EVALUATION REPORT

The Thurston Family Resilience Project

Feasibility and pilot study

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YOUTH ENDOWMENT FUND

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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.

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Contents

About the Evaluator 3

Executive Summary 4

Introduction 6

- Background 6
- Intervention – the Thurston Family Resilience Project 10
- Research questions 20
- Success criteria and/or targets 20
- Ethical review 21
- Data protection 21
- Project team/stakeholders 22

Methods 24

- Participant selection 24
- Data collection 24
- Analysis 32
- Timeline 35

Findings 37

- Participants 37
- Evaluation feasibility 40
- Evidence of promise 47
- Readiness for trial 65
- Cost information 66

Conclusion 67

- Summary of main findings against research questions 67
- Evaluator judgement of intervention, interpretation and evaluation feasibility 69
- Future research and publications 73

References 76

- Footnotes and references 76

Appendix 1: MMU Data Protection 78

Appendix 2: Sample interview schedule 79

About the Evaluator

Ipsos UK's Policy and Evaluation Unit were commissioned to undertake a two-year evaluation of the Thurston Family Resilience Project in September 2019 as part of YEF's launch grant round. The requirements of the commission included both a feasibility and pilot study, which were to be conducted sequentially, with each taking around a year to deliver.

The Ipsos Policy and Evaluation Unit is a multidisciplinary team of over 50 evaluation specialists and economists who offer considerable expertise in the evaluation of public policies and programmes. This includes experience across all major areas of public policy and the completion over 500 evaluations for UK central government departments, DGs of the European Commission and international agencies.

Executive Summary

The project

The Thurston Family Resilience Project aims to build youth and family resilience to prevent antisocial behaviour. Delivered by South Tyneside Council and Wellbeing Challenge, the programme targeted 10–14 year olds who were at risk of involvement in crime. The parents and carers of these children were initially offered five weekly, full-day group sessions that taught resilience skills (such as developing language about feelings and discussing challenging, negative thoughts) and provided with practical activities (including a seaside walk and climbing). These sessions were followed by a one-week family residential, where the whole family (including siblings) attended a week of outdoor activities. Parents/carers and young people were involved in separate outdoor activities during this week but also came together to reflect on achievements and collaborate on an art project. Following the residential week, for six months, parents and carers were offered fortnightly resilience skills and activity sessions, while young people were offered weekly after-school activities. A second, three-day residential was then offered, again providing outdoor activities and skills development, before the project finished with a social action project, where families had the opportunity to develop a community activity, and a closing celebratory event. Across the course of the project, a team of youth workers, a resilience skills teacher, outdoor education instructors, and exercise and creative activity leaders engaged families for 10-12 months.

The YEF funded a feasibility and pilot study of the Thurston Family Resilience Project. The feasibility evaluation aimed to ascertain whether the programme recruited a sufficient number of at-risk children and identify the most appropriate measures for assessing the project's outcomes. The pilot then explored whether the intervention influenced families' self-esteem, confidence, strategies for emotional regulation, routines and relationships. To analyse these questions, the evaluation used pre- and post-project questionnaires that featured a range of validated measures (such as the Child and Youth Resilience Measure, the Strengths and Difficulties Questionnaire, the Problem Behaviour Frequency Scale and the Rosenberg Self-Esteem Scale). In addition, the evaluator conducted five parent and carer focus groups, a focus group and three interviews with young people, observations of the residentials, and three reflective workshops with the delivery team. Monitoring data (including attendance sheets) were also collected. Forty-eight young people were recruited to the programme as part of the pilot (as well as 42 parents and carers and 12 siblings), and the evaluation was carried out between September 2019 and June 2022. Both delivery and evaluation therefore took place during the COVID-19 pandemic, requiring both the evaluators and delivery team to adapt.

Key conclusions
The Thurston Family Resilience Project successfully targeted at-risk young people. A large majority of those selected were deemed to be at either 'medium' (57%) or 'high' (22%) risk of involvement in antisocial behaviour. The measures used by the evaluator were judged to be effective in measuring programme outcomes.
Qualitative evidence suggested that the programme positively influenced young people's and parents' and carers' self-esteem and confidence, in addition to supporting the development of social skills and improving families' ability to discuss emotions. Pre- and post-questionnaire findings showed more mixed results relating to self-esteem, but these findings had considerable limitations.
Qualitative evidence suggested that the intervention may have begun to strengthen internal family relationships, providing the opportunity to engage in activities together, feel proud of each other and communicate more effectively. Pre- and post-questionnaire findings indicated negative shifts in internal family dynamics and a positive but minor shift in parental stress levels, but these findings had considerable limitations.
The evaluation noted that the programme, particularly the residentials, provided the opportunity to practise regular routines. Some parents noted that their children were developing independence. Delivery staff also suggested that some parents and carers may have used the programme as a catalyst to search for employment.
Qualitative evidence suggested that some young people may have developed better relationships with school. Pre- and post-questionnaires did suggest a negative shift in child–school relationships; however, as noted, these data had considerable limitations.

Interpretation

The Thurston Family Resilience Project recruited a sufficient number of at-risk young people and families. Eighty-eight young people were referred to the project via a range of local services; 48 were accepted, with the addition of 12 siblings. More than half (57%) of the young people included in the programme were deemed to be at 'medium' risk of involvement in antisocial behaviour, while a further 22% were 'high' risk. As the project progressed, the delivery team made adaptations to improve the speed of recruitment, including conducting telephone calls with referral partners and developing a flyer with family testimonies to encourage sign up. The measures deployed in pre- and post-intervention questionnaires were deemed by the evaluator to be appropriate in measuring the project's outcomes. They matched the intervention's Theory of Change, while the various scales used in the Strengths and Difficulties Questionnaire (such as the emotional problems scale, the peer problems scale and the conduct problems scale) would allow analysis to focus on specific aspects and issues that young people were facing.

Focus groups and interviews with participants suggested that the programme positively influenced young people's self-esteem and confidence. This was at odds with the validated pre- and post-questionnaires, which indicated a reduction in self-esteem; however, without a comparison group, and in the context of a very challenging period (during the COVID-19 pandemic), it is very difficult to interpret any of the trends identified in the pre- and post-questionnaire data (some of which indicated positive shifts for participants, and many of which indicated negative changes). In terms of the qualitative evidence, the delivery staff also reflected that self-esteem improved among parents and carers, with some reporting an increase in their ability to recognise their own skills. Qualitative evidence additionally suggested that the programme supported the development of interpersonal and social skills, enabling participants to interact and build more positive relationships. Some parents noted that they felt less isolated after recognising that other families were facing similar experiences and appreciated the opportunity to meet other parents and build a network. Observations of residentials also suggested that families became more adept at discussing and reflecting upon their emotions.

With regard to the level of trust exhibited within families and the strength of family relationships, qualitative evidence suggested that the programme had a positive influence. The evaluator suggests that the programme offered an opportunity for families to take part in activities they would not otherwise have engaged in together (such as climbing and kayaking or the collaborative art project). Some parents noted that these provided the chance to recognise each other's capabilities, feel proud of each other and continue doing activities together in future. Some also noted improvements in communication within the family and a recognition that their family was capable of effectively collaborating. The pre- and post-validated questionnaire responses were at odds with these positive reflections, indicating negative shifts in internal family dynamics. However, as noted, without a comparison group, and in a very challenging context, it is very difficult to interpret these findings.

The evaluation found that Thurston Family Resilience Project provided opportunities for families to practise routine and life skills, particularly during the residential phases. Regular schedules encouraged the establishment of routines, while some parents noted that their children were becoming more independent. Delivery staff also suggested that the programme may have been acting as a catalyst for parents and carers to look for employment and volunteering opportunities. In addition, the evaluator found some qualitative evidence that the programme offered opportunities that families otherwise wouldn't have had, alongside encouraging them to engage in community activities in future. In terms of relationships with school, qualitative evidence suggested that young people's relationships with school may have been supported by the programme; however, once again, pre- and post-questionnaires were at odds with this finding, suggesting negative shifts in child–school relationships. As discussed before, these trends are very difficult to interpret.

YEF will now conduct further evaluation of the project to ascertain whether it is ready for an RCT.

Introduction

Ipsos UK was commissioned in September 2019 to undertake a two-year evaluation of the Thurston Family Resilience Project as part of the Youth Endowment Fund's (YEF) launch grant round.

The Thurston Family Resilience Project was delivered jointly by South Tyneside Council and Wellbeing Challenge (a South Tyneside-based organisation that runs courses combining outdoor activities and resilience training). The project team worked with young people (10–14 years old) at risk of becoming involved in antisocial behaviour and their families (siblings, parents and carers), adopting a holistic approach to developing resilience skills and addressing wellbeing needs.

YEF funded the Thurston Family Resilience Project in 2019 as part of the launch grant round and commissioned an associated independent evaluation to strengthen the knowledge and understanding of what works around interventions that are community-based and have an outdoor and adventure-based component aimed at promoting resilience and reducing the risk of antisocial behaviour.

The activities that formed part of this evaluation were in part delivered during the COVID-19 pandemic, which caused significant disruption and led to delays and the need to adapt delivery to accommodate locally enforced restrictions. This had knock-on effects on the evaluation, which in turn was also adapted to accommodate the challenges that arose.

This report presents the findings of the pilot study, carried out between June 2021 and July 2022.

Background

Youth offending is a complex and deep-rooted issue. Incidents are often associated with a set of background factors – including poverty, educational opportunities, family relationships and community resources – that overlap and interact with each other in complex ways.[1] Budgetary losses coupled with high levels of deprivation have had a substantial impact on the scale and scope of preventative and diversionary activities being delivered to tackle youth crime and offending, with local areas experiencing an increase in antisocial behaviour.[2]

The youth services and the outdoor education team at South Tyneside Council recognised the need for a new 'family-centric' approach to supporting young people at risk of offending or

1 Early Intervention Foundation. (2015). *Preventing gang and youth violence. A review of risk and protective factors* [online]. Available at: https://www.eif.org.uk/files/pdf/preventing-gang-and-youth-violence-risk-protective-factors.pdf

2 All-Party Parliamentary Group on Knife Crime & Violence Reduction. (2020). *Securing a brighter future: The role of youth services in tackling knife crime*. Available at: http://www.preventknifecrime.co.uk/wp-content/uploads/2020/03/Securing-a-brighter-future-the-role-of-youth-services-in-tackling-knife-crime-v.2.pdf

reoffending and their families. South Tyneside Council recognised the expertise within Wellbeing Challenge regarding family interventions focused on building resilience and improving personal skills and relationships through outdoor activities. The council and Wellbeing Challenge therefore sought to build and expand on Wellbeing Challenge's past successful programmes with families and young people, including resilience workshops before residential experiences and the addition of community-based work.

The project delivery team from Wellbeing Challenge was previously involved in the Targeted Mental Health in Schools Project (TaMHS), aimed at children from a similar age group (upper primary/lower secondary pupils) who were experiencing emotional wellbeing difficulties. At the outset, the project included a residential week with resilience work and activities with families, and then a follow-up weekend six months later. During the delivery, however, the organisation realised that preparatory work with the parents/carers was needed, as well as work between residentials. When the funding for TaMHS ended, the project delivery team sought alternative funding to carry the project on and delivered two full projects since then, together with some work with adults in the local community.

The main elements characterising the Thurston Family Resilience project (involving the whole family, outdoor education and challenges through recreational activities to build resilience, and a multidisciplinary team) are informed by previous evidence of effective interventions:

- **Family focus**

Family-focused interventions are key to crime prevention in children and young people, and problems in the family home can have a significant impact on young people's involvement in antisocial behaviour.[3] Effective family-focused interventions therefore tend to be those aimed at providing appropriate support to families to address these issues. Engaging the whole family aims to ensure that change is sustainable and supported in the children and young people's wider environment.[4] A meta-analysis conducted by Farringdon and Welsh (2003) found Behavioural Parent Training (BPT) the most effective family-based intervention, which supports parents/carers to **encourage desirable behaviour** and punish or ignore bad behaviour.[5] In addition, Farringdon and Welsh (2003) considered Multi-Systemic Therapy (MST) and 'community or home-based programmes for older young people', such as Functional Family Therapy (FFT), also to be effective family-based interventions. FFT attempts to **change social contingencies in the family environment** so that children are rewarded in some way for appropriate or prosocial behaviours, and reframing techniques are used to

3 Ross, A., Duckworth, K., Wyness, G. and Schoon, I. (2011). *Prevention and reduction: A review of strategies for intervening early to prevent or reduce youth crime and anti-social behaviour*.

4 Farrington, D. P. (2006). Childhood risk factors and risk focused prevention. In M. Maguire, R. Morgan and R. Reiner (Eds.). *The Oxford Handbook of Criminology* (4th ed.). Oxford: Oxford University Press.

5 Farrington, D. P. and Welsh, B. C. (2003). Family based prevention of offending: A meta-analysis, *The Australian and New Zealand Journal of Criminology*, 36(2), pp.127–151.

reduce maladaptive perceptions, beliefs and emotions within the family, employing behavioural change techniques. The key to the success of many family-based interventions is a multi-mode design with designated key workers or contact points that can harness and link into multiple services as needed. The need for multidisciplinarity is also recognised in The Independent Review Of Children's Social Care report, which mentions multidisciplinary neighbourhood Family Help Teams based in community settings that families know and trust, and the need for Family Help Teams to work closely with a wider group of practitioners who support families to coordinate the support they provide.[6]

- **Outdoor component**

Outdoor education, defined as organised learning that takes place in the outdoors,[7] is a recognised way of supporting at-risk young people (Carne and Sian, 2017; Crompton, 2001; Dillon, 2011), with the literature indicating strong evidence of the positive impacts of outdoor education on young people's **resilience, self-confidence and wellbeing, developing life skills and boosting cohesion and sense of belonging**. Adventure education and adventure-based learning focus on building self-confidence and leadership qualities through collaborative and experiential learning (Maatta, 2012). Several studies have shown that adventure education or adventure-based learning can enhance physical and psychological health outcomes.[8] After-school recreation was also identified as promising in the meta-analysis by Farringdon and Welsh (2003) as it offered young people the opportunity to engage in and learn skills in a range of activities, including non-academic ones.

With this in mind, and building on the delivery of previous projects, the Thurston Family Resilience Project was designed to involve parents/carers at a very early stage in the delivery of the intervention. In addition, the project team worked with the parents/carers to provide them with the knowledge and skills required to support and reinforce the resilience sessions and techniques experienced by their children throughout the project. This was designed to ensure young people were receiving consistent messages from both the project team and at home. To develop family and community links, access local and community activities and further develop key skills, a community-based element was integrated into the later stages of the project. The community-based element was designed to effect sustainable change while also providing an opportunity for families to build local support networks, which could be developed through friendships forged during the course of the project.[9]

6 https://childrenssocialcare.independent-review.uk/final-report/

7 https://www.plymouth.edu/eportfolio/artefact/file/download.php?file=107701&view=18176

8 Maatta, S. (2012). *The definition of adventure learning*. Available at: http://www.ehow.com/about_6585621_definition-adventure-learning.html

9 Clarke (2015). *What works in enhancing social and emotional skills development during childhood and adolescence?* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411492/What_works_in_enhancing_social_and_emotional_skills_development_during_childhood_and_adolescence.pdf

The area context

The Thurston Family Resilience Project has been delivered in four wards across South Tyneside: Beacon and Bents, Boldon Colliery, Hebburn North, and Primrose. Since 2011, the council has lost £76 million from its budget, being the seventh hardest-hit local authority nationally and the 52nd most deprived authority out of 326, according to the 2015 Indices of Deprivation Data.[10] The 2019 Indices of Deprivation Data indicate that South Tyneside is the 26th most deprived local authority out of 317.[11] There are seven key domains used to calculate the overall relative measure of deprivation: income deprivation; employment deprivation; education, training and skills deprivation; health deprivation and disability; crime; barriers to housing and services; and living environment deprivation. Across the seven domains, South Tyneside ranks as follows out of 317 local authority areas:

• 3rd most deprived for employment
• 13th most deprived for income
• 15th most deprived for health and disability
• 69th most deprived for crime
• 75th most deprived for education, training and skills
• 266th most deprived for barriers to housing and services
• 315th most deprived authority for living
• 3rd most deprived for employment

In addition, 8.3% of young people aged 16–17 are not in education, employment or training (NEET), higher than the average in England (6%).[12] Twenty-two per cent of 11–15 year olds are in low-income families, which is higher than both the regional (Northeast, 19%) and

10 https://www.southtyneside.gov.uk/article/49429/Deprivation

11 English indices of deprivation 2019: Mapping resources - Indices of Deprivation 2019 local authority dashboard

12 Child and maternal health outcomes: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133225/pat/6/par/E12000001/ati/202/are/E08000023/iid/10401/age/211/sex/4

national (England, 16%) averages.[13] Furthermore, the rate of first-time entrants to the youth justice system is 396 per 100,000, markedly higher compared than regional (332) and national (239) figures.[14] Using the 2015 Index of Mass Deprivation, the council's Joint Strategic Needs and Assets Assessment (JSNAA) suggests that a correlation between deprivation, crime and antisocial behaviour is evident, with the average number of crimes in the most deprived areas of South Tyneside reaching 169, compared to 22 in the least deprived.[15]

The Thurston project delivery team has also identified financial deprivation, physical and mental health issues, and social isolation as fundamental issues affecting families living in these wards. In addition, increases in youth antisocial behaviour seem to be linked to young people who frequently truant from school.[16] The project team has experience of delivering preventative and diversionary activities across the local authority and feel that the pressures on service delivery have meant that they have been unable to intervene at an earlier stage, which is often more effective in preventing and reducing youth crime.

