Up and 32% of the families who expressed initial interest in taking part in the evaluation. Retention rates were around 50% during the pilot study. This low response rate was due to families' competing priorities and busy schedules and the short evaluation timeframe. The low response rate for this study means that the results may not be representative for the whole sample, as there may be observed and unobserved differences between our sample and the whole population of families participating in Level Up. An observed difference related to the received dosage of Level Up. On average, participants in the evaluation were more involved in Level Up (i.e. they received a higher dosage) than the whole sample of participants in Level Up. As there is some preliminary indication that dosage and outcomes are related, the outcomes for the evaluation sample may be an over-representation of the outcomes that can be expected for the full sample of participants in Level Up.

Fourth, as the sample size was small, no definitive conclusions can be drawn regarding the impact of Level Up, and any conclusions are tentative. Further research with larger and more representative samples is needed.

Finally, the evaluation included only one parent/carer per family. This limits the comprehensiveness of our understanding as different parents/carers may have different perspectives on their child's development and functioning and may also have a different relationship with their child. Future evaluations should consider involving all parents/carers in the evaluation, including carers in separated living situations.

Future research and publications

Based on the current evaluation, we have several recommendations for future evaluations of Level Up. These recommendations centre around the target population, logic model, use of appropriate measures, strategies for recruitment and retention, school involvement and future research questions; they are described in more detail below.

A clearer description of the target population

As described above, the current definition of the target sample and its operationalisation in the inclusion criteria is relatively broad, leading to some difficulties among school staff members in identifying the correct young people and potentially leading to a diverse group of young people attending the programme. Moreover, there was a high level of drop-out between the initial identification of young people and signing consent forms for participation in the programme. Refinement of the target population, including clearer communication around this to families, would benefit future roll-out and evaluation of the programme and

should be able to address these challenges. Alternatively, refinement could include a broadening of the scope in terms of providing Level Up to whole classes.

Refinement of the logic model

Based on the findings from the pilot study, the logic model could be further refined by providing clear links between the intervention components, the mechanisms of change and the outcomes. The mechanisms of change could more clearly mapped onto the activities provided by Level Up. There is currently also some overlap between the mechanisms of change and the outcomes included in the logic model. These could be differentiated more clearly. The identified mechanisms of change could also be further specified, as has been detailed above.

Appropriateness of measures

Based on the current study, we do not have any evidence that the current measures would not be appropriate. However, there are some additional measures that our evaluation suggests could be included in an assessment tool in future evaluations, including measures to assess school readiness or connectedness, confidence or anxiety, peer support or peer relationships and school attainment data. Assessment could be conducted from multiple perspectives, including all parents/carers involved in the young people's lives. Inclusion of qualitative interviews, focus groups or open-ended survey components would also be beneficial to explore young people's experiences of the transition to secondary school in the context of Level Up. Furthermore, as Level Up ultimately aims to reduce involvement in youth crime and contact with youth justice services, future evaluations of Level Up would require a longer-term follow-up timepoint (e.g. one- to four-year follow-up) to evaluate the impact of Level Up on young people's exposure to crime, contact with youth justice services and access to positive, safe communities.

Recruitment and retention

Given issues around recruitment to and retention in the evaluation, future studies would benefit from using additional strategies to improve response rates. For this purpose, future efficacy studies are advised to:

- Increase partnership working between the intervention and evaluation teams
- Conduct in-person visits to schools and/or families to recruit schools and families to Level Up and the evaluation, and assist families in completing consent forms and questionnaires in person
- Provide families with paper copies of recruitment documents for their personal reference, and develop participant information sheets and consent forms that are briefer and more participant-friendly to simplify the consent procedure

- Reimburse families with a £10 voucher for the baseline and follow-up questionnaires (as well as the interviews) as a thank you for them giving up their time to participate in the evaluation

School involvement

Future studies should also carefully consider the involvement of schools, and care must be taken not to over-burden already busy schools. As part of the Level Up programme and evaluation, primary schools were responsible for identifying and referring pupils and completing data sharing agreements, as well as extracting data and sharing this with researchers, all of which required time and resources. Constraints around these had a significant impact on the evaluation, as was observed in the low recruitment rate to school staff interviews. Time and administration commitments from primary schools to deliver and support the intervention and evaluation should therefore be carefully considered if Level Up were to be scaled up, particularly as the primary schools do not benefit from any outcomes associated with the evaluation (as by the end of Level Up, all young people have transitioned to secondary school). If an adequately powered trial were to be undertaken, some compensation for primary schools should be considered due to an increase in workload from engaging with the project. Such strategies have been successfully used with schools in other projects, e.g. Education for Wellbeing (Hayes et al., 2019).

Research questions

Research questions in future evaluations could explore:

- The impact of Level Up on anticipated change mechanisms, as per the logic model (e.g. improved emotion regulation and parent/carer monitoring)
- The impact of Level Up on anticipated short-term outcomes, as per the logic model (e.g. smooth transition to secondary school)
- The impact of Level Up on longer-term anticipated outcomes, as per the logic model (e.g. reducing crime)

These questions should be evaluated using more rigorous designs, including a control group and adequately powered samples. Future evaluation studies should further consider monitoring potential barriers and facilitators and potential negative outcomes, as recruitment to and engagement with the programme proved challenging. Therefore, it is important to consider how these may or may not have been improved in future studies. If Level Up is adapted into a different format (e.g. targeting whole classes, in-person delivery or in-school delivery), a new feasibility study might also be most appropriate.

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Appendix 1

Intervention Description Worksheet

The following questions have been adapted from the template for intervention description and replication (TIDieR) checklist and guide (Hoffman et al, 2014).

1. Brief name: provide the name or phrase that describes your intervention

Level Up - Safe Steps to Secondary School

2. Why: describe any rationale, theory, or goal of the elements essential to the intervention

Some young people can be particularly vulnerable to getting involved in group/gang-related activity around the transition from Year 6-7. Known risk factors include:

- Lack of support from parents, schools, peers and community
- Low levels of parental supervision/involvement
- Challenges with academic work
- Lack of school connectedness
- Poverty

Holiday periods are known to be a time when young people have less structure and security within their routine of attending school, as well as fewer support networks (i.e. school professionals). Additionally, parents/carers may have work demands and other caring responsibilities that make management of their children more difficult.

We aim to help prepare children for the encounters they have as their independence grows within their community without adult supervision. The programme aims to encourage children to make safe and considered (not impulsive) decisions if/when faced with group/gang related activity.

Additionally, the group aims to support children's coping skills, especially in regard to their interpersonal skills, build their positive connections within their community, and help children feel supported by their peers and professionals and others in their networks. Research suggest that these are all protective factors that lower the risk of group/gang involvement.
As parental stress and low parental involvement are risk factors, we also aim to target children whose parents can struggle to manage, prepare and support

transition, or who may not be aware of what normal teenage development and behaviour looks like. We aim to provide support and information for these parents and link them in with services that may be of help in their local community, as a reduction of parental stress is known to be protective for these families.

3. What (materials): describe any physical or informational materials used in the intervention, including those provided to participants, used in intervention delivery, and/or training of intervention providers

-Comms material for commissioners, schools/teachers
-Website containing information for parents (video and text) and exercises for children
-Scripts to support professionals during the 'face to face' activities (video calls, Q&As)

4. What (procedures): Describe each of the procedures, activities and/or processes used in the intervention, including any enabling or support activities

Parents/carers prep to the whole programme

Prep to each session (1-5):

1. Individual – self reflection
2. School
3. Community
4. Transitions and Endings - Holiday period
5. Arts Narrative/Review once in secondary school

5. Who provides: For each intervention provider (e.g. teacher, psychologist, youth worker), describe their expertise, background and any specific training given)

Educational Psychologist, Clinical Psychologist, Specialist Mental Health Nurse with systemic training, Arts Therapist

6. Who receives: Provide a description of the target population for the intervention

Children aged 10-12 (children in Year 6). Children who teachers and parents/carers feel could be at risk socially in terms of making sensible decisions in the community with a particular focus on youth violence/gang related activity. Also intended to prepare children for the wider community that they will be encountering through the move to secondary school, to lessen impulsivity and encourage a more reflective mindset.

Parents/carers who are worried about their children or need to be more aware of the worry that surrounds their child given the contexts they are either living in

or encountering. Support needed by these parents/carers to understand issues related to child development – in particular the onset of adolescence, developing resilience, keeping safe, and general management given the difficult and risky contexts that they and their children live in. Being more explicit with parents/carers about the impact of the community on their child, in terms of possible risks of witnessing, being approached or finding themselves involved in anti-social behaviour that may lead to group/gang activity.

7. How: Describe the mode(s) of delivery (e.g. face to face) of the intervention and whether it is provided individually or in a group

-Video material viewable by parents/carers online
-Online activities completed by child / with parents/carers / alongside clinician
-Video call children's groups (both discussion and arts based)
-Video call parents Q&A sessions (groups)
-Clinical team liaising with schools/community outreach programmes on behalf of the child with their consent
-Possibility of extra online one to one sessions with children and/or parents/carers who are not engaging in the group format

8. Where: Describe the type(s) of location(s) where the intervention occurs, including any necessary infrastructure or relevant features

All activities delivered 'online'; either in the form of interaction with a website (the participating child could complete these activities in school or out of school - anywhere they have access to a desktop/laptop computer), or in the form of a video/audio call.

9. When and how much: Describe the number of times the intervention is to be delivered and over what period of time including (if applicable) the number of sessions, their schedule, and their duration, intensity or dose

TBC - c.15 activities over 5 'sessions', including 5 x 50-minute children's discussion groups, 5 x 50-minute parental Q&A sessions and additional 1:1 telephone support where needed

10. Tailoring: If the intervention is planned to be personalised or adapted, then describe what, why, when and how

- As in a classroom setting, support will vary according to expressed/observed need.
- Additional 1:1 calls are possible, children and parents/carers can flag if help is needed and a clinician will call them to offer support.
- We seek to personalise the online 'workbook' experience as much as possible for the participating children to serve as a record of the transition to secondary school. This may act as a passport to take forward and refer to.

Appendix 2

EBPU Evidence Based Practice Unit
A partnership of
UCL Anna Freud National Centre for Children and Families

We want to know if Level Up is helpful!

Please fill in your details below if you are interested in taking part in the evaluation of the Level Up programme – a research project trying to find out if Level Up is helpful. The researchers will only use your contact details to contact you about the evaluation.

Project Title: **An evaluation of Level Up – Safe Steps to Secondary School**

Name of Chief Investigator: **Dr Emily Stapley**

My name is:
……

My child's name is:
……

My home address is:
……

……
……

……
……

My email address is:
……

My telephone number is:

…….

Once completed, please return the form to the researcher, Hannah Merrick, by email: hannah.merrick@annafreud.org

EBPU Evidence Based Practice Unit

A partnership of

UCL Anna Freud National Centre for Children and Families

Expression of Interest Form

An evaluation of Level Up – Safe Steps to Secondary School

We want to know what you and your child think about Level Up!

Please fill in the details below if you are interested in having a chat with the research team about your/your child's involvement in the Level Up programme. If you are not interested, please do not complete this form.

Young Person Name		
Interested in being interviewed	☐ Yes	☐ No
Parent/guardian Name		
Interested in being interviewed	☐ Yes	☐ No
Address		

Contact Number	Landline:	Mobile:
Email		

Once completed, please return the form to the researcher, Hannah Merrick, by email: hannah.merrick@annafreud.org

Staff Expression of Interest Form

Level Up: Safe Steps to Secondary School Evaluation

We want to hear what you think about Level Up!

