

EVALUATION REPORT

# Pause for Thought

Feasibility study

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DARTINGTON  
SERVICE  
DESIGN LAB

## 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

This evaluation was conducted by researchers from the Dartington Service Design Lab ('Dartington'). Dartington is an independent research and design charity that is committed to improving outcomes for children, young people and families. The organisation's expertise in evidence generation in the social sciences stems from a 60-year history of leading evaluations of varying design and complexity, from formative to experimental.

**Dr Deon Simpson, Service Improvement Specialist:** Deon Simpson was the evaluation manager and lead researcher for this evaluation. She specialises in managing research and complex evaluations of interventions and system programmes. Her expertise and interests span areas such as theory-based approaches, rapid-cycle testing, mixed-methods research, user experience research and systems thinking. Deon has led several of Dartington's recent service development and formative evaluation projects.

**Julia Mannes, Researcher:** Julia Mannes was one of two researchers for this evaluation and contributed to the evaluation management, stakeholder engagements, mixed-methods data analysis and interpretation, and report writing. She has a strong background in psychology and user-centred research approaches and works on several of Dartington's service design and evaluation projects.

**Leanne Freeman, Researcher:** Leanne Freeman was one of two researchers supporting this evaluation. She also contributed to the evaluation management, stakeholder engagements, mixed-methods data analysis and interpretation, and report writing. She has a background in social research and systems thinking.

**Professor Tim Hobbs, Chief Executive Officer:** Tim Hobbs was the executive manager for this evaluation. He provided oversight and quality assurance for the evaluation design, implementation and outputs. Tim has almost 20 years of experience supporting the design and evaluation of a range of programmes to improve outcomes of children and young people. He has also published extensively in youth social care and development programming and regularly collaborates with other leaders and investigators in the youth social sector.

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## The project

The Pause for Thought (P4T) Programme aims to reduce children's emotional and behavioural difficulties. Developed and delivered by Blackburn with Darwen Borough Council and the Pennine Lancashire Community Safety Partnership, in this project the programme provided 11 group sessions and one individual session to 10-14 year-olds. All selected children resided in East Lancashire, were not already engaging in other therapeutic interventions, were not known to the youth justice service, had previously demonstrated emotional and behavioural difficulties and may have been at risk of involvement in crime or violence. Delivered in community venues (such as youth centres), sessions included cognitive behavioural therapy and trauma-informed techniques. They were delivered both in person and online and were offered once or twice per week, with each session lasting between 60 and 90 minutes. Each session was led by two trained facilitators and two support workers, while they were all overseen by a clinical lead who was a qualified therapist. Sessions followed a therapeutic process that encouraged children to develop self-awareness and self-responsibility and begin to change their behaviour. Specifically, they used techniques such as goal-setting, cognitive restructuring (identifying and changing thinking patterns) and role playing to improve children's understanding of their emotions and behaviours, enhance their problem-solving and coping skills, better appreciate the consequences of their actions and communicate better with peers. Young people were also assigned homework to complete.

YEF funded a feasibility study of P4T, which aimed to ascertain whether the programme successfully selected the target children, whether sessions were delivered as expected, whether young people participated as expected, what factors influenced the implementation of the programme and how acceptable P4T was to young people and facilitators. To answer these questions, the evaluation used activity logs, feedback surveys, semi-structured interviews and group discussions. One hundred and forty young people from 18 P4T groups across five East Lancashire locations (Blackburn with Darwen, Burnley, Hyndburn, Rossendale and Pendle) participated in the feasibility study that took place between November 2019 and December 2021. Both delivery and evaluation therefore took place during the COVID-19 pandemic, requiring both the evaluators and delivery team to adapt.

### Key conclusions

The children who participated in the programme were not the expected target population. While most children were aged 10-14, there was a disproportionate number of children selected from one of the five East Lancashire areas (Blackburn with Darwen). The children selected also appeared to have had a higher level of need than intended, with more children than anticipated having severe behavioural and emotional difficulties. This posed challenges for the programme, and the cognitive behavioural therapy techniques and group-based approach may not have been suitable to support these children.

Seventy-two per cent of P4T groups delivered the expected number of sessions (with 13 holding the minimum of nine out of 11 sessions). Groups that delivered sessions solely online were more likely to achieve the minimum, and this may have been due to the disruptions caused by the COVID-19 pandemic.

Young people did not participate in the programme at the rate intended. Seventy-six per cent attended the first session (below the 80% target). Among the young people who attended their first session, 63% returned to complete at least 10 sessions (also below the 80% target).

The assessment and selection process posed several challenges; for example, surveys used to select children were perceived to be time consuming and potentially inaccurate. Several elements of training were commended by facilitators, including the theoretical knowledge provided, the coaching approach and the opportunity to discuss sessions in 'pre-briefs' and 'de-briefs'. However, facilitators also reported that more practical knowledge on how to deliver sessions would be useful.

The topics covered by P4T sessions were perceived to be acceptable by both surveyed young people and interviewed facilitators. However, the homework was perceived to be burdensome by the children interviewed, while the timing and setting of sessions sometimes hampered participation.

## Interpretation

Most young people were 10–14 years old at the point of selection. In addition, the young people selected had a range of risk factors that are potentially associated with aggressive behaviours, offending and violence. For instance, 89% of those selected had displayed aggression or violence towards others. However, there was a disproportionate number of children selected from one of the five target areas (with 72% living in Blackburn with Darwen and fewer than expected from other areas). This may have been because P4T was founded in Blackburn with Darwen and was therefore better known to those service providers who made referrals.

The children selected also appear to have a higher level of need than P4T initially intended; most young people (74%) who had completed the self-reported Strengths and Difficulties questionnaires before participating had slightly raised, high or very high levels of emotional or behavioural difficulties. P4T had been designed for those with mild or moderate difficulties, yet a higher than expected proportion of those participating had more severe needs. During the evaluation, the programme management staff became aware of this and responded by adding a fourth facilitation role, a therapeutic support worker, and increasing the number of facilitators working with some groups. However, despite these adaptations, the more severe needs of children participating posed challenges for the intervention – the cognitive behavioural therapy techniques may not have been sufficient to fully support children, and the group setting was not always optimal for working with these children.

Across the 18 P4T groups, most (72%) held the expected number of group sessions (with 13 holding the minimum of nine out of 11 sessions). The evaluation found that the groups that delivered sessions solely online were more likely to achieve the minimum of nine sessions, and this may have been due to the disruptions caused by the COVID-19 pandemic. In terms of the frequency of sessions, deliverers had intended for sessions to be delivered twice per week if they were delivered online, and once per week if delivery was in person. Seven out of eight of the online groups delivered twice per week, while four out of nine of the in-person groups delivered once per week (four of the in-person groups delivered twice weekly, with a final group varying its frequency).

Young people did not participate in the programme at the rate intended. Seventy-six per cent attended the first session (below the ambitious 80% target). Among the young people who attended their first session, 63% returned to complete at least 10 sessions (also below the 80% target). Young people's attendance did not appear to be influenced by their age, gender, residential location or level of behavioural and emotional difficulty.

Several factors influenced how P4T was implemented. The referral process was facilitated more easily in particular areas (Blackburn with Darwen) where partner agencies and staff had a better awareness of P4T. However, there were challenges related to the referral process. Some of the surveys used for selection gave the incorrect impression that the programme was designed for children with high needs. Other surveys used to assess potential participants were perceived by facilitators to be too time consuming and potentially inaccurate. Several elements of training were commended by facilitators, including the theoretical knowledge provided, the coaching approach and the opportunity to discuss sessions in 'pre-briefs' and 'de-briefs'. However, facilitators also reported that more practical knowledge on how to deliver sessions would be useful.

The facilitation of sessions was perceived to be supported by feelings of group cohesion among young people and the perceived appropriateness of the groups' topics and focus. Over 80% of the young people who responded to feedback surveys (42 children) liked most things about the sessions. However, children interviewed also viewed the homework as burdensome. The timing of sessions did prove a barrier to some children's participation, while some commented that the group-based approach did not suit them as well as one-to-one support could.

Due to the challenges outlined in the study (such as the limitations of the referral process and need to amend the selection processes to ensure target children are recruited), the YEF has no plans at this stage to fund a further evaluation of P4T. However, YEF also recognises the perceived acceptability of the programme and commends the delivery team for delivering in such challenging circumstances during the COVID-19 pandemic.

## Introduction

### Background

Reducing aggressive behaviours, offending and violence among young people is an urgent policy concern in the UK (GOV.UK., 2019). Increasing numbers of young people are experiencing emotional and behavioural difficulties, which can undermine their academic achievement and healthy social functioning. Early negative outcomes of these difficulties include rule-breaking (e.g. truancy), smoking, drinking, vandalism, theft, bullying and school suspensions. If left untreated, these difficulties can also increase the likelihood of poorer life outcomes, including lower employment prospects, risky behaviours such as alcohol and substance misuse, higher involvement in delinquency, crime and violence, health difficulties in adulthood, and premature death (Lochman et al., 2011; NHS Digital, 2018).

The available scientific literature identifies several risk and protective factors that are potentially associated with aggressive behaviours, offending and violence among young people (EIF and Cordis Bright, 2015). These include risk factors at the following contextual levels:

- Individual (young person) level, such as social-cognitive deficits, conduct disorder, low self-esteem, poor self-regulation and refusal skills, and risky behaviours;
- Family level, including poor parental attachment, poor parental supervision and approaches towards discipline, negative attitudes about violence and self-control, and parental anti-social behaviours;
- Peer level, including associations with peers who engage in delinquency, violence or anti-social behaviour; and
- Community level, such as young people's insecure attachments to school and teachers and residence in socially disadvantaged and unsafe neighbourhoods [4].

Recent reviews, including those by the Early Intervention Foundation (EIF) and YEF, highlight a range of non-pharmacological, skills-based approaches that have been shown to help address these risk factors and improve problem behaviours, aggression and violence among young people (Battagliese et al., 2015; O'Connor and Waddell, 2017; Hendriks et al., 2018; Gaffney, Farrington and White, 2021). Among the most commonly used strategies is cognitive behavioural therapy (CBT), which includes the use of cognitive and emotional strategies such as emotion awareness, perspective taking, anger management and problem solving. 'Homework' is often used to consolidate and help generalise skills to home and everyday life. Studies suggest that CBT has moderate effects

on externalising symptoms, including physical aggression, anger experience and prosocial skills (Battagliese et al., 2015; Hendriks et al., 2018), and high effects on criminal and offending behaviour (Gaffney, Farrington and White, 2021).

Studies also highlight a range of components that can enhance the implementation and effectiveness of programmes that use CBT as a treatment approach. For universal programmes, components include: (1) group-based and interactive activities, (2) homework assignments, (3) delivery by trained facilitators who regularly work with young people as part of their profession, (4) well-specified goals and structured content, (5) frequent contact with the programme and (6) high fidelity of delivery. In addition to these components, targeted programmes aimed at a subgroup of the general population who are already experiencing risks or negative outcomes should include: (7) a clear definition of 'at risk' and eligibility criteria, (8) direct support for both young people and their parents/carers/families and (9) one-to-one delivery by therapists or other mental health professionals if young people are 'high risk' (O'Connor and Waddell, 2017).

## **Intervention**

### **Pause for Thought programme**

Pause for Thought (hereafter 'P4T') is a new programme that was developed by Blackburn with Darwen Council and the Pennine Lancashire Community Safety Partnership (hereafter 'P4T developers') in October 2019. P4T targets young people aged 10–14 and living East Lancashire. The programme aims to support young people who are experiencing emotional and behavioural difficulties by using a range of CBT and trauma-informed techniques. The programme's principles have been drawn from a range of established practices and theories, including behaviour modification, self-control and social learning theory (Hawkins and Weiss, 1985; Michie et al., 2013). Further details of the delivery model – including the content, duration, intensity and mode – are described in due course.

### **Evaluation**

Between October 2019 and October 2021, P4T was developed, implemented and refined by the developers with funding from YEF. During this time, YEF also commissioned an independent evaluator to generate evidence of the feasibility and acceptability of P4T. This feasibility study (or process evaluation) started in November 2019 with the collaborative development of P4T's Theory of Change and ended in December 2021 with the submission of the final evaluation report to YEF.

The evaluation ran parallel to P4T's programme development and implementation, focusing on various aspects of the programme's processes and delivery in relation to context, settings and participants (facilitators and young people). All participants and settings that were eligible for inclusion in the P4T programme were also eligible for



inclusion in the evaluation (see further details under the 'Ethical review' and 'Methods' sections below).