Intervention – the Thurston Family Resilience Project

The Thurston Family Resilience Project adopts a holistic approach to developing resilience skills and addressing wellbeing needs by working with young people (10–14 years old) and their families. The aim of the project is to build youth and family resilience to prevent antisocial behaviour (ASB) and youth crime, enabling families and young people to make sustainable, positive changes in their lives. To achieve these aims, the delivery team work with young people at risk of becoming involved in ASB and crime and their families (siblings, parents and carers) through direct teaching of resilience skills combined with residential experiences and outdoor and community activities. The project received a YEF grant of £250,000.

The organisation

The Thurston Family Resilience Project is delivered jointly by South Tyneside Council and Wellbeing Challenge (hereafter referred to as 'the project delivery team').

The council has two overarching aims that are linked to this project:

13 Child and Maternal Health Outcomes: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133225/pat/6/par/E12000001/ati/202/are/E08000023

14 Child and Maternal Health Outcomes: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133225/pat/6/par/E12000001/ati/202/are/E08000023

15 South Tyneside Council Community Safety (JSNAA) Overview: https://www.southtyneside.gov.uk/article/57239/Community-Safety

16 Riley, D. (2007). Anti-social behaviour: Children, schools and parents. *Education and the Law*, 19(3-4), pp.221–236. DOI: 10.1080/09539960701762870

- **Stable and independent families**: ensuring that children, adults and families are healthy and happy, with the necessary education, skills and resilience, and that their children and young people have a safe and positive start to their lives.

- **Healthier people**: encouraging people to take positive decisions that will improve their health and wellbeing through a 'life course' approach, focusing on prevention and early intervention, and improving access to personalised services and support.

Despite the council losing a significant part of its budget since 2011 through austerity measures, the organisation has continued to recognise the potential of outdoor activities and the subsequent benefit of maintaining their outdoor activities facilities to support local communities. However, the budgetary cuts have made it increasingly difficult for South Tyneside Council to provide the frequency and intensity of services that have previously been shown to work, for example through the delivery of the Penn Resilience Programme (PRP; also referred to as the UK Resilience Programme), which is an 18-lesson curriculum aimed at 11–13 year olds (although it has been used with a range of different age groups). The programme enables young people to develop skills that empower them to be more resilient in dealing with situations both in and out of school.[17]

The Wellbeing Challenge Community Interest Company (CIC) was set up in November 2013 with the aim of providing benefit to families, groups and individuals who are experiencing wellbeing needs and working with them directly and indirectly with a supporting role. The organisation was set up in response to the Targeted Mental Health in Schools (TaMHS) project ending. Wellbeing Challenge has further developed the resilience and wellbeing work with families that was originally part of TaMHS, combining resilience training with outdoor activities. Since 2013, the organisation has run two extended family programmes and one short family course with families from highly deprived areas of South Tyneside. In 2017, as part of the Wise Group Building Better Opportunities Wise Steps project, Wellbeing Challenge has run short courses for unemployed adults who struggle with anxiety or lack of confidence. The organisation has also provided resilience training for professionals working with adults and young people. To date, the extended programmes have touched on wider community activities and would like to further expand the community element of their programmes, which the Thurston Family Resilience Project addresses.

Delivery stages

The project delivery team offered the programme to four cohorts, with up to 12 families per cohort. The delivery period (before the COVID-19 pandemic) was planned to run from January

17 Penn Resilience Programme: https://cypmhc.org.uk/wp-content/uploads/2021/03/PENN_RESILIENCE_PROGRAMME.pdf

2020 to September 2021. Due to the COVID-19 pandemic, the delivery of the project was extended to June 2022. The following section outlines the project's delivery stages.

Referral and recruitment

A screening and referral process was designed to identify young people and families that might benefit most from the intervention. As a starting point for referrals, the project engages key service providers with a strong understanding of the experiences and challenges within the four wards that have the highest rate of antisocial behaviour: Beacon and Bents, Boldon Colliery, Hebburn North, and Primrose. The project provides formal information sessions (as presentations), drop-in information sessions (for families interested to learn about the project) and one-to-one information sessions with individual families to engage the following key service providers in recruitment and referral activities:

- Police, fire service and HPCs
- Social care teams
- Youth workers, including those working in the youth justice system
- Schools and wider education teams
- Other key providers that organically arise from initial engagement activities

During the information sessions, the project delivery team explain the aims of the project and highlight the referral process, which includes the completion and scoring of a screening and referral form. The form is to be completed as thoroughly as possible prior to submission to the project team. The project team uses a scoring system to identify the level of risk of future criminal or antisocial behaviour for each referral. There are four levels of concern:

- 0 – no concerns
- 1 – some concerns
- 2 – significant concerns
- 3 – direct evidence of high-risk concerns

Each level of concern (0–3) is assigned across eight indicators: education; young person experiences adverse childhood experiences (ACEs); young person's associates; parenting, family and relationships; living arrangements, housing and financial; young person not engaging in positive activities/isolated; lifestyle choices; and young person's development (see the appendix for guidance on the factors to consider when applying the scoring matrix). Indicator level scores are then summed to assess the overall level of risk:

- Low: 0–8

- Medium: 9–16
- High: 16–24

The purpose of the assessment is to collect data on the level of risk for each referral, but young people across levels of risk (high, medium and low) are accepted into the programme. Once potential families are identified, a member of the project team approaches the families to provide an overview of the project to encourage families to engage with it. The target young people are aged 10–14, but families can include younger or older siblings. The families are individually informed about their place on the programme and talked through the commitment required and programme benefits.

Stage 1

The first stage of the project is divided into two strands of work, focusing on parents/carers and young people separately and together.

Parents/Carers are engaged in five weekly full-day group sessions, including resilience skills and practical activities, during school time, as well as preparation for the first residential. Part of the day is classroom-based training, while the other part involves activities such as climbing. The sessions are delivered during the day, from 10 a.m. to 4 p.m., with refreshments provided. The delivery of these sessions is flexible to ensure that parents/carers have the opportunity to catch up on sessions they are not able to attend.

The parents/carers' sessions and activities for Stage 1 are:

Session	Title
1	Introduction to the programme: • Introduction to the project, staff and participants • Confidentiality • Consent forms • Developing language about feelings
2	Resilience session 1: • What is resilience? • Link between problems, thoughts and feelings (ABC) • Evaluation consent and questionnaires
3	Resilience session 2: • Beliefs and thinking traps (Gremlins) • Identifying beliefs
4	Resilience session 3: • Optimism and challenging negative thoughts • Changing 'Gremlins' beliefs • Catastrophising
5	Understanding wellbeing 1: • What is health?

	• Five ways to wellbeing • Social, mental and physical aspects of health
Activity	**Details**
Seaside walk	• Walk at the coast. • Learn how to scan the sea for sea mammals. • Spot some dolphins or seals.
Climbing	• At Simonside Climbing Wall. Build confidence with climbing.
Symbolic self-portraits	• Look at historic portraits that include symbols personal to the subject. • Draw your own portrait, including symbols of things that matter to you.
Natural navigation	• Learn how to find north from natural signs
Problem solving	• Saboteur – a task to challenge teamwork skills
John Muir	• John Muir and the Family Award.[18]

- Young people participate in one 'meet and greet' session with youth workers, as well as a preparation for the residential.
- The whole family participates in a preparation meeting for the residential ('Family Dynamics 1: Thurston rules and person praise') with all staff present.

Stage 2

One-week family resilience residential: The whole family (including siblings) is involved in one week of outdoor activities at Thurston Outdoor Education Centre. The residential includes resilience sessions and outdoor activities to provide opportunities to practise resilience skills and family activities to develop prosocial skills. Parents/Carers and young people interact through outdoor challenges and routine activities, such as daily tasks (e.g. making beds, sitting at the dinner table and sharing meals together), and reflecting on their experience at the end of each day during 'circle time' and through a reflection diary (to think through their achievements and challenges). During the week-long residentials, parents/carers and young people are involved in outdoor activities (kayaking, hiking, swimming, ghyll scrambling and climbing) in separate groups and come together for an outdoor art project activity, where they collaborate as a family to create artwork following instructors' guidelines. Staff from the council, Wellbeing Challenge and Thurston Outdoor Education Centre have a complex schedule in order to distribute responsibilities for overseeing and guiding each of the small groups during the day's activities, which happen in parallel.

Stage 3

18 The John Muir Award is an environmental award scheme that encourages awareness and responsibility for the natural environment, focused on the four challenges of discover, explore, conserve and share. It takes its name from John Muir (1838–1914), the Scots-born founder of the modern conservation movement. The Family Award offers an opportunity for families to work towards a shared goal: to play, learn and work together to receive one certificate per family that recognises their joint achievement.

Six months of resilience work, aiming to further develop resilience, experience new activities as a group and identify personal 'wellbeing challenges' to tackle independently. Some of the sessions are with the Resilience Officer, while others are localised activities, i.e. working with participants to better access local and community activities. Depending on their age range, siblings might be included in this phase. During this stage, the Resilience Officer and youth workers maintain regular contact with families.

Parents/Carers participate in fortnightly full-day sessions delivered by the resilience teacher and family worker during school time. Young people participate in 20 after-school weekly sessions delivered by the resilience teacher and youth worker. Activities include both resilience sessions and life skills or creative activities, delivered in the order described in the table below for all cohorts. Sessions for Stage 3 include:

Parents		Young people	
Session	**Title**	**Session**	**Activity**
1	Thurston feedback/review and resilience recap	1	Team games
2	Understanding wellbeing 2: Cycle of change and healthy eating	2–8	Climbing and resilience sessions
3	Understanding wellbeing 3: Stress and exercise	9	Cooking
4	Resilience 4: Assertiveness and DEAL	10	Archery and drums
5	Resilience 5: Confirmation bias and overcoming procrastination	11	Circus skills
6	Resilience 6: Compromise, negotiation and problem solving	12	Multisport/Dance/Aerial
7	Family dynamics 2: Who makes the rules? Rules made by grown-ups, by the kids, parenting styles, negotiation and understanding others' point of view	13	Print Making/Art
8	Family dynamics 3: The DEAL approach, assertiveness, behaviour categories and possible responses	14	Christmas crafts and games/ Fenwick Window and walk
9	Family dynamics 4: Adolescent milestones, concept of scaffolding and	15	Resilience recap

	how parents/carers help adolescents achieve milestones	16	Fitness and communication styles (assertiveness)
		17	Plant pots and resilience (empathy)
		18	First aid and resilience (negotiation)
		19	Biscuits decorating and resilience
		20	Thurston Preparation

Families also take part in three activity days during school holidays (ice skating, wildlife walk and rock pooling).

Stage 4

Weekend family challenge residential: The family is engaged in three activity days during the school holidays. This residential includes individual and family challenges with participants taking responsibility for leading some activities. The types of activities are designed with the families and are more challenging than the first residential, requiring them to work together in expedition-type and mapping exercises, as well as activities such as rowing, sailing, ghyll scrambling, rock climbing, tree climbing and abseiling. During the weekend residential, participants take part in outdoor activities in their family groups. The format of resilience sessions in the morning and reflective 'circle time' in the evening is maintained at the weekend residential.

Stage 5

Three months' community challenge: During 10 weekly sessions during out-of-school hours, young people and parents/carers are parallelly involved in social action in the community through the Youth Social Action Fund. The aim of this stage is to build sustainable links with the community through identifying opportunities for engagement and contributing to positive action. Staff are trained to support young people to get involved in activities, and the focus is on developing new opportunities rather than providing support for existing youth services. Based on the skills acquired during the project, families develop the kind of community activity they want to be involved in and are split into groups. Community activities include, for example, seed planting, bird feeders and organising a full-day cycling event.

- Young people take part in 10 evening sessions to develop and carry out their own community project, supported by youth workers.
- Parent/carers have one full-day session per fortnight.

Stage 6

Celebratory event: Each group takes part in a final evening event, similar to a graduation, to celebrate their achievements.

Logic model of the intervention

The end goal of the project is to increase resilience, reduce criminal behaviour and prevent reoffending, which reflects the objectives set by the YEF and their purpose of preventing children and young people from getting caught up in crime and violence by making sure that those at most risk get the best possible support as early as possible.

The delivery model of Thurston involves a community-based intervention with an outdoor component, engaging the whole family over 10–12 months in a variety of classroom and residential-based environments and is dependent on a number of assumptions and risks underpinning the project's Theory of Change.

Key assumptions:

1. Families benefit from direct teaching of resilience skills combined with residential and community experience.
2. Families have a shared understanding of strategies to overcome difficulties.
3. Consent for data collection and data linkage can be gained from participating families.
4. It is possible to recruit the young people who are likely to become involved in antisocial behaviour.