Please fill in the details below if you are interested in having a chat with a research team about your involvement in the Level Up programme. If you are not interested, please do not complete this form.

Name	
Job Role	
Organisation (e.g. School Name)	
Contact Number	Landline:
	Mobile:
Email	

Once completed return this form to a member of the Level Up team or email the form directly to the researcher, Aurelie: aurelie.lange@annafreud.org

Appendix 3

Researcher Contact Details:

Dr Emily Stapley: Email, e.stapley@ucl.ac.uk Tel.: 020 7433 2980

Dr Daniel Hayes: Email, Daniel.hayes@annafreud.org, Tel.: 020 7443 2220

Data Protection Officer: Alex Potts, email: data-protection@ucl.ac.uk

Information Sheet (for parents)

An evaluation of Level Up – Safe Steps to Secondary School

We want to know what helps young people when they may be struggling with their feelings, relationships and behaviour in school, at home and in the community.

The move to secondary school is a time when some young people may find themselves in unsafe situations in school and in their community. We want to know if taking part in Level Up helps young people to feel ok during their move to secondary school, helps young people to understand and manage their emotions and behaviour, helps them to make responsible decisions, and helps them find positive, safe and supportive people and places in school and in their wider community. This will aid our understanding about what makes a difference for young people and help us to learn for the future about how best to support young people and their families.

Who is organising and funding this research?

This study has been organised by University College London (UCL) and the Anna Freud Centre, and funded by The Youth Endowment Fund.

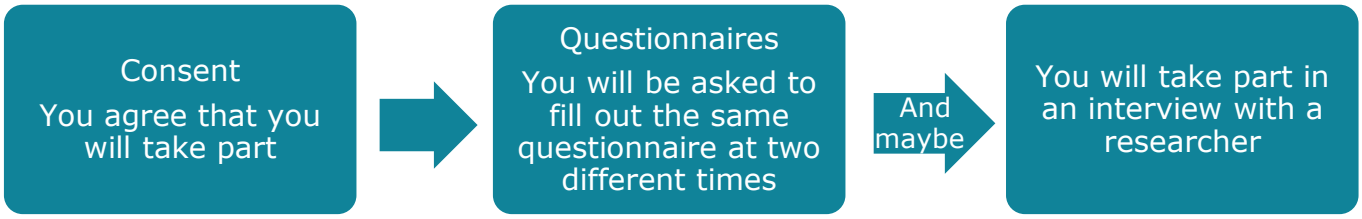
Why have I been invited to take part?

You and your child are taking part in the Level Up programme.

Do I have to take part?

No. It is up to you to decide whether you are willing to join the research project. This information sheet describes the project and what will happen if you decide to take part. If you agree to take part, you will then be asked to sign a consent form. You can stop being part of the study at any time, without giving a reason. We will keep information about you that we already have only if you agree. You can ask us to delete it all if you would prefer (using the researchers' contact details below). Leaving the study will not disadvantage you in any way, will not affect the care that you receive, and you will still be allowed to take part in Level Up. Once we have started data analysis (one month after the end of the programme or interviews), it will not be possible to withdraw your contributions, so it is best to tell us as soon as possible if you do change your mind.

What will happen if I take part?



If you agree to take part, you will be asked to complete a questionnaire before the programme begins and at the end of the programme (approx. six months later). The questionnaire will be completed online and should take no longer than 30 minutes to complete each time. You may also have the opportunity to take part in an audio-recorded interview (which should take no longer than 60 minutes to complete over the telephone or via video call) about your experiences. You can only take part in an interview if you agree to being audio-recorded. This is so the researcher can remember everything that was said. We will also access your records collected by the clinicians delivering the programme (such as number of meetings attended), with your permission.

Long-term data archiving and linkage

Agreeing to take part in this research will also involve agreeing to the long-term data archiving and linkage of your child's data. Details about this are outlined below.

Linked dataset: The Department for Education (who collect data about all children's educational outcomes) and the Ministry of Justice (who collect data about all individuals' contact with different organisations, such as the police) are doing a separate project to link together both of these types of data for lots of individuals in England. They will be linking data from the National Pupil Database and the Police National Computer. All data will be pseudonymised, which means that it is linked by a unique ID number (not names).

The Youth Endowment Fund (YEF) who are funding this research want to understand the long-term impacts of participating in programmes like Level Up on educational and youth justice outcomes. Therefore, if you agree to take part in the evaluation, we (the Anna Freud Centre) will securely send your child's research data to the Department for Education at the end of Level Up. This is so that the Department for Education can add it into the linked dataset described above. The Department for Education will not do anything with this information apart from remove your child's name (and any other identifying details) and then securely transfer it to the Office for National Statistics. This will then mean that it is possible for approved researchers to explore whether Level Up, and other programmes funded by YEF, have any impact over a longer period of time.

More information about how your child's data will be stored and processed is outlined in YEF's Privacy Notice at the end of this information sheet. **Please read through this information carefully.** You can also read more about it on the YEF website: https://youthendowmentfund.org.uk/evaluation-data-archive/.

Who has reviewed this study?

This research has been reviewed and approved by the UCL Research Ethics Committee (ID: 18633/003).

What are the advantages and disadvantages of taking part?
This research may help us to understand more about how clinicians, like the Tavistock and Portman NHS Foundation Trust, can support young people and families, through learning what parents and young people think about support that they have received.

Occasionally, someone may feel upset about something that they answer. However, you do not have to answer any questions that make you feel uncomfortable. If you feel upset by the questions in this study, you can stop taking part and tell a clinician delivering the programme or a researcher. If any risks become known during the research, you will be informed straight away. If you need help, please contact a clinician delivering the programme, or The Samaritans: Tel. 116 123. Website: www.samaritans.org.

How will we use information about you?
Information from you and the clinicians delivering the programme will be collected and used for this research project. You will be asked to provide contact information at the beginning of the study so that you can be contacted to arrange your participation in the research and with regards to any new information/changes that are directly related to the research. However, people outside of the research team will not be able to see your name and contact details. Your information will have a code number instead.

All information that we collect from you is strictly confidential, though we may have to break confidentiality in the highly unlikely event that you tell us something that puts you or others
at risk. If this happens then we will inform you that there is a need for us to discuss the issue with others.

We will keep all information about you safe and secure, in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (2018). We will delete audio recordings at the end of the project (December 2021).

What will happen to the results of the study?
Results will be published in reports or presentations, including on such outlets as the Anna Freud Centre and Tavistock and Portman NHS Foundation Trust websites. We will use quotations from interviews, but we will write our reports/presentations in a way that means that no one can work out that you took part in the study. A summary of the results will be available at the end of the project and we will contact you using the contact details that you have provided to let you know where/how you can read the summary. We may keep hold of your contact details for up to 12 months after the study finishes for this reason.

What happens if something goes wrong?
If you wish to complain, or have any concerns about any aspect of the way that you have been approached or treated by members of staff due to your participation in the research, UCL complaints mechanisms are available to you.

Please ask a Level Up clinician or one of the researchers if you would like more information on this. The researchers' contact details are on the front page of this information sheet. If you are unsatisfied with the co-PI's response to your concern, please contact the UCL REC at ethics@ucl.ac.uk.

Where can you find out more about how your information is being used?
You can find out more about how we use your information:

- In the privacy notice attached to this information sheet
- For more information on what happens to your data when the evaluation has finished and it's transferred to the YEF archive, please also see the YEF privacy information here: https://youthendowmentfund.org.uk/wp-content/uploads/2020/11/YEF_Data_Guidance_Participants_Nov2020.pdf. This contains information on what they'll do with your data, how it will be kept safe and the GDPR legal basis they will use for processing your data, which is Public Interest.
- at https://www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice
- by asking one of the research team, e.g. by sending an email to e.stapley@ucl.ac.uk or by ringing us on (0)20 7794 2313

If you are concerned about how your personal data is being processed, please contact the UCL Data Protection Office, Alex Potts, in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, you can also contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/.

What happens next?
Please discuss the information above with others and ask the researchers if you would like more information. You can keep this information sheet to look at whenever you need to. If you decide to take part, you will need to give your consent to do so (on a written form). Thank you for taking the time to read this information sheet.

Anna Freud Centre Evaluation - Privacy Notice

This note is to outline the basis for data processing for this research project and to outline your rights with respect to processing of those data. These rights are as set out in the
General Data Protection Regulation (GDPR), which superseded the Data Protection Act from May 2018. The organisation in control of personal data collected for this research is the Anna Freud Centre, who, in collaboration with UCL and the Youth Endowment Fund (who are funding this project), is collecting and processing these data. This research project will hold the following types of data on you:

- Your name, contact details, and demographic data, including gender, age, and ethnicity
- Your questionnaire answers, interview audio recording and (anonymised) interview transcript

- Information from the Level Up clinicians, such as number of sessions attended and questionnaire data

The legal basis for processing these data for the research project is public interest (Article 6 (1)(e) and Article 9(2)(j) of the GDPR). This means that personal data can be processed where necessary for the performance of a task carried out in the public interest. In this case, it is to carry out research and inform future health provision. The GDPR is designed to protect and support the following personal data rights for everyone in the UK, including:

- **The right to be informed**
  - about who is processing your data
- **The right of access**
  - to understand what is being collected and how it is being used, a Subject Access Request
- **The right to correct data**
  - the right to correct incorrect records
- **The right to be forgotten**
  - the right to request that data is removed/deleted
- **The right to restrict processing**
  - the right to request that data be held but not processed unless necessary
- **The right to data portability**
  - the right to a copy of your data in a useable format
- **The right to object**
  - you may object to your data being processed although this does not apply to the processing of data for research purposes, as in this instance.

We will not be transferring any identifiable information outside the European Economic Area (EEA) and will be taking appropriate measures to ensure that it remains secure at all times. Any external company (The Transcription Centre, The Colmore Building, 20 Colmore Circus Queensway, Birmingham, B4 6AT UK; https://www.transcriptioncentre.co.uk/) commissioned to transcribe interview data will be approved by the Anna Freud Centre's Data Protection Officer and will sign a data processing agreement with the Centre guaranteeing confidentiality and GDPR compliance.

We will keep the pseudonymised information, where individuals won't be readily identifiable, until December 2021 while the research project is active. After that we will change it to make individuals in the dataset completely unidentifiable. This anonymous information may then be used for research for another 10 years. After this, the information and data will be securely destroyed.

Please note that the consent processes described in the previous pages relate to involvement in the research, but these are not the legal basis for data processing. As described above, the legal basis for data processing is public interest. Your data rights with regard to data processing have been set out in this notice and will be respected. For further information, please see https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/ and https://ico.org.uk/for-the-public/is-my-information-being-handled-correctly/

If you have any questions about research in general, this research in particular, the data processing, or if you would like to report any problem or complaint arising from this research, please contact any of the individuals named above in the information sheet.