### **Theory of Change development**

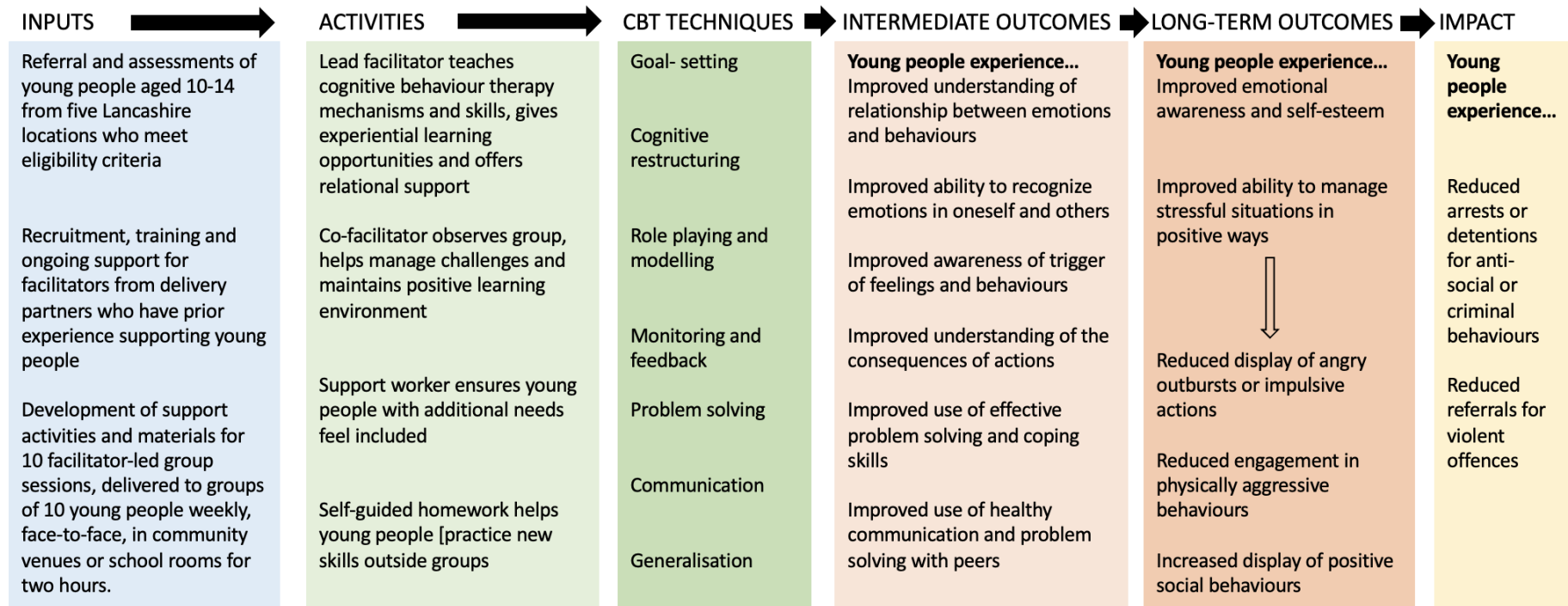
This section summarises the initial underlying theory and components of P4T. The summary includes the programme Theory of Change, which gives a visual overview of the initial programme (see Figure 1), followed by a brief description of the design based on the Template for Intervention Description and Replication (TIDieR) checklist (Hoffmann et al., 2014).

P4T's initial Theory of Change was developed collaboratively by P4T's developers and the evaluator in three stages, guided by EIF's 10 Steps to Evaluation Success (Asmussen, Brims and McBride, 2019).

1. The evaluator held an evaluation initiation meeting with P4T developers in November 2019 and used the TIDieR checklist to understand and document the existing programme design.
2. They used the developers' logic model to consider what they expected to occur and then reviewed the existing literature related to the components in this logic model as well as components related to the use and implementation of group-based CBT interventions. During a Theory of Change workshop in December 2019, the evaluator discussed the programme logic model and findings of the review with P4T developers, who included support workers, clinicians and service leaders. Young people (and their parents/carers) were not involved in the initial design of P4T or the Theory of Change workshop – a limitation reflected upon later in this report in the 'Conclusion' section. However, young people's experiences of P4T were collected as part of the evaluation and used to inform changes to the programme during and at the end of the evaluation.
3. The evaluator used the outputs of the workshop to produce a Theory of Change diagram and brief narrative in December 2019, which were shared with the P4T developers for feedback. Refined versions were produced in January 2020 and used to guide the evaluation.

At the end of the evaluation in November 2021, the evaluator and P4T's developers and programme management staff jointly reviewed and discussed the learning from the evaluation. After these discussions, the developers and management staff revised the programme's design (these adaptations are described in Table 1). They also stated their intention to use the evaluation learning to continue to refine their Theory of Change.

**Figure 1. P4T’s initial Theory of Change**



**Assumptions:** Eligible **young people** can be identified and included and are willing to participate. They can safely and consistently access settings. They will find P4T interesting, enjoyable and suitable for their support needs, and they can commit to completing tasks in their group weekly and practice skills on their own. They can also establish positive relationships and cohesion within their group. **Facilitators** will have the right prior experience and motivation for P4T. They will have the right competence and confidence to play their assigned facilitation role and adapt their teaching, communication and behaviour to meet young people’s needs. **Referral/assessment processes and instruments** will be acceptable and understandable to referrers and participants and can be reliably used. **Activities/materials/content** will be valued by and useful to participants. **Wider East Lancashire community** (young people, families, practitioners in education, health and social care) will understand P4T. **External (environmental) factors** will be conducive to implementation as expected.

## **P4T's initial programme design**

### Who received the programme?

P4T aimed to support at-risk young people. Eligibility was initially defined by the developers as: (1) being in the age range of 10–14 years; (2) residing in East Lancashire; (3) not already engaging in other therapeutic interventions; (4) not already known to the youth justice service under statutory requirements; (5) showing mild to moderate negative externalising behaviours and emotional difficulties and (6) at risk of being involved in criminal non-violent or violent behaviour. The eligibility criteria reflected the programme's initial design as a group-based, community programme for young people without high needs. The upcoming 'P4T referral/eligibility data collection' section outlines how eligibility was defined and assessed.

### Who delivered the programme?

Based on the above, P4T was delivered by trained facilitators from commissioned organisations ('delivery partners') who regularly provide support to young people in the five target locations of East Lancashire. The six delivery partners included public sector services (local government community safety, adolescent service and youth justice teams), three charitable organisation and a private counselling service. These delivery organisations and teams were all quite different in terms of management oversight, experience of delivery staff, settings and delivery commitments alongside P4T. None had prior experience of delivering P4T. This variability in delivery partners was reflected in the variability of delivery (described in the 'Findings' section). The main inclusion criterion for delivery partners was their established relationships across five district councils of East Lancashire. The main criteria for delivery partner facilitators was experience of working regularly with young people similar to those P4T targets. Delivery partners exercised their discretion in determining this. Facilitators were also expected to have the availability, support from their organisation and motivation to participate in P4T. Following the onset of the COVID-19 pandemic, facilitators were also required to have or develop skills in shifting delivery of group sessions online.

Initially, there were three facilitation roles: lead facilitator, co-facilitator and support worker. A fourth role, therapeutic support worker, was added to support young people with additional needs. A qualified therapist (clinical lead) oversaw delivery. Facilitators engaged with parents/carers/families during implementation to initiate and maintain young people's participation, but there was no direct delivery to or support for parents/carers/families though weekly 'check-ins' with parents/carers while their child/ren attended the programme. This is something that may be considered worthwhile in exploring and testing in future iterations of the programme (See 'Conclusion'). Facilitators were also required to support other aspects of programme implementation, including

eliciting referrals of young people into the programme from other service providers, carrying out home visits and assessments at Stage 2 (see Figure 1), and arranging for young people's attendance and transportation to weekly sessions.

#### Dosage (duration, mode and frequency)

Initially, P4T included 10 sessions, in groups of 10 young people, delivered in person in community venues (e.g. youth leisure centres), once per week, for two hours. Young people were also assigned homework or take-away activities to complete between sessions.

#### Training, materials and resources

Facilitators were trained in person over two and a half days by the P4T programme manager and the clinical lead on core concepts, topic guides, safeguarding, policies and procedures. Existing facilitators also acted as coaches in some training sessions when new facilitators were inducted. In addition, facilitators received P4T's Course Content Manual and materials describing the therapeutic topics and activities for each session. The manual included the aims and objectives of each session, anticipated learning and experiential outcomes for young people, and detailed session plans with activities and timings. They also received the Operational Processes and Procedures document as a guide to overall implementation. Due to COVID-19, programme training and coaching was revised and moved online.

#### Supervision and support

In addition to the guidance above, P4T included three clinical supervision meetings (per group) for facilitators to which all facilitators were invited, led by the clinical lead. The purpose of these were to promote reflective practice and the ongoing professional development of facilitators, ensure that CBT- and trauma-informed approaches underpinned P4T and support facilitators in their role.

Facilitators of a given group also had pre-brief (planning) and de-brief (review) meetings immediately before and after each session. Pre-briefs were held to review session plans and confirm roles and responsibilities and additional support regarding young people in the group. The de-brief was held to share observations and reflections, review incidents and safeguarding and reflect on facilitators' roles and responsibilities and what they may need. In the de-brief sessions, the therapeutic support worker also offered their guidance, support and feedback on CBT elements of the programme.

Reflective practice sessions were held between management staff and facilitators to

support facilitator wellbeing and elicit feedback on their experience.

### P4T group session content

Overall, the P4T programme is based on a therapeutic process guiding young people on a journey from self-awareness ('What do I do?') through self-responsibility ('What do I need to change?' and 'What is mine to change?') and then to behaviour change (coping strategies, support plans and new ways of thinking, doing and acting).

This process is reflected each week in the session topics guides. The beginning sessions focus on building awareness, the middle sessions on building self-responsibility and the final sessions on behaviour change. See Annex 1 for overviews of session content.

### Planned adaptations

The programme content was structured and manualised. There were no predefined adaptations at the start of the evaluation, although facilitators were expected to use their experience to tailor their style of facilitation and communication to meet the needs of the young people in their group.

### Unplanned adaptations

The initial design of P4T changed rapidly and considerably over the course of the evaluation. Some of these changes were in response to the COVID-19 pandemic, which forced P4T to cease delivery for six months from March 2020 (two weeks into delivering the first two groups) to September 2020. During the cessation, the programme management staff and the evaluator discussed the use of an online mode, and the staff and developers worked on developing this and other adaptations. During these six months, programme staff sought to keep young people from the first two groups updated with plans and linked them to other sources of support. However, young people became disengaged or otherwise affected by the pandemic and eventually discontinued their participation.

Other changes to the design were made as learning about what seemed most practicable and acceptable for implementation emerged over time. All changes to the design were managed and decided on by the developers and programme management staff. The 'Findings' section of this report explains the results and learning that contributed to these changes. Table 1 below summarises the main changes to the initial design during the course of delivery and shows whether they were 'driven by COVID-19' or 'driven by early-stage learning'. All changes made during delivery were undertaken by programme and delivery teams, in light of the learning they accrued through this delivery (not directly informed by evaluation evidence).

**Table 1. Summary of iterative adaptations made by programme staff/developers to P4T initial programme design**

Programme component	Initial design	Change driven by COVID-19	Change driven by early-stage learning	When change was made
Who receives	Young people with mild to moderate emotional and behavioural difficulties		Eligibility was extended to include young people with emotional and behavioural difficulties ranging from mild to very high.	End of the evaluation
Who delivers	Three facilitation roles, including lead facilitator, co-facilitator and support worker		A fourth role was added, therapeutic support worker, to respond to the appearance of higher needs in young people.  The total number of facilitators was also increased to give additional support.	During the evaluation
Referral (Stage1) (see more about instruments used in the 'Data collection' section)	Referrers use P4T's Risk Identification Checklist (RIC) to refer young people.		Referrers contact P4T about young people they wish to refer based on the eligibility criteria. P4T programme management staff contact and complete the RIC in discussion with referrers.  These changes were adopted to minimise the intensity/burden of referral on referrers and collect more detailed information on young people.	During the evaluation
Assessment (Stage 2) (see more in the 'Data collection' section)	P4T facilitators conduct home visits to complete this stage.	Home visits replaced temporarily by telephone calls.		During the evaluation
Delivery model	Group-based only		One-to-one component added in response to the appearance of higher needs in young people – the Strengths and Difficulties Questionnaire (SDQ) scores are used for 'triaging' young people based on level of need.	End of the evaluation
Duration	10 weeks		Twelve weeks, with the addition of an introduction/welcome session to put young people at ease and a final one-to-one session with a therapist to plan for onward needs	During the evaluation

**Table 1 (continued).**

Programme component	Initial design	Change driven by COVID-19	Change driven by early-stage learning	When change was made
Mode	In person	Online version created to maintain delivery.		During the evaluation
Frequency	Weekly, two hours	Sessions offered twice per week to fit within school terms and maintain momentum (some young people also used their school's digital resources to participate online).  Online length shortened to one hour.	Length generally shortened to 1.5 hours to reduce the burden on young people, especially those with seemingly higher needs	During the evaluation

## Research questions

The evaluation plan was developed using the theory and components articulated in the Theory of Change. Since P4T was in the early stage of development, the evaluation had two objectives:

1. Measure whether P4T was implemented as described in the Theory of Change and programme design; and
2. Assess whether P4T was acceptable to the young people and facilitators who participated.

The following questions were used to address the two objectives.

1. Which young people participated in P4T, and were they the expected target population?
2. Were P4T groups delivered as expected?
3. Did young people participate in P4T as expected?
4. Which factors influenced how P4T was implemented and young people's participation?
5. How acceptable was P4T to the young people and facilitators who participated?

The methods by which these questions were addressed are described shortly.

## Success criteria/ targets

Table 2 presents the success criteria and rationale for the research questions, which were developed with the P4T developers in January 2020 as part of the evaluation plan. They were revised (limited) by the evaluator in July 2021 when it became evident that P4T would not be able to generate the evidence needed to answer some key questions about feasibility due to data collection challenges. These challenges are explained under ‘Data collection’ in the ‘Methods’ section.