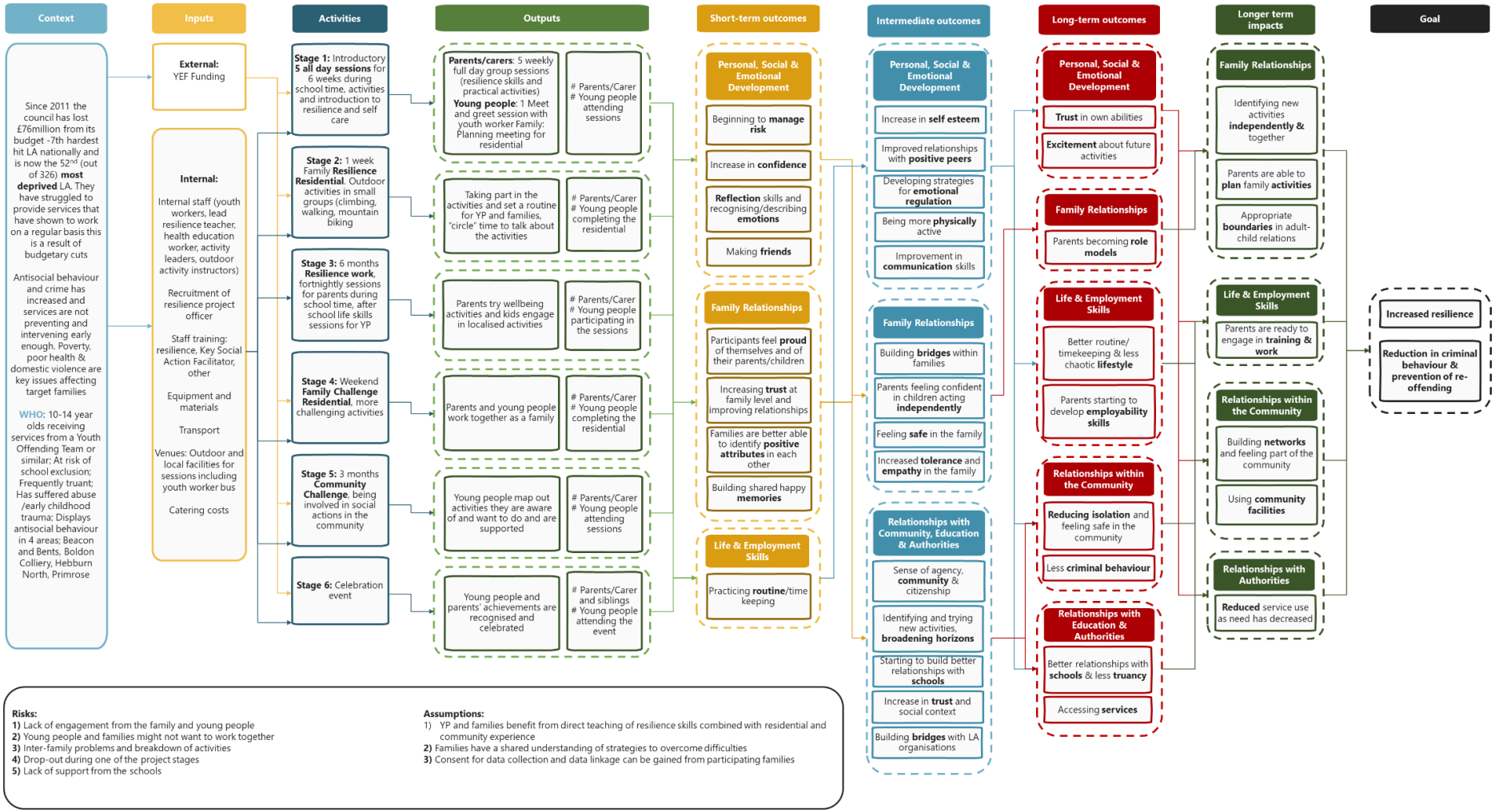
Key risks:

1. The first factor identified as having the potential to impact on achievements is the lack of engagement from parents/carers and young people in the project activities.
2. Families might not want to work together and collaborate.
3. Inter-family problems and breakdown of activities might occur.
4. There is a risk of drop-outs during the advanced stages of project.
5. There could be a lack of support from schools and other key organisations/gatekeepers during different phases.

The figure below illustrates the logic model of the Thurston Family Resilience Project, which has been co-designed with the project delivery team in two stages:

- An initial **familiarisation workshop** hosted by the YEF in September 2019, where the evaluation team and project leads discussed the Theory of Change.
- A **set-up meeting** hosted by South Tyneside Council in October 2019, where an initial draft of the logic model was shared with the project team and further refined through a workshop.

Figure 1: Thurston Family Resilience Project logic model



Research questions

Objectives and research questions

The objectives of the evaluation were to:

- Investigate the extent to which the project achieves its intended outcomes
- Explore how, why and in what context intended outcomes have been achieved
- Develop insight to design a rigorous impact evaluation
- Determine the most appropriate measures for assessing the project's outputs and outcomes

The pilot evaluation sought to answer the following research questions:

Pilot research questions

- **Personal, social and emotional development:** To what extent does the project lead to participants' increased confidence and self-esteem? Are young people starting to develop reflection skills and strategies for emotional regulation? Are young people improving their relationships with peers and making friends?
- **Family relationships:** To what extent does the project lead to increased trust at family level and improved family relationships? Are families better able to identify positive attributes in each other and feel proud of their parents/children?
- **Life and employment skills:** To what extent do families indicate an improvement in practising routine and time-keeping and have a less chaotic lifestyle? Are parents starting to develop employability skills?
- **Relationships within the community and with education and authorities:** Does the project improve participants' sense of agency, community and citizenship? Are families starting to build better relationships with schools and local authority organisations? Are families starting to identify and try new activities and broaden their horizons?

Success criteria and/or targets

The target for the Thurston Family Resilience project was to recruit four cohorts of participants, with 12 families per cohort. This implied a total of 48 young people taking part in the project. Taking into the account the small size of the target group (n = 48) and using

the EIF level 2 evidence standards,[19] this translated into setting an ideal sample minimum that represented 60% of the intervention participants to take part in the evaluation, i.e. n = 29 at pre/post-data collection timepoints

Ethical review

As the topics covered as part of this research could be sensitive, the evaluation team consulted with its in-house Ethics Group and Business Excellence System team when developing all research materials. The Ethics Group comprises researchers experienced in working with vulnerable audiences and on sensitive subject matter and were independent of the research team. At the heart of the Ipsos UK's approach are the GSR ethical principles, in addition to also drawing on other relevant ethical codes such as the ESRC Research Ethics Framework, the SRA ethical guidelines and the MRS code of conduct, with which it is fully compliant. All research activities took into account local legal requirements for conducting research with young children. Agreement from participants to participate in the study was obtained through consent forms administered by the Thurston delivery team at the beginning of the project, and verbal consent was obtained during qualitative interviews (for more information, see the 'Data protection' section below and the information sheet, privacy notice and consent form included in the appendix). The evaluation design and research tools were developed in conjunction with YEF and the Thurston Family Resilience Project team.

Data protection

As agreed with YEF, Ipsos UK's legal basis for processing data is that it is in their 'legitimate interest'. This is because the evaluation explores experiences, feelings and perceptions of participants of the Thurston Family Project to help the YEF understand what works well or less well for those taking part in the project and wider society. South Tyneside Council's and Wellbeing Challenge's legal basis for processing data is explicit consent. Considering the relationship between the parties, Ipsos UK and the project delivery partners are both controllers in their own right – i.e. South Tyneside Council, the Wellbeing Challenge and Ipsos UK are controllers in different aspects of the project. The reason why Ipsos UK sees itself as a controller in its own right is because it assures participants that its responses will be anonymised and that South Tyneside Council and the Wellbeing Challenge will not receive any personal data. Consent to data collection and data sharing by the Thurston Family Resilience Project delivery team was gained during the enrolment of families into the project. Identifiable data were collected either by the delivery or evaluation team and (where relevant) securely transferred to and stored by the evaluation team.

19 EIF Evidence Standards – Level 2: https://guidebook.eif.org.uk/eif-evidence-standards#:~:text=Level%202%3A%20Preliminary%20evidence,the%20sample%2C%20using%20validated%20instruments.

YEF require Ipsos UK to share primary questionnaire data along with the participant's name, date of birth, postcode, gender and unique pupil identifier with their data processor, the Department for Education (DfE), who will link the dataset shared with educational data from the National Pupil Database and request criminal data from the Ministry of Justice (MoJ) using the Police National Computer/Database. The DfE will then link and pseudonymise these data before sharing them with the YEF to store on their ONS archive for an indefinite period of time; this data link will be updated on an annual basis between the DfE and MoJ and updated on the archive afterwards. It should be noted that the YEF have stated that participants cannot consent to being part of the evaluation and not the data sharing – that is being part of the evaluation and sharing data must be seen as one holistic step. The data processing roles are as follows:

- Ipsos UK are controllers of the evaluation data.
- Ipsos UK are controllers for sharing the data.
- DfE and MoJ are processors.
- YEF are controllers of the archive.

The YEF use 'public task' for the purposes of the archive; they have stated that the legal basis for data collection and data sharing sits with the evaluator, in this case Ipsos UK. The legal basis Ipsos UK has chosen for primary data collection and data sharing is 'legitimate interest'. A DPIA and Legitimate Interest test form has been completed. The legal basis for sharing secondary data is 'explicit consent', as outlined in associated documents, i.e. DPIA, privacy policies, DSAs and information sheets.

Ipsos UK is compliant with the highest regulatory standards for the legal and safe processing of personal and/or sensitive data, including the European General Data Protection Regulation (EU) 2016/679 (GDPR), the UK Data Protection Act 2018, the Market Research Society Code of Conduct and the international standards for information security (ISO 27001), market research (ISO 20252) and company quality (ISO 9001). As part of these commitments, all data were stored, handled and will be deleted (post completion of the evaluation) in compliance with these standards and the privacy notice that was developed as part of the evaluation (which can be found in the appendix).

Project team/stakeholders

The evaluation was undertaken by Ipsos UK's Policy and Evaluation Unit. The team at Ipsos UK was led by Meera Craston, a Senior Director and the Joint Head of Evaluation, and by Jessica Ozan, Research Director and Head of Education, Children and Families at Ipsos UK Public Affairs. Meera was supported by four members of the Policy & Evaluation Unit over the course of the evaluation. Sarah Fullick (Associate Director) and Claudia Mollidor

(Associate Director) acted as Project Director and Manager for the feasibility phase of the evaluation. Elena Mastrogregori (Consultant) and Michael Loi-Koe (Associate Consultant) acted as the Project Manager and Researcher for the pilot and reporting phase of the evaluation.

Delivery of the Thurston Family Resilience Project was overseen by South Tyneside Council and Wellbeing Challenge, project partners commissioned by the YEF, and specifically:

- Outdoor Education/Youth Service Development Manager and Educational Visits Adviser – Alex D'Ambrosie
- Senior Youth Worker – Gayle Snowball
- Thurston Family Resilience Project Officer – Jill Donaldson
- Thurston Outdoor Education Centre – Andy Sallabank
- Wellbeing Challenge – Jill McManus and Michaela Wate

Methods

Participant selection

Families were recruited to take part in the Thurston Family Resilience Project by the project team via key service providers (youth workers, social care teams and schools). The target young people were aged 10–14 and at risk of becoming involved in antisocial behaviour and crime, but families could include younger or older siblings. The project aimed to engage four groups of families, comprising 48 young people aged 10–14. Taking into the account the small size of the target group (n = 48), and using the EIF level 2 evidence standards,[20] this translated into setting an ideal sample minimum that represented 60% of the intervention participants to take part in the evaluation, i.e. n = 29 at pre/post-data collection timepoints.

The evaluation employed an over-sampling approach to mitigate attrition and targeted all 48 young people aged 10–14 years. The evaluation team worked closely with the Thurston Family Resilience project to establish the best times to administer the questionnaire to generate high response rates from project participants. Pre- and post-questionnaire data from parents/carers were collected using the same approach.

Data collection

Table 1: Methods overview

Research question	Approach	Data collection planned	Data collection undertaken
Feasibility (programme's implementation): Did the programme recruit and engage a sufficient number of at-risk children, young people and their families? **Feasibility of data collection and evaluation activities**: What are the most appropriate measures for assessing the project's outputs and outcomes?	Analysis of questionnaire questions, triangulated with qualitative evidence from project leads and delivery partners, focus groups with young people and observations	Monitoring data (attendance sheets and referral forms) Reflective workshops with the project delivery team to be held around one to three months after the start of the project delivery, at a mid-point of project delivery and at the end of the project	Monitoring data (attendance sheets and referral forms) Three reflective sessions with project delivery staff

20 EIF Evidence Standards – Level 2: https://guidebook.eif.org.uk/eif-evidence-standards#:~:text=Level%202%3A%20Preliminary%20evidence,the%20sample%2C%20using%20validated%20instruments.

Research question	Approach	Data collection planned	Data collection undertaken
Personal, social and emotional development: To what extent does the project lead to participants' increased confidence and self-esteem? Are young people starting to develop reflection skills and strategies for emotional regulation? Are young people improving their relationships with peers and making friends?	Analysis of questionnaire questions from the **Strengths and Difficulties Questionnaire (SDQ), Child and Youth Resilience Measure (CYRM-R) and Adult Resilience Measure (ARM-R)**, triangulated with qualitative evidence from project leads and delivery partners, focus groups with young people and observations	Pre- and post-questionnaires from at least n = 29 participants from each group (parents/carers and young people) One focus group with parents/carers and one with young people at the beginning of the programme, and then another focus group with parents/carers and one with young people at the end of the project (four focus groups in total) Ethnographic-style observations, ideally tracking two groups over five key stages of the project each Reflective workshops with the project delivery team to be held around one to three months after the start of the project delivery, at a mid-point of project delivery and at the end of the project.	Pre- and post-questionnaires received from 48 young people and 39 parents/carers Five focus groups with parents/carers (Cohort 2, Cohort 3 and Cohort 4 at the start of the project; Cohorts 2 and 3 and Cohort 4 at the end) One focus group (Cohort 2) and three interviews (Cohort 3) with young people Two observations of Thurston residentials (week-long for Cohort 3 and weekend for Cohort 4) Three reflective sessions with project delivery staff
Family relationships: To what extent does the project lead to increased trust at family level and improved family relationships? Are families better able to identify positive attributes in each other and feel proud of their parents/children?	Analysis of questionnaire questions from the **Parental Stress Scale (PSS) and Problem Behaviour Frequency Scale**, triangulated with qualitative evidence from project leads and delivery partners, focus groups with young people and observations		
Life and employment skills: **T**o what extent do families indicate an improvement in practising routine and time-keeping and have a less chaotic lifestyle? Are parents/carers starting to develop employability skills?	Analysis of questionnaire questions from **Adult Resilience Measure (ARM-R) and the Child and Youth Resilience Measure (CYRM-R),** triangulated with qualitative evidence from project leads and delivery partners, focus groups with young people and observations		
Relationships within the community and with education and authorities: Does the project improve participants' sense of agency, community and citizenship?			

Research question	Approach	Data collection planned	Data collection undertaken
Are families starting to build better relationships with schools and local authority organisations? Are families starting to identify and try new activities and broaden their horizons?			

Quantitative data collection

Validated questionnaires were chosen in parallel with YEF stakeholders to assess and report on the effectiveness and potential impact of the project as aligned to the outcomes of the Theory of Change. A combination of tools to assess the views of participants both pre- and post-intervention was selected based on their **appropriateness to measure project outcomes and the needs of families**, while also **considering alignment with the common measurement framework designed by the YEF**. This included the following, which were to be administered by the project delivery staff in a paper-based format, where the aim was to gain a response rate of 60% across both the pre- and post-questionnaires:

Baseline and follow-up questionnaires with young people:

- **Child and Youth Resilience Measure (CYRM-R)**
    - The CYRM-R is a widely used measure of social-ecological resilience adopted by researchers worldwide.[21] The questionnaire has been used in more than 150 research studies relevant to evaluating the efficacy of interventions aimed at building and maintaining resilience, including a number of validation studies (Jefferies, McGarrigle and Ungar, 2018; Daigneault et al., 2013). A range of CYRM-R versions are available for relevance to a range of ages; the version used for this study has a recommended age range of 10–23.
    - Young people's resilience scores were calculated following the guidance in the CYRM-R manual.[22] Caregiver resilience in the CYRM-R relates to characteristics associated with the important relationships shared with a primary caregiver. All questions in the CYRM-R are answered using a 5-point Likert scale ranging from 1 (Not at all) to 5 (A lot), and it has a **score range from 17 to 85**. For all resilience categories, a higher score denotes higher levels of resilience.

21 https://CYRM-R.resilienceresearch.org/files/CYRM-R_&_ARM-R-User_Manual.pdf

22 https://CYRM-R.resilienceresearch.org/files/CYRM-R_&_ARM-R-User_Manual.pdf

- **Strengths and Difficulties Questionnaire (SDQ)**

    - Pre- and post-intervention SDQs can be used to evaluate specific interventions and have been shown to be sensitive to treatment effects that seek to measure emotional and behavioural difficulties among young people.[23] The young people SDQ is recommended for ages 4 –17 and has been well referenced in the academic literature for its wide use in a range of relevant studies while being regularly subject to validation and reliability testing (Goodman, 2001).