Consent Form (for parents)

Project Title: **An evaluation of Level Up – Safe Steps to Secondary School**

Name of Chief Investigator: **Dr Emily Stapley**

Please send the completed form to the researcher, Hannah:
hannah.merrick@annafreud.org

Please initial or tick each box:

1. I confirm that I have read and understand the information sheet for this project. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. ☐
2. I understand that participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐
3. I consent to the use of my personal information (questionnaires, interview transcript, demographic data, Level Up data) for the purposes of this research project. I understand that such information will be treated as strictly confidential (within the limits outlined in the information sheet) and handled in accordance with all applicable data protection legislation. I understand that it will not be possible to identify me in any publications. ☐
4. I agree for my records collected by clinicians delivering the programme (e.g., Level Up attendance and questionnaire data) to be accessed by the research team. ☐
5. I agree to have the option to take part in an audio-recorded interview (audio recording is compulsory). ☐
6. I have read and understood the privacy notice provided by The Youth Endowment Fund about data archiving, and I agree for my research data to be submitted to the data archive at the end of Level Up. ☐
7. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. ☐
8. I agree to take part in this research project. ☐

Name of Parent	Date	Signature

_____ _____
_____

Name of person taking consent Date Signature

Thank you for agreeing to take part in this research.

EBPU Evidence Based Practice Unit
A partnership of
UCL Anna Freud National Centre for Children and Families
NHS
The Tavistock and Portman
NHS Foundation Trust

Researcher Contact Details:

Dr Emily Stapley: Email, e.stapley@ucl.ac.uk Tel.: 020 7433 2980

Dr Daniel Hayes: Email, Daniel.hayes@annafreud.org, Tel.: 020 7443 2220

Data Protection Officer: Alex Potts, email: data-protection@ucl.ac.uk

Information Sheet (for parents - on behalf of young person)

An evaluation of Level Up – Safe Steps to Secondary School

We want to know what helps young people when they may be struggling with their feelings, relationships and behaviour in school, at home and in the community.

The move to secondary school is a time when some young people may find themselves in unsafe situations in school and in their community. We want to know if taking part in Level Up helps young people to feel ok during their move to secondary school, helps young people to understand and manage their emotions and behaviour, helps them to make responsible decisions, and helps them find positive, safe and supportive people and places in school and in their wider community. This will aid our understanding about what makes a difference for young people and help us to learn for the future about how best to support young people and their families.

Who is organising and funding this research?

This study has been organised by University College London (UCL) and the Anna Freud Centre, and funded by The Youth Endowment Fund.

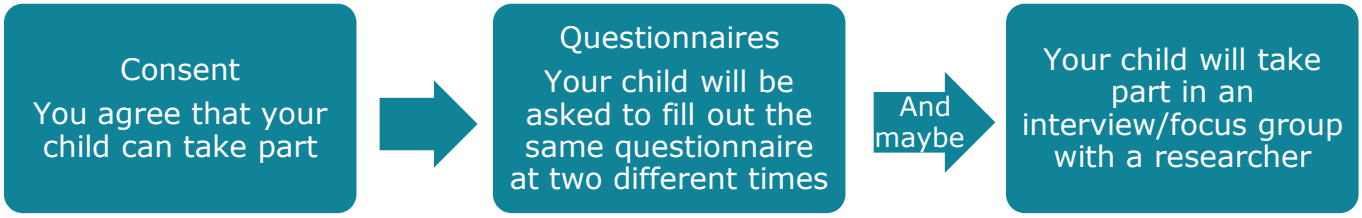
Why has my child been invited to take part?

Your child is taking part in Level Up programme.

Does my child have to take part?

No. It is up to you and your child to decide whether your child is willing to join the research project. This information sheet describes the project and what will happen if you and your child decide to take part. If you and your child agree to take part, you will then be asked to sign a consent form. Your child can stop being part of the study at any time, without giving a reason. We will keep information about you that we already have only if you agree. You can ask us to delete it all if you would prefer (using the researchers' contact details below). Leaving the study will not disadvantage you or your child in any way, will not affect the care that your child receives, and your child will still be allowed to take part in Level Up. Once we have started data analysis (one month after the end of the programme or interviews/focus groups), it will not be possible to withdraw your child's contributions, so it is best to tell us as soon as possible if you do change your mind.

What will happen if my child takes part?



If you agree to your child taking part, your child will be asked to complete a questionnaire before the programme begins and at the end of the programme (approx. six months later). The questionnaire will be completed online and should take no longer than 30 minutes to complete each time. Your child may also have the opportunity to take part in an audio-recorded interview/focus group (which should take no longer than 60 minutes to complete by telephone or video call) about their experiences. Your child can only take part in an interview/focus group if you and your child agree to the interview/focus group being audio-recorded. This is so that the researcher can remember everything that was said.

To collect demographic data about your child (e.g., gender, ethnicity, age, free school meal eligibility) we will combine the questionnaire and interview/focus group data that we collect with your child's school records. We will also collect data recorded by the clinicians delivering the programme (such as number of sessions completed and anonymised questionnaire data).

Long-term data archiving and linkage
Agreeing to take part in this research will also involve agreeing to the long-term data archiving and linkage of your child's data. Details about this are outlined below.

Linked dataset: The Department for Education (who collect data about all children's educational outcomes) and the Ministry of Justice (who collect data about all individuals' contact with different organisations, such as the police) are doing a separate project to link together both of these types of data for lots of individuals in England. They will be linking data from the National Pupil Database and the Police National Computer. All data will be pseudonymised, which means that it is linked by a unique ID number (not names).

The Youth Endowment Fund (YEF) who are funding this research want to understand the long-term impacts of participating in programmes like Level Up on educational and youth justice outcomes. Therefore, if you agree to take part in the evaluation, we (the Anna Freud Centre) will securely send your child's research data to the Department for Education at the end of Level Up. This is so that the Department for Education can add it into the linked dataset described above. The Department for Education will not do anything with this information apart from remove your child's name (and any other identifying details) and then securely transfer it to the Office for National Statistics. This will then mean that it is possible for approved researchers to explore whether Level Up, and other programmes funded by YEF, have any impact over a longer period of time.

More information about how your child's data will be stored and processed is outlined in YEF's Privacy Notice at the end of this information sheet. **Please**

read through this information carefully. You can also read more about it on the YEF website: https://youthendowmentfund.org.uk/evaluation-data-archive/.

Who has reviewed this study?
This research has been reviewed and approved by the UCL Research Ethics Committee (ID: 18633/003).

What are the possible benefits of taking part?
This research may help us to understand more about how clinicians, like the Tavistock and Portman NHS Foundation Trust, can support young people and families, through learning what parents and young people think about support that they have received. As a thank you for taking part in the interview or focus group, your child will receive a £10 Love2Shop voucher.

What are the possible disadvantages of taking part?
Occasionally, someone may feel upset about something that they answer. However, your child does not have to answer any questions that make them feel uncomfortable. If they feel upset by the questions in this study, they can stop taking part and tell a clinician delivering the programme or a researcher. If any risks become known during the research, you and
your child will be informed straight away. If you or your child needs help, please contact a clinician delivering the programme, or The Samaritans: Tel. 116 123. Website: www.samaritans.org.

How will we use information about your child?
Information from you and your child, your child's school, and the clinicians delivering the programme will be collected and used for this research project. You will be asked to provide contact information at the beginning of the study so that you can be contacted to arrange your child's participation in the research and with regards to any new information/changes that are directly related to the research. However, people outside of the research team will not be able to see your or your child's name and contact details. Your/your child's information will have a code number instead.

All information that we collect from you/your child is strictly confidential, though we may have to break confidentiality in the highly unlikely event that your child tells us something that puts them or others at risk. If this happens then we will inform your child that there is a need for us to discuss the issue with others. If your child takes part in a focus group, we ask they only share and say what they feel comfortable with, as we cannot ensure complete confidentiality.

We will not be transferring any identifiable information outside the European Economic Area (EEA). We will keep all information about you safe and secure, in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (2018). We will delete interview/focus group audio recordings at the end of the project (December 2021).

What will happen to the results of the study?
Results will be published in reports or presentations, including on such outlets as the Anna Freud Centre and Tavistock and Portman NHS Foundation Trust websites. You/your child will not be identified in any report of the results. A

summary of the results will be available at the end of the project and we will contact you using the contact details that you have provided to let you know where/how you can read the summary. We may keep hold of your contact details for up to 12 months after the study finishes for this reason.

What happens if something goes wrong?
If you wish to complain, or have any concerns about any aspect of the way that you and your child have been approached or treated by members of staff due to your participation in the
research, UCL complaints mechanisms are available to you. Please ask your clinician or one of the researchers if you would like more information on this. The researchers' contact details are on the front page. If you are unsatisfied with the researchers' response to your concern, please contact the UCL REC at ethics@ucl.ac.uk.

Where can you find out more about how your child's information is being used?
You can find out more about how we use your child's information:

- In the privacy notice attached to this information sheet.
- for more information on what happens to your data when the evaluation has finished and it's transferred to the YEF archive, please also see the YEF privacy information here: https://youthendowmentfund.org.uk/wp-content/uploads/2020/11/YEF_Data_Guidance_Participants_Nov2020.pdf. This contains information on what they'll do with your data, how it will be kept safe and the GDPR legal basis they will use for processing your data, which is Public Interest.
- at https://www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice
- by asking one of the research team, e.g. by sending an email to e.stapley@ucl.ac.uk or by ringing us on (0)20 7794 2313

If you are concerned about how your child's personal data is being processed, please contact the UCL Data Protection Office, Alex Potts, in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, you can also contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/.

What happens next?
Please discuss the information above with your child and others and ask the researchers if you would like more information. You can keep this information sheet to look at whenever you need to. If you and your child decide to take part, you will need to give your consent for your child to do so (on a written form). Thank you for taking the time to read this information sheet.

Anna Freud Centre Evaluation - Privacy Notice

This note is to outline the basis for data processing for this research project and to outline your rights with respect to processing of those data. These rights are as set out in the
General Data Protection Regulation (GDPR), which superseded the Data Protection Act from May 2018. The organisation in control of personal data collected for this research is the Anna Freud Centre, who, in collaboration with UCL and with the Youth Endowment Fund (who are funding this project), is collecting and processing these data. This research project will hold the following types of data on you/your child:

- Your name and contact details
- Your child's name
- Your child's questionnaire answers, interview/focus group audio recording and (anonymised) interview/focus group transcript
- Demographic information from your child's school, including gender, age, ethnicity, free school meal eligibility
- Information from the Level Up clinicians, such as number of sessions attended and questionnaire data
-

The legal basis for processing these data for the research project is public interest (Article 6 (1)(e) and Article 9(2)(j) of the GDPR). This means that personal data can be processed where necessary for the performance of a task carried out in the public interest. In this case, it is to carry out research and inform future health provision. The GDPR is designed to protect and support the following personal data rights for everyone in the UK, including:

- **The right to be informed**
  - about who is processing your data
- **The right of access**
  - to understand what is being collected and how it is being used, a Subject Access Request
- **The right to correct data**
  - the right to correct incorrect records
- **The right to be forgotten**
  - the right to request that data is removed/deleted
- **The right to restrict processing**
  - the right to request that data be held but not processed unless necessary
- **The right to data portability**
  - the right to a copy of your data in a useable format
- **The right to object**
  - you may object to your data being processed, although this does not apply to the processing of data for research purposes, as in this instance.