**Table 2. Research questions, success criteria/targets and rationale**

Research questions	Success criteria/targets (expected results)	Rationale	Revisions to research questions or expected results based on data collection limitations
1. Which young people participated in P4T, and were they the expected target population?	All young people who participate in P4T must be aged 10–14, from East Lancashire and, at baseline, showing mild to moderate emotional difficulties and externalising behaviours and risks of being involved in criminal non-violent or violent behaviour.	It was hypothesised that P4T’s design would be most effective with at-risk young people with mild to moderate rather than high needs. This was informed by the available literature on the effectiveness of CBT interventions.	
2. Were P4T groups delivered as expected?	The minimum number of sessions held for each group of young people must be nine out of 11 or 80% of sessions. Eleven is used instead of 12 since the final session was one-to-one.  The mean number of sessions held for all groups delivered must be nine out of 11.  The frequency of group sessions must be once per week if delivered in person and twice per week if delivered online.	80% was selected based on P4T programme developers’ previous experience of delivering a similar group-based programme.	Questions focused on duration, mode and frequency only. Due to data collection limitations (missing or incomplete data), other questions could not be addressed, including those related to adherence or fidelity to specific topics, activities or techniques in the programme design. Also, it was not plausible to measure adherence/fidelity because plans were changed continually and rapidly in response to the COVID-19 pandemic.



**Table 2 (continued).**

Research questions	Success criteria/targets (expected results)	Rationale	Revisions to research questions or expected results based on data collection limitations
3. Did young people participate in P4T as expected?	<p>The percentage of young people who attend their first group session is at least 80% of the total young people assigned to a group.</p> <p>Among the young people who attend their session, the percentage of young people who return to their assigned group and complete the programme is at least 80% of the total number who attended the first session.</p>	80% was selected based on P4T programme developers' previous experience of delivering a similar group-based programme.	Questions focused on attendance at each session only. Due to data collection limitations (missing or incomplete data), questions about the extent to which young people engaged or interacted in their group could not be answered.
4. Which factors influenced how P4T was implemented and young people's participation?	Not applicable	It was hypothesised that programme and contextual factors would influence programme implementation and some young people's participation.	
5. How acceptable was P4T to the young people and facilitators who participated?	Not applicable	Understanding and acceptance of the programme theory and design were likely to influence uptake of plans/guidance by facilitators. Organisational capacity and support were also likely to influence delivery. Features of the programme design were likely to influence participants' experience and participation.	

## Ethical review

In the evaluation planning stage, the evaluator carried out a risk–benefit assessment to ensure that participation in the evaluation would not be harmful to participants, especially young people. This risk–benefit assessment occurred at three levels. First, the evaluator and P4T management staff jointly considered the characteristics and needs of the intended target group of young people. They considered the potential benefits of participation for this group and concluded that there were no significant risks associated with participation. They reviewed the overall evaluation plan – including data collection methods and instruments and procedures for consent and confidentiality – and ensured that young people's rights would be promoted and protected throughout participation. Second, the

evaluator submitted a detailed report of the first-level assessment to the independent ethics review committee. This committee carried out their own review of the evaluation approach and instruments and approved the evaluation on 3 February 2020. Third, details about the evaluation (including the purpose and what participation entailed) were shared by P4T's programme management staff and facilitators with young people and their parents/carers at the point of initial engagement and seeking their informed consent to participate in the P4T programme (see details about the assessment process in the 'Methods' section).

The evaluator obtained young people's informed consent to participate in the evaluation at the same time that consent to participate in P4T was obtained. Young people received an information sheet and privacy notice that described the evaluation, explained that personal information and participation data would be shared with the evaluator and informed young people of their rights to opt in/out of the evaluation and withdraw their data at any time. Parental consent was obtained on behalf of young people younger than 12 years old (balancing rights of the child against ambiguity of capacity to make an informed decision for younger children). The programme management staff shared personal information and participation data with the evaluator only for those young people who provided consent.

The evaluator also obtained consent from facilitators and young people to participate in interviews and focus group discussions at the end of the evaluation. An electronic consent form and an information sheet (bearing details about the interviews and discussions and a data protection notice) were shared with facilitators (by the evaluator) and young people (by the P4T programme management staff on the evaluator's behalf). Signed consent forms were securely returned to evaluators and stored compliant with the General Data Protection Regulation (see below).

## **Data protection**

In accordance with the General Data Protection Regulation (GDPR), the evaluator obtained personal data on facilitators and young people (participants) as data processors. Blackburn with Darwen Council and the Pennine Lancashire Community Safety Partnership were the data controllers. The lawful basis for the evaluator to process the data under the GDPR was 'consent and explicit consent', where participants provided their consent for the evaluator to use their personal information for analysis to address the evaluation.

Data were stored on GDPR-compliant secure Microsoft Office 365 virtual servers inside the European Economic Area (EEA) or UK. The evaluator only shared data with the data controllers for the purpose of checking accuracy and quality. Before the evaluation team

shared data, they signed a legal Data Sharing Agreement with the data controllers. Data were shared securely using specialised encrypted software. Under its obligations as data processors, the evaluation team will not be sharing data with YEF or other parties.

The evaluator exercised good industry practices regarding the protection of personal data as part of its obligations as data processors under the Data Protection Act 2018. Participants maintained the right to oppose, have access to, rectify or remove personal or sensitive personal data held by the evaluation team. The evaluation team will delete all personal data 12 months after the evaluation ends.

## **Programme and evaluation teams**

The P4T programme management staff were responsible for all aspects of the programme's implementation and monitoring. They also facilitated data collection and sharing. The staff included: MA, programme sponsor and Blackburn with Darwen Council Head of Community Safety & Vulnerable People; and AC, P4T project manager and consultant.

The evaluator was responsible for the evaluation design, analysis, reporting and evaluation quality assurance. The evaluators were DS, overall evaluation and research lead; JM, research assistant; and TH, executive lead.

The evaluator collaborated with the P4T developers to develop the evaluation plan (including research questions, success criteria and data collection methods, instruments and time points). The developers were not involved in the data analysis or reporting. The evaluator obtained no other sources of funding for this evaluation, and they have no conflicts or other interests to declare.

## **Methods**

### **Participant selection**

#### **Young people**

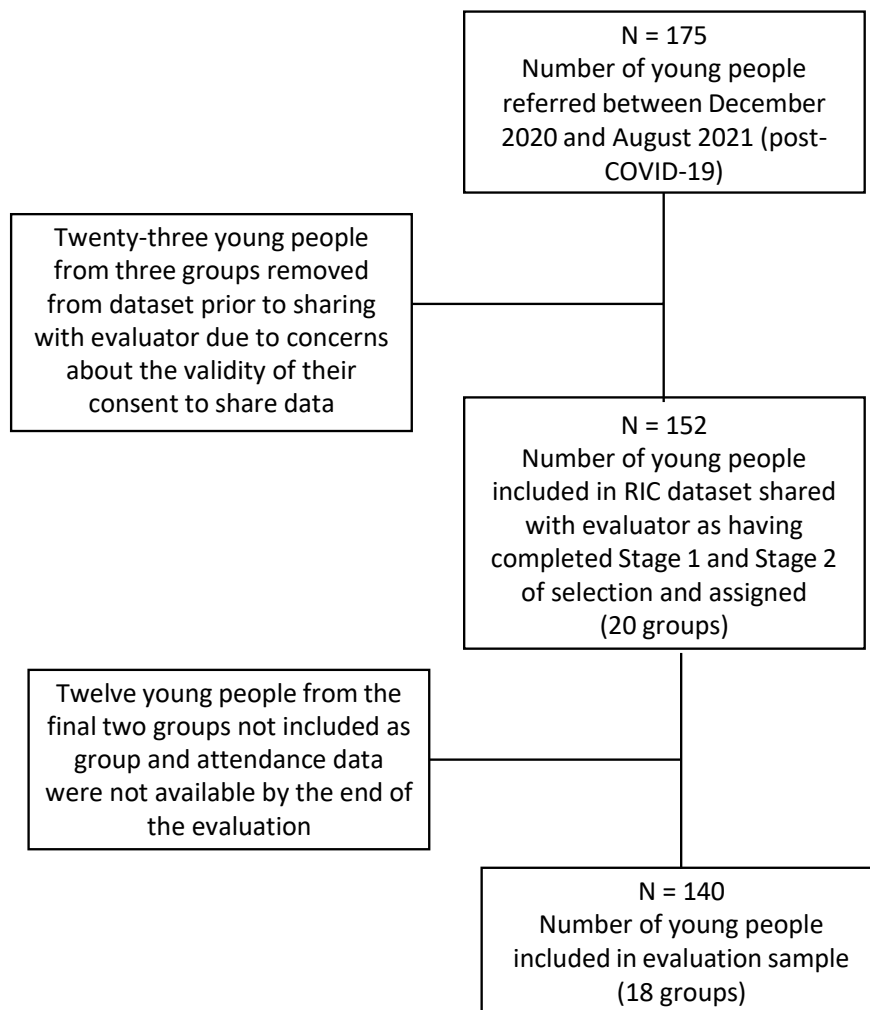
All young people who were eligible to receive support from P4T were also eligible for inclusion in the evaluation. The P4T programme management staff aimed to recruit at least 120 young people (the minimum sample size requested by YEF for inclusion in the evaluation) from five locations in East Lancashire: Blackburn with Darwen, Burnley, Hyndburn, Rossendale and Pendle. Promotional resources to raise awareness among young people and their parents/carers/families and service providers (in social, education and health services) included the Pennine Lancashire Community Safety Partnership

website, a new P4T website, P4T ambassadors (youth advocates), P4T champions (P4T 'graduates'), informational packs and facilitators using 'word-of-mouth'. Young people were selected into P4T in two stages.

Stage 1 was the referral process, in which referrers used P4T's customised Risk Identification Checklist (RIC) to indicate young people they believed satisfied P4T's eligibility criteria. The checklist included questions that matched P4T's criteria as well as other questions about social care support, safeguarding concerns and whether referrers had permission to share young people's information in their answers. Completed checklists were received and reviewed by P4T's programme management staff, who assigned scores to the answers and calculated a final eligibility score. Young people whose checklists scored in the range of 5 to 12 were considered as having met the eligibility criteria. These young people were moved to Stage 2, the assessment process.

Young people included in Stage 2 and their parents/carers were contacted by P4T facilitators to inform them of the young person's referral (if neither was the referrer), generate their initial interest in the programme and arrange a home visit (or telephone call during COVID-19-related restrictions). During visits (or telephone calls), facilitators obtained additional information using a customised P4T assessment instrument. They also obtained consent to participate in P4T and to share data with the evaluator from young people over the age of 12 and parents/carers using the programme's privacy notice and consent form. Young people and parents/carers were also requested to complete two questionnaires chosen by YEF to measure young people's outcomes: (1) the Strengths and Difficulties Questionnaire (SDQ) and (2) the Self-Reported Delinquency: Problem Behaviour Frequency Scale (SR-PBFS; young people only). Teachers were also asked to complete the SDQ for eligible pupils. Scores from these two outcomes questionnaires were not used by P4T to inform selection decisions (the RIC was used for this purpose). Young people who completed Stage 2 and consented/had parental consent to join P4T were registered and assigned to a group. Figure 2 below shows how the final evaluation sample of young people was derived.

**Figure 2. Sample of 140 young people participating in programme**



## Facilitators

All facilitators who were eligible to participate in P4T were also eligible to be included in the evaluation. In total, 37 facilitators from six delivery partners participated in P4T at least once (i.e. facilitated/supported at least one group session). Of these, 21 completed the evaluator's background form and so have been reported on below in the section of the 'Findings' describing facilitators' characteristics. The evaluator obtained separate consent directly from 14 of the 37 facilitators who were available for and interested in semi-structured interviews at the end of the evaluation. Consent was granted for audio and video recording, transcribing of the interviews and sharing anonymised quotes in the final report.

## Data collection

### Summary of data collection instruments and methods used during the evaluation

Table 3 summarises the data collected and methods and instruments used for each research question.

**Table 3. Data collection summary**

Data collection methods	Participants/ data sources	Data collector	Data analysis method	Research questions addressed	Implementation/ Theory of Change relevance	Changes to methods/instruments
Baseline referral checklist (RIC), P4T assessment, SDQ, SR-PBFS, facilitator and young people background forms	Young people and facilitators	Facilitators and programme management staff	Descriptive statistics: mean, count and frequency	Q1	Reach and responsiveness  Target population	Data from the SR-PBFS were discounted as participants found the wording and questions culturally unacceptable, leading some young people to give inaccurate or incomplete responses.
Weekly online Facilitation Group Session Reporting Form, online Supervision Reporting Form (three times)	Facilitators	Facilitators and programme management staff	Descriptive statistics  Thematic analysis	Q2, Q3	Dosage (duration, mode and frequency)  Activities	Facilitation Group Session Reporting Form replaced near the end of evaluation – miscommunication between facilitators and programme management staff led to incomplete and completely missing data.  Reporting form replaced with a basic online spreadsheet to record dosage and young people’s attendance, but no measure of delivery quality or adherence to functions, or young people’s level of engagement or interaction in groups.  In addition, impact of COVID-19 contributed to the inconsistent capture of data.