    - The SDQ is composed of a total difficulties score, impact score and five different scale scores (emotional problems, conduct problems, peer problems, hyperactivity and prosocial) containing five question items each. As explained in the SDQ manual[24], the total difficulties score is generated by summing scores from all the scales, except the prosocial scale, with a resultant **score range from 0 to 40**. The impact score and all scales have a **score range from 0 to 10**.

    - The externalising score ranges from 0 to 20 and is the sum of the conduct and hyperactivity scales. The internalising score ranges from 0 to 20 and is the sum of the emotional and peer problems scales. As described in the SDQ manual, using these two amalgamated scales may be preferable to using the four separate scales in community samples, whereas using the four separate scales may add more value in high-risk samples. However, given the nature of this programme and the greater per-scale granularity achieved by reporting on each scale separately, the latter approach is followed throughout this study.

    - Interpretation of SDQ scores is subject to referencing with the SDQ categorisation table (Table 26) in the appendix. In all cases except the prosocial scale, a higher score denotes movement away from normality, or the average. A higher prosocial scale score indicates a shift towards normality, or the average. The categorisation table contains two separate categorisation bands: one three-banded and one four-banded. According to the SDQ manual, the original three-banded categories are ‘normal’, ‘borderline’ and ‘abnormal’. These bandings are defined based on a population-based UK questionnaire, attempting to choose cut-points such that 80% of children scored ‘normal’, 10% ‘borderline’ and 10% ‘abnormal’.

    - A newer four-banded category classification has been developed, based on a larger UK community sample. This four-fold classification differs from the

23 https://www.sdqinfo.org/d0.html

24 https://sdqinfo.org/py/sdqinfo/c0.py

original in that it divided the top 'abnormal' category into two groups, each containing around 5% of the population; renamed the four categories (80% 'close to average'; 10% 'slightly raised; 5% 'high' and 5% 'very high' for all scales except prosocial, which is 80% 'close to average'; 10% 'slightly lowered'; 5% 'low' and 5% 'very low'); and changed the cut-points for some scales to better reflect the proportion of children in each category in the larger dataset. Both the three-banded and four-banded categorisations will be referenced throughout the findings section.

- **Problem Behaviour Frequency Scale (PBFS)/Adapted version of the Edinburgh Study of Youth Transitions and Crime Study (Sweep 3)**
    - The PBFS is an adapted questionnaire from the Edinburgh Study of Youth Transitions and Crime Sweep 3 (McVie, 2007)[25] and is administered to individuals aged between 11 and 17.
    - It asks respondents to report on whether they have carried out a certain action (or not) in the past year from the time of answering. Therefore, response frequencies and percentages are measured in the questionnaires as opposed to the calculation of means conducted for all other questionnaires.
- **Rosenberg Self-Esteem Scale[26] (SES)**
    - The SES is a 10-item scale measuring global self-worth by measuring both the positive and negative feelings towards oneself. This scale is a widely used measure of self-esteem (Sinclair et al., 2010) and has good reliability and validity (Schmitt and Allik, 2005; Torrey, Mueser, McHugo and Drake, 2000).
    - The scale is believed to be unidimensional, and all items are answered using a 4-point Likert scale, ranging from 1 (strongly disagree) to 4 (strongly agree). Total scores are calculated by summing the responses to each questionnaire

25 https://www.edinstudy.law.ed.ac.uk/wp-content/uploads/sites/36/2020/05/Technical-Report-Sweeps-3-4.pdf

26 https://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Self-Esteem_ROSENBERG_SELF-ESTEEM.pdf

question for each participant. The **minimum and maximum SES scores are 10 and 40**, respectively, with higher scores indicating higher self-esteem.

- **Single-Item Self-Esteem Scale[27] (SISES)**
    - An alternative to the SES, the SISES is a one-item measure of global self-esteem. Participants answer the single item on a five-point Likert scale, ranging from 1 (not very true of me) to 5 (very true of me).
    - Though shortened, the scale has strong convergent validity and had similar predictive validity with the (Rosenberg) SES (Brailovskaia and Margraf, 2020; Robins, Hendin and Trzesniewski, 2001).

Baseline and follow-up questionnaires with parents/carers:

- **Adult Resilience Measure (ARM-R)**
    - The ARM-R is an 18+ version of the CYRM-R and has been widely tested for validity and reliability (Liebenberg and Moore, 2018; Antora, 2018). The ARM-R follows the same calculation methods as the young people CYRM-R. Therefore, resilience categories, scoring and interpretation are the same. However, caregiver resilience in the CYRM-R is replaced by relational resilience in the ARM-R, which relates to characteristics associated with the important relationships shared with a partner or family. The guidance set out in the ARM-R manual[28] was used to calculate a single measure of total resilience as the sum of all question scores for each participant.
    - **The total resilience score has a minimum and maximum value of 17 and 85**, respectively, and can also be derived from the sum of two other resilience categories: personal and relational. Personal resilience includes intrapersonal and interpersonal items, which are linked, as both dimensions depend on individuals' social ecologies to reinforce their resilience. **Personal resilience has a minimum and maximum subscale score of 10 and 50**, respectively. **Relational resilience** relates to characteristics associated with the important relationships shared with a partner or family and has a **minimum and**

27 https://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Self-Esteem_SINGLE-ITEM_SELF-ESTEEM.pdf

28 https://CYRM-R.resilienceresearch.org/files/CYRM-R_&_ARM-R-User_Manual.pdf

maximum score of 7 and 35, respectively. For all resilience categories, a higher score denotes higher levels of resilience.

- **Parental Stress Scale[29] (PSS)**
    - The reliability and validity of the PSS has been widely tested in the academic literature (Berry and Jones, 1995) and provides a measure that considers positive aspects of parenting for individuals aged 18 or over, as well as the negative 'stressful' aspects traditionally focused on. It comprises an 18-item scale where items represent positive (e.g. emotional benefits and personal development) and negative (e.g. demands on resources and restrictions) themes of parenthood. Respondents agree or disagree in terms of their typical relationship with their child or children.
    - Total scores are calculated by summing the responses to each questionnaire question for each participant. The **minimum and maximum scores are 18 and 90**, respectively, with a low score signifying a low level of stress and with the reverse true for higher scores.
- **Strengths and Difficulties Questionnaire (SDQ)**
    - The SDQ for young people is available in a reworded version appropriate to the perspective of a young person's parent/carer. Therefore, questions, scores and interpretations are the same.

One baseline (pre) questionnaire and one end-of-programme (post) questionnaire were adopted and resulted in two data collection points administered by the delivery partners:

1. **The baseline (pre) questionnaire** was administered on participants' first session.
2. **The end-of-programme (post) questionnaire** was administered on participants' last session and during the final celebration event.

Table 2 illustrates the total number of questionnaires received from both the pre- and post-questionnaire stages. While there was a high completion of pre-questionnaires, this was not replicated for the post-questionnaires, where the highest number of post-questionnaires received by Ipsos UK across all questionnaires was 21 (27.6% lower than our target) and the lowest number was 17 (41.4% lower than our target). The low number of post-questionnaires received was further hampered by issues with non-responses in some questionnaires, further lowering the number of 'complete' questionnaire profiles – participants that had fully completed both a pre- and post-questionnaire.

29 https://www.corc.uk.net/outcome-experience-measures/parental-stress-scale-pss/

Table 2: Overview of questionnaire data collected

Questionnaire	Number of pre-/post-questionnaires distributed	Number of pre-questionnaires received	Number of post-questionnaires received	Number of 'complete' questionnaire profiles	Attrition rate
ARM-R (parents)	42	37	17	15	35.7%
PSS (parents)			19	17	40.5%
CYRM-R (young people)	48	44	21	20	41.6%
SDQ (young people)		43			
SES and SISES (young people)		34		21	43.8%
PBFS (young people)		45			

Source: Ipsos UK pre/post-questionnaires

Notes:

1. The number of complete profiles is not equal to the number of post-questionnaires received for some questionnaires. This is because some participants either did not complete a post-questionnaire or did not answer the questionnaire fully enough such that these questionnaires could not be used for matched analyses.
2. A 'complete' questionnaire profile is defined here as participants that had fully completed both a pre- and post-questionnaire.
3. The attrition rate is the percentage of those enrolled into the programme that provided 'complete' questionnaires.

Qualitative data collection

Three forms of complementary qualitative research activities were carried out to add depth and breadth to the evaluation:

- Focus groups with parent/carers and young people: Five focus groups were undertaken with parents/carers who took part in the Thurston project. For each cohort, one focus group with parents/carers was conducted at the beginning of the programme and one at the end. Due to logistics and availability of participants, one of the end of programme focus groups was carried out jointly with participants from Cohorts 2 and 3. Each of the focus groups had between four and six participants and was conducted on the days of the parents/carers' participation in the project sessions. In addition, a focus group and three interviews with young people were conducted after their participation in the residential. All focus groups were conducted online due

to COVID-19 related disruptions, and the evaluation team worked with the project delivery team to establish the most suitable timing and format for these data collection activities.

- Observations: Ethnographic style observations were conducted at two points in the programme, one at the week-long residential in September 2021 with Cohort 3 and one at the weekend residential in April 2022 with Cohort 4. Two members of the evaluation team participated in the activities at the Thurston Outdoor Education Centre during the residential with families and stayed with the groups for three days of the week-long residential and for the whole weekend residential.
- Reflective workshops with the project delivery team: Three online workshops were conducted with the project delivery team and were held at the start of the project delivery, at a mid-point of project delivery and at the end of the project.

Monitoring data

Monitoring data were collected by the project delivery team and included:

- Data from the screening tool developed by South Tyneside, which was designed to collect information on referrals of young people aged 10–14 who may be at risk of future criminal or antisocial behaviour. The indicators included information on educational attendance and attainment, ACEs, family relationships, living arrangements, lifestyle choices and the young person's development. The tool scored the level of risk from 0 (No concerns) to 3 (Direct evidence of high-risk concerns).
- Attendance sheets indicating participation of parents/carers, referred young people and siblings from each cohort to the sessions and residentials.
- Documents outlining the description, number and type of sessions that took place throughout the programme.

Analysis

Quantitative data

All questionnaire data were cleaned to produce final datasets for analysis. Initially, this involved assigning each pre-questionnaire with a unique identifier that was calculated using a random number generator function in Microsoft Excel. Post-questionnaires were then

labelled and matched with the unique identifiers generated for the pre-questionnaires. Descriptive statistics of participant characteristics were calculated as an initial step for analysis. Where questionnaires necessitated a total mean score to be calculated (ARM-R, CYRM-R, PSS and SES/SISES), participants that included a non-response were omitted from total calculations; however, responses to individual questions were still analysed where a response was given. Only the SDQ permitted non-responses; however, the minimum responses to allow analyses were not met for affected questionnaires. Additionally, it was expected that parents/carers' SDQs could be matched and analysed in parallel with their related young person(s)-completed SDQ to uncover any complementary correlations in changes to SDQ measures. However, this was not possible for two key reasons: In the majority of cases, questionnaires were inadequately completed to allow for analysis, and it was common for questionnaires to be unlabelled such that completed parents/carers' SDQs could not be matched with their related young person(s) equivalent.

Matched-participant statistical (significance) testing of the comparison of means was conducted for all analyses of collected questionnaires. However, as shown in Table 2, given that the largest complete questionnaire sample was 21, Ipsos UK have decided not to include these analyses. There are sound statistical reasons for this – as the sample size is so small in this study, significance testing is likely to be severely underpowered and uninformative. Basic assumptions required for statistical hypothesis testing are not met, and therefore descriptive analyses are more appropriate.

While the absence of statistical testing limits the robustness of this study's findings, this approach adheres to YEF's evaluation guidelines.[30] The 'Methods' section of the guidelines state that hypothesis testing is inappropriate to the application of a pilot study as it is usually underpowered to do so, and thus this approach always sat outside the scope of the study. This reasoning also applied to the consideration of reporting only on pre-questionnaire analyses so as not to risk the overstatement of the study's findings. Nonetheless, consultations with YEF determined that matched participant (non-significance) analyses of means would be reported on, including the use of standard deviations as an appropriate measure of dispersion.

The steps taken for quantitative data analysis were as follows:

- **Quality analysis**: The pre- and post-questionnaire data were analysed to understand the extent to which the project was able to engage with the intended number of cohorts and participants, as well as the sufficiency and appropriateness of the data collection tools.

30 https://youthendowmentfund.org.uk/wp-content/uploads/2022/03/3.-YEF-Evaluations-Guidance-Pilot-studies-March-2022.pdf

- **Descriptive analysis:**[31]
    - **Step one:** Data were analysed to produce descriptive statistics on gender and ethnicity characteristics. Dates of birth were asked for in each questionnaire; however, in the majority of cases, the date at which participants completed the questionnaire was provided instead, and therefore insightful age statistics could not be computed.
    - **Step two:** Following the guidance in each of the administered questionnaires, aggregated measures were calculated for all matched-participant questionnaire data.
    - **Step three:** As described above, statistical testing is not reported on in this study as a result of the inadequate sample size, limited applicability to pilot studies and avoidance of the over-interpretation of results. However, matched-participant analyses of means were conducted, and standard deviations are reported on as an appropriate measure of dispersion for all questionnaires. For the PBFS, however, frequencies and relative percentages were calculated for each question.

Qualitative data

All interviews were transcribed and thematically organised, and the findings were analysed in line with the research questions and main outcome areas of the logic model. Two types of analyses were undertaken:

- **Content analysis** – drawing out findings from individual interviews and focus groups or documentation to help identify common content and subject matter.
- **Thematic analysis** – developing descriptive themes from primary data and the generation of analytical themes to provide greater context and interpretation of emerging key findings. This may be by unit of analysis, activity in the logic model or higher-level themes by ensuring a complete picture of the project and understanding of the context in which it operates.

Data from each source were entered into an MS Excel coding frame and aligned to the research questions and identified themes. The qualitative and quantitative evidence was subsequently synthesised as follows:

31 The full analysis of all questionnaires can be found in the appendix.

- **Development of internal notes**: Each evidence source was mapped against the suite of research questions.
- **Triangulation of evidence**: A process of meta-synthesis[32] was then employed, which sought to analyse the findings from across all the relevant data sources to form interpretive explanations and thematic descriptions.
- **Analysis sessions**: An internal analysis session was facilitated with the evaluation team to ensure that all members were familiar with the different data sources, discuss emerging findings and identify areas for further exploration.

Timeline

Data collection with project participants and delivery partners for the pilot study took place between June 2021 and June 2022. Table 3 summarises the data collection timeline. The table also includes timings of the feasibility phase of the evaluation, which took place between January 2020 and March 2021. The feasibility study report was completed in March 2021. Findings from the feasibility study have been summarised in this report and can be found in the 'Evaluation feasibility' section to provide a comprehensive overview of the programme.

Table 3: Timeline

Date	Activity
Delivery	
Jan 2020–Jan 2021	Delivery of Thurston project Cohort 1 (delivery partners)
June 2021–May 2022	Delivery of Thurston project Cohorts 2 and 3 (delivery partners)
Sept 2021–June 2022	Delivery of Thurston project Cohort 4 (delivery partners)
Evaluation activities	
September 2019–January 2020	Familiarisation and Theory of Change workshops (evaluation team and delivery partners) Development of Theory of Change and evaluation framework (evaluation team)
January 2020–March 2021	Collection of pre-questionnaire data for Cohort 1 (delivery partners) Feasibility stage of the evaluation (evaluation team)
June 2021	Collection and compilation of monitoring data (delivery partners)

32 Sandelowski M. and Barroso J. (2006). *Handbook for synthesizing qualitative research*. New York: Springer.

	Collection of pre-questionnaire data for Cohorts 2 and 3 (delivery partners) Obtaining consent to data collection from participants and parents/guardians (delivery partners)
July 2021–August 2021	Data collection: focus groups with parents/carers of Cohorts 2 and 3 and observation at week residential (evaluation team)
September 2021	Collection and compilation of monitoring data (delivery partners) Collection of pre-questionnaire data for Cohort 4 (delivery partners) Obtaining consent to data collection from participants and parents/guardians (delivery partners)
October 2021–January 2022	Data collection: focus group with parents/carers of Cohort 4 and workshop with delivery staff (evaluation team) Pre-questionnaire data sent to the evaluation team (delivery partners) Data analysis: analysis of pre-questionnaire data (evaluation team)
February 2022–April 2022	Data collection: focus group and interviews with young people and observation at weekend residential (evaluation team)
May 2022–July 2022	Data collection: focus groups with parents/carers from Cohorts 2, 3 and 4 and workshop with delivery staff (evaluation team) Collection and compilation of monitoring data (delivery partners) Collection of post-questionnaire data for Cohorts 2, 3 and 4 (delivery partners) Post-questionnaire data sent to the evaluation team (delivery partners) Analysis of questionnaire data (evaluation team) Analysis of qualitative data (evaluation team) Analysis of monitoring data (evaluation team)

Findings

The following section presents an analysis of the outcome data collected as part of the evaluation. It therefore brings together findings from across the quantitative and qualitative data collection activities.