We will not be transferring any identifiable information outside the European Economic Area (EEA) and will be taking appropriate measures to ensure that it remains secure at all times. Any external company (The Transcription Centre, The Colmore Building, 20 Colmore Circus Queensway, Birmingham, B4 6AT UK;

https://www.transcriptioncentre.co.uk/) commissioned to transcribe interview/focus group data will be approved by the Anna Freud Centre's Data Protection Officer and will sign a data processing agreement with the Centre guaranteeing confidentiality and GDPR compliance.

We will keep the pseudonymised information, where individuals won't be readily identifiable, until December 2021 while the research project is active. After that we will change it to make individuals in the dataset completely unidentifiable. This anonymous information may then be used for research for another 10 years. After this, the information and data will be securely destroyed.

Please note that the consent processes described in the previous pages relate to involvement in the research, but these are not the legal basis for data processing. As described above, the legal basis for data processing is public interest. Your/your child's data rights with regard to data processing have been set out in this notice and will be respected. For further information, please see https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/ and https://ico.org.uk/for-the-public/is-my-information-being-handled-correctly/

If you have any questions about research in general, this research in particular, the data processing, or if you would like to report any problem or complaint arising from this research, please contact any of the individuals named above in the information sheet.

EBPU Evidence Based Practice Unit
A partnership of
UCL Anna Freud National Centre for Children and Families

NHS
The Tavistock and Portman
NHS Foundation Trust

Consent Form (for parents - on behalf of young person)

Project Title: **An evaluation of Level Up – Safe Steps to Secondary School**

Name of Chief Investigator: **Dr Emily Stapley**

Please send the completed form to the researcher, Hannah: hannah.merrick@annafreud.org

Please initial or tick each box:

1. I confirm that my child and I have read and understand the information sheets for this project. We have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. ☐
2. My child and I understand that participation is voluntary and that my child is free to withdraw at any time without giving any reason. ☐
3. I consent to the use of my child's personal information (questionnaires, interview/focus group transcript(s), demographic data, Level Up data) for the purposes of this research project. I understand that such information will be treated as strictly confidential (within the limits outlined in the information sheet) and handled in accordance with all applicable data protection legislation. I understand that it will not be possible to identify my child in any publications. ☐
4. I agree for my child's school records (demographic data) and records collected by clinicians delivering the programme (e.g., Level Up attendance and questionnaire data) to be accessed by the research team. ☐
5. I agree for my child to have the option to take part in an audio-recorded interview and/or focus group (audio recording is compulsory). ☐
6. My child and I have read and understood the privacy notice provided by The Youth Endowment Fund about data archiving, and I agree for my child's research data to be submitted to the data archive at the end of Level Up. ☐
7. I understand that the information collected about my child will be used to support other research in the future and may be shared anonymously with other researchers. ☐
8. I give permission to the research team to approach my child (Name: ……) to ask if s(he) wishes to participate in this research project. ☐

Name of Parent	Date	Signature

_____ _____
_____

Name of person taking consent Date Signature

Thank you for agreeing to take part in this research.

Researcher Contact Details:

Dr Emily Stapley: Email, e.stapley@ucl.ac.uk Tel.: 020 7433 2980

Dr Daniel Hayes: Email, Daniel.hayes@annafreud.org, Tel.: 020 7443 2220

Information Sheet (young person)

An evaluation of Level Up – Safe Steps to Secondary School

We want to know what helps young people when they may be struggling with their feelings, relationships and behaviour in school, at home and in the community.

Moving schools is a time when some young people might find themselves feeling unsafe in school or in their community. We want to know if taking part in Level Up helps young people:

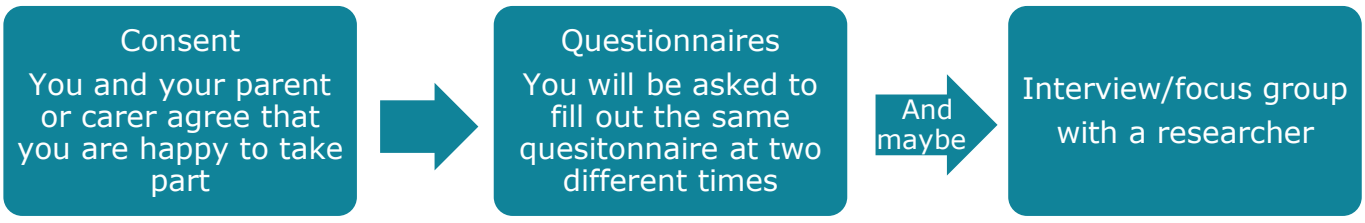
1) Feel OK during their move to secondary school,
2) Understand and control their feelings and behaviour,
3) Have good relationships with friends and family,
4) Find safe and supportive people and places in school and in their community.

This will help us to understand if Level Up helps young people with their safety. It will also help us learn for the future about how best to support young people and their families. This research is being carried out by researchers at University College London (UCL) and the Anna Freud Centre. Research is a way of finding out new information and sharing it with the world.

We would like to invite you to take part in this research.

You are being invited to take part in this research because you are taking part in Level Up. It is up to you and your parent/carer to decide if you would like to take part in this research.

What does taking part in this research involve?



If you agree to take part in this research, you will be asked to complete questionnaires about your thoughts, feelings, behaviours, and relationships at two times: once at the start of Level Up and once at the end. The questionnaires will be completed online and will take around 30 minutes to do.

You may also take part (if you want to!) in an interview or focus group with a researcher (which should take no longer than 60 minutes to complete). This would either be a conversation with a researcher on your own or in a group with other young people. All interviews/focus groups will be audio-recorded so that the researchers can remember everything that was said.

However, please remember that:

- You do not have to take part in this research if you do not want to – please let the researcher, your clinician, or your parent/carer know if you don't want to!
- You will not get into trouble if you don't take part in this research.
- There are no right or wrong answers.
- You can skip any questions that you do not want to answer.
- You can stop at any time.

After Level Up
The Youth Endowment Fund (YEF), who have asked us to do this research, want to keep your data (e.g., your questionnaire answers) so that they can see what the effects of taking part in Level Up might be over a long time. YEF will look after your data at the Office for National Statistics and only researchers with special permission will be able to see it. No names will be included in this data. Everyone is given a code number instead.

Your parents/guardians have also been given more information on this. Please talk to them about this and whether you would be happy for your data to be stored for a long time after Level Up. The researchers can also help to answer any questions you have about it.

An Ethics Committee has checked the research.
A group of experts have to agree all research projects to make sure that they are ok for young people to take part in. This research has been agreed by experts from UCL (ID: 18633/003).

What are the advantages and disadvantages of taking part?

- This research may help us to understand more about how people, like the Level Up team, can support young people and families, through learning about what they think about Level Up.
- As a thank you for taking part in the interview/focus group, you will receive a £10 Love2Shop voucher.

It is unlikely that the questions in the questionnaires or the interview/focus group will upset you. But sometimes someone may feel upset about something that they answer. If you do, you could speak to your parent/carer, your teacher, your clinician from the Tavistock and Portman NHS Foundation Trust who you are meeting with, an adult that you trust, or Childline: tel. 0800 1111, website: www.childline.org.uk.

How will we use information about you?

Information from you, your school, and the clinical team who you are meeting with will be collected for this research. However, people outside of the research team will not be able to see your name. Your information will have a code number instead.

Your answers to the questionnaires and in your interview will be kept private. The only time that we might need to break this rule is if you tell us something that makes us think that you, or someone else, is in danger. If this happens, we will have to tell someone who can stop that danger from happening. If you take part in a focus group, we ask you to only share and say what you feel comfortable with, as we cannot ensure complete confidentiality.

All of your information will be kept safely by us. This is what the General Data Protection Regulation (GDPR) and the Data Protection Act (2018) tell us that we have to do by law. We will delete interview/focus group audio recordings at the end of the project (December 2021).

What will happen to the results of the study?
Results from this research will be published in reports, such as on the UCL and the Level Up clinicians' websites. We will use the things that you say in our reports, but no one will know that it is you who has said them, as we will not use your name.

What are your choices about how your information is being used?
You can stop being part of the research at any time, without saying why. We will keep information about you that we already have only if you agree. You can ask us to delete it all if you would prefer.

What happens if something goes wrong?
If you wish to complain about the research, please ask a Level Up clinician or your parent/carer, who will know how to contact the researchers.

Where can you find out more about how your information is being used?
You can find out more about how we use your information:

- in the notice at the end of this information sheet
- at https://www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice

What happens next?
Please talk about the information above with your parent/carer and ask the researchers if you would like more information. You can keep this information sheet to look at whenever you need to. Thank you for reading this.

A notice on what we (the Anna Freud Centre) will do with the data (information) that we collect from you as part of this project

This note is to say what we do with the information that you share with us as part of this project and your rights about our use of that information. These rights are set out in the GDPR, which tells us what we have to do by law.

The research team will keep some information about you as part of this project – this will include the things that you say in the questionnaires and in your interview/focus group, as well as information (such as your name, age, gender, ethnicity, how many Level Up meetings you attend) that you, your school and the Level Up clinicians give us. You can ask to see the information that the project keeps about you. You can also ask for your information to be deleted.

If you want any more information about this, you can ask your parent/carer to contact Dr Emily Stapley (one of the researchers). Parents/carers will know how to contact Emily because her email address is on the information sheet that they got about the project. If your parents/carers don't have it, your clinician in the Level Up team can also give it to them.

EBPU Evidence Based Practice Unit

A partnership of

UCL Anna Freud National Centre for Children and Families

NHS The Tavistock and Portman ENT NHS Foundation Trust

Assent Form

Project Title: **An evaluation of Level Up – Safe Steps to Secondary School**

Name of Chief Investigator: **Dr Emily Stapley**

Thank you for your interest in taking part in this research study. Please complete this form after you have read the information sheet (or it has been read to you) and someone has explained the project to you.

Please send the completed form to the researcher, Hannah by email: hannah.merrick@annafreud.org

Please initial or tick each box if you agree with the sentences below:

1. Somebody has explained this project to you	
2. You understand what this project is about	
3. You have asked all of the questions that you want	
4. Your questions were answered in a way that you understand	
5. You understand that it is OK to stop taking part at any time	
6. Somebody has explained what happens with your data after Level Up, when it is kept at the Office for National Statistics.	
7. You are happy to take part	

If you **don't** want to take part, don't sign your name! If you **do** want to take part, please write your name below:

_____ _____

My name Date

_____ _____ _____

Name of person taking consent Date Signature

EBPU Evidence Based Practice Unit
A partnership of
UCL Anna Freud National Centre for Children and Families
NHS The Tavistock and Portman NHS Foundation Trust

Researcher Contact Details:

Dr Emily Stapley: Email, e.stapley@ucl.ac.uk Tel.: 020 7433 2980

Dr Daniel Hayes: Email, Daniel.hayes@annafreud.org, Tel.: 020 7443 2220

Data Protection Officer: Alex Potts, email: data-protection@ucl.ac.uk

Information Sheet (for parents) - Interview

An evaluation of Level Up – Safe Steps to Secondary School

We want to know what helps young people when they may be struggling with their feelings, relationships and behaviour in school, at home and in the community.

The move to secondary school is a time when some young people may find themselves in unsafe situations in school and in their community. We want to know if taking part in Level Up helps young people to feel ok during their move to secondary school, helps young people to understand and manage their emotions and behaviour, helps them to make responsible decisions, and helps them find positive, safe and supportive people and places in school and in their wider community. This will aid our understanding about what makes a difference for young people and help us to learn for the future about how best to support young people and their families.

Who is organising and funding this research?