**Table 3 (continued).**

Data collection methods	Participants/ data sources	Data collector	Data analysis method	Research questions addressed	Implementation/ Theory of Change relevance	Changes to methods/instruments
Online feedback on experience survey and group cohesion survey (using Perceived Cohesion Scale, (PCS)	Young people	Facilitators	Descriptive statistics: count and frequency  Thematic analysis	Q4, Q5	Acceptability  Contextual factors	Frequency of feedback survey reduced from weekly to two times in the evaluation to minimise data collection fatigue/burden on young people and facilitators
15 semi-structured video and in-person interviews with individuals and groups	Young people, facilitators and programme management staff	Evaluator	Thematic analysis	Q4, Q5	Acceptability  Contextual factors	

## **Outcomes data collection**

### Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a validated measure of young people's emotional and behavioural difficulties. The self-reported parent and teacher SDQs were completed by young people, parents/carers and teachers respectively during Stage 2 of participant selection. As mentioned previously, YEF recommended that P4T and the evaluator use the SDQ to provide a common measure of young people's outcomes. There was no follow up measurement in this evaluation. Further details on the SDQ and guidance on its use are available on YEF's website (YEF, 2021).

### Self-Reported Delinquency: Problem Behaviour Frequency Scale (SR-PBFS)

YEF also recommended the use of a second validated instrument to directly measure young people's engagement in anti-social, criminal non-violent or violent behaviours. The evaluator was given a choice between the SR-PBFS and the Self-Report Delinquency Scale (SRDS) from the Edinburgh Study of Youth Transitions and Crime (ESYTC). The evaluator shared both instruments with the P4T programme management staff, who selected the SR-PBFS because it was shorter to complete, and they were concerned about data collection burden on participants. Close to the end of the evaluation in July 2021, the programme management staff informed the evaluator that participants found the SR-PBFS unacceptable (although opportunities for communicating this sooner were available) as the wording was considered culturally inappropriate, and the questions led to misunderstandings about the severity of behaviours that participating young people may present with. Additionally (as outlined in the 'Findings' section), questions were thought to give an unintended impression that P4T was designed for young people with very high emotional and behavioural difficulties and may have influenced their decision to participate. After reviewing some of the data collected using the SR-PBFS, the evaluator deemed the data to be incomplete and inaccurate (some responses were omitted or over-exaggerated).

## **P4T referral/eligibility data collection**

### Risk Identification Checklist (RIC)

It was a non-negotiable eligibility criterion for P4T that young people had not formally entered the criminal justice system (although referrals may have come from diversionary activities or interactions). However, in order to provide further specificity in eligibility, P4T used the RIC in Stage 1 to refer young people. This instrument included questions that measured the six items in the programme's eligibility criteria (in a single form for referrers' convenience). It was drafted by the P4T programme management staff in December 2019 and refined with the evaluator's support to make it more reliable (e.g. by making questions



clearer about which risk/protective factors should be observed to reduce referrers' need to infer meanings and adding defined answer choices to control the range and quality of responses referrers could provide). Other staff not involved in drafting reviewed and offered feedback to refine the RIC.

The RIC was not formally validated in this evaluation. However, the evaluation findings suggest that while it provided an accessible and acceptable measure of the more obvious criteria items (age, residence, previous/current therapeutic support and engagement with youth justice), it was not specific enough to distinguish young people who had mild to moderate emotional and behavioural difficulties from those with high/very high emotional and behavioural difficulties, especially if the prevalence of young people with high/very high needs was high (see the 'Findings' and 'Conclusion' sections for more details and reflections).

### **Dosage and young people's participation data collection**

#### Group facilitation reporting form

The evaluator initially developed an online form, called the Facilitation Group Session Reporting Form, to track delivery and young people's participation weekly for each group session. This form was to be completed by a facilitator after each group session and included questions about dosage, mode, topics delivered and how programme activities, functions and techniques were used to achieve session objectives (measure of quality/adherence to design). It also included space to note which young people attended and missed the session, plans for follow-up engagement and level of interaction/engagement of attendees with the content delivered.

A combination of miscommunication between facilitators and programme management staff and delays in the development of P4T's database prevented the use of this form during the evaluation. Also, most of these data were not captured in detail elsewhere in the programme. This is a limitation of the study, also illustrative of the challenges faced by the programme team in establishing and using consistent data collection approaches. The challenges were identified close to the end of the evaluation in July 2021, leading the evaluator to develop a basic online spreadsheet where facilitators entered the minimum data on number and frequency of sessions held, mode and number of young people who attended each session. Facilitators responded quickly to the need to enter data in this basic spreadsheet. Data entry was retrospective – between two and seven months after delivery ended for most groups. Facilitators confirmed the accuracy of the data they entered; however, data entry/reporting errors may have occurred. Based on these potential limitations, the findings in this report provide a limited understanding of implementation fidelity and young people's participation in P4T. Additional interviews were conducted with facilitators, young people and management staff to partially compensate for this limited understanding (see below).

## **Participant experience data collection**

### Young people's feedback on experience survey

The evaluator developed a weekly feedback survey to gauge young people's thoughts and feelings about topics/activities and general likes/dislikes at the end of each session. The facilitators and programme management staff actively encouraged and supported young people in the first two groups to complete the survey each week. However, facilitators and young people in these early groups eventually found the frequency burdensome. In August 2020, the evaluator responded by reducing the number of questions on the feedback questionnaire and only issuing the survey twice: at Session 1 and Session 10.

### Perceived Cohesion Scale (PCS)

Since P4T was group-based, the evaluator also hypothesised at the start of the evaluation that young people's feelings about their group members and their attachment to their group could influence their participation and retention. Previous research suggests that where individual-based therapy relies on a therapeutic alliance between the patient-therapist dyad, small group-based therapy relies on feelings of cohesion between members and within the group (Bollen and Hoyle, 1990). The evaluator used the validated six-item PCS, which measures two dimensions of cohesion: (1) belonging, where members of a group develop a desire to associate with their group and (2) morale, where members are motivated to work together to achieve common goals and objectives (Bollen and Hoyle, 1990; Chin et al., 1999). Programme staff reported that the PCS was more acceptable to young people, facilitators and the P4T programme management staff than other instruments considered (such as the Group Climate Questionnaire) because it was short and accessibly worded and could be completed quickly online by a young person with the help of a facilitator.

Young people were surveyed using the PCS online at two time points: (1) between group Sessions 4 and 7 (halfway through P4T), to share their initial feelings after having enough time to start developing a sense of cohesion and (2) at Session 10, to share their final feelings and indicate whether their feelings had changed. A total of 42 young people completed the initial survey, and seven of these responded to the follow-up survey at Session 10. Therefore, the evaluator analysed the responses to the initial survey only. No reasons were given for the lower response to the follow-up, although the evaluator surmised that general data collection fatigue may have been a contributing factor.

### Semi-structured interview and focus group discussion

At the end of the evaluation in September and October 2021, the evaluator arranged and led 14 semi-structured facilitator interviews (nine online and five in person) and one in-person focus group discussion with six young people. This was the limit to what the programme team and evaluators could do in the given timescales and pandemic context.

Given the small number of facilitators (n = 37) and the likelihood that not all would be available or willing to attend an interview, we sought to interview any facilitator who participated in at least one P4T group session and was available for and interested in an interview. To recruit interview participants, the evaluator contacted a focal person from each of the six delivery partners and shared with them the interview purpose and potential dates and an invitation for facilitators to respond. Fourteen facilitators from the six delivery partners expressed an interest in being interviewed. The evaluator sent these 14 facilitators further details about the interview, including the topics, a copy of the evaluator's data protection policy and a consent form. The evaluator also repeated the data protection and consent statements at the start of each interview. For each interview, the evaluator obtained verbal or written consent to record (audio and video) and transcribe interviews, use the information for the purposes of the evaluation and share anonymised quotes in the final report.

P4T's programme management staff helped the evaluator to identify young people who were interested and available to join a focus group discussion in person. As with facilitators, the evaluator provided young people with details about the discussion, including the topics, a copy of the evaluator's data protection policy and a consent form. P4T's programme management staff arranged a safe and accessible local venue, refreshments, transportation and participant compensation for young people. Nine young people – eight males and one female – agreed to participate and gave their written consent for audio recording, transcription, using information for the evaluation and sharing anonymised quotes. Six of these young people, all males aged 10–14, attended and participated in the group discussion.

To prepare for the interviews and focus group discussion, the evaluator reviewed P4T's Theory of Change and consulted studies in the field of implementation science that focused on identifying factors that promote and inhibit the implementation, uptake and acceptance of programmes delivered to participants (Carroll et al., 2007; Sekhon, Cartwright and Francis, 2017; May et al., 2018). The evaluator created interview and discussion guides that included structured questions asking participants to describe their experience with components or aspects of P4T and to give examples of what worked well, what worked less well and how the programme could be improved. Guides also included standard probes to help participants understand or give more details. All participants interviewed were asked the same question while the order in which the questions were asked was adapted based on participants' needs and the flow of conversation. In interviews and the focus group discussion, participants were also invited to freely share any other feedback on the programme.

## Analysis

The data collection forms and questionnaires developed by/with the evaluator bore a confidentiality note to assure participants of confidentiality and anonymity and that there were no 'right' or 'wrong' responses. Where facilitators supported young people to complete questionnaires or other instruments, advice was given to rephrase or clarify but not influence young people's responses. However, there was no opportunity in the evaluation to pilot or validate (test the reliability/validity of) customised instruments, especially without placing additional burden on participants.

Quantitative data from referral/eligibility and outcomes questionnaires and facilitation and participation forms were aggregated and summarised (count, mean and percentage) using descriptive statistics in Excel and Stata. The results were used to address research questions 1 (targeting young people), 2 (delivery of group sessions) and 3 (extent of young people's participation). Quantitative data from feedback surveys were also aggregated and summarised (count and percentage) using descriptive statistics to address research questions 4 (influence of factors on young people's participation) and 5 (acceptability among young people).

Using a deductive approach, applying the Theory of Change as a framing for coding themes, the evaluator analysed open-text responses from feedback surveys and transcriptions and notes from interviews and the focus group discussion. Researchers on the evaluation team examined some of the feedback, transcriptions and notes and identified initial themes and sub-themes associated with each question asked from the topic guides. They discussed the themes, including similarities and differences in how themes were identified and understood. They created a list of substantive themes that they used to examine, code and summarise all qualitative data. The results from this analysis helped to address research questions 4 and 5 and gain a better understanding of how well aligned the Theory of Change and design were compared to practice.

The researchers also used facilitators' responses from the facilitator background form to create attribute codes (occupation/professional role, gender, age and previous facilitation experience). During analysis, there were no observable relationships between facilitators' responses and their attributes. Also, some facilitators asked the evaluator not to associate their attributes with their quotes in the final report, especially their occupation, organisation or professional role. Therefore, all facilitator quotes shared in this report are completely anonymised (without attribute codes).

During analysis, method triangulation was used to compare data on the same issue (e.g. barriers to participation) that were collected using multiple methods (e.g. feedback survey, interview and meeting notes) (Carter et al., 2014).

## Timeline

**Table 4. Timeline**

Date	Activity	Responsible/lead
November–December 2019	Evaluation initiation meeting, Theory of Change development and evaluation planning	Evaluator, P4T developers and programme management staff
January 2020–August 2021 (ongoing throughout the evaluation until sample size reached)	Young people recruitment, eligibility assessment and group assignment	P4T programme management staff and facilitators
January–February 2020	Facilitator recruitment and training	P4T programme management staff
February–March 2020	Development of electronic data collection instruments and methods to measure delivery, participation and feedback	Evaluator and P4T programme management staff
March 2020	Start of in-person delivery of group sessions	P4T facilitators
March 2020	Cessation of all group session delivery as a result of COVID-19-related national lockdown	Not applicable
March–May 2020	Consultation and evidence review to adapt P4T for online delivery	Evaluator and P4T programme management staff
May 2020–September 2020	P4T adapted for online delivery	P4T programme management staff
June 2020	Development of a new P4T database initiated	P4T programme management staff
October–December 2020	Additional delivery partners'/facilitators' recruitment and training to deliver online programme and meet original commissioned targets	P4T programme management staff
October 2020–October 2021	Resumption of delivery of (23) groups (including online)	P4T facilitators
July 2021	P4T database delayed indefinitely, and basic methods used to collect minimum data on delivery and participation	P4T programme management staff and evaluator
September 2021	End of evaluation data collection and final interviews/group discussions with facilitators, delivery partner staff and young people	Evaluator
October–November 2021	Analysis and report write-up	Evaluator

**Table 4 (continued).**

Date	Activity	Responsible/lead
November 2021	Dissemination of evaluation findings to P4T developers and programme management staff	Evaluator
December 2021	Submission of final evaluation report	Evaluator

## Findings

### Participants

#### Young people (research question 1)

Relevant characteristics of the young people who were selected into P4T are presented in Table 5 and Figure 3 below. Findings are based on data from the RIC and SDQ and help to answer research question 1: *Which young people participated in P4T, and were they the expected target population?*

Findings on characteristics are listed for 140 young people (main evaluation sample) in Table 5. For Figure 3, self-reported Total Difficulties scores were missing for 39% of young people (55/140); parent-rated Total Difficulties scores were missing for 37% of young people (52/140); and teacher-rated Total Difficulties scores were missing for 49% of young people (68/140). The main reason given for missing data was that some young people, parents/carers and teachers did not complete and return the SDQ to programme management staff in time due to competing demands or feelings of data collection burden. As mentioned previously in this report, data collected using the SR-PBFS were excluded from analysis.

Table 5 shows that, as P4T expected in the success criteria, most young people were 10–14 years old at the point of selection. Most young people (79%) were male – a disproportion that may have been due, in part, to the use of externalising behaviours as an indicator for eligibility. Some studies have suggested that males are more likely than females to display emotional and behavioural difficulties as externalising behaviours (Moffitt et al., 2014). Therefore, the needs of females who also experience emotional and behavioural difficulties may go unrecognised and unsupported. Other factors related to selection and information biases and the accuracy of the RIC may have also influenced this disproportion. These factors, including reflections and possible explanations from practitioners, are reflected upon in later sections of this report.