Participants

Across the four cohorts of 102 participants (42 parents/carers and 60 young people between 10 and 14 years old, including siblings), 87 participants completed either a pre- or post-questionnaire. Analysis of pre-questionnaire data showed that 37 parents/carers and 47 young people completed a pre-questionnaire.

The table below illustrates the number of participants included in the analysis for each outcome area, with associated research questions.

Table 4: Number of participants per outcome area/research questions

Research question	Approach	Number of participants
RQ1	Analysis of questions from the **SDQ, CYRM-R and ARM-R**, triangulated with qualitative evidence from project leads and delivery partners, focus groups with young people and observations	Forty-one participants at residentials' observations (25 young people and 16 parents), of which: • Fifteen parents with a complete questionnaire profile (ARM-R) and 20 young people with a complete questionnaire profile (SDQ and CYRM-R) • Thirteen parents in focus groups, and eight young people in focus groups/interviews
RQ2	Analysis of questionnaire questions from the **PSS and PBFS**, triangulated with qualitative evidence from project leads and delivery partners, focus groups with young people and observations	Forty-one participants at residentials' observations (25 young people and 16 parents), of which: • Seventeen parents with a complete questionnaire profile (PSS), and 21 young people with a complete questionnaire profile (PBFS) • Thirteen parents in focus groups, and eight young people in focus groups/interviews

Research question	Approach	Number of participants
RQ3	Analysis of questionnaire questions from **ARM-R and CYRM-R,** triangulated with qualitative evidence from project leads and delivery partners, focus groups with young people and observations	Forty-one participants at residentials' observations (25 young people and 16 parents), of which: • Fifteen parents with a complete questionnaire profile (ARM-R), and 20 young people with a complete questionnaire profile (SDQ and CYRM-R) • Thirteen parents in focus groups, and eight young people in focus groups/interviews
RQ4	Analysis of questionnaire questions from **ARM-R and CYRM-R,** triangulated with qualitative evidence from project leads and delivery partners, focus groups with young people and observations	Forty-one participants at residentials' observations (25 young people and 16 parents), of which: • Fifteen parents with a complete questionnaire profile (ARM-R), and 20 young people with a complete questionnaire profile (SDQ and CYRM-R) • Thirteen parents in focus groups, and eight young people in focus groups/interviews.

Most of the parents/carers that completed a pre-questionnaire were female (n = 30, 81%), while seven (19%) were male. In terms of ethnicity, all parents/carers described themselves as being 'White/White British'.

Most of the young people participants that completed a pre-questionnaire identified as male (n = 29, 62%), and 18 (38%) were female. Regarding ethnicity, the vast majority reported being 'White/White British' (n = 46, 98%), while one young person (2%) described themselves as being 'Black/Black British'.

Stakeholders also highlighted that the majority of participants came from disadvantaged backgrounds, e.g. low-income families, unstable family backgrounds and individuals who tended to exhibit antisocial behaviour and low confidence and self-esteem levels. Based on the qualitative data from participants interviews and discussions with the project delivery team, many of the project participants also highlighted that they lived in deprived areas with

limited facilities and opportunities to take part in activities or socialise with others outside of school and home.

The scoring system used by the project delivery team to assess the level of risk of future criminal or antisocial behaviour for each referral (see the 'Intervention' section for details on how the score is calculated) shows that more than half of referred young people were considered at 'medium risk' of being involved with antisocial behaviour.

Table 5: Overall risk level assessed through the screening tool

Overall risk level	Percent
High	22% (11)
Medium	57% (29)
Low	22% (11)

The screening tool used four levels of risk (0 – no concerns; 1 – some concerns; 2 – significant concerns; 3 – direct evidence of high-risk concerns) across eight areas of young people's lives. Analysis of the available referral forms shows that the area where direct evidence of high-risk concerns is most common is 'Parenting, family and relationships', while the area where the direct evidence of high risk is less common relates to young people's associates and living arrangements.

Table 6: Level of risk assessed through the screening tool, by area

Screening tool area	Level of risk			
	0	1	2	3
Education	4	21	14	12
Young person experiences ACEs	1	15	19	16
Young person's associates	19	18	10	4
Parenting, family and relationships	2	11	18	20
Living arrangements, housing and financial	13	26	8	4
Young person not engaging in positive activities/isolated	9	14	15	13
Lifestyle choices	17	16	10	8
Young person's development	4	19	18	10

Based on the monitoring data received from the project team, 88 young people were referred to the Thurston Family Resilience Project. Forty-eight young people were accepted into the programme across the four cohorts, with the addition of 12 siblings. From Cohort 2, four families withdrew from the project after the Thurston week-long residential. From Cohort 3, there were no dropouts, while three families dropped out from Cohort 4.

Based on discussions with parents/carers and delivery partners, some of the possible reasons for families dropping out of the project included:

- **The difficulty for parents/carers to commit to the sessions and attend regularly:** Work commitments, particularly for people on zero-hour contracts, prevented some parents/carers attending on a regular basis.

- **Preconception of families of a programme for youth rather than for the whole family:** The project delivery team highlighted that there is a risk that parents/carers perceive the programme as focused on young people's issues rather than issues within the family, life circumstances or parenting. Some families who completed the programme reported that they did not expect the level of engagement from parents/carers, and this could have contributed to some of the dropouts.

- **Some parents/carers stopped attending the sessions after the residential due to behavioural issues with their children:** According to delivery staff, some parents/carers were uncomfortable coming back to sessions, and it was difficult to reassure them of the non-judgemental environment.

- For some families, their previous knowledge of each other possibly provoked some disagreements, and this could have been one of the reasons for deciding to withdraw from the programme.

Evaluation feasibility

This section presents evidence of the feasibility of the intervention. It outlines changes made to the Theory of Change and details how the programme was adapted during implementation. It then considers evaluation feasibility.

Evidence of feasibility (programme's implementation)

The project delivery team planned to offer the programme to four cohorts, with up to 12 families per cohort. The delivery period (before the COVID-19 pandemic) was planned to run from January 2020 to September 2021. Due to the COVID-19 pandemic, delivery was disrupted, and the project delivery team had to make several adaptations to enable delivery as a result of the COVID-19 restrictions (see Table 7) and the scaling back of the number of cohorts that took part in the first phase of the project from two to one.

Table 7: Overview of project delivery planned and adapted

Cohort 1			Cohorts 2, 3 and 4	
Stage	**Delivered as intended/ adapted**	**Delivered (Cohort 1)**	**Delivered as intended/ adapted**	**Delivered (Cohorts 2, 3 and 4)**
1	Delivered as intended	▪ Ten families recruited ▪ Five weekly full-day group sessions with parents/carers ▪ 'Meet and greet' session with young people ▪ Whole family preparation session for the residential	Majority of activities delivered as intended	▪ Twelve families recruited for Cohort 2, seven families for Cohort 3 and 14 families for Cohort 4 ▪ Five weekly full-day group sessions with parents/carers ▪ 'Meet and greet' session with young people ▪ Whole family preparation session for the residential
2	Majority of activities delivered as intended	▪ One-week family resilience residential ▪ Due to poor weather, the residential had to be cut short by one day, and some outdoor activities could not take place.	Delivered as intended	▪ One-week family resilience residential delivered for all three cohorts
3	Partially delivered as intended	Delivered as intended before the March 2020 lockdown: ▪ Two parent/carer sessions ▪ Three young people sessions Adapted delivery between March and July 2020, instead of in-person sessions: ▪ Three family packs by post with ideas for activities, e.g. seeds to plant, recipes, local walks, 'I spy' cards, John Muir activities and individual postcards for the young people ▪ Five email newsletters with links for activities and ideas for activities ▪ Zoom calls with parents/carers – fortnightly from May and weekly from June to early August – to make contact and see how things were going in families. Covered some resilience skills (e.g. assertiveness and overcoming procrastination) and some understanding of wellbeing topics (e.g. managing stress and exercise) ▪ Zoom calls with young people: from late June, three weekly calls each for separate groups of boys and girls; the	Delivered as intended	▪ Fortnightly parent/carers sessions ▪ Weekly young people sessions

		team visited families on a one-to-one basis once outdoor visits were permitted, and families were given a sports pack.		
4	Not able to deliver as intended	Weekend family challenge residential could not take place with Cohort 1 due to COVID-19 restrictions	Delivered as intended	Weekend family resilience residential delivered for all three cohorts
5	Partially delivered as intended	Three-months community challenge: ▪ Day trip with parents/carers to carry out photography project and select topic for parents/carers' social action initiative ▪ Parents/carers then worked together on the social action project to raise money for a domestic abuse charity. ▪ Young people had seven face-to-face sessions with project staff. Adaptation due to social distancing restrictions was to have two smaller groups rather than one bigger group and shorter sessions.	Delivered as intended	Three-months community challenge delivered for all three cohorts and community project (bike week) completed
6	Not able to deliver as intended	Celebratory event could not take place with Cohort 1 due to COVID-19 restrictions	Delivered as intended	Celebratory event held for all three cohorts

During the feasibility stage, the project team had the opportunity to observe what went well and what went less well in the programme delivery. While most aspects (that were not interrupted by the COVID-19 pandemic) went as planned, the project team identified the following areas for consideration:

- **Recruiting parents/carers and young people**: The project team achieved the intended recruitment for Cohort 1. However, this took longer than expected, and the team identified a number of adaptations that they implemented for the remaining cohorts. The main difficulty related to a lack of awareness about the project with key stakeholders, such as headteachers. The team recognised the need to adopt a more 'hands on' approach, including having more (telephone) conversations with stakeholders rather than aiming to engage stakeholders via email. The project team also developed a flyer with key information for professionals, parents and carers that included testimonials from families who had previously been part of the programme. For Cohorts 2, 3 and 4, the delivery team had a better understanding of the target beneficiaries and referral pathways.

- **Team resourcing**: While there were no major incidents reported in any of the project stages, the project team felt stretched in delivering the week-long residential for Cohort 1. Therefore, the team included a residential course director or co-ordinator who would not be involved in the delivery but would be on hand as a central resource

to coordinate and manage issues more efficiently and address escalations. This increased flexibility during the residentials and enabled the split of families into groups more easily and effectively so that more attention could be given to engaging smaller groups and to the practical aspects and logistics (which was very complicated with different sites and activities running in parallel with a tight schedule). Having the same members of staff at each residential throughout the pilot cohorts also contributed to reducing participants' anxiety as they were able to find familiar faces, and this has been identified by the delivery staff as one of the enablers of the successful residentials. The team also recognised that it would be beneficial and more effective to have a specific role for communication with families, acting as a liaison with families, instead of sharing the responsibility among the whole team.

- **Engagement of young people and parents/carers**: Although overall attendance and engagement in the programme was positive, some parents/carers and young people engaged less with the programme than others. The project team therefore developed a flowchart to deal with engagement issues (e.g. when to call a parent/carer or visit them at home) going forward. This was designed to provide clarity on necessary actions to maximise participation.

- **Online vs face-to-face activities**: The programme had originally been designed to be delivered fully face to face. Working with families during the pandemic, when face-to-face meetings were not possible, reinforced the need for project staff to have face-to-face activities. The project team realised that newsletters and getting information/suggestions in the post could be an added bonus for the future delivery of the programme. However, the lack of privacy of online sessions was a barrier, and virtual meetings were felt to be limiting in terms of the interactions needed to achieve the outcomes as set out in the programme's Theory of Change.

- **Additional sessions and support**: Despite general engagement and enjoyment of group sessions, the team reported that some young people and families required additional support to achieve the intended programme outcomes. Therefore, the project team provided additional one-to-one support sessions as part of the remaining cohorts, where it was deemed necessary. The team also recognised the need for a more structured preparation phase in advance of the residential. While participants of previous courses were mainly referred through schools and received initial support to engage with the programme from the schools themselves, the wide range of referral sources for this project meant the group was less cohesive and needed more sessions before the residential. Having more sessions at the family level before the residential was also highlighted by delivery staff as an area to explore for future delivery, as it might help with the transition to the youth sessions and reinforce the focus on the whole family. Feedback from parents/carers also indicated that weekly, rather than fortnightly, sessions would help the group remain engaged with the

project, as one absence from a session would mean not seeing the group for four weeks.

Table 8 outlines the planned adaptations to each of the stages the project team implemented for Cohorts 2–4 based on the lessons learned with Cohort 1. None of the planned changes impacted on the Theory of Change in a way that would require it to be updated.

Table 8: Planned adaptations

Stage	Adaptations
1	Based on project staff workshop feedback: Ensuring that young people get the opportunity to meet and get to know each other before the residential trip. Based on project staff written feedback: Additional working time for the Resilience Lead and Family Activity Lead
2	Based on project staff written feedback: Additional youth worker for residentials; additional minibuses for residentials; additional equipment for outdoor activities (e.g. wetsuits and waterproofs) and personal kits for families (e.g. bags and water bottles)
3	Based on project staff written feedback: Covering travel costs for young people to attend sessions; additional youth worker for evening sessions; development of web-based resources
4	No changes proposed
5	No changes proposed
6	No changes proposed

Feasibility of data collection and evaluation activities

Apart from the necessary adaptations to data collection due to the COVID-19 pandemic, all evaluation activities yielded the expected outcomes and were therefore carried forward for use in the pilot study. The following section includes considerations about the questionnaire data collection and an assessment of qualitative data collection activities and monitoring data.

Quantitative data collection

The baseline questionnaires were administered in January 2020. So as not to overburden participants with the completion of three questionnaires at the first encounter, staff collected baseline data in two batches – the first ('Pre-A', including the Child and Youth Resilience Measure and the SDQ) were most commonly collected at the school while young people signed up to take part, while the second batch ('Pre-B', including the Problem Behaviour Frequency Scale) were collected at the start of one of the evening sessions. Parent/Carer

questionnaires were completed during their first evening sessions. Project staff shared the paper questionnaires securely with Ipsos UK.

- **Questionnaire questions:** Some young people left questions related to friendship and feeling part of the community unanswered, areas which project staff reported young people struggle with. Project staff also reported that some parents/carers did not answer certain questions and that questionnaire administration for Cohort 1 did not take place under ideal circumstances, being administered in two different phases. For the following cohorts, the project team implemented several changes to data collection to maximise item completion and ensure they minimised the burden placed on participants. In addition to the 'meet and greet' session at Stage 1 of the programme, project staff scheduled an additional one-to-one initial meeting with young people. The project team added an 'Introduction to TFP/Resilience' evening session into the programme for young people and their parents/carers to ensure they all understood the programme and what was involved. The data collection took place after the first introductory session (before any resilience work commenced), and delivery partners were available to explain the meaning of any questions that were unclear to individual participants.