This study has been organised by University College London (UCL) and the Anna Freud Centre, and funded by The Youth Endowment Fund.

Why have I been invited to take part?

You and your child are taking part in the Level Up programme.

Do I have to take part?

No. It is up to you to decide whether you are willing to join the research project. This information sheet describes the project and what will happen if you decide to take part. If you agree to take part, you will then be asked to sign a consent form. You can stop being part of the study at any time, without giving a reason. We will keep information about you that we already have only if you agree. You can ask us to delete it all if you would prefer (using the researchers' contact details below). Leaving the study will not disadvantage you in any way, will not affect the care that you receive, and you will still be allowed to take part in Level Up. Once we have started data analysis (one month after the interviews), it will not be possible to withdraw your contributions, so it is best to tell us as soon as possible if you do change your mind.

What will happen if I take part?

Taking part in this research means agreeing to be interviewed. This will be an interview with you as an interviewee and a researcher. The researcher will ask you a few questions about your experiences of, views, and opinions on Level Up. The conversation will last for as long as you want to talk (up to a maximum of

one hour) but will usually last for 30 to 45 minutes. The interview will take place via video call (using Microsoft Teams) or over the telephone if this is more convenient. The interviewer will talk to you about what questions they are going to ask you at the beginning of the interview so that you will know what to expect. The interview will be audio-recorded and transcribed. You can only take part in an interview if you agree to being audio-recorded. This is so the researcher can remember everything that was said.

Who has reviewed this study?
This research has been reviewed and approved by the UCL Research Ethics Committee (ID: 18633/003).

What are the possible benefits of taking part?
This research may help us to understand more about how clinicians, like the Tavistock and Portman NHS Foundation Trust, can support young people and families, through learning what parents and young people think about support that they have received. As a thank you for taking part in the interview, you will receive a £10 Love2Shop voucher.

What are the possible disadvantages of taking part?
Occasionally, someone may feel upset about something that they answer. However, you do not have to answer any questions that make you feel uncomfortable. If you feel upset by the questions in this study, you can stop taking part and tell a clinician delivering the programme or a researcher. If any risks become known during the research, you will be informed straight away. If you need help, please contact a clinician delivering the programme, or The Samaritans: Tel. 116 123. Website: www.samaritans.org.

How will we use information about you?
Information from you will be collected and used for this part of the research. You will be asked to provide contact information at the beginning of the study so that you can be contacted to arrange your interview and with regards to any new information/changes that are directly related to the research. However, people outside of the research team will not be able to see your name and contact details. Your information will have a code number instead.

All information that we collect from you is strictly confidential, though we may have to break confidentiality in the highly unlikely event that you tell us something that puts you or others at risk. If this happens then we will inform you that there is a need for us to discuss the issue with others.

We will keep all information about you safe and secure, in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (2018). We will delete audio recordings at the end of the project (December 2021).

What will happen to the results of the study?
Results will be published in reports or presentations, including on such outlets as the UCL and Tavistock and Portman NHS Foundation Trust websites. We will use quotations from interviews, but we will write our reports/presentations in a way that means that no one can work out that you took part in the study. A summary of the results will be available at the end of the project and we will

contact you using the contact details that you have provided to let you know where/how you can read the summary. We may keep hold of your contact details for up to 12 months after the study finishes for this reason.

What happens if something goes wrong?
If you wish to complain, or have any concerns about any aspect of the way that you have been approached or treated by members of staff due to your participation in the research, UCL complaints mechanisms are available to you. Please ask a Level Up clinician or one of the researchers if you would like more information on this. The researchers' contact details are on the front page of this information sheet. If you are unsatisfied with the researchers' response to your concern, please contact the UCL REC at ethics@ucl.ac.uk.

Where can you find out more about how your information is being used?
You can find out more about how we use your information:

- In the privacy notice attached to this information sheet
- at https://www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice
- by asking one of the research team, e.g. by sending an email to e.stapley@ucl.ac.uk or by ringing us on (0)20 7794 2313

If you are concerned about how your personal data is being processed, please contact the UCL Data Protection Office, Alex Potts, in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, you can also contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/.

What happens next?
Please discuss the information above with others and ask the researchers if you would like more information. You can keep this information sheet to look at whenever you need to. If you decide to take part, you will need to give your consent to do so (on a written form). Thank you for taking the time to read this information sheet.

Privacy Notice

This note is to outline the basis for data processing for this research project and to outline your rights with respect to processing of those data. These rights are as set out in the
General Data Protection Regulation (GDPR), which superseded the Data Protection Act from May 2018. The organisation in control of personal data collected for this research is the Anna Freud Centre, who, in collaboration with UCL and the Youth Endowment Fund (who are funding this project), is collecting and processing these data. This research project will hold up to three types of data on you:

- Your interview audio recording and (anonymised) interview transcript
- You name and contact details

- Your demographic data, including your gender, age, and ethnicity

The legal basis for processing these data for the research project is public interest (Article 6 (1)(e) and Article 9(2)(j) of the GDPR). This means that personal data can be processed where necessary for the performance of a task carried out in the public interest. In this case, it is to carry out research and inform future health provision. The GDPR is designed to protect and support the following personal data rights for everyone in the UK, including:

- **The right to be informed**
  - about who is processing your data
- **The right of access**
  - to understand what is being collected and how it is being used, a Subject Access Request
- **The right to correct data**
  - the right to correct incorrect records
- **The right to be forgotten**
  - the right to request that data is removed/deleted
- **The right to restrict processing**
  - the right to request that data be held but not processed unless necessary
- **The right to data portability**
  - the right to a copy of your data in a useable format
- **The right to object**
  - you may object to your data being processed although this does not apply to the processing of data for research purposes, as in this instance.

We will not be transferring any identifiable information outside the European Economic Area (EEA) and will be taking appropriate measures to ensure that it remains secure at all times. Any external company (The Transcription Centre, The Colmore Building, 20 Colmore Circus Queensway, Birmingham, B4 6AT UK; https://www.transcriptioncentre.co.uk/) commissioned to transcribe interview data will be approved by the Anna Freud Centre's Data Protection Officer and will sign a data processing agreement with the Centre guaranteeing confidentiality and GDPR compliance.

We will keep the pseudonymised information, where individuals won't be readily identifiable, until December 2021 while the research project is active. After that we will change it to make individuals in the dataset completely unidentifiable. This anonymous information may then be used for research for another 10 years. After this, the information and data will be securely destroyed.

Please note that the consent processes described in the previous pages relate to involvement in the research, but these are not the legal basis for data processing. As described above, the legal basis for data processing is public interest. Your data rights with regard to data processing have been set out in this notice and will be respected. For further information, please see https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/ and https://ico.org.uk/for-the-public/is-my-information-being-handled-correctly/

If you have any questions about research in general, this research in particular, the data processing, or if you would like to report any problem or complaint arising from this research, please contact any of the individuals named above in the information sheet.

EBPU Evidence Based Practice Unit
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NHS
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NHS Foundation Trust

Consent Form (for parents) - Interview

Project Title: **An evaluation of Level Up – Safe Steps to Secondary School**

Name of Chief Investigator: **Dr Emily Stapley**

Please send the completed form to the researcher, Aurelie:
aurelie.lange@annafreud.org

Please initial or tick each box:

1. I confirm that I have read and understand the information sheet for this project. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. ☐
2. I understand that participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐
3. I consent to the use of my personal information for the purposes of this research project. I understand that such information will be treated as strictly confidential (within the limits outlined in the information sheet) and handled in accordance with all applicable data protection legislation. ☐
4. I agree to take part in an audio-recorded interview (audio recording is compulsory). ☐
5. I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers. ☐
6. I give permission for anonymised direct quotations from my interview to be used in future publications and reports for this research. I understand that it will not be possible to identify me in any publications. ☐
7. I agree to take part in this research project. ☐

Name of Parent	Date	Signature

Name of person taking consent	Date	Signature

Thank you for agreeing to take part in this research.

Researcher Contact Details:

Dr Emily Stapley: Email, e.stapley@ucl.ac.uk Tel.: 020 7433 2980

Dr Daniel Hayes: Email, Daniel.hayes@annafreud.org, Tel.: 020 7443 2220

Data Protection Officer: Alex Potts, email: data-protection@ucl.ac.uk

Information Sheet (for parents – child interview/focus group)

An evaluation of Level Up – Safe Steps to Secondary School

We want to know what helps young people when they may be struggling with their feelings, relationships and behaviour in school, at home and in the community.

The move to secondary school is a time when some young people may find themselves in unsafe situations in school and in their community. We want to know if taking part in Level Up helps young people to feel ok during their move to secondary school, helps young people to understand and manage their emotions and behaviour, helps them to make responsible decisions, and helps them find positive, safe and supportive people and places in school and in their wider community. This will aid our understanding about what makes a difference for young people and will help us to learn for the future about how best to support young people and their families.

Who is organising and funding this research?

This study has been organised by University College London (UCL) and the Anna Freud Centre, and funded by The Youth Endowment Fund.

Why has my child been invited to take part?

Your child is taking part in the Level Up programme.

Does my child have to take part?

No. It is up to you and your child to decide whether your child is willing to join the research project. This information sheet describes the project and what will happen if you and your child decide to take part. If you and your child agree to take part, you will then be asked to sign a consent form. Your child can stop being part of the study at any time, without giving a reason. We will keep information about your child that we already have if you agree. You can ask us (using the researchers' contact details below) to delete any information if you would prefer. Leaving the study will not disadvantage you or your child in any way, will not affect the care that your child receives, and your child will still be allowed to take part in Level Up. Once we have started data analysis (one month after the interviews/focus groups), it will not be possible to withdraw your child's contributions, so it is best to tell us as soon as possible if you do change your mind.

What will happen if I take part?

Taking part in this research means agreeing to your child being interviewed by a researcher or taking part in a focus group (led by a researcher) with other young people. The researcher will ask your child a few questions about their experiences of, views, and opinions on Level Up. The conversation will last for as long as your child wants to talk (up to a maximum of one hour) but will usually last for 30 to 45 minutes. The interview or focus group will take place via video call (using Microsoft Teams) or over the telephone if this is more convenient. The researcher will talk to your child about what questions they are going to ask them at the beginning of the interview/focus group so that they will know what to expect. The interview/focus group will be audio-recorded and transcribed. Your child can only take part in an interview/focus group if you and your child agree to being audio-recorded. This is so the researcher can remember everything that was said.

Who has reviewed this study?
This research has been reviewed and approved by the UCL Research Ethics Committee (ID: 18633/003).

What are the possible benefits of taking part?
This research may help us to understand more about how clinicians, like the Tavistock and Portman NHS Foundation Trust, can support young people and families, through learning what parents and young people think about support that they have received. As a thank you for taking part in the interview or focus group, your child will receive a £10 Love2Shop voucher.

What are the possible disadvantages of taking part?
Occasionally, someone may feel upset about something that they answer. However, your child does not have to answer any questions that make them feel uncomfortable. If they feel upset by the questions in this study, they can stop taking part and tell a clinician delivering the programme or a researcher. If any risks become known during the research, you and your child will be informed straight away. If you or your child needs help, please contact a clinician delivering the programme, or The Samaritans: Tel. 116 123. Website: www.samaritans.org.