Table 5 also shows that most young people (72%) were living in Blackburn with Darwen, with fewer-than-expected young people from the other four target locations in East Lancashire. Interviews with facilitators indicate that this difference between locations may have been due to either: (a) P4T’s stronger relationships with service providers and young people and their parents/carers in Blackburn with Darwen compared to the other locations; (b) the unitary local government system of Blackburn with Darwen (compared to the multi-tier system in the other locations), which may have contributed to better promotion of and communication about P4T between Blackburn with Darwen local council staff and community-level providers of services for children and young people; or (c) the longer time needed for P4T to become known and embedded in other locations compared to Blackburn with Darwen, where it was founded.

Finally, Table 5 shows that young people in P4T had a range of risk factors that are potentially associated with aggressive behaviours, offending and violence among young people. The prevalence of some of these were high, i.e. there were individual risk factors that were present for more than half of the included young people.

**Table 5. Summary of young people’s characteristics at the point of selection into P4T (n = 140).**

Characteristics	Count	Percentage
<b>Age in years</b>		
10	22	16%
11	39	28%
12	22	16%
13	17	12%
14	27	19%
Over 14	9	6%
<i>Missing</i>	4	3%
<b>Gender</b>		
Female	26	18%
Male	110	79%
<i>Missing</i>	4	3%

**Table 5 (continued).**

Characteristics	Count	Percentage
<b>Residential Location</b>		
Blackburn with Darwen	101	72%
Burnley	21	15%
Hyndburn	3	2%
Pendle	5	4%
Rossendale	6	4%
<i>Missing</i>	4	3%
<b>Prior offending</b>		
Not already known to Youth Offending Team and supported by Prevention and Diversity Team	137	98%
<b>Individual risk factors and externalising behaviours</b>		
Displayed aggression or violence towards others	125	89%
Engaged in non-violent or anti-social acts	93	67%
Very often lost control	82	59%
Used alcohol or drugs	18	13%
Ever a member of a gang	1	1%
Sometimes or often skipped school in past 12 months	55	39%
Sometimes or often dismissed from class in past 12 months for being disruptive or aggressive	76	54%
Currently temporarily or permanently excluded from school	2	1%
<b>Peer-related risk factors</b>		
Sometimes or often associated with peers in the past 12 months who had engaged in a criminal act	70	50%

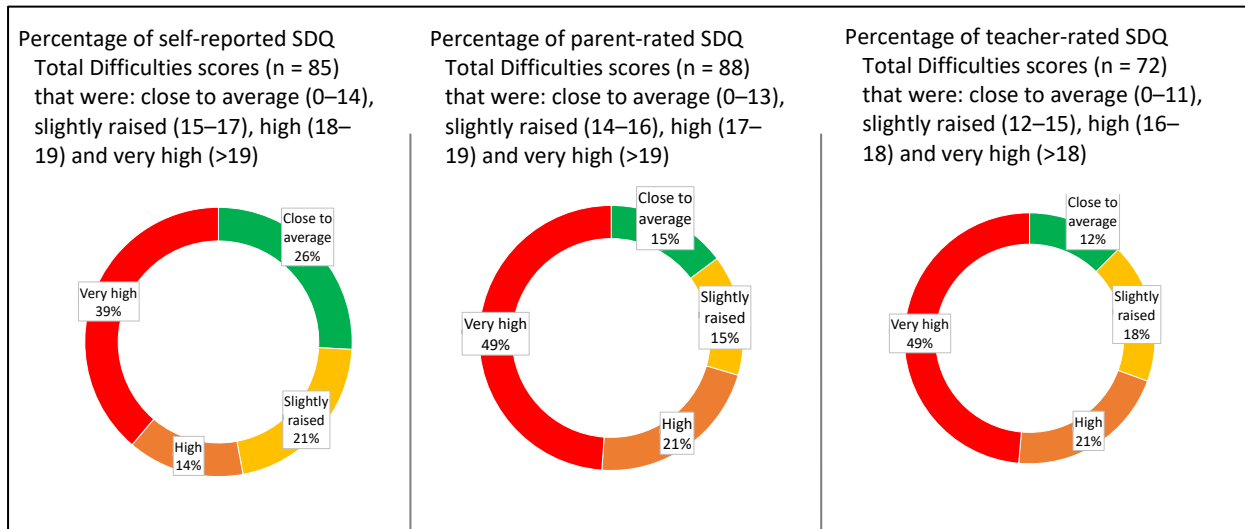


**Table 5 (continued).**

Characteristics	Count	Percentage
<b>Parental/familial risk factors</b>		
Concerned about relationship with their parent/carer	29	21%
Had household member who has engaged in violence or crime	22	16%
Had household member who misuses alcohol or drugs	12	9%
Supported for social care or child protection needs	44	31%
Received mostly negatively or no parental motivational support	23	17%
Received mostly lax or no parental regulatory support	38	27%

Figure 3 (a–c) below shows that most young people for whom SDQ Total Difficulties scores were reported had high or very high emotional and behavioural difficulties at baseline. The mean self-reported (young person) SDQ Total Difficulties score was 18 (standard deviation, [SD]: 5; range: 6–33), the mean parent SDQ Total Difficulties score was 20 (SD: 7; range: 2–35), and the mean teacher SDQ Total Difficulties score was 18 (SD: 6; range: 7–31). As a comparison, these P4T parent and teacher mean scores are significantly higher than the national mean parent and teacher SDQ Total Difficulties scores of 8.4 (SD: 5.8) and 6.6 (SD: 6.0), respectively, based on nationally representative samples of parents of 10,298 pupils and teachers of 8,208 pupils aged 5–15 (Meltzer et al., 2003). This suggests that, on average, the level of emotional and behavioural difficulties found in young people who participated in P4T is higher than the level of difficulties found in young people nationally. These levels of needs were also higher than the mild to moderate needs P4T defined in the eligibility criteria. Moreover, the components included in P4T’s initial design (e.g. group-based approach, non-specialist therapeutic support and targeting young people only) were not intended to support young people with high levels of needs (O’Connor and Waddell, 2017).

**Figure 3. Summary of young people’s baseline SDQ Total Difficulties scores: (a) self-reported scores (n = 85), (b) parent/carer scores (n = 88) and (c) teacher scores (n = 72).**



The interviews with facilitators also indicate that some young people may have higher needs than expected based on the programme’s initial design. During the evaluation, the programme management staff also became aware of this and responded by adding the fourth facilitation role, therapeutic support worker, and increasing the number of facilitators working with some groups.

*[P4T] was always designed as early intervention and prevention, but I’m not sure whether some of the young people were suitable for this. I think some of the young people had needs that were too high. ...as a higher-need intervention, it goes a bit pear-shaped because group work shouldn’t be for that.* P4T facilitator interview

As such, the higher than anticipated emotional and behavioural needs of those served and corresponding adaptations and increases in therapeutic staff roles shifted the nature of the intervention and programme content from an early intervention programme to one that was responding to already well-established behavioural and emotional difficulties. This was a significant departure from what was planned and challenged the underpinning Theory of Change. CBT techniques, such as goal-setting, role playing and monitoring/feedback, were useful but not sufficient. The group setting was not always optimal for working with such high needs, and young people required additional therapeutic support than was possible to provide within the structure of the P4T programme (and as such, was provided in addition by programme staff).

## Facilitators (research question 4)

Findings about the characteristics of the delivery partner staff who facilitated P4T group sessions are helpful for answering research question 4: *Which factors influenced how P4T was implemented and young people's participation?*

Table 6 shows that the group of facilitators had diverse demographic and professional backgrounds. Most also had direct experience of supporting young people, including more years or skills in specialist roles for those filling lead facilitator and therapeutic support roles.

**Table 6. Summary of facilitators' characteristics (n = 21)**

Characteristic	Count	%
<b>Age range in years</b>		
18–30	2	10%
30–40	8	38%
40–50	4	19%
Over 50	7	33%
<b>Gender</b>		
Female	15	71%
Male	6	29%
<b>Current occupation/role</b>		
Youth worker	7	33%
Therapist/counsellor	5	24%
Health, wellbeing or community safety	2	10%
Service manager or coordinator	3	14%
Other support role	4	19%
<b>Prior experience in a role similar to that required by P4T (i.e. group CBT with young people)</b>		
Yes	16	76%
No	5	24%

The interviews with facilitators identified several key motivations for participating in P4T. For example, facilitators were motivated by the programme's goals, which were aligned to

the goals of their substantive role and organisation. Another motivator was that the programme contributed to filling the need for more services locally that support younger children in the five target locations of East Lancashire. The programme's use of facilitators with diverse experiences was seen as another important value, as well as the possibility that it may lead to positive changes in outcome for the target group of young people. Previous research suggests that these kinds of perceptions can positively influence the uptake of implementation plans and adherence during delivery (May et al., 2018).

*I was very interested in supporting colleagues. It also plugged a gap in working with an earlier age group.* P4T facilitator interviews

#### **Settings (research question 4 – factors influencing implementation and participation)**

As mentioned previously in this report, P4T targeted young people residing in five locations in East Lancashire. P4T's initial design included two settings: community and school. Community venues hosted in-person groups that included a mixture of young people from the five different locations. During COVID-19-related national lockdowns, young people who were in these groups attended their sessions online using technological devices (and P4T's platform) from their homes.

Some groups of young people attended sessions in a room in their school (as opposed to in community settings). These young people were permitted to leave their classroom to attend P4T group sessions during school hours. To attend, young people within these groups also had to be pupils from the school. Similarly, online versions of in-school sessions were held during school hours and accessible using school resources. A teacher also attended these group sessions (in person and online) to assist with behaviour management and help maintain a positive support environment.

Table 7 below shows the 18 groups delivered by setting and mode (whether in person, online or a combination of the two). These findings show a difference in in-person delivery based on setting. This difference may have been driven partly by: (1) the number of young people within the same school who were eligible and available to participate in P4T; and (2) the greater restrictions on delivering in schools especially amidst the ongoing pandemic.

The COVID-19 restrictions that drove a shift towards online delivery were an essential but unplanned adaptation. As discussed in the following section, there were advantages and disadvantages to this. The advantages included, for some young people, ease of access and engagement, no requirement for timely travel to physical locations and a better alternative to physical facilities that were sub-par. However, for some young people, disadvantages included inadequate technology, whereas for programme staff and facilitators, they included barriers to effective group working, rapport and identification of potential safeguarding concerns.

**Table 7. Number of P4T groups delivered by setting and mode (n = 18)**

Setting	Mode		
	In person	Online	Combined
Community venue	6	4 ( <i>at home</i> )	0
School room	3	4	1

## Intervention feasibility

### Dosage (research question 2)

The findings in this section are based on data reported by facilitators using the basic online spreadsheets and are helpful for answering research question 2: *Were P4T groups delivered as expected?*

As mentioned previously, measures of dosage were limited to duration, mode and frequency due to data collection challenges. As a reminder, the expectations for dosage were that: (1) each group of young people held at least nine out of 11 group sessions (Session 12 was a final one-to-one); (2) the mean number of sessions held for all groups delivered was nine out of 11; and (3) the frequency of group sessions was once per week if delivered in person and twice per week if delivered online.

Table 8 below shows that of the 18 groups analysed, most (72%) held the expected number of group sessions, with 13 groups holding the minimum of nine out of 11 group sessions. The mean number of group sessions held across all groups was as expected, at nine out of 11 group sessions. Of the five groups not achieving the minimum expected, four were delivered in person (two of these were also in a school setting). The other group was delivered using a mixture of in-person and online delivery while young people were in a school setting.

Table 9 shows that groups delivered solely online were most likely to achieve the minimum nine sessions. This difference may have been due in large part to the disruptions caused by COVID-19, which hindered in-person gatherings.

Table 10 shows that the frequency of the delivery of groups was not as consistent as expected and varied by mode. As with the duration of online groups, the frequency of online groups was less likely to be disrupted by the pandemic, and therefore online groups

were more likely to be held as frequently as expected.

**Table 8. Number of groups based on number of group sessions held (n = 18)**

Number of group sessions held	Number of groups
Held 11 out of 11 group sessions	9
Held at least 9 out of 11 group sessions (minimum expected)	13 (including the 9 above)
Held less than 9 out of 11 group sessions	5

**Table 9. Number of groups that achieved the expected minimum dosage of nine sessions by mode (n = 13)**

Delivery mode	Number of groups
In person	5
Online	8
Combined	0

**Table 10. Number of groups delivered by frequency and mode (n = 18)**

Frequency*	Delivery mode		
	In person	Online	Combined
Once per week	4	1	0
Twice per week	4	7	1
Frequency varied	1	0	0

*\*Note that in response to the pandemic, the expected frequency of sessions changed to once per week if held in person and twice per week if held online.*

### **Young people's participation (research question 3)**

The findings in this section are based on data reported in the basic online spreadsheets and from programme management staff records (the latter was used to confirm the number of young people who attended Session 1 and the number who completed the programme). They are helpful for answering research question 3: *Did young people participate in P4T as expected?*

As mentioned previously, the measurement of participation was limited to the number of young people who attended a session due to data collection challenges. As a reminder, the expectations for participation were that: (1) the percentage of young people who attended their first group session was at least 80% of the total young people assigned to a group; and (2) among these young people, the percentage of young people who returned to their assigned group to complete the programme was at least 80% of the total number who attended the first session. In addition, P4T expected that some young people would miss some sessions due to unavoidable reasons such as illness, personal emergencies and wider environmental disruptions (which came to include COVID-19). As such, the programme developers and management staff defined programme completion for a young person as having attended a minimum of 10 out of 12 sessions. These expected participation rates were ambitious, which reflects the high ambitions and value placed on participation by programme staff.