- **Relevance of questions:** The results demonstrated that the questionnaires were successfully reflecting the areas the programme was aiming to change as measures (i.e. the Child and Youth Resilience Measure and Adult Resilience Measure) and were directly aligned with outcomes identified in the Theory of Change (personal and emotional development, peer relationships and life skills). The Strengths and Difficulties Questionnaire's division into separate scales (emotional problems, conduct problems, hyperactivity, peer problems and prosocial scales) allowed the analysis to focus on specific aspects and issues that young people were facing and that relate to the abilities the Thurston Family Resilience Project is seeking to improve (for example, getting along with peers or facing new situations). The validity and reliability of the questionnaires used was confirmed by a number of studies, as referred to in the 'Methods' section of this report. Future research would benefit from conducting in-sample psychometric analysis. This would involve investigating concurrent validity, such that changes in one measure are analysed to observe whether they correlate with changes in another measure, where these are expected to be related. While internal consistency reliability testing was attempted and deemed infeasible in this study (comparing young people's self-reported SDQ scores against those of their parents/carers), future studies would benefit from this additional layer of insight, subject to data availability.

- **Recruitment and retention to the evaluation:** While the baseline questionnaire was completed by a large number of participants, the follow-up questionnaire had a much lower response rate. This was partially due to the number of participants decreasing

in the last sessions. Consequently, this study could not conduct any rigorous statistical analysis on the data collected. This may be a cause for concern regarding evaluation feasibility. Strategies need to be established to increase response rates. These could include incentives and/or finding a strategic time to distribute the follow-up questionnaire towards the end of the programme.

Monitoring data

Monitoring data were collected by the Thurston Family Resilience Project staff, who provided information on:

- Participants referral forms
- Descriptions of sessions that took place and timelines
- Whether parents/carers and young people attended each session, and reasons for non-attendance

The quality of monitoring data received was generally good for all cohorts, with referral forms comprehensive of all the young people, an accurate description of sessions and an engagement summary providing information about the number of families that were referred to the programme but did not take part.

Qualitative data collection

Qualitative data collection activities included observations at residentials and focus groups with parents/carers, young people and delivery staff.

Changes to the number of planned qualitative collection activities mainly concerned young people focus groups and observation activities. Due to COVID-19 and availability of staff, only two groups at two residentials (one week-long and one weekend) were observed, rather than at all five stages as anticipated. Regarding focus groups with young people, only the end-point focus groups could be conducted, following discussions with delivery partners on the most appropriate timing to engage young people.

Online focus groups: Due to COVID-19, some qualitative research activities had to be conducted online. While this did not present an issue for the focus groups with parents/carers and delivery staff, it posed some challenges with young people focus groups, for which the online group setting was not always appropriate. This was mitigated by splitting the group of young people into smaller groups (as with the opportunity to speak to young people at residential observations). However, for future evaluation activities, in-person focus groups would be recommended to build rapport and engage the young people better in the discussion.

Evidence of promise

For the benefit of this study, it is important to underline again that the quantitative and qualitative findings detailed below should not be over-interpreted. Regarding the quantitative findings, statistical significance testing was not applicable to this study's analysis, and the results should not be used to support any perceived conclusions of results.

Contextual factors

Additionally, while quantitative findings may seem to change in a direction unfavourable to the outcomes of this programme, there are a plethora of unobserved variables and contextual factors that may have affected both the quantitative and qualitative results. These are unaccounted for within the constraints of this study, but their potential effects on the quantitative and qualitative findings should be acknowledged throughout the proceeding sections. Some examples of such variables and factors include the following:

- This programme was affected by COVID-19 and the subsequent lockdowns and social distancing restrictions that were enforced nationally. As a result, the programme's timelines, stages and planned sessions were disrupted and changed from their original structure. In the absence of COVID-19, the experience of participants would have likely been different from what was actually experienced.

- For the majority of people, COVID-19 was a negative event – society, families and individuals were restricted in their movements on an unprecedented level. Therefore, this negative environment is likely to have impacted participants' feelings and perceptions linked to some aspects of the outcomes reported on in this study.

- The programme was eligible for families who were identified as being from disadvantaged and difficult backgrounds. Participants' reflections on their personal attributes were likely low before the programme and, in the absence of the programme, may have followed a low and/or lower trend in areas such as self-esteem, confidence and resilience. With no comparison group, it is difficult to interpret this trend.

- Other factors outside the control of the programme and delivery staff may have impacted participants' perceptions of their self-esteem, confidence and resilience. These factors may have worsened during the time of the programme and evaluation; for example, social conditions in the surrounding areas of participants' homes may have worsened and may have had an impact on participants' self-reported outcome measures.

- The level of honesty or willingness to provide truthful responses is always challenging to measure and manage, and both the qualitative and quantitative data collection

methods are sensitive to social desirability bias (SDB).[33] While this was managed to some extent for the qualitative data by utilising different data collection methodologies (e.g. focus groups and more personal one-on-one interviews), it is more difficult to mitigate the impact of SDB in questionnaires that only have two points of data collection.

Personal, social and emotional development

RQ:

- **To what extent does the project lead to participants' increased confidence and self-esteem?**
- **Are young people starting to develop reflection skills and strategies for emotional regulation?**
- **Are young people improving their relationships with peers and making friends?**

Confidence and self-esteem

The SES and SISES questionnaire captures young people's self-reported levels of self-esteem. As illustrated in Table 9, the mean total SES score reduced by 5.7 units, and the mean total SISES score reduced by 0.15 units, suggesting a negative shift in self-esteem among young people.

33 This is defined as the tendency of some respondents to respond to questions in a way perceived to be socially acceptable as opposed to truthful. https://methods.sagepub.com/reference/encyclopedia-of-questionnaire-research-methods/n537.xml

Table 9: Young people self-esteem, SES and SISES

SES and SISES measures	Group	Mean	N	Standard deviation
Self-esteem scale total	Pre	28.53	19	5.253
	Post	22.53		5.938
Single-item self-esteem scale total	Pre	3.29	21	1.419
	Post	3.14		1.276

Notes:

1. SES: Average score out of a 1–4 scale. Strongly Agree = 1; Agree = 2; Disagree = 3; Strongly Disagree = 4.
2. SISES: Average score out of a 1–7 Likert scale. Not very true of me = 1; Very true of me = 7.
3. The SES and SISES scores were computed following the methodology in their respective manuals, i.e. summing the score of each question item and participant. Following the recommended methodology to construct the validated measures, cases with missing or invalid answers to any question item were not used in the analysis. This affected two SES questionnaires.
4. Some question scales in the SES questionnaire are reversed. These relate to questions 2, 5, 6, 8 and 9, where Strongly Disagree = 1; Disagree = 2; Agree = 3; and Strongly Agree = 4.

Regarding the qualitative evidence, the positive influence of the Thurston project on participants' confidence and self-esteem emerged as a recurring topic in consultations with families and delivery staff and during observations. Observed changes, both according to the parents/carers and staff consulted and the evaluation team observations, included an increased belief in oneself; self-esteem; and confidence and trust in parents/carers' and young people's own abilities.

Qualitative evidence from parents/carers and delivery staff indicated that the young people grew in confidence and self-esteem as the programme progressed. This was especially true in the recognition that some young people were able to overcome their fear of specific challenges faced throughout the programme. During the residential, for example, many young people were hesitant to engage in new or challenging activities such as ghyll scrambling and rock climbing. However, with the encouragement from peers, parents/carers and instructors, some young people overcame their apprehension and took part in the challenge.

'[My daughter] was terrified at the rock climbing, and I told her, "You can overcome your fear," even though I was frightened. She had a meltdown on the top of the rock; I was expecting her to come down and kick off, but she didn't. She realised she had done that herself, without me being there.'

Parent/Carer

During the practical activities throughout the course and at the residentials, young people often developed the confidence to take part in challenging exercises that gave them a sense of achievement, contributing to building their self-esteem.

'Everybody enjoyed it, but there was this one kid, he's 11, and he didn't want to jump into the water, but then everyone encouraged him to. Then, he did it, kept jumping in and he was happy.'

Young person

Evidence from delivery staff focus groups also indicated that there was an increase in self-esteem among parents/carers. For example, some parents/carers reported an increased ability to recognise their own skills, with the programme giving them an opportunity to participate in activities as grown-ups during the sessions that were designed for the groups of parents/carers.

'*One in particular, one parent said that she felt she had lost her identity as a parent, and this gave her the opportunity to see herself again and realise that she can still do things instead of just being, in her words, a slave to the child's development. She's started realising she had to start being a little bit more selfish and looking at herself*.'

Delivery staff

While the parents/carers ARM-R and young people CYRM-R questionnaires are mainly measures of resilience, they do capture some elements of individuals' confidence. The results of the analyses depicted in Table 10 indicate that parents/carers' mean score for total resilience increased by 1.2 units, personal resilience remained the same and relational resilience increased by 1.2 units.

As shown in Table 11 regarding young people, the mean score for total resilience decreased by 5.6 units, personal resilience decreased by 1.95 units and caregiver resilience increased by 0.55 units.

These results indicate that resilience scores changed variably among parents/carers and young people. While total resilience increased for parents/carers (positive shift), this reduced among young people (negative shift), and while personal resilience remained the same among parents/carers, this also reduced for young people (negative shift). However, for both parents/carers and young people, relational/caregiver increased, indicating a positive shift.

Table 10: Parent/Carer resilience, ARM-R

Resilience measure	Group	Mean	N	Standard deviation
Total resilience	Pre	66.67	15	10.702
	Post	67.87		10.343
Personal resilience	Pre	38.07	15	5.946
	Post	38.07		6.352
Relational resilience	Pre	28.60	15	6.367
	Post	29.80		4.523

Notes:

1. Average score out of a 1–5 scale. A lot = 5; Quite a bit = 4; Somewhat = 3; A little = 2; Not at all = 1.
2. The resilience score was computed following the methodology in the ARM-R manual, i.e. summing the score of each question item. Following the recommended methodology to construct the validated measures, cases with missing or invalid answers to any question item were not used in the analysis.

Table 11: Young people resilience, CYRM-R

Resilience measure	Group	Mean	N	Standard deviation
Total resilience	Pre	65.60	20	15.229
	Post	60.00		10.926
Personal resilience	Pre	36.50	20	9.265
	Post	34.55		7.134
Caregiver resilience	Pre	29.10	20	6.664
	Post	29.65		4.966

Notes:

1. Average score out of a 1–5 scale. A lot = 5; Quite a bit = 4; Somewhat = 3; A little = 2; Not at all = 1.
2. The resilience score was computed following the methodology in the CYRM-R manual, i.e. summing the score of each question item and participant. Following the recommended methodology to construct the validated measures, cases with missing or invalid answers to any question item were not used in the analysis.

Qualitative evidence showed that parents/carers and young people had more confidence to try new activities at the Thurston residentials, such as swimming and climbing. Some parents/carers noted their motivation to show their children that they were capable of taking up new challenging and fun activities.

'[The programme] *made me more confident;* [I did] *things that I wouldn't have ever done; I did it because I wanted kids to see mommy could do it, the water activities and everything. I wished the kids had seen it all just to show it is possible*.'

Parent/Carer

In some cases, young people continued to do these activities after the residentials while also trying new ones outside of the programme.

'*One parent's two children are now both in outside/extra-curricular social activities: breakdancing group and cadets*.'

Delivery staff

In addition to the above, during the end-of-programme focus groups, parents reported to have greater confidence in their role as a parent. Some parents highlighted that they had learned to accept that there were some issues that families were not able to change. This attitude was aided by an appreciation of being able to share thoughts and experiences among non-judgmental people, some of whom are in similar situations, as opposed to speaking with a social worker.

'*You don't need to be embarrassed by their [your own child's] behaviour; no one is going to judge you for their behaviour, and it also helps you with confidence of ignoring the looks of others: resilience*.'

Parent/Carer

Interpersonal and social skills

The qualitative evidence also showed that the Thurston programme supported interpersonal and social skills, enabling participants to interact and build positive relationships.

A recurring theme across parent/carer focus groups was recognising that other families shared the same or similar experiences. As a result, parents/carers often reported a reduced sense of isolation and uniqueness about their particular situation. Instead, parents/carers were able to find elements in common with their peers and reported learning to accept the needs of their children:

'I have learned that everybody has their own normal, and not torturing myself. Realistically, my job is to protect my kids until they are adults and work on they [their] own; mine is different from everybody else, but everybody is different from everyone else. She's a nightmare to get to school. Before, I would say, "You go to school or you fail in life." But if I made her go to school so upset, I would do more damage in the long term. You can learn when you're mentally ready, I just learned to accept that.'

Parent/Carer

Making friends

The young people SDQ and PBFS questionnaires encompass some aspects of interactions with peers. Specifically, the prosocial scale and peer problems scale in the SDQ are relevant, with the scores shown in Table 12 below. Additionally, as recommended in the SDQ manual, all final scores should be measured against the categorised ranges illustrated in Table 26 in the appendix.

As shown in Table 11, the mean scores for the peer problems scale decreased by 0.15 units while those for the prosocial scale increased by 0.05 units. Rounding the mean scores to the

nearest whole number and referencing these shifts against the categorisation table (Table 26), the results show that the peer problems measure remained 'borderline' or 'high' while the prosocial measure remained 'normal' or 'close to the average'.

Table 12: Young people, SDQ

SDQ measure	Group	Mean	N	Standard deviation
Peer problems scale	Pre	4.10	20	1.744
	Post	3.95		2.259
Prosocial scale	Pre	7.00	20	2.200
	Post	7.05		2.212

Notes:

1. Average score out of a 0–2 scale. Certainly true = 2; Somewhat true = 1; Not true = 0
2. All scores were computed following the methodology in the SDQ manual, i.e. summing the score of each question item and participant. Following the recommended methodology to construct the validated measures, cases with missing or invalid answers to any question item were not used in the analysis.

Regarding the PBFS questionnaire, one relevant selected question to this outcome area is shown below. This shows that more young people (n = 7, 33.3%) reported hitting, kicking or punching someone on purpose (who were not their sibling or including play-fighting), indicating a negative shift in behaviour.

Table 13: Young people, PBFS – selected question

Q18: During the last year, did you hit, kick or punch someone on purpose (fight with them)? (DON'T include brothers, sisters or play-fighting).

	Frequency	Percent, %	Frequency	Percent, %
	Pre		Post	
No	16	76.2	9	42.9
Yes	5	23.8	12	57.1
Total	21	100.0	21	100.0

Regarding the qualitative evidence, all the participants and delivery staff consulted highlighted the importance of the social element of the programme. Parents/carers highlighted that they had the opportunity to build a support network and new friendships among parents/carers and young people. This was particularly prevalent among parents/carers whose engagement was not affected by lockdown. They reported building good relationships, planning to see each other regularly following the programme.

'*We are thinking of going camping together and organis[ing] something to get together once a month; we organised a WhatsApp group.*'

Parent/Carer

Evidence from the qualitative interviews also highlighted the programme's contribution in reducing isolation for many of the participating families. Parents/carers reported seeing the group as a safe space, and the delivery staff noted that they managed to build a support network also across cohorts:

'*In terms of friendships, the parents, there were definitely strong friendships between certain families and within certain groups. […] They are definitely planning to carry on doing things together after that. Parents might have to go to hospital for treatment, and some of the other parents have said they are quite happy to look after the child and take care of them if they need to and if there's an emergency or anything like that. They have developed these quite supportive relationships and friendships between different members of the group. They are not all friends with each other, you wouldn't expect that, but I think everybody has made a connection with somebody in the group*.'

Delivery staff

Qualitative evidence from delivery staff also highlighted how the programme was an opportunity for families to meet and engage with other parents/carers and children. These interactions were reported to be a positive experience for families that often experience difficult environments. Parents/carers and delivery staff highlighted that young people generally got along well, and this was corroborated during residential observations. However, there were some disparities across cohorts. For example, during residential observations, it was very clear that the young people in Cohort 4 had built particularly strong friendships. On the other hand, delivery staff reported that some young people in Cohort 3 did not get along well. In general, there was positive feedback during focus groups on the friendships made during the programme.

'I made some good friends. We went kayaking, we went ghyll scrambling, went on walks, we played Manhunt, other things like that. It was just great. I loved it.'

Young person

Some parents/carers considered interpersonal and social skills as key elements learned by their children during the programme, reporting that their children's social life had improved since taking part in the programme, especially in terms of interaction with others, which was previously limited.