How will we use information about you?
Information from your child will be collected and used for this research. You will be asked to provide contact information at the beginning of the study so that you can be contacted to arrange your child's interview/focus group and with regards to any new information/changes that are directly related to the research. However, people outside of the research team will not be able to see your/your child's name and contact details. Your/your child's information will have a code number instead.

All information that we collect is strictly confidential, though we may have to break confidentiality in the highly unlikely event that your child tells us something that puts them or others at risk. If this happens then we will inform your child that there is a need for us to discuss the issue with others. If you take part in a focus group, we ask you to only share and say what you feel comfortable with, as we cannot ensure complete confidentiality.

We will keep all information about you/your child safe and secure, in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (2018). We will delete audio recordings at the end of the project (December 2021).

What will happen to the results of the study?
Results will be published in reports or presentations, including on such outlets as the Anna Freud Centre and Tavistock and Portman NHS Foundation Trust websites. We will use quotations from your child's interview/focus group in our reports/presentations, but we will write them in a way that means that no one can work out that your child took part in the study. A summary of the results will be available at the end of the project and we will contact you using the contact details that you have provided to let you know where/how you can read the summary. We may keep hold of your contact details for up to 12 months after the study finishes for this reason.

What happens if something goes wrong?
If you wish to complain, or have any concerns about any aspect of the way that you and your child have been approached or treated by members of staff due to your participation in the
research, UCL complaints mechanisms are available to you. Please ask a Level Up clinician or one of the researchers if you would like more information on this. The researchers' contact details are on the front page of this information sheet. If you are unsatisfied with the researchers' response to your concern, please contact the UCL REC at ethics@ucl.ac.uk.

Where can you find out more about how your child's information is being used?
You can find out more about how we use your child's information:

- In the privacy notice attached to this information sheet
- at https://www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice
- by asking one of the research team, e.g. by sending an email to e.stapley@ucl.ac.uk or by ringing us on (0)20 7794 2313

If you are concerned about how your child's personal data is being processed, please contact the UCL Data Protection Office, Alex Potts, in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, you can also contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/.

What happens next?
Please discuss the information above with your child and others and ask the researchers if you would like more information. You can keep this information sheet to look at whenever you need to. If you and your child decide to take part, you will need to give your consent for your child to do so (on a written form). Thank you for taking the time to read this information sheet.

Privacy Notice

This note is to outline the basis for data processing for this research project and to outline your rights with respect to processing of those data. These rights are as set out in the General Data Protection Regulation (GDPR), which superseded the Data Protection Act from May 2018. The organisation in control of personal data collected for this research is the Anna Freud Centre, who, in collaboration with UCL and the Youth Endowment Fund (who are funding this project), is collecting and processing these data. This research project will hold up to four types of data on you/your child:

- Your name and contact details
- Your child's interview or focus group audio recording and (anonymised) interview/focus group transcript
- Your child's name
- Your child's demographic data, including their gender, age, and ethnicity

The legal basis for processing these data for the research project is public interest (Article 6 (1)(e) and Article 9(2)(j) of the GDPR). This means that personal data can be processed where necessary for the performance of a task carried out in the public interest. In this case, it is to carry out research and inform future health provision. The GDPR is designed to protect and support the following personal data rights for everyone in the UK, including:

- **The right to be informed**
  - about who is processing your data
- **The right of access**
  - to understand what is being collected and how it is being used, a Subject Access Request
- **The right to correct data**
  - the right to correct incorrect records
- **The right to be forgotten**
  - the right to request that data is removed/deleted
- **The right to restrict processing**
  - the right to request that data be held but not processed unless necessary
- **The right to data portability**
  - the right to a copy of your data in a useable format
- **The right to object**
  - you may object to your data being processed, although this does not apply to the processing of data for research purposes, as in this instance.

We will not be transferring any identifiable information outside the European Economic Area (EEA) and will be taking appropriate measures to ensure that it remains secure at all times. Any external company (The Transcription Centre, The Colmore Building, 20 Colmore Circus Queensway, Birmingham, B4 6AT UK; https://www.transcriptioncentre.co.uk/) commissioned to transcribe interview/focus group data will be approved by the Anna Freud Centre's Data Protection Officer and will sign a data processing agreement with the Centre guaranteeing confidentiality and GDPR compliance.

We will keep the pseudonymised information, where individuals won't be readily identifiable, until December 2021 while the research project is active. After that we will change it to make individuals in the dataset completely unidentifiable. This anonymous information may then be used for research for another 10 years. After this, the information and data will be securely destroyed.

Please note that the consent processes described in the previous pages relate to involvement in the research, but these are not the legal basis for data processing. As described above, the legal basis for data processing is public interest. Your/your child's data rights with regard to data processing have been set out in this notice and will be respected. For further information, please see https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/ and https://ico.org.uk/for-the-public/is-my-information-being-handled-correctly/

If you have any questions about research in general, this research in particular, the data processing, or if you would like to report any problem or complaint arising from this research, please contact any of the individuals named above in the information sheet.

EBPU Evidence Based Practice Unit
A partnership of
UCL Anna Freud National Centre for Children and Families

NHS
The Tavistock and Portman
NHS Foundation Trust

Consent Form (for parents – child interview)

Project Title: **An evaluation of Level Up – Safe Steps to Secondary School**

Name of Chief Investigator: **Dr Emily Stapley**

Please send the completed form to the researcher, Aurelie:
aurelie.lange@annafreud.org

Please initial or tick each box:

1. I confirm that my child and I have read and understand the information sheets for this project. We have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. ☐

2. I understand that participation is voluntary and that my child is free to withdraw at any time without giving any reason. ☐

3. I consent to the use of my/my child's personal information for the purposes of this research project. I understand that such information will be treated as strictly confidential (within the limits outlined in the information sheet) and handled in accordance with all applicable data protection legislation. ☐

4. I agree for my child to take part in an audio-recorded interview and/or focus group (audio recording is compulsory). ☐

5. I understand that the information collected about my child will be used to support other research in the future and may be shared anonymously with other researchers. ☐

6. I give permission for anonymised direct quotations from my child's interview/focus group to be used in future publication and reports for this research. I understand that it will not be possible to identify my child in any publications. ☐

7. I give permission to the research team to approach my child (Name:……..) to ask if s(he) wishes to participate in this research project. ☐

_____	_____	_____
Name of Parent	Date	Signature

_____

Name of Young Person

_____	_____	_____
Name of person taking consent	Date	Signature

Thank you for agreeing to take part in this research.

Information Sheet (young person) – Interview/focus group

An evaluation of Level Up – Safe Steps to Secondary School

We want to know what helps young people when they may be struggling with their feelings, relationships and behaviour in school, at home and in the community.

Moving schools is a time when some young people might find themselves feeling unsafe in school or in their community. We want to know if taking part in Level Up helps young people:

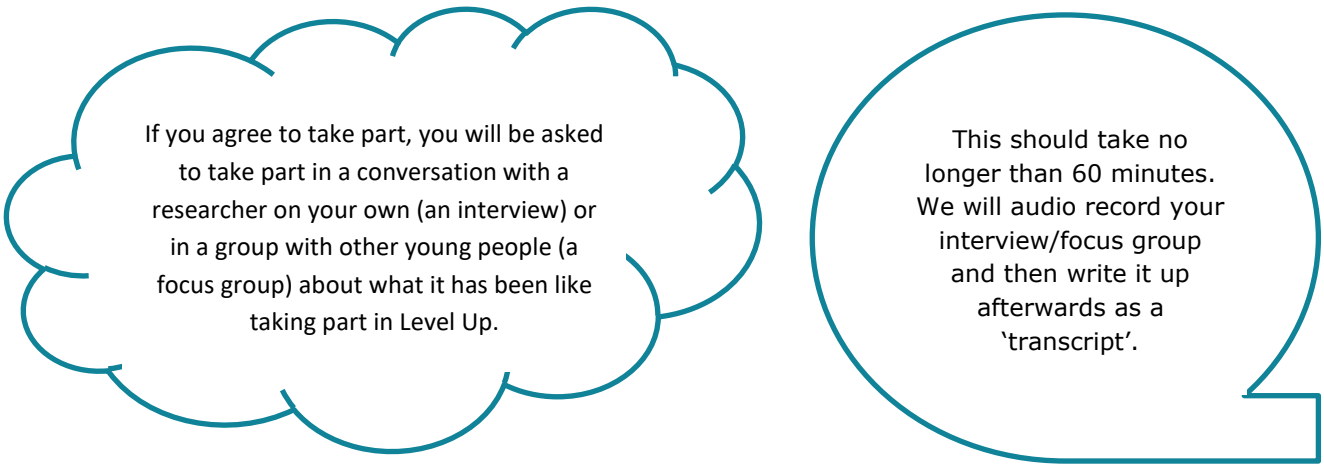
5) Feel OK during their move to secondary school,
6) Have positive feelings and behaviour,
7) Have good relationships with friends and family,
8) Supports their lives inside and outside school.

This will help us to understand if Level Up helps young people with their safety. It will help us learn for the future about how best to support young people and their families. This research is being carried out by researchers at University College London (UCL) and the Anna Freud Centre. Research is a way of finding out new information and sharing it with the world.

We would like to invite you to take part in an interview or focus group.

You are being invited to take part in an interview/focus group as part of this research. It is up to you and your parent/carer to decide if you would like to take part. The interview/focus group will take place via video call (using Microsoft Teams) or over the telephone. The researcher will talk to you about what questions they are going to ask you at the beginning of the interview/focus group so that you will know what to expect. All interviews/focus groups will be audio-recorded so that the researchers can remember everything that was said.

What does taking part involve?



However, please remember that:

- You do not have to take part – please let the researcher, a Level Up clinician, or your parent/carer know if you don't want to!
- You will not get into trouble if you don't take part in this research.
- There are no right or wrong answers.
- You can skip any questions that you do not want to answer.

An Ethics Committee has checked the research.
A group of experts have to agree all research projects to make sure that they are ok for children to take part in. This research has been approved by UCL Research Ethics Committee (ID: 18633/003).

What are the advantages and disadvantages of taking part?

- This research may help us to understand more about how people, like the Level Up team, can support young people and families, through learning about what they think about Level Up.
- As a thank you for taking part in the interview or focus group, you will receive a £10 Love2Shop voucher.

It is unlikely that the questions in the interview/focus group will upset you. But sometimes someone may feel upset about something that they answer. If you do, you could speak to your parent/carer, your teacher, your clinician, an adult that you trust, or Childline: tel. 0800 1111, website: www.childline.org.uk.

How will we use information about you?
Information from you will be collected for this research project. However, people outside of the research team will not be able to see your name. Your information will have a code number instead.

Your answers in your interview will be kept strictly confidential or private. The only time that we might need to break this rule is if you tell us something that makes us think that you, or someone else, is in danger. If this happens, we will have to tell someone who can stop that danger from happening. If you take part in a focus group, we ask you to only share and say what you feel comfortable with in front of the group, as we cannot make certain complete confidentiality.

All of your information will be kept safely by us. This is what the General Data Protection Regulation (GDPR) and the Data Protection Act (2018) tell us that we have to do by law. We will delete interview/focus group audio recordings at the end of the project (December 2021).

What will happen to the results of the study?
Results from this research will be published in reports, such as on the UCL and the Level Up clinicians' websites. We will use the things that you say in our reports, but no one will know that it is you who has said them, as we will not use your name.

What are your choices about how your information is being used?