Table 11 below shows that of the 140 young people included in the evaluation sample who were assigned to a group, 76% attended Session 1 of their assigned group. This percentage was below the 80% attendance expected. Nine out of 10 young people who attended Session 1 returned to their group for Session 2. Most young people (63%) who started P4T completed the minimum participation of 10 sessions, but this percentage was considerably less than the 80% expected. The percentage also falls to just under half of all young people when based on the total numbers that were assigned to a group. Young people's attendance was not significantly influenced by their age, gender, residential location or SDQ scores ( $p > 0.05$ ).

**Table 11. Number and percentage of young people by attendance (n = 140)**

Group attendance	Number of young people	Percentage of young people
Attended Session 1	107* out of 140 (total assigned)	76%
Returned for Session 2	97 out of 107 who attended Session 1	91%
Attended at least 10 sessions	67* out of 107 who attended Session 1 67 out of 140 (total assigned)	63% 48%

*\*Based on programme management staff records*

### **Potential influential factors and acceptability (research questions 4 and 5)**

Using semi-structured interviews, a focus group discussion and programme meetings, the evaluator collected the views of facilitators, P4T programme management staff and young people to address research questions 4 and 5: *Which factors influenced how P4T was implemented and young people's participation? How acceptable was P4T to the young people and facilitators who participated?* This section presents the influencing factors and features of acceptability that were commonly mentioned by those who shared their views. The findings are synthesised and summarised in the subsequent 'Summary and interpretation of the main evaluation findings' section in the 'conclusion'.

#### Established (referral) relationships and perceived value of P4T

In the initial programme design and Theory of Change, the P4T developers and management staff assumed that P4T would have enough support from service providers, young people and families (key stakeholders) to receive adequate referrals from all five target locations. However, as mentioned earlier in this report, interviews with facilitators highlighted that P4T was more established in Blackburn with Darwen than in the other five locations, meaning the programme was better known among partner agencies and staff, as well as it being a unitary authority, which may have eased communication and referrals within system boundaries. This may have contributed to the lower-than-expected referrals from the other locations. Sharing the positive experiences of young people who participated in P4T contributed to an increase in the programme's value and referrals in Blackburn with Darwen. This also suggests that it takes a reasonable amount of time for a programme like P4T to become established, known and referred to within new areas. This slower time for establishment and set-up should be considered if replicating to new areas.



How young people perceived and understood P4T also may have influenced referrals. Findings from feedback surveys and the focus group discussion with young people showed that young people were motivated to take part in P4T for various reasons. For instance, some young people had a desire to make new friends while others believed that P4T could help them to address their emotional and behavioural difficulties.

*I like that [P4T] is going to try and help me with my behaviour (anger) and swearing.*

Young people feedback survey

Still, some young people were unsure at the start about why they were invited to be involved in P4T. Delivery staff noted that it was especially difficult to engage young people in the referral and assessment process when the process was over the phone, due to COVID-19 restrictions, rather than in person. The P4T developers and management staff have planned to include more one-to-one meetings with referred young people and their parents/carers during the assessment process to help them fully understand P4T and make an informed choice to join.

#### Clarity and appropriateness of the referral and assessment processes

The developers and management staff also expect that the redesigns to the programme will address previous misunderstandings and challenges related to P4T's assessment process. For example, as mentioned earlier in this report, the SR-PBFS gave some young people and parents/carers an unintended impression that P4T aims to support young people with high needs, which may have influenced their decision to participate. This instrument will no longer be used in P4T. Furthermore, to take a more collaborative approach and improve acceptability, the programme management staff have mentioned that they will include young people who previously participated in P4T (and showed an interest in promotion or co-design) in future decisions about the programme's design.

Findings from interviews with facilitators indicate that there were mixed feelings about the other instruments used in the referral and assessment processes. Specifically, the customised RIC was seen as a useful instrument to obtain basic information about some of the risks and needs of young people. At the same time, the RIC took referrers too long to complete; P4T programme management staff also shared that some referrers made this same complaint to them. In response, the P4T developers and management staff modified the RIC by reducing the number of questions. Additionally (as outlined in Table 1), to minimise the intensity/burden of referrals on referrers, during the evaluation a decision was made for P4T programme management staff to contact and complete the RIC in discussion with referrers after a referral was made based on the eligibility criteria. Although this change may have had the benefit of also eliciting more detailed

information on young people, it had the consequence of shifting burden that was previously placed on referrers onto P4T programme management staff.

The validated SDQ was considered useful for measuring young people's emotional and behavioural difficulties. At the same time, as Figure 3 above shows, between 37% and 49% of the 140 young people included in the evaluation sample did not have either a self-reported, parent or teacher Total Difficulties score. Teachers were the least likely of the three respondent groups to complete the SDQ, and they may have been most likely to experience feelings of data collection burden given that they probably taught several of the young people referred to P4T. In the redesigned version of P4T, a programme management staff member or facilitator will support respondents if needed by administering the SDQ to them or supporting them through guided self-assessment during a planned conversation.

A common perception among facilitators was that the referral and assessment processes relied heavily on closed questionnaires instead of being balanced by discussions with young people and parents/carers. Therefore, the accuracy of the information collected using such questionnaires may have been influenced by who completed them. Specifically, findings from interviews indicate that some referrers may have been giving answers to the questionnaires in the direction they perceived was of most interest to P4T programme management staff and would thus increase the likelihood of a referral being deemed as eligible. We were not in a position to explore this further, but this may reflect a paucity of other services in the local area. Previous research studies have also identified this common form of reporting bias during the assessment of risks (exposures) and outcomes (Delgado-Rodriguez and Llorca, 2004).

Facilitators also alluded to the presence of observer bias, where some referrers' answers were influenced by their own expectations about what the prevalence and severity of needs among young people should be (i.e. reporting higher needs to fit perceived thresholds of the programme). The evaluator also noted that the RIC itself may have been an imperfect screening instrument that could not distinguish between young people with mild, moderate or high emotional and behavioural difficulties based on the questions included (measurement error). Collectively, these limitations may have contributed in part to the finding that the participants selected for P4T did not represent the expected target population in terms of level of need (Delgado-Rodriguez and Llorca, 2004). Other biases may also have been produced, and these are mentioned under 'Limitations' in the 'Conclusion' section.

*I think I did a good assessment in the end, but it [the assessment process] was more about getting information from other sources rather than my own experience with the young people.* P4T facilitator interviews

Finally, a key theme that emerged from facilitator interviews was that the amount of time and work required during the referral and assessment processes were more than they expected based on their initial understanding of the programme and their role. There was broad consensus that these processes should have been managed by a dedicated team of P4T programme staff instead of them. Such a dedicated team has now been included in the programme's redesign plans.

*On my designated days for [my main role], I sometimes thought, 'Oh gosh, I still have so much to do for P4T'. There really should be a designated team. Give [P4T] what it deserves because it is a programme on its own rather than being something additional.* P4T facilitator interviews

### Facilitation readiness and ongoing support

Some P4T facilitators said that the P4T training provided a good theoretical understanding of the programme's content. However, some indicated that they would have liked more practical knowledge about how to deliver the programme's content. When asked what worked particularly well during training, they identified the coaching element where existing facilitators shared their experience and offered advice about how to manage likely scenarios. Some facilitators also considered the programme manual helpful.

*I thought the coaching was beneficial because people were talking about their own sessions and delivery.* P4T facilitators interviews

Some facilitators felt that the part of the training that explained their role in P4T was limited – it did not convey the full extent of what was expected of them, especially in managing the assessment process and carrying out additional tasks like arranging transportation for young people to attend in-person group sessions.

A total of 41 supervision sessions were held between P4T's clinical lead (qualified therapist) and facilitators. Of the 21 facilitators who provided the evaluator with background information (and so could be identified), 18 attended at least three supervision sessions as expected. Those who attended supervision described it as helpful for reflecting on their experience and gaining practical support to address challenges during delivery like coping with young people's challenging behaviours.

Findings from interviews also indicate that facilitators found it helpful to have time together before and after each delivery as a 'facilitation support team' of lead facilitator, co-facilitator, support worker and therapeutic support worker. These 'pre-brief' and 'de-brief' meetings helped them to prepare, agree on how to work together and reflect. The structure and content of 'pre-brief' and 'de-brief' sessions have been outlined in the 'supervision and support' section. The P4T programme management staff also mentioned

that some facilitators found the reflective practice sessions helpful. The evaluator attended one of these sessions and noticed that it allowed facilitators to discuss how and why aspects of the referral and assessment processes worked well or less well and to suggest potential modifications.

### Group relationships and perceived cohesion

As mentioned earlier in this report, the evaluator used the six-item PCS to survey young people's sense of group cohesion halfway through and at the end of their participation. While group cohesion, trust and enjoyment of participants were not explicit outcomes in the Theory of Change, this was considered by programme staff as an important foundation upon which behavioural and emotional management /CBT strategies could be delivered from in-group settings by the programme. Programme staff fostered group cohesion through a variety of ice-breakers, games and activities throughout the sessions, as outlined in the programme manual.

Based on the low number of responses to the follow-up PCS survey, the evaluator analysed the 42 responses to the first PCS survey only. The findings show that most young people who responded felt a positive sense of belonging and high morale – the two dimensions of group cohesion measured. Table 12 below shows that 57–86% of the 42 young people either agreed or strongly agreed with the three statements about belonging: (1) feeling like they belong to their group, (2) feeling that they are members of their group and (3) seeing themselves as part of their group. Table 13 shows that 67–88% agreed or strongly agreed with the three statements about morale: (1) feeling excited to be in their group, (2) feeling happy to be in their group and (3) thinking that P4T is one of the best groups anywhere. During bivariate analysis, the sample size of 42 young people proved insufficient to observe meaningful associations between young people's feelings and their characteristics or the programme's characteristics (group, dosage, setting, mode or frequency).

Some young people used the optional open-text section added to the PCS to explain their positive feelings. The evaluator categorised their responses into themes based on dimensions of belonging and morale proposed by previous studies (Chin et al., 1999; Hardy, 2010). Potential contributors to some young people's positive feelings of belonging were: (1) friendship (i.e. forming new positive friendships) and (2) affiliation and identity (with other young people and a group facing similar challenges).

*I've made friends. I like being around people, especially nice people.* Young people's feedback in PCS

*I feel close to the group because they are kind and the activities are fun.* Young people's feedback in PCS

*Because [they] all get where I'm coming from and can help me with controlling*

*my emotions.* Young people’s feedback in PCS

Potential contributors to some young people’s positive feelings of morale were: (1) trust, (2) camaraderie, (3) appreciation and (4) interest.

*I feel like I have trust with the two facilitators.* Young people’s feedback in PCS

*This group has been emotional, but we did it together as a group.* Young people’s feedback in PCS

*Staff are really nice, and you don't get told off for saying your opinion.* Young people’s feedback in PCS

*It's fun, and you are listened to.* Young people’s feedback in PCS

*I just like it; I enjoy the things that are in it, especially the games like Two Truths and One Lie.* Young people’s feedback in PCS

**Table 12. Number of young people based on their responses about belonging (first PCS survey; n = 42)**

Statements and responses	Number of young people
<b>(1) I feel like I belong to my P4T group</b>	
Strongly agree	8
Agree	16
Neutral	8
Disagree	2
Strongly disagree	1
I don't know	6
No answer given	1
Total number of young people who responded	42
<b>(2) I feel that I am a member of my P4T group</b>	
Strongly agree	10
Agree	26
Neutral	0
Disagree	3
Strongly disagree	1
I don't know	2
No answer given	0
Total number of young people who responded	42
<b>(3) I see myself as part of this P4T group</b>	
Strongly agree	8
Agree	21
Neutral	9
Disagree	1
Strongly disagree	1
I don't know	2
No answer given	0
Total number of young people who responded	42

**Table 13. Number of young people based on their responses about morale (first PCS survey; n = 42)**

Statements and responses	Number of young people
<b>(1) I am excited to be in my P4T group</b>	
Strongly agree	9
Agree	21
Neutral	6
Disagree	4
Strongly disagree	2
I don't know	0
No answer given	0
Total number of young people who responded	42
<b>(2) I am happy to be in this P4T group</b>	
Strongly agree	9
Agree	28
Neutral	2
Disagree	1
Strongly disagree	2
I don't know	0
No answer given	0
Total number of young people who responded	42
<b>(3) This P4T group is one of the best groups anywhere</b>	
Strongly agree	11
Agree	17
Neutral	7
Disagree	2
Strongly disagree	4
I don't know	1
No answer given	0
Total number of young people who responded	42

Programme delivery included delivery by a lead and co-facilitator, support worker and, later in the evaluation (to respond to emerging high needs), a therapeutic support worker. Responsibilities of the roles are outlined in the Theory of Change. This dual facilitation was intended to allow delivery of content with additional support to attend to group dynamics, practical support and tailoring of support to individuals within the group. However, due to staffing pressures (exacerbated by COVID-19), it was not always possible for the same delivery team to run individual sessions within a group. This was raised as an inhibitor of consistency and trust, limited facilitators' sense of cohesion and, for future delivery, something to be striven for.