'*We worked around [my son's] attitude, but the biggest improvement I saw was around his social life since he's been coming to the groups.'*

Parent/Carer

An example of an activity that helped the group of young people to bond was an exercise on the climbing wall, where a young person was pulled up by a group of other young people who were keeping the rope tight and supporting the climber in going up and falling. During a focus group with young people, this activity was mentioned as an exercise that taught them to trust the other participants:

'I felt like I trusted them [the other participants] a bit more […]. First time I met everyone, I was not trusting them, now I trust them a lot.'

Young person

Reflection skills and describing emotions

The young people SDQ captures some elements of reflection skills and describing individuals' emotions. Specifically, the SDQ measures for total difficulties, emotional problems, conduct problems and hyperactivity are relevant and shown in Table 14. Again, these results should be referenced against the categorisation table (Table 26) in the appendix.

Table 14 shows that the mean total difficulties score increased by 0.7 units, the mean emotional problems scale increased by 0.35 units, the mean conduct problems scale increased by 0.65 units and the mean hyperactivity scale decreased by 0.15 units.

Referencing these changes against the categorisation table and rounding the mean scores to the nearest whole number, the results indicate that young people's mean:

- Total difficulties score shifted from 'borderline' to 'abnormal' or 'high' to 'very high';
- Emotional problems scale score remained 'normal' or 'slightly raised';
- Conduct problems scale remained 'borderline' or 'slightly raised'; and,
- Hyperactivity scale remained 'abnormal' or 'high'.

Table 14: Young people, SDQ

SDQ measure	Group	Mean	N	Standard deviation
Total difficulties score	Pre	19.45	20	6.444
	Post	20.15		6.976
Emotional problems scale	Pre	4.75	20	2.359
	Post	5.10		2.808
Conduct problems scale	Pre	3.70	20	2.364
	Post	4.35		2.231
Hyperactivity scale	Pre	6.90	20	2.174
	Post	6.75		2.807

Notes:

1. Average score out of a 0–2 scale. Certainly true = 2; Somewhat true = 1; Not true = 0
2. All scores were computed following the methodology in the SDQ manual, i.e. summing the score of each question item and participant. Following the recommended methodology to construct the validated measures, cases with missing or invalid answers to any question item were not used in the analysis.
3. The calculation of the total difficulties score includes the peer problems scale results shown in Table 12.

The young people SDQ also includes the calculation of an impact score. This sums and averages the scores given to four statements asking participants the degree to which their perceived difficulties affect various facets of their lives, including home life, friendships, classroom learning and leisure activities.

As shown in Table 15, the mean impact score increased by 1.3 units. Referencing against the categorisation table and rounding to the nearest whole number, this indicates a negative shift whereby the impact score remains 'abnormal' or otherwise shifts from 'high' to 'very high'.

Table 15: Young people, SDQ impact score

SDQ measure	Group	Mean	N	Standard deviation
Total impact score	Pre	1.76	20	1.522
	Post	3.06		1.853

Notes:

1. Average score out of a 0–2 scale. A great deal = 2; A medium amount = 1; Only a little = 0; Not at all = 0.
2. All scores were computed following the methodology in the SDQ manual, i.e. summing the score of each question item and participant. Following the recommended methodology to construct the validated measures, cases with missing or invalid answers to any question item were not used in the analysis.

The programme provided parents/carers and young people with the opportunity to develop the skills needed to reflect upon their child's and their own emotions and behaviours before reacting or responding to challenging situations. These were demonstrated during programme resilience sessions and 'circle time' – 30-minute sessions during residentials where families are encouraged to reflect on their emotions and actions during the day.

Qualitative evidence showed that participants had become increasingly adept at reflecting and describing their emotions and behaviours at consecutive resilience sessions and 'circle times'. Both parents/carers and young people reported improvements in being able to talk about their own feelings and emotions and how these affected their behaviours and others. It was evident during the residential observations that for most young people and parents/carers, there was an improvement in personal contributions to 'circle time' reflections, showing increased levels of reflection about personal and others' behaviours.

'*The circle time, people were so much better the second time; people that did not want to talk the first time and were nervous were up for it and very natural the second time, quite a big difference between the trips; we had got to know each other*.'

Parent/Carer

Some young people reported finding 'circle time' and resilience sessions during the residentials boring, but they also acknowledged feeling progressively more comfortable with sharing emotions and feelings during these sessions:

'*Circle time. It was weird, first time. Second time, it felt alright. By the third time, it felt normal.*'

Young person

Delivery staff also recognised 'circle time' as one of the key activities for participants to learn how to recognise and share emotions and indicated an improvement in their ability to describe feelings related to an experienced situation:

'*The reflecting skills and recognising and describing emotions comes through the work with resilience particularly, and it's being in circle time. The last couple of sessions we did with the parents, we did something […] about your belief about how the world should be. That's really quite advanced, quite hard-hitting stuff, and it's a way of getting parents to reflect on things that they might have overreacted to a situation, and they were really good at it. You could ask them questions, and that ability to describe what they were doing was quite impressive really*.'

Delivery staff

Improvement in family relationships

RQ:

- **To what extent does the project lead to increased trust at family level and improved family relationships?**
- **Are families better able to identify positive attributes in each other and feel proud of their parents/children?**

Quantitative evidence on family relationships and parenting was collected using the PSS. Table 16 shows that the mean PSS score reduced by 0.75 units, indicating a positive, albeit minor, shift in parental stress levels.

Table 16: Parents/Carers, PSS

Parental stress scale	Group	Mean	N	Standard deviation
Parental stress scale total	Pre	45.63	15	2.675
	Post	44.88		2.318

Notes:

1. Average score out of a 1–5 scale. A lot = 5; Quite a bit = 4; Somewhat = 3; A little = 2; Not at all = 1.
2. The total score was computed following the methodology in the PSS manual, i.e. summing the score of each question item and participant. Following the recommended methodology to construct the validated measures, cases with missing or invalid answers to any question item were not used in the analysis.
3. Some question scales in the PSS questionnaire are reversed. These relate to questions 1, 2, 5, 6, 7, 8, 17 and 18, where Strongly disagree = 5; Disagree = 4; Undecided = 3; Agree = 2; and Strongly agree = 1.

The PBFS completed by young people captured some elements of the outcomes on family relationships, communication within the family and perceptions on the consequences of young peoples' own behaviour. A complete disaggregation of pre- and post-PBFS response frequencies is shown in Table 35 in the appendix.

Questions 1 (a-c), 2 (a and b), 3 and 6 (a-d) have been isolated for relevance to this outcome area as they are directly related to interactions between young people and their parents. In general, the analysis of questions 1–3 response frequencies indicates that there were no stark differences between the pre- and post-response frequencies, but marginally more young people reported responses that indicated a less favourable relationship with their parents. However, this shift is more pronounced when analysing the response frequency movements in question 6.

Regarding questions 1a-c, fewer young people (n = 2, 9.5%) reported that their parents 'always' knew where they were going (Q1a) with three (14.3%) more young people reporting that their parents 'sometimes' knew. Additionally, more young people (n = 2, 9.5%) reported that their parents 'never' knew who they were going out with (Q1b), while three (14.3%) fewer young people reported that their parents 'usually' knew. One (4.7%) less young person

reported that their parents ‘always’ and ‘sometimes’ knew what time they would be home (Q1c), while two (9.5%) more young people reported that their parents ‘usually’ knew.

Regarding questions 2a and b, more young people (n = 3, 14.3%) reported staying out overnight without their parents knowing where they were (Q2a), with two (9.5%) more young people reporting that this occurred lots of times. One (4.7%) additional young person also reported running away from home for more than one night (Q2b), with the same increase in those reporting this happening lots of times.

More young people also reported arguing with their parents (Q3) more frequently. For example, one (4.7%) less young person reported that they hardly ever or never argued with their parents. When young people did report arguing with their parents, however, more reported this happening ‘most days’ (n = 2, 9.5%) and ‘at least once a week’ (n = 1, 4.7%), while fewer reported this occurring ‘less than once a week’ (n = 2, 9.5%).

A greater number of young people (n = 3, 14.3%) also reported that they would not be bothered at all if their parents found out they were excluded from school (Q6a). If young people reported that their parents would be bothered, fewer (n = 2, 9.5%) felt that they would be ‘very bothered’. Furthermore, the vast majority of young people (n = 20, 95%) reported that they would be bothered if their parents found out that they got charged by the police (Q6b). However, the number of young people reporting that they would be ‘very bothered’ decreased by a third (n = 7, 33.4%), with more young people highlighting that they would be ‘fairly bothered’ (n = 4, 19%) or ‘not very bothered’ (n = 2, 9.5%).

More young people (n = 4, 19%) also reported that they would not be bothered at all if their parents found out that they came home drunk (Q6c). If young people were bothered, then those that would be ‘very bothered’ decreased by a third (n = 7, 33.3%), while more young people reported that they would be ‘fairly bothered’ (n = 2, 9.5%) or ‘not very bothered’ (n = 1, 4.7%). Similarly, more young people reported that they would not be bothered at all (n = 2, 9.5%) and not very bothered (n = 3, 14.2%) if their parents found out they had stolen money from home, with the number of young people reporting that they would be ‘very bothered’ decreasing by nearly a fifth (n = 4, 19.1%).

The qualitative evidence showed some positive influence of the Thurston Family Resilience Project on relationships within the families. The programme represented an opportunity for many families to take part in activities they would not have done otherwise and build shared, happy memories within and beyond the project. The activities as part of the outdoor residentials are an example of this, especially those involving the whole family, such as climbing and kayaking as part of the weekend residential and the collaborative art project as part of the week-long residential.

'I got escorted home the first time [at the residential] with my daughter, but the second time, she was calmer and more willing to do things, try things, and we were doing things together and laughing and giggling together that we hadn't done for a long time.'

Parent/Carer

Some parents/carers highlighted how taking part in activities during the programme sessions and at the Thurston residential led them to continue doing activities as a family.

'*Since doing rock climbing, I am doing rock climbing on a Tuesday with my daughter; it's been wonderful; it's just me and her, it's very special*.'

Parent/Carer

Parents/carers also reported that the project, both through the classroom and outdoor elements, allowed families to recognise each other's capabilities and feel proud of achievements of family members. This was also observed during the weekend residential, with parents praising children and being enthusiastic for their achievements and recognising the steps taken to overcome fears of some activities.

'*They [the children] surprised us; they could do more than we thought; it was nice to be on the same level. You almost see kids as being little babies, and then they did things on their own*.'

Parent/Carer

Another key theme emerging from the qualitative evidence with regard to family relationships was the increased ability of participants to recognise the underlying causes of young people and parents/carers' reactions, how to deal with certain behaviours and how to start developing strategies for emotional regulation.

'*I have learned to deal with meltdowns… and recognising why they are doing things and how to deal with that; they also get along better with each other, but mostly recognising why they are doing what they are doing*.'

Parent/Carer

Both parents/carers and young people reported starting to recognise the reasons for certain behaviours within the family and often referred to the resilience session about the 'Gremlins' and how to manage emotions:

'*We did one session about problems thoughts and feelings, about the Gremlins, about beliefs; now you sit at home and know which boxes you fit in, you're aware of something that you're doing, that's a change – you can't change overnight, but at least you can identify with something and stop doing that… think a bit more positively*.'

Parent/Carer

Parents/carers at the residential during the observation highlighted how the experience had allowed them to recognise that their families were capable of collaborating peacefully and that there were factors in their everyday lives (such as responsibilities, work and commitments) preventing them from focusing on cooperation within the family. Learning how to deal with difficult situations more peacefully and de-escalating them was highlighted as a key learning point from the programme for parents/carers:

'*It's easier to deescalate things. Telling each other how you feel and how they make me feel – I've been good with that*.'

Parent/Carer

After participating in the programme, parents/carers noticed some improvements in communication within the family, especially related to the use of positive wording:

'*For me, it was around the positive wording, using it instead of negative wording, and that is since I came to Thurston […] and saw a massive difference in our relationships*.'

Parent/Carer

The exercises about recognising positive attributes in each other were specifically mentioned in focus groups to have contributed to that:

'S*aying something positive about other people in your family and, in that first week when you do it, it may be the first time that an adult has thought about saying something positive about their child for a long time, and maybe the first time the child has heard something positive said about them for a long time*.'

Delivery staff

However, parents/carers recognised that changes in family dynamics need time, and they highlighted having difficulties in applying what was learned in the sessions in their everyday lives:

'*I found it difficult to not shout at them and step back and remember what I learned, thinking in a different way, and, with my husband, remember to react properly, but it's difficult to suppress the instincts to react.'*

Parent/Carer

Life and employment skills

RQ:

- **To what extent do families indicate an improvement in practising routine and time-keeping and have a less chaotic lifestyle?**
- **Are parents starting to develop employability skills?**

Routine, life skills and independence

The programme provided opportunities for families to practise routine and life skills, particularly during the Thurston residential phases. The residential had a strong emphasis on routine, where participants were encouraged to adhere to regular schedules involving waking up, getting ready and going to bed on time; room inspections; and relaxed conversations at mealtimes. Throughout the programme, young people were also engaged in life skills sessions encompassing areas such as cooking and first aid. The qualitative evidence highlighted that parents/carers believed young people were showcasing and becoming more independent after participating in the programme.

'*My son is more independent now; he wants to cook [and] take dishes when we eat; he wants to help mommy. He has become more independent… step up a bit*.'

Parent/Carer

There was also some qualitative evidence indicating that families were maintaining some of the habits and routines developed and learned at the Thurston residentials. These mostly related to regularly implementing shared mealtimes:

'*They were more conscious of things… at least once a week have dinner together and keep that in terms of doing tasks around the table, doing drinks – we maintained that, both me and [my wife]*.'

Parent/Carer

Employment and volunteering

The delivery staff described the project as being a 'catalyst' for parents/carers to start looking at employment and volunteering opportunities and spending time in a positive and productive way after the end of the programme. At of the end of the programme, the discussions with the delivery staff confirmed that two parents/carers were actively looking for employment while another two parents/carers had been signposted to an organisation to actively seek employment opportunities. However, no evidence was collected from parents/carers focus groups relating to this outcome area.

'*I think it has largely to do with developing confidence and being able to deal with people in authority in more positive ways, rather than coming along with anxieties about those kind of situations*.'

Delivery staff

Relationships with community, education and authorities

RQ:

- **Does the project improve participants' sense of agency, community and citizenship?**
- **Are families starting to build better relationships with schools and local authority organisations?**
- **Are families starting to identify and try new activities and broaden their horizons?**

Identifying and trying new activities in the community and broadening horizons

There was some qualitative evidence indicating that the programme offered the opportunity to families to try new activities that they would otherwise not have had the opportunity to try:

'*I have learned rock climbing and all; I would have never done something like that, and wouldn't have done academic stuff… learned so much about other people as well, not judging other people*.'

Parent/Carer

Qualitative evidence from the observations suggested that some families were engaging with community activities and identifying new activities to try after participation in the project. Parents/carers and delivery staff reported that some participants would engage in voluntary work at the council's rock climbing facilities after being involved in Thurston, and at the residential, parents/carers asked for information on courses to become a climbing instructor, having seen the interest of young people in climbing after having had the opportunity to practise at the council's facilities and Thurston. At the residential, one young person regularly expressed his desire to become an instructor in the future.

The families organised a cycling event as part of the community activity stage of the project, which was delivered successfully, and the project staff highlighted the enthusiasm of the families about improving their community:

'*Initially, they wanted to open it up so anybody could come and everyone could get more bikes. They were quite passionate about making sure it was for their community, and we had to just safely manage their expectations, saying, "Maybe we'll just do these cohorts for now." But I think that attitude about citizenship and being involved, and I think that really hit that element*.'

Delivery staff

Relationships with schools

The PBFS questionnaire captures some elements of this outcome with relevant questions shown in Tables 17 and 18. Shifts in question response frequencies indicate a less favourable relationship with schools. For example, more young people reported both stealing money or something else from school during the last year (n = 7, 33.4%) and skipping or skiving from school (n = 3, 14.3%).