You can stop being part of the research at any time, without saying why. We will keep information about you that we already have only if you agree. You can ask us to delete it all if you would prefer.

What happens if something goes wrong?
If you wish to complain about the research, please ask your clinician or your parent/carer, who will know how to contact the researchers.
Where can you find out more about how your information is being used?
You can find out more about how we use your information:

- in the notice at the end of this information sheet
- at https://www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice

What happens next?
Please talk about the information above with your parent/carer and ask the researchers if you would like more information. You can keep this information sheet to look at whenever you need to. Thank you for reading this.

A notice on what we (the Anna Freud Centre) will do with the data (information) that we collect from you as part of this project

This note is to say what we do with the information that you share with us as part of this project and your rights about our use of that information. These rights are set out in the GDPR, which tells us what we have to do by law.

The research team will keep some information about you as part of this project – this will include the things that you say in your interview or focus group and information about you, including your name, age, gender and ethnicity. You can ask to see the information that the project keeps about you. You can also ask for your information to be deleted.

If you want any more information about this, you can ask your parent/carer to contact Dr Emily Stapley (one of the researchers). Parents/carers will know how to contact Emily because her email address is on the information sheet that they got about the project. If your parents/carers don't have it, your clinician in the Level Up team can also give it to them.

Assent Form – Focus Group

Project Title: **An evaluation of Level Up – Safe Steps to Secondary School**

Name of Chief Investigator: **Dr Emily Stapley**

Thank you for your interest in taking part in a focus group as part of this research study. Please complete this form after you have read the information sheet (or it has been read to you) and someone has explained the project to you.

Please send the completed form to the researcher, Aurelie by email: aurelie.lange@annafreud.org

Please initial or tick each box if you agree with the sentences below:

1. Somebody has explained this project to you	
2. You understand what this project is about	
3. You have asked all of the questions that you want	
4. Your questions were answered in a way that you understand	
5. You understand that it is OK to stop taking part at any time	
6. You understand to only say what you are comfortable saying in front of others because we cannot make certain your answers will be kept private.	
7. You are happy to take part	

If you **don't** want to take part, don't sign your name! If you **do** want to take part, please write your name below:

_____ _____

My name Date

_____ _____ _____

Name of person taking consent Date Signature

Information Sheet (for clinical team or school staff)

An evaluation of the Level Up – Safe Steps to Secondary School Programme

We want to know if taking part in Level Up – Safe Steps to Secondary School helps young people.
We are asking if you would like to join in with a research project. We are trying to find out if the Level Up programme, developed to help young people to build resilience and independence and reduce risk of involvement in crime, and to help their parents to support them, is helpful.

Who is organising and funding this research?
This study has been organised by University College London (UCL) and the Anna Freud Centre, and funded by The Youth Endowment Fund.

Why are we doing this research?
We want to know whether the Level Up programme helps young people (and their families) to manage behaviour, thoughts, feelings, and relationships, and develop resilience and independence, reduce risky behaviour, and feel supported by peers and their community.

Why have I been invited to take part?
You are either part of the clinical team delivering the programme, or you work at a school where pupils are taking part in the programme.

Do I have to take part?
No. It is up to you to decide whether you are willing to join the research project. This information sheet describes the project and what will happen if you decide to take part. If you agree to take part, you will then be asked to sign a consent form. You can change your mind about taking part in this research, at any time. You do not have to tell us a reason for this. If you do wish to leave the study, your interview audio recordings and transcripts will be deleted. Once we have started analysis (one month after the interviews), it will not be possible to withdraw your contributions, so it is best to tell us as soon as possible if you do change your mind. Leaving the study will not disadvantage you in any way.

What will happen if I take part?
Taking part in this research means agreeing to be interviewed. This will be an interview with you as an interviewee and a researcher. The researcher will ask a few questions about the services that you have been involved with and will ask for your views and opinions about these. The conversation will last for as long as you want to talk (up to a maximum of one hour) but will usually last for 30 to 45 minutes. The interview will take place via video call (using Microsoft Teams) or over the telephone if that is more convenient. The interviewer will talk to you about what questions they are going to ask you at the beginning of the interview so that you will know what to expect. The interview will be audio-recorded (either by encrypted Dictaphone or over Microsoft Teams) and transcribed.

Who has reviewed this study?
This research has been reviewed and approved by the UCL Research Ethics Committee, ethics ID: 18633/002.

What are the possible benefits of taking part?
It may help us to understand more about how clinicians, like the Tavistock and Portman NHS Foundation Trust, can support young people and families. Some people find taking part in research interesting.

What are the possible disadvantages of taking part?
There are no known risks to taking part. If any risks become known during the research, you will be informed straight away. We would like you to be as open as possible about your experiences, but if there is a subject that you do not feel comfortable talking about then you do not have to discuss this in your interview. You can decline to answer a question for the same reason.

How will we use information about you?
Information from you will be collected and used for this research project including your name, your contact details, interview audio recording, and your demographic data (e.g. gender, ethnicity).

You will be asked to provide contact information at the beginning of the study so that you can be contacted to arrange your interview and with regards to any new information/changes that are directly related to the current research. However, people who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead. All information that we collect from you is strictly confidential, though we may have to break confidentiality in the highly unlikely event that you tell us something that puts you or others at risk. If this happens then we will inform you that there is a need for us to discuss the issue with others.

We will keep all information about you safe and secure, in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (2018).

Audio recordings will be deleted at the end of the 24-month research project.

What will happen to the results of the study?
Once we have finished the study, we will keep some of the data so that we can check the results. Results will be published in reports or presentations, including via such outlets as the UCL and NHS Hospital/CAMHS websites. We will write our reports/presentations in a way that means that no-one can work out that you took part in the study. A summary of the results will be available at the end of the project and we will contact you using the contact details that you have provided to let you know where/how you can read the summary. We may keep hold of your contact details for up to 12 months after the study finishes for this reason.

What happens if something goes wrong?
If you wish to complain, or have any concerns about any aspect of the way that you have been approached or treated by members of staff due to your participation in the research,

UCL complaints mechanisms are available to you. Please ask one of the researchers if you would like more information on this. The researchers' contact details are:

- Dr Daniel Hayes, Co-Principal Investigator.
  Tel.: 020 7443 2220. Email: daniel.hayes@annafreud.org
- Dr Emily Stapley, Co-Principal Investigator.
  Tel.: 020 7433 2980. Email: e.stapley@ucl.ac.uk

If you are unsatisfied with the co-PI's response to your concern, please contact UCL REC at ethics@ucl.ac.uk.

Where can you find out more about how your information is being used?
You can find out more about how we use your information:

- In the privacy notice
- at https://www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice
- by asking one of the research team, e.g. by sending an email to e.stapley@ucl.ac.uk or by ringing us on (0)20 7794 2313

If you are concerned about how your personal data is being processed, please contact UCL Data Protection Office, Alex Potts, in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, you can also contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/.

What happens next?
Please discuss the information above with others and ask the researchers if you would like more information. You can keep this information sheet to look at whenever you need to. If you decide to take part, you will need to give your consent to do so (on a written form). Thank you for taking the time to read this information sheet. Please keep it for future reference.

Privacy Notice

This note is to outline the basis for data processing for this research project and to outline your rights with respect to processing of those data. These rights are as set out in the General Data Protection Regulation (GDPR), which superseded the Data Protection Act from May 2018.

The organisations in control of personal data collected for this research are the Anna Freud Centre and University College London (UCL), who, in collaboration with the Youth Endowment Fund (who are funding this project), is collecting and processing these data.

This research project will hold up to three types of data on you:

- Your interview audio recording and (anonymised) interview transcript

- You name and contact details
- Your demographic data

The legal basis for processing these data for the research project is public interest (Article 6 (1)(e) and Article 9(2)(j) of the General Data Protection Regulation). This means that personal data can be processed where necessary for the performance of a task carried out in the public interest. In this case, it is to carry out research and inform future health provision.

The GDPR is designed to protect and support the following personal data rights for everyone in the UK, including:

- **The right to be informed**
  - about who is processing your data, this is set out at the bottom of this note.
- **The right of access**
  - to understand what is being collected and how it is being used, a Subject Access Request.
- **The right to correct data**
  - the right to correct incorrect records
- **The right to be forgotten**
  - the right to request that data is removed/deleted
- **The right to restrict processing**
  - the right to request that data be held but not processed unless necessary
- **The right to data portability**
  - the right to a copy of your data in a useable format
- **The right to object**
  - you may object to your data being processed although this does not apply to the processing of data for research purposes, as in this instance.

We will not be transferring any identifiable information outside the EU European Economic Area (EEA) and will be taking appropriate measures to ensure that it remains secure at all times. Any external company (The Transcription Centre, The Colmore Building, 20 Colmore Circus Queensway, Birmingham, B4 6AT UK; https://www.transcriptioncentre.co.uk/) commissioned to transcribe interview data will be approved by the Anna Freud Centre's Data Protection Officer and will sign a data processing agreement with the Centre guaranteeing confidentiality and GDPR compliance.

We will keep the pseudonymised information, where individuals won't be readily identifiable, for a two-year period while the research project is active. After that we will change it to make individuals in the dataset completely unidentifiable. This anonymous information may then be used for research for another 10 years. After this, the information and data will be securely destroyed.

Please note that the consent processes described in the previous pages relate to involvement in the research, but these are not the legal basis for data processing. As described above, the legal basis for data processing is public interest. Your data rights with regard to data processing have been set out in this notice and will be respected. For further information, please see

https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/ and https://ico.org.uk/for-the-public/is-my-information-being-handled-correctly/

If you have any questions about research in general, this research in particular, the data processing, or if you would like to report any problem or complaint arising from this research, please contact any of the individuals named above in the information sheet.

EBPU Evidence Based Practice Unit
A partnership of
UCL Anna Freud National Centre for Children and Families

NHS
The Tavistock and Portman
NHS Foundation Trust

Consent Form (for clinical or school staff)

Project Title: **An evaluation of the Level Up – Safe Steps to Secondary School programme**

Name of Chief Investigator: **Dr Emily Stapley**

Please email the completed consent form to hannah.merrick@annafreud.org

Please initial or tick each box:

1. I confirm that I have read and understand the information sheet dated 30/06/2020 (version 1.0) for this project. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. ☐

2. I understand that participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐

3. I consent to the use of my personal information for the purposes of this research project. I understand that such information will be treated as strictly confidential (within the limits outlined in the information sheet) and handled in accordance with all applicable data protection legislation. I understand that it will not be possible to identify me in any publications. ☐

4. I agree to take part in an audio-recorded interview (audio-recording is compulsory). ☐

5. I understand that relevant sections of my data collected during the study may be looked at by individuals from University College London, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐

6. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. ☐

7. I give permission for anonymised direct quotations from my interview to be used in future publication and reports for this research. ☐

8. I agree to take part in this research project. ☐

_____	_____	_____
Name	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

Thank you for agreeing to take part in this research.

Appendix 4

Feasibility Study

Interview schedule – PARENTS

An evaluation of Level Up – Safe Steps to Secondary School

1. Can you tell me about the sessions or meetings that you had with [clinician]?
   Possible prompts:
   - Roughly how many sessions have you been to?
   - What sorts of things did you do in your sessions?
   - Who have you met with online? How did you find speaking to [clinician] online?
   - What did you like/not like about the sessions?