In interviews, facilitators also mentioned that establishing a positive working relationship with each other was helpful. Some suggested that it would have been better if the opportunity to achieve this was built into the programme. Instead, the initial programme design allowed for most facilitators to meet for the first time at the pre-brief meeting (one to two hours before delivery).

### Focus, content and organisation of P4T group sessions

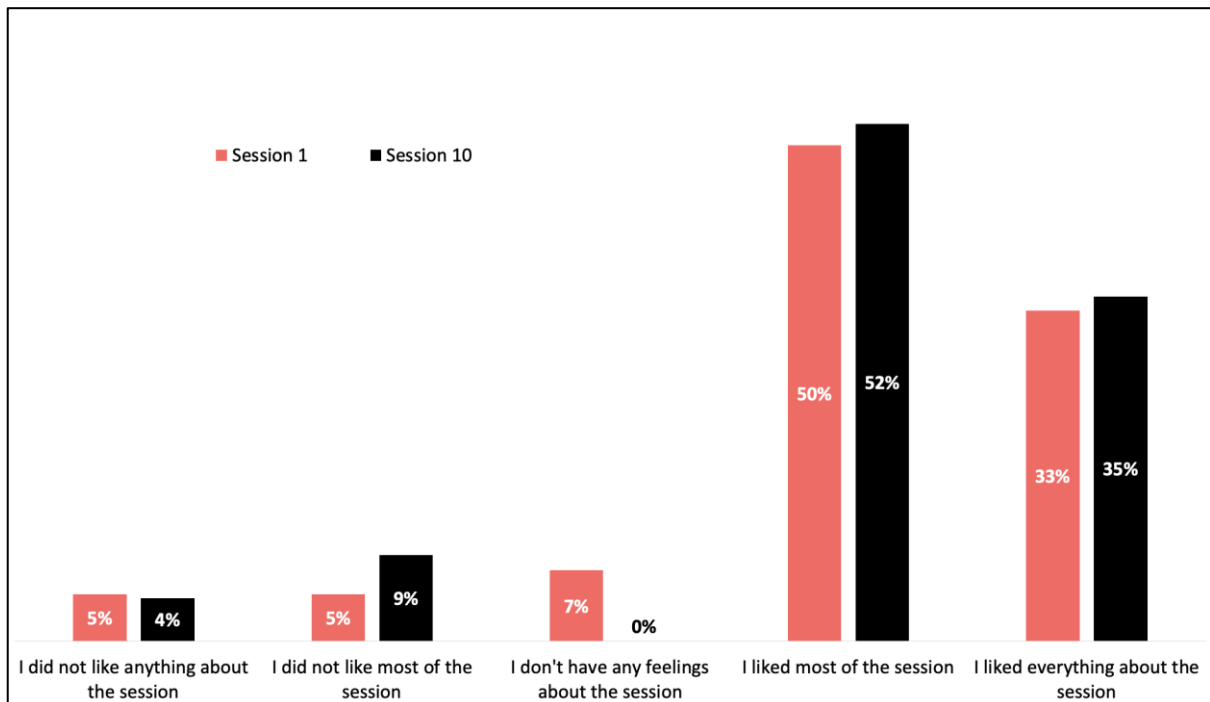
Findings from feedback surveys and the focus group discussion with young people suggest that most young people also felt positively about the focus and content of group sessions. For example, Figure 4 below shows that over 80% of young people who responded to the feedback surveys (n = 42) liked most things or everything about Sessions 1 and 10. In the focus group discussion, some young people also mentioned that they stayed in the programme because they noticed that it was helping them to address their needs. One young person said that since ending P4T, they had reverted to where they were before participating and wished they could have continued in the programme to get more help.

*I have really enjoyed the programme. Before the programme, I sometimes didn't think before I did things, but now I think I can decide what to do.* Young people's feedback surveys

*The activities we did were fun (e.g. Truth and Lies), and we played football, too.* Young people's feedback surveys

*I think [other young people] should join because some of the things like how to control anger have been helpful.* Young people's feedback surveys

**Figure 4. Percentage of young people based on their feelings about group Sessions 1 and 10 (n = 42 and 23, respectively)**



Findings from the facilitator interviews and the young people's focus group discussion indicate that most groups did not use the homework/take-away activities component of P4T because most young people likened it to school homework and so considered it burdensome. 'Homework' included written CBT-based and reflection exercises and journal activities to build on and consolidate topics that had been covered in group sessions. Young people in the focus group discussion said that take-away activities would be more acceptable if they were short, did not seem like a test and helped them to track their progress.

Another piece of feedback from the focus group discussion is that the programme's organisation was a barrier to participation. For some young people, the group sessions were scheduled at a time when they were not available or preferred not to meet. This included sessions held within their school (during school hours) and in a community venue (after school hours). The programme management staff shared that one young person decided to end their participation early because of this concern. Programme staff agreed that going forward, the timing of school-based sessions should, where possible, be undertaken in liaison with school staff who know and can help balance timings based on the circumstances of those attending.

*The sessions are on a Monday and Wednesday afternoon. I am missing my PE, and I am missing the school play in which I am the narrator.* Young people's feedback surveys

Some young people from the focus group discussion also felt that a group-based approach may not have been suitable for them and one-to-one support would have been better. Others found being in a group acceptable, but all participants indicated a preference for a smaller (than 10) group size of four to six young people. The P4T developers and management staff agreed and have included one-to-one support and a smaller group size in their plans to redesign the programme.

Findings from interviews with facilitators show that they generally approved of the topics and activities they facilitated during P4T group sessions. However, some facilitators and young people suggested that it would have been better if the content had also included activities targeted directly at the parents/carers or teachers of young people to enable them to support young people.

Facilitators also generally welcomed the organisation of group sessions, including the settings, duration, frequency and mode, and changes to these during the evaluation. At the same time, some felt that delivering online limited their ability to maintain their specific facilitation role compared to in-person delivery. It was also felt that online delivery limited the ability to identify and respond to safeguarding concerns, especially for young people with high needs. While facilitators indicated that having an online mode was helpful during the COVID-19 pandemic, there was clear support for in-person delivery over online whenever possible, given the kinds of needs P4T aims to support.



### Other programme factors and environmental (external) factors

As mentioned throughout this report, the biggest barrier to in-person delivery was the COVID-19 pandemic, which resulted in the complete disruption of implementation for six months and the cancellation of sessions after they had resumed for some groups due to illnesses, unavailability and safety concerns.

Another general challenge with in-person delivery was that some young people required transportation to venues, which proved physically and emotionally burdensome for some facilitators to arrange. Based on findings from facilitator interviews, there were also mixed feelings about some of the community spaces (e.g. youth clubs) that were used; while these spaces provided structured mutual ground, the many other goings-on within some of them distracted certain young people.

The young people from the focus group discussion also shared some wider facilitators and barriers that influenced their participation. Some mentioned that the venues were physically uncomfortable – either too hot, cold or distracting. They also said that the pandemic posed the most significant threat to their participation.

## Conclusion

### Summary and interpretation of the main evaluation findings

Table 14 below summarises the learning from this process evaluation about the feasibility and acceptability of the P4T programme.

#### Programme successes

These findings indicate that many aspects of the programme's initial Theory of Change and design were feasible. Specifically, inputs that were feasible include the ability to: (1) recruit young people from Blackburn with Darwen who are within the expected age range of 10–14 years old; (2) recruit, train and support facilitators with the required background and motivations; and (3) develop supportive content and materials that were positively received by facilitators and young people. In terms of programme activities, it was possible to deliver the minimum number of nine out of 11 sessions for each group of young people and across the whole programme and facilitate a sense of group cohesion among young people who participated.

**Table 14. Summary of main findings**

Research questions	Findings
1. Which young people participated in P4T, and were they the expected target population?	<p>Most young people were 10–14 years old at the point of recruitment, as expected.</p> <p>Most were from Blackburn with Darwen, with considerably fewer from the four other locations in East Lancashire.</p> <p>All young people were referred prior to formal involvement in the criminal justice system, but most had higher emotional and behavioural needs than the programme expected to support.</p>
2. Were P4T groups delivered as expected?	<p>Most groups that were delivered held the minimum 80% or nine out of 11 group sessions. Online groups were most likely to achieve this target.</p> <p>The mean number of group sessions held was nine out of 11, as expected.</p> <p>Frequency of group sessions was not as expected; it was inconsistent, especially for in-person groups, mainly due to COVID-19.</p>
3. Did young people participate in P4T as expected?	<p>The percentage of young people who attended their first session was 76%, which was close to the 80% expected (itself a high target). Among the young people who attended their first session, 63% returned to their assigned group and completed the programme – less than the 80% expected, but nonetheless a reasonably high retention rate.</p>

**Table 14 (continued).**

Research questions	Findings
<p>1. Which factors influenced how P4T was implemented and young people's participation?</p> <p>2. How acceptable was P4T to the young people and facilitators who participated?</p>	<p>Several factors influenced how P4T was implemented and young people's participation. The main facilitators of participation included: (1) established referral relationships in some targeted locations and (2) positive perceptions of P4T among potential referrers and targeted participants. The main facilitators of implementation included: (1) adequate theoretical training and ongoing practical support for facilitators; (2) positive feelings of group cohesion among young people; and (3) general acceptance of the programme's focus and topics.</p> <p>The main barriers of participation included: (1) the unexpectedly high demands of the referral and assessment processes and (2) the potential biases introduced by the referral/assessment instruments (in particular, wording of measures potentially inferring higher-than-actual need thresholds). The main barriers of implementation included: (1) limited practical training for facilitators; (2) young people's perception of homework/take-away activities as burdensome; (3) the less-than-ideal timing, location and setting/venue of some groups; and (4) the ongoing threat/disruptions caused by the COVID-19 pandemic.</p> <p>These findings also indicate that facilitators and young people had mixed feelings about P4T. The purpose, focus and topics of the programme were acceptable. The organisation and logistics of the programme (e.g. timing, location and setting) was less acceptable, and many of the adaptations to the programme were aimed at improving this.</p> <p>Young people's attendance was not significantly influenced by their age, gender, residential location or level of need, as measured by the Strengths and Difficulties Questionnaire.</p>

Key contributors to these successes include the positive perceptions of P4T among potential referrers and facilitators, the relevance of the goals and topics covered by the content, the structured and diverse forms of supervisory and practical support for facilitators and the feelings of belonging and morale (cohesion) created in young people during group sessions.

Previous studies indicate that these positive factors are likely to increase the implementation and acceptance of participatory programmes (Sekhon et al., 2017). Furthermore, feelings of cohesion, including a desire to associate with one's group and collaborate to achieve common goals and objectives, are important antecedents to active engagement and retention in groups (Bollen and Hoyle, 1990; Chin et al., 1999). These, in turn, increase the likelihood of the transmission of therapeutic content from facilitators to young people and the opportunities for young people to practice with each other and learn positive conforming behaviours (Hawkins and Weiss, 1985).

While not measured in this evaluation due to data collection limitations, the programme's initial Theory of Change included a range of CBT techniques aimed at supporting awareness, knowledge and skills related to emotional and behavioural regulation, such as goal-setting, feedback, problem solving, and communication. This programme content was generally considered deliverable by practitioners and acceptable by young people. Further evaluations should explore the degree to which these techniques are suitable for the target population and implemented with fidelity and if they are associated with any changes in participant

outcomes.

### **Programme challenges**

Some aspects of programme delivery deviated significantly from plans, expectations or the Theory of Change. Unexpectedly, the programme included mostly young people from Blackburn with Darwen, and those with high or very high emotional and/or behavioural needs. Some aspects of delivery were less acceptable to young people. Each of these are considered in turn, with recommendations for future programme refinement and evaluation.

### ***Referrals***

The majority of referrals were from Blackburn and Darwen (where the programme was founded and better established), with much lower referral rates from other less-established areas. This highlights the importance of programme delivery teams having strong professional relationships with referring agencies, building awareness and knowledge of the programme and who it may be suitable for. The evaluation suggests that time should be invested in building awareness and knowledge of the programme in new areas, that these relationships likely take time to develop and that expectations for uptake and referrals in new areas should be modest.

The findings also suggest that the referral process and assessment tools (some mandated by YEF) created some challenges and potential resistance in referrals, as well as potentially contributing to higher-than-expected levels of need of those engaged. The wording and length of some referral and assessment tools were problematic (overly time consuming and using language potentially indicative of a preferred focus on very high needs). This has led the programme team to streamline, shorten and simplify the tools, which is anticipated to ease resistance. Furthermore, a consistent message from the evaluation was the importance of balancing the completion of standardised forms with a more relational approach with referrers and young people/families and practical administrative support for referrers. Programme teams expect that a greater dialogue between referrers, programme teams and young people may help ensure a closer fit and eligibility of young people taking part, and they have since invested increased capacity in building this into future referral processes.

In sum, strategies suggested by staff to address barriers to engaging the target population include: creating new partnerships in the other four target locations; shortening the referral instrument and aligning to 'Common Assessment Frameworks' established in local areas; assigning dedicated staff to manage referral and assessment processes; and providing direct practical support to referrers, young people and families (for example, conversations, guided self-assessment or facilitator/staff-administered assessment)

### ***Levels of need/programme fit***

A significant finding of the evaluation was the significantly higher than expected level of needs of young people participating in the programme. This stemmed, in part, from the aforementioned challenges in the referral processes, and may also reflect higher needs in general with limited other sources of support in the local areas. This inclusion of young people with higher-than-expected needs (who are different from the intended target population) resulted in a fundamental threat to the programme's underlying theory for how the activities may be expected to achieve the expected outcomes. The programme Theory of Change specifies how group-based CBT activities may help raise awareness and knowledge and build skills to regulate behaviours and emotions for young people exhibiting early-stage challenges in these areas. The reality was that groups of young people were typically exhibiting more developed difficulties that required more intensive, focused support than was possible in a larger group setting.