2. Since you started the sessions, what has improved/got better? What has not improved/got worse?
   Possible prompts:
   - What did you feel like when you first started your sessions? How do you feel now?
   - What changes have you noticed in your child since they started the sessions? What hasn't changed?
   - How have things been in your family since you/your child started the sessions? How is this different (or not) to before you started the sessions?

3. What do you think led to those changes/stopped things from changing?
   Possible prompts:
   - What/who helped? Why?
   - What/who did not help? Why?
   - What did you find helpful about the sessions?
   - What did you find less helpful about the sessions?

4. Was there anything that you would have liked to have been different about the sessions? What?
   Possible prompts:
   - Was there anything that could have made the sessions more helpful for you? What?
   - How could the sessions be improved?
   - What could make your sessions even better?

5. Would you recommend the sessions to others who are in a similar situation to you? Why/why not?

Feasibility Study

Interview schedule – YOUNG PEOPLE

An evaluation of Level Up – Safe Steps to Secondary School

1. Can you tell me about the sessions or meetings that you had with [clinician]?

   Possible prompts:
   - Roughly how many sessions have you been to?
   - What sorts of things did you do in your sessions?
   - Who have you met with? How did you find speaking to [clinician]?
   - How do you feel about your parent(s) taking part in sessions too?
   - Did you join the group chats? How did you find the group chats?
   - What did you like/not like about the sessions/group chats?

2. Since you started the sessions:

   a. What has improved/got better?
   b. What has not improved/got worse?

   Possible prompts:
   - What did you feel like when you first started your sessions? How do you feel now?
   - How have things been at home / with your family since you started the sessions?
   - How have things been at school since you started the sessions?
   - How have things been with your friends since you started the sessions?
   - How is this different (or not) to before you started the sessions?

3. What do you think led to those changes/stopped things from changing?

   Possible prompts:
   - What/who helped? Why?
   - What/who did not help? Why?

4. What did you find helpful about the sessions? How / why did this help?

5. What did you find less helpful about the sessions? How / why did this not help?

6. Was there anything that you would have liked to have been different about the sessions? What / why?

   Possible prompts:
   - Was there anything that could have made the sessions more helpful for you? What?

- How could the sessions be improved?
- What could make your sessions even better?

7. Would you recommend the sessions to others who are in a similar situation to you? Why/why not?

Pilot Study

Interview schedule – PARENTS

An evaluation of Level Up – Safe Steps to Secondary School

1. Can you tell me about the sessions or meetings that you had with [clinician]?

   Possible prompts:
   - Roughly how many sessions have you been to?
   - What sorts of things did you do in your sessions?
   - Who have you met with online? How did you find speaking to [clinician] online?
   - What did you like/not like about the sessions?
   - How did you find it being online?
   - How did you find the organisation around Level Up (session times, frequency, communication)?

2. Since you started the sessions, what has improved/got better? What has not improved/got worse?

   Possible prompts:
   - What did you feel like when you first started your sessions? How do you feel now?
   - What changes have you noticed in your child since they started the sessions? What hasn't changed?
   - How have things been in your family since you/your child started the sessions? How is this different (or not) to before you started the sessions?

3. What do you think led to those changes/stopped things from changing?

   Possible prompts:
   - What/who helped? Why?
   - What/who did not help? Why?
   - What did you find helpful about the sessions?
   - What did you find less helpful about the sessions?

4. Was there anything that you would have liked to have been different about the sessions? What?

   Possible prompts:
   - Was there anything that could have made the sessions more helpful for you? What?
   - How could the sessions be improved?
   - What could make your sessions even better?

5. Would you recommend the sessions to others who are in a similar situation to you? Why/why not?

6. As Level Up is a new programme, we have been doing these interviews to learn more about Level Up and we also invited everyone to complete some questionnaires before they started Level Up.

   a. [If joined evaluation]: How did you find joining the evaluation?
      i. Did you receive enough or clear information about the evaluation? Why/why not? What could be done to improve this?
      ii. How did you find completing the consent forms? How could this be improved/made easier?
      iii. How did you find completing the questionnaires? How could this be improved/made easier?

   b. [If did not join the evaluation]: Do you remember being invited to take part in the evaluation of Level Up?
      i. Would you be happy to share why you decided to not take part in the evaluation?
      ii. Did you receive enough or clear information about the evaluation? Why/why not? What could be done to improve this?

Pilot Study

Interview schedule – YOUNG PEOPLE

An evaluation of Level Up – Safe Steps to Secondary School

1. Can you tell me about the sessions or meetings that you had with [clinician]?

   Possible prompts:
   General sessions
   - Roughly how many sessions have you been to?
   - What sorts of things did you do in your sessions?
   - Who have you met with? How did you find speaking to [clinician]?
   - What was it like doing all of the sessions online?

Parent sessions

- How do you feel about your parent(s) taking part in sessions too?

Group chat

- Did you join the group chats? How did you find the group chats?
- What did you like/not like about the sessions/group chats?

Art activities

- Did you take part in the art activities?
- What did you like / not like about the art activities?

Homework

- Did you do the homework activities?
- What did you like/not like about the homework activities

2. Since you started the sessions:

   - What has improved/got better?
   - What has not improved/got worse?

   Possible prompts:
   - What did you feel like when you first started your sessions? How do you feel now?
   - How have things been at home / with your family since you started the sessions?
   - How have things been at school since you started the sessions?
   - How have things been with your friends since you started the sessions?
   - How is this different (or not) to before you started the sessions?

3. What do you think led to those changes/stopped things from changing?

   Possible prompts:
   - What/who helped? Why?
   - What/who did not help? Why?

4. What did you find helpful about the sessions? How / why did this help?

5. What did you find less helpful about the sessions? How / why did this not help?

6. Was there anything that you would have liked to have been different about the sessions? What / why?

   Possible prompts:

- Was there anything that could have made the sessions more helpful for you? What?
- How could the sessions be improved?
- What could make your sessions even better?

7. Would you recommend the sessions to others who are in a similar situation to you? Why/why not?

8. As Level Up is a new programme, we have been doing these interviews to learn more about Level Up and we also invited everyone to complete some questionnaires before they started Level Up.

    a. [If joined evaluation]: How did you find joining the evaluation?
        i. Did you receive enough or clear information about the evaluation? Why/why not? What could be done to improve this?
        ii. How did you find completing the consent forms? How could this be improved/made easier?
        iii. How did you find completing the questionnaires? How could this be improved/made easier?

    b. [If did not join the evaluation]: Do you remember being invited to take part in the evaluation of Level Up?
        i. Would you be happy to share why you decided to not take part in the evaluation?
        ii. Did you receive enough or clear information about the evaluation? Why/why not? What could be done to improve this?

Feasibility & Pilot Study

Interview schedule – INTERVENTION DELIVERY STAFF

An evaluation of Level Up – Safe Steps to Secondary School

1. What is your role in Level Up?

2. What is Level Up?

    Possible prompts:
    - How does Level Up work with young people?
    - How does Level Up work with parents/carers?

3. Can you tell me about the screening process for Level Up?

    Possible prompts:
    - How was the screening process developed?
    - In what ways did the screening process work well?
    - In what ways did the screening process work less well?

- How could the screening process be improved? Would you do anything differently next time? What/why?

4. Can you tell me about your experience of moving Level Up to online delivery? Possible prompts:
   - Can you tell me about the adaptation process?
   - In what ways was it easy?
   - In what ways was it difficult?
   - In what ways do you think it changed the intervention content or delivery? *If yes to changes,* why? *If no to changes,* why not?

5. Can you tell me about your experience of delivering Level Up online?

   Possible prompts:
   - How did you feel about delivering the content online? Did this change over time? How/why?
   - What did you like about working online with young people and parents?
   - What were the advantages of working online with young people and parents?
   - What did you not like/find more difficult about working online with young people and parents?
   - What were the disadvantages of working online with young people and parents?

6. What do you think has been helpful about Level Up for (a) young people and (b) parents/carers? Why?

   Possible prompts:
   - Can you give me any examples of change that you have noticed in the young people who you have worked with?
   - Were there any sessions/activities that the young people particularly engaged with? Which/why?
   - Can you give me any examples of change that you have noticed in the parents/carers who you have worked with?
   - Were there any sessions/activities that the parents/carers particularly engaged with? Which/why?

7. What do you think has been less helpful about Level Up for (a) young people and (b) parents/carers? Why?

   Possible prompts:
   - Can you give me any examples of lack of change, or areas of ongoing difficulty, that you have noticed in the young people who you have worked with?
   - Were there any sessions/activities that the young people particularly did not engage with? Which/why?
   - Can you give me any examples of lack of change, or areas of ongoing difficulty, that you have noticed in the parents/carers who you have worked with?

- Were there any sessions/activities that the parents/carers particularly did not engage with? Which/why?

8. What factors can affect the engagement of (a) young people and (b) parents/carers with Level Up?

   Possible prompts:
   - What factors have facilitated young people's engagement with Level Up?
   - What factors have hindered young people's engagement with Level Up?
   - How do you think these limiting factors could be overcome?
   - What factors have facilitated parents/carers' engagement with Level Up?
   - What factors have hindered parents/carers' engagement with Level Up?
   - How do you think these limiting factors could be overcome?

9. Barriers and facilitators to delivery:

   Possible prompts:
   - Are there any factors that have made it harder for you to implement Level Up? What/why?
   - What barriers did you face while delivering Level Up?
   - Are there any factors that have made it easier for you to implement Level Up? What/why?
   - What helped you to deliver Level Up?

10. How do you think Level Up could be improved?

    Possible prompts:
    - What would you do differently if you were delivering Level Up again?
    - What could make Level Up more helpful or even better?

Feasibility & Pilot Study

Interview schedule – SCHOOL STAFF

An evaluation of Level Up- Safe Steps to Secondary School

1. What is your role in your school?

2. What is your understanding of Level Up?

3. Can you tell me about the screening process?

   Possible prompts:
   - Have you have done anything like this before? *If yes,* how did this compare?

- In what ways did the screening process work well from your perspective?
- In what ways did the screening process work less well from your perspective?
- Can you see any advantages of screening in this way?
- Can you see any disadvantages to screening in this way?
- Was there anything that you found difficult about the screening process? What/why?
- How could the screening process be improved?

4. What do you think may be/have been helpful about Level Up for (a) young people and (b) parents/carers?

   Possible prompts:
   - Can you give me any examples of change that you have noticed in the young people and parents/carers who have taken part in the intervention?
   - Can you give me any examples of change that you have noticed in the parents/carers who have taken part in the intervention?

5. What do you think may be/have been less helpful about Level Up for (a) young people and (b) parents/carers?

6. What factors might affect the engagement of (a) young people and (b) parents/carers with Level Up?

   Possible prompts:
   - What factors could facilitate young people's engagement with Level Up?
   - What factors could hinder young people's engagement with Level Up?
   - How do you think these limiting factors could be overcome?
   - What factors could facilitate parents/carers' engagement with Level Up?
   - What factors could hinder parents/carers' engagement with Level Up?
   - How do you think these limiting factors could be overcome?

7. How do you think Level Up could be improved?

   Possible prompts:
   - What could make Level Up more helpful or even better?

YOUTH ENDOWMENT FUND

Impetus

Home Office

youthendowmentfund.org.uk

hello@youthendowmentfund.org.uk

@YouthEndowFund

The Youth Endowment Fund Charitable Trust

Registered Charity Number: 1185413