During the evaluation, the P4T programme management staff responded to these higher-than-anticipated needs by adapting the programme design to include one session of one-to-one support by a qualified therapist for all young people – a component which, based on previous evidence, can enhance the implementation and effectiveness of CBT approaches used with young people with high needs (O'Connor and Waddell, 2017). Programme staff and young people also reported that smaller group sizes (four to six) would be more acceptable and may be more conducive for activities tailored to young people's specific needs and circumstances. This is something that may be considered in future delivery and evaluation planning (considering also the resource implications/higher unit costs of smaller group sizes).

### ***Acceptability in relation to setting and mode of delivery***

Generally speaking, the programme was considered as acceptable by both practitioners and young people. However, the setting (school- or community-based) and mode of delivery (in person or online) had a bearing on this. When delivered in schools, young people identified that the timing of sessions could, in some cases, be better planned to fit around other school or extra-curricular activities. When delivered in community settings, the quality of the physical settings and the ease/cost of traveling to them was variable (and sometimes negatively impacting on young people's experience of the programme). When delivered online, it reduced some barriers of access to young people (with technology to access and space to participate), yet practitioners reported challenges in attending to group dynamics and being able to identify and respond to potential challenges or safeguarding issues. As such, there were advantages and disadvantages of different delivery settings and modes. The rapidly evolving nature of delivery and limited sample/data preclude any firm conclusions about the most optimal or acceptable settings. Future delivery and evaluations should explore this further.

Finally, the learning from the evaluation highlights the importance of context in defining the purpose and usefulness of evaluation. As stated throughout this evaluation report, the COVID-19 pandemic posed a significant challenge to implementation. Specifically, it negatively impacted the wellbeing and feelings of safety of some facilitators and young people, disrupted the delivery of some group sessions, forced the postponement of the whole programme for six months and exacerbated the pace and scale of changes typically experienced by early-stage programmes like P4T. In addition to the significant challenges for young people and programme staff, this context also posed significant challenges for a structured evaluation with pre-defined criteria (see 'Limitations' and 'Conclusions').

## **Limitations**

This evaluation has some methodological limitations. The plans and timeframe to design and evaluate P4T did not allow for the involvement of key stakeholders such as young people, families and potential facilitators in co-designing the programme's Theory of Change, design or evaluation approach. Some challenges, such as the issues with the referral and assessment processes and data collection instruments, may have been identified earlier or avoided if adequate time and opportunity were available for co-production.

There were delays in the development of P4T's database and delays in data entry. Also, there were considerable levels of non-response and data gaps, some requiring programme staff to retrospectively recall and enter data. These challenges significantly limited the evaluators ability to meaningfully address questions about implementation fidelity (adherence and quality) and young people's engagement during group sessions.

The sample of young people who attended group sessions was not large enough to be used in analytical modelling tests to control for the effects of multiple factors. Therefore, the true associations between young people's participation and their characteristics may have been hidden by other factors that could not be ruled out by the analysis.

Finally, the fast pace and extensive number of adaptations to P4T's initial design during the delivery and evaluation period limited an overall assessment of the programme feasibility against fixed and predefined criteria (a funder requirement). There remains scope for formative, developmental and adaptive evaluation designs to further refine programme theory and design before a structured assessment of feasibility (Simpson et al., 2021; Skivington et al., 2021).

## **Conclusions and recommendations: Evaluator judgement of intervention feasibility**

These evaluation findings are consistent with the experiences of many programmes at an early stage of development and ‘bedding down’ in new contexts. The commissioned evaluation design was expected to test the feasibility of the intervention and underlying programme theory, considering aspects such as engagement, retention and acceptability. However, the early-stage nature of the intervention, coupled with a dynamic and challenging wider context (the COVID-19 pandemic and associated restrictions) meant that the programme was necessarily in a high state of flux and adaptation. Challenges faced in relation to referral processes and delivery necessarily and rightly demanded ongoing adaptations to programme design and delivery by the programme team, which were implemented iteratively throughout the evaluation period. However, this makes assessment of feasibility challenging to ascertain (as the programme evolved significantly). Nonetheless, a few conclusions may be drawn.

First, the programme team were successful in very challenging circumstances in recruiting and retaining young people, at least in areas where strong existing relationships with referral routes and partners were established. This suggests that engagement and retention of young people is feasible for established teams. However, recruitment was low in areas where relationships were not already established, indicating that plenty of time should be factored in when recruiting in new areas (which may have a bearing on any evaluation requirements).

Second, generally speaking, the programme may be considered acceptable by professionals delivering and young people participating. Yet, consolidation of adaptations made during delivery – in relation to referral/assessment processes and settings (see below) – should be made to enhance acceptability.

Finally, while recruitment and retention was high in areas with strong referrer relationships, the need profile of those engaged was much higher than planned and anticipated. This suggests two possible routes for future delivery: (i) assessment and referral processes are refined to ensure a lower-need profile of young people that is appropriate for a lower-intensity intervention; or (ii) the programme design and content is adapted to meet the demand for this higher-need group (e.g. through inclusion of enhanced therapeutic support for higher needs, one-to-one sessions and smaller group sizes). Both options were explored with adaptations made during delivery. These adaptations – alongside others such as the time of the day of delivery, the quality and accessibility of the setting and mode of delivery (online or in person) – would need to be consolidated and fixed to enable a full assessment of their feasibility of delivery as it relates to programme theory.

## Future research

Given that the programme has undergone a series of adaptations in response to changing and challenging delivery contexts and learning from delivery and current evaluation, the following next steps for programme refinement and research are proposed:

1. Based on learning to date, a diverse group of stakeholders (including young people, practitioners and commissioners/referrers) should collaboratively undertake a revision/update of the programme Theory of Change, target population, programme structure and content. This should include a clear decision on the intended level of need of those targeted, with programme design and theory being adapted to serve this need group. Using a structured framework, such as the TIDieR checklist, this should result in a clear and accessible description of the revised programme design, based on learning from implementation to date.
2. The delivery organisation should – based on learning to date – consolidate refinements to eligibility, assessment and referral criteria, ideally including psychometric reliability and validity testing of instruments against standardised measures with a research partner.
3. The delivery organisation should continue to invest time and resources in building relationships with potential referrers to build strong knowledge and understanding of the programme, suitability and eligibility criteria, alongside building capacity to support referrers through the referral process and investing in developing a robust data collection and management system and information governance processes.
4. Ideally, a next stage of evaluation and future research would be a further theory-based feasibility study exploring the feasibility and acceptability of the revised and consolidated programme design (potentially including a planned comparison of any differences in setting or mode of delivery). Such a feasibility study would be stronger if there is scope for formative, developmental and adaptive evaluation designs to further refine programme theory and design as part of an assessment of feasibility, rather than assuming a fixed delivery model at the outset (Simpson et al., 2021; Skivington et al., 2021).



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## Annex:

### Annex 1: P4T manual course content (p.4-7)

#### P4T Course Content – Overview Sessions One to Twelve:

##### **Session 1 – ‘Getting to Know You’ (Meet & Greet)**

Welcome & introductions.

Ice breakers / games – fun / interactive

Introduction to P4T group / course / Thinking Errors

Q & As

Introduce Journal – ‘P4T@home’

Activity pack & resources – folders / note pad / pencil case etc.

##### **Session 2 – Boundaries/Contracting/Reflection:**

**Therapeutic Journey – ‘self-awareness’ (links to sessions 2 & 3)**

**Aims and Purposes** - To develop an understanding of the programme content, agree group contract. Manage and understand expectations. Group activities to build cohesion, including safety and introduce ‘Thinking Errors’.

- Check In
- Reflective Discussion / feedback from Session 1
- Group contract
- Thinking Errors – Group Exercise
- Journal – ‘P4T@Home’ - Thinking Errors Exercise
- Reflective Discussion / learning from today’s session
- Check Out
- \*Ticket Out of the Door – YP feedback form
- \*Lead facilitators feedback form

##### **Session 3 – Core Beliefs:**

**Therapeutic Journey – ‘self-awareness’ (links to sessions 1 & 3)**

**Aims and Purposes** – To explore core beliefs. To question how attitudes affects behaviours.

- Check In
- Reflective Discussion / learning from Session 2
- Group Discussion – Core Beliefs
- Group Exercise – Core Beliefs
- ‘P4T@Home’ – Self-esteem Journal
- Reflective Discussion / learning from today’s session & ‘P4T@home’
- Check Out

## **Session 4 – Values & Influences:**

### **Therapeutic journey ‘self-awareness’ (links to sessions 1 & 2)**

**Aims and Purposes** – To explore what influences values, family and friends, social media, and society. To explore double standards and equality

- Check In
- Reflective Discussion / learning from Session 3 & ‘P4T@home’
- Group exercise – Values Exercise
- Values & Influences Creative Exercise
- ‘P4T@Home’ – Design your poster (values & influences)
- Reflective Discussion / learning from today’s session
- Check Out

## **Session 5 – Thoughts, Feelings and Actions:**

### **Therapeutic Journey ‘self-responsibility’ (links to sessions 6 & 7)**

**Aims and Purposes:** - To explore thoughts, feeling and behaviour, (CBT model) and how things affect our thoughts, feeling and behaviours. To link beliefs/thoughts and accompanying feelings and actions. To be able to dispute and develop strategies to control and regulate emotions.

- Check In
- Reflective Discussion / learning from Session 4 & ‘P4T@home’
- Inside Out reflective Exercise
- Healthy thinking exercise - Recap of Thinking Errors
- ‘P4T@Home’ – Thoughts, feelings & actions map.
- Reflective Discussion / learning from today’s session
- Check Out
  
- \*Ticket Out of the Door – YP feedback form
- \*Lead facilitators feedback form

## **Session 6 – Powerful and Powerless.**

### **Therapeutic journey ‘self-responsibility’ (links to sessions 5 & 7)**

**Aims and Purposes:** - To increase awareness of power and powerlessness in different relationships. To examine how we communicate in different roles and the impact this has on Thoughts, Feeling and Actions.

- Check In
- Reflective Discussion / learning from Session 5 & ‘P4T@home’
- Introduce the ‘Drama Triangle’
- Power and Communication Group exercise

- 'P4T@Home' – Power & Communication (relationships)
- Reflective Discussion / learning from today's session
- Check Out

## **Session 7 – Thinking about Emotions**

### **Therapeutic Journey 'self-responsibility' (links to sessions 5 & 6)**

**Aims and Purposes** To think about our own emotions and understand that physical and emotional responses are normal. To start to develop and understanding of coping strategies.

- Check In
- Reflective Discussion / learning from Session 6 & 'P4T@home'
- Emotions Exercise
- Physical responses to emotions exercise -Anger Thermometer
- 'P4T@Home' How I feel exercise.
- Reflective Discussion / learning from today's session
- Check Out

## **Session 8 – Controlling our Emotions and Reactions.**

### **Therapeutic Journey 'behaviour change' (links to sessions 9 & 10)**

**Aims and Purposes** To understand that when dealing with conflict, talking, being clear and positive is vital including giving and receiving feedback. To further explore anger, anger behaviours, and put in place more positive helpful responses.

- Check In
- Reflective Discussion / learning from Session 7 & 'P4T@home'
- Conflict & Positive Communication Exercise
- Anger Stop signs group exercise.
- Anger reducers exercise
- 'P4T@Home' Anger Warning Signs
- Reflective Discussion / learning from today's session
- Check Out
- \*Ticket Out of the Door – YP feedback form
- \*Lead Facilitators feedback form

## **Session 9 – Communication & Relationships**

### **Therapeutic Journey ‘behaviour change’ (links to sessions 8 & 10)**

**Aims and Purposes** To understand that there are safe and healthy ways of dealing with unhelpful emotions. For participants to recognise the different forms of expression and develop coping mechanism to rely on. To understand that healthy relationships are based on good communication. To be able to identify support networks.

- Check In
- Reflective Discussion / learning from Session 8 & ‘P4T@home’
- Perceptions Exercise
- Friendship Stoplight Game
- Communications Exercise
- ‘P4T@Home’ Support Network
- Reflective Discussion / learning from today’s session
- Check Out

## **Session 10 – Behaviour Change**

### **Therapeutic Journey ‘behaviour change’ (links to sessions 8 & 9)**

**Aims and Purposes** To explore the relationship between emotions, behaviours and keeping safe and well. To further, explore behaviour responses and the ability to regulate feelings. To identify positive changes and the journey so far.

- Check In
- Reflective Discussion / learning from Session 9 & ‘P4T@home’
- Behaviour Change Exercise
- What Have we Learnt Exercise (Reflections)
- ‘P4T@Home’ Thought Record
- Reflective Discussion / learning from today’s session
- Check Out
  
- \*Ticket Out of the Door – YP feedback form
- \*Lead Facilitators feedback form

## **Session 11– Reflections and Celebration**

**Aims and Purposes** to consider learning throughout the programme, identify and recognise change. Celebrate achievements, evaluate the program

- Check In
- Reflective Discussion / learning from Session 10 & ‘P4T@home’
- My message to you letter / game (positive feedback-changes from session 2-11)
- Certificates and Celebrations
- Check out.







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