Table 17: Young people, PBFS selected question
Q10: During the last year, did you steal money or something else from school?

	Frequency	Percent, %	Frequency	Percent, %
	Pre		Post	
No	19	90.5	12	57.1
Yes	2	9.5	9	42.9
Total	21	100.0	21	100.0

Table 18: Young people, PBFS selected question
Q19: During the last year, did you skip or skive school?

	Frequency	Percent, %	Frequency	Percent, %
	Pre		Post	
No	14	66.7	11	52.4
Yes	7	33.3	10	47.6
Total	21	100.0	21	100.0

However, there was some qualitative evidence showing that young people were re-engaging with schools. Discussions with one young person who did not go to school on a regular basis before the programme indicated growing interest in attending school following the residential phase of the programme. Additionally, another young person had started to return to school after previously having had issues with bullying.

The PBFS questionnaire further explored aspects of young people's behaviour within the community and with authorities. These reflect questions 7–9 and 11–18 and can be seen in the appendix (Tables 47–50 and 52–58). Of these 11 questions, most (eight) response frequencies shifted, while three questions (Q14, Q15 and Q16) indicated no shift in behaviour.

Of the response frequencies that did shift, all reflected a movement towards less favourable behaviours. The largest changes were seen in reference to whether a young person hit, kicked or punched someone on purpose (not including brothers, sisters or play-fighting; Q18) during the last year, where seven (33.3%) more young people reported doing so. More young people (n = 6, 28.6%) also reported being noisy or cheeky in public such that people complained or they got into trouble (not including school; Q8). Additionally, five more young people (23.8%) reported both carrying a knife or other weapon in case of a fight (Q11) and travelling on a bus or train without paying enough money or using another person's pass (Q7).

Readiness for trial

The original specification for this evaluation did not include the requirement to assess the project's readiness to take part in a randomised control trial (RCT). This section therefore sets out some of the considerations that should be taken into account to inform any subsequent evaluation.

Given the pre/post nature of this evaluation and the significant COVID-19 related disruptions, any future evaluation should involve a comprehensive impact feasibility assessment and pilot trial to determine the extent to which an RCT design can be delivered. This should include consideration of the following:

- **Evaluand:** The intervention is well defined and specified. Overall, it was implemented with a good level of fidelity (i.e. minor changes were made to adapt to context but did not affect the Theory of Change).

- **Level of potential randomisation:** As the programme uses a family approach, randomisation would be best approached at the family level. Further piloting would be required to define which of the relevant outcomes are the most amenable to randomisation.

- **Sample sizes:** The present study has shown that the Thurston Family Resilience project received 88 referrals and successfully recruited 48 young people as intended. In addition to the young people referred, 12 siblings also took part. In total, seven families dropped out of the programme. A pilot trial should focus on understanding challenges to recruitment and possible solutions to try and achieve the necessary sample size to detect the effect size of interest.

- **Attrition:** The pilot trial should focus on understanding the level of attrition in the treatment and control group and recommend possible mitigation measures (e.g. incentives). This study has shown that the great majority of the families (42 out of 48 young people) completed the programme. A large number of participants (87 out of 102) responded to either a pre- or post-questionnaire. However, if a control group exists, attrition may be higher among participants in the control group, potentially

invalidating the results of the trial. A possible way to avoid this is to put appropriate incentives in place to individuals in the control group. One possibility would be to offer a 'placebo' programme to the control group (i.e. an active control) that would keep them engaged, without having the same features and focus as the Thurston project. This option, however, is associated with additional costs for the delivery of the trial.

- **Follow-up data collection:** The results of this study indicate that, even among participants who did not drop out of the programme, questionnaire completion rates at endline were low (i.e. 22 participants completed the endline questionnaire). It was therefore impossible to credibly measure change or progress towards the outcomes. A trial will need to consider how best to incentivise participation in the follow-up data collection. In RCTs, it is not uncommon to find that response rates are lower for the control group than the treatment group. This may invalidate the results of the trial if the different propensity of taking part in the data collection is also related to the outcomes that the trial aims to measure.

- **Scaling up:** The Thurston Family Resilience project was delivered across four cohorts. Its focus on establishing relationships and working directly with participants in small groups means that increasing the number of participants in each cohort is not a viable option. The project therefore needs to consider expanding geographically to offer the intervention to a large number of cohorts, each composed of 12 families.

Cost information

This section does not apply to evaluations funded as part of YEF's launch grant round.

Conclusion

Summary of main findings against research questions

Table 19: Summary of pilot study findings

Research question	Finding
Personal, social and emotional development: To what extent does the project lead to participants' increased confidence and self-esteem? Are young people starting to develop reflection skills and strategies for emotional regulation? Are young people improving relationships with peers and making friends?	Qualitative data indicated that some parents/carers and young people perceived their levels of confidence and self-esteem to increase. Many parents/carers reported having a greater sense of recognition in their own skills and capabilities, including as perceived by others. Observations and interview findings indicated that during the residentials, many young people successfully engaged in activities that were initially deemed challenging or scary. The quantitative evidence did not reflect these trends for young people. Young people's total mean SES and SISES scores decreased, indicating a reduction in self-esteem, and the SDQ results showed an increase in the total difficulties score. It is difficult to interpret these findings, given the small size of the sample and the lack of comparison group. Parents/carers reported a reduced sense of isolation, having formed friendships and gained a sense of community as a result of the programme. The ARM-R and CYRM-R resilience scores changed variably among parents/carers and young people, with a positive shift in total resilience for parents/carers, a negative shift among young people and a positive shift for both parents/carers and young people on relational resilience. Findings from focus groups with parents/carers, young people and delivery staff, as well as observations made during the residential, suggested that the majority of young people made positive strides in developing friendships with peers. While the quantitative evidence indicated a negative shift in behaviour in relation to peer relationships, results from the SDQ showed that peer problems and prosocial measures for young people moved towards normality or closer to the average. Findings from focus groups with staff and participants showed that young people and parents/carers were becoming increasingly accustomed to reflecting on their behaviours and how this affected others. This was corroborated by observations during the residentials, where both parents/carers and young people actively engaged in 'circle time' sessions.

Family relationships: To what extent does the project lead to increased trust at family level and improved family relationships? Are families better able to identify positive attributes in each other and feel proud of their parents/children?	Focus groups with participants and observations indicated that the project, both through the classroom and outdoor elements, allowed families to recognise each other's capabilities and feel proud of family members' achievements. Furthermore, focus groups with participants captured an increased ability of participants to recognise reasons for certain behaviours, start developing strategies for emotional regulation and learn to de-escalate difficult situations. The quantitative evidence indicated a positive, albeit minor, shift in parental stress levels. The programme represented an opportunity for many families to take part in activities they would not have experienced otherwise and to build shared happy memories within and beyond the project. The challenging nature of some activities and the participants' ability to overcome their initial apprehension can make families feel proud of their parents/children. After participating in the programme, families reported noticeable improvements in communication and using positive wording. However, parents/carers recognised that changes in family dynamics need time and highlighted having difficulties in translating what was learned in the sessions into practice in their everyday life. This was reflected in young people's responses to the questionnaires, where no stark differences were found between the pre- and post-responses on the Problem Behaviour Scale, but marginally more young people reported responses that indicated a less favourable relationship with their parents.
Life and employment skills: To what extent do families indicate an improvement in practising routine and time-keeping and have a less chaotic lifestyle? Are parents starting to develop employability skills?	The programme actively encouraged and routinised families' schedules, particularly during the residential phases. According to some parents/carers and young people, these routines were replicated outside of the programme. Some parents/carers also reported that they were actively seeking employment opportunities following the programme.
Relationships within the community and with education and authorities: Does the project improve participants' sense of agency, community and citizenship?	There was some evidence of families engaging with community activities and identifying new activities to try after participation in the project. The families organised a cycling event as part of the community activity stage of the project, which was delivered successfully, and the project staff highlighted the enthusiasm of the families about improving their community and sense of agency and citizenship. The qualitative interviews also highlighted the programme's contribution to reducing isolation for many of the participating families, and parents/carers reported seeing the group as a safe space and managed to build a support network. The qualitative evidence indicated generally negative shifts in behaviour of the young people concerning

Are families starting to build better relationships with schools and local authority organisations?	relationships with school and the community. There was some anecdotal evidence about young people re-engaging with schools, but the evidence collected did not allow us to make a judgment regarding relationships with local authority organisations.
Are family starting to identify and try new activities and broaden their horizons?	Families engaged with new activities (e.g. climbing, swimming and creative activities) during the residentials. Interview findings indicated that some families incorporated some of these activities into their everyday lives.

Evaluator judgement of intervention, interpretation and evaluation feasibility

The main aims and objectives of the Thurston Family Resilience Project were to increase families' resilience and enable them to make sustainable, positive changes in their lives to prevent young people from being drawn into antisocial behaviour and crime. The key outcomes in order to reach this aim were:

- To support families in their personal, social and emotional development by improving their confidence and self-esteem; interpersonal and social skills; and reflection skills

- To improve family relationships by building shared positive memories and allowing family members to recognise each other's capabilities, improving communication skills within the family and learning to de-escalate difficult situations

- To support families in the development of life skills by learning to establish a routine and a less chaotic lifestyle and start to develop employability skills

- To improve their relationships within the community, with authority figures and education institutions, by increasing families' sense of agency within the community and reduce isolation.

Overall, the Thurston Family Resilience Project was well implemented. The programme received 88 referrals and successfully recruited 48 young people as intended. The intervention appeared to be well accepted and delivered. Participants enjoyed taking part in the residentials. This aspect of the intervention should not be underestimated. As a programme runs again, word of mouth can support or hinder engagement from future cohorts.

The young people referred into the programme were mostly male (62%), White/White British (98%), from disadvantaged backgrounds and with 'medium risk' of future criminal and antisocial behaviour (57%). Some young people were at 'low risk' (22%) while others were at 'high risk' (22%). The eligibility criteria for the programme could be refined to focus on young people that are medium-to-high risk. However, parental buy-in appears to be a stronger

determinant for successful completion of the course and should therefore be prioritised during the recruitment stage. It should also be noted that the demographics relating to ethnicity could change significantly if the programme was to be implemented elsewhere.

Qualitative evidence from consultations with programme participants and delivery staff, as well as the evaluation team's observation activities, indicated that the project had captured some progress towards the intended outcomes. Parents and young people benefited from the project, and initial changes in perceptions and attitudes, albeit small, could be observed. These changes are coherent with the logic model outlined in this report. More specifically, some families reported being more physically active and engaging in new activities, building bridges with other families and gaining a sense of community that is reducing isolation. Medium- and longer-term outcomes relating to potential impact on lifestyle, employability and criminal behaviour were difficult to capture given the timeframe and methods of this evaluation. Some young people reported increased self-esteem and a sense of proudness as they took part in challenging activities. Parents indicated that some of the children were becoming more independent and involved in the daily routine at home. Again, we do not have the evidence to assess the extent to which this will lead to more appropriate boundaries in adult–child relations in the long term.

The evaluation found that the quantitative evidence, for the most part, did not support these findings, with the questionnaires showing limited improvements only in a few instances, in some cases no change and in most cases negative shifts. However, when assessing these results, the following contextual considerations should be made:

Contextual factors

There are key contextual factors that must be considered throughout the interpretation of the qualitative and quantitative evidence when considering the findings and conclusions of this report:

- This programme was affected by COVID-19 and the subsequent lockdowns and social distancing restrictions that were enforced. As a result, the programme's timelines, stages and planned sessions were disrupted and changed from their original structure. In the absence of COVID-19, the experience of participants would have likely been different from what was actually experienced. For the majority of people, COVID-19 was also a negative experience, with society, families and individuals restricted in their movements on an unprecedented level. Therefore, this negative environment was likely to have impacted participants' feelings and perceptions linked to some aspects of the outcomes reported on in this report.

- The families eligible for the programme were identified to be from disadvantaged and difficult backgrounds. Participants' reflections on their personal attributes were likely low before the programme and, in the absence of the programme, would have likely followed a low and/or lower trend in areas such as self-esteem, confidence and resilience.

- Additionally, other factors outside the control of the programme and delivery staff may have impacted participants' perceptions of their self-esteem, confidence and resilience. These factors may have worsened during the time of the programme and evaluation, e.g. worsening social conditions in the surrounding area of participants' homes, and may have had an impact on participants' self-reported outcome measures.

- The level of honesty or willingness to provide truthful responses is always challenging to measure and manage, and both the qualitative and quantitative data collection methods are sensitive to social desirability bias (SDB).[34] While this was managed to some extent for the qualitative data by utilising different data collection methodologies (e.g. focus groups and more intimate one-on-one interviews), it is more difficult to mitigate the impact of SDB in questionnaires that only have two points of data collection.

Evaluation feasibility

- To assess the extent to which this programme improved or reduced the downward trend in participants' self-esteem, confidence, resilience and other outcome measures, an evaluation would ideally involve cross-refencing the outcomes of the treatment group with the outcomes of a control group.

- This study did not involve a control group, and as such, it is not possible to conclude whether the programme did or did not have an effect on improving participants' outcomes of interest. It could be the case that in the absence of the programme, participants involved in it may have reported very negative results; however, without a control group, a robust assessment of the programme cannot be made. A future evaluation of this programme would benefit significantly from a quasi-experimental or RCT structured research approach.

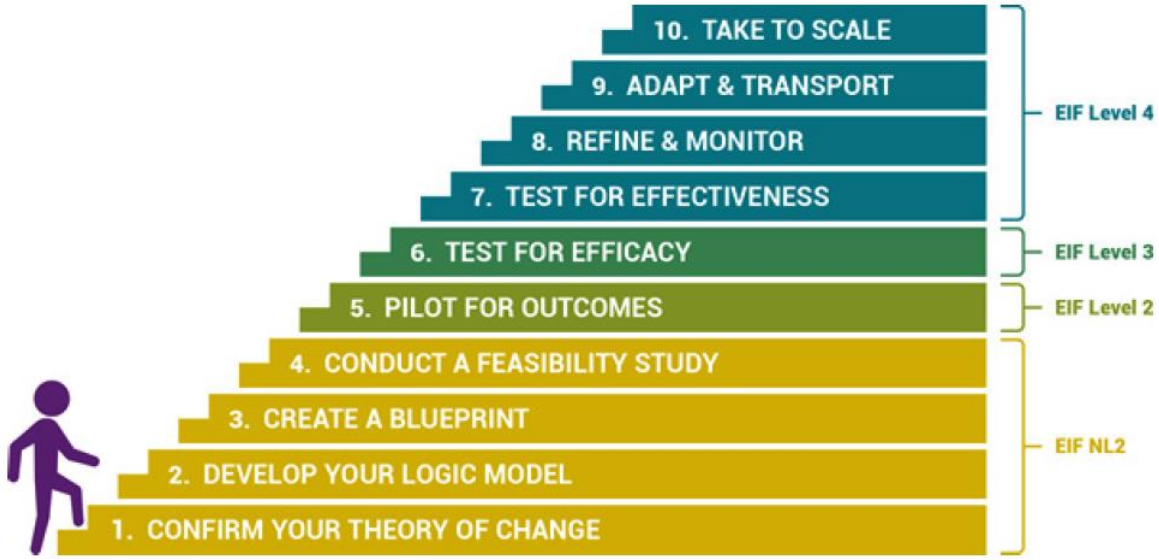
34 This is defined as the tendency of some respondents to respond to questions in a way perceived to be socially acceptable, as opposed to truthful. https://methods.sagepub.com/reference/encyclopedia-of-questionnaire-research-methods/n537.xml

- The timeframe of the evaluation and collection of quantitative and qualitative data were performed in close proximity with the stages of the programme. However, these timeframes may have been ill-timed to appropriately measure the change in outcomes the programme was designed to affect. Changes in behaviours and attitudes take time to become entrenched, and therefore the data collected for this report may have been conducted too early to reflect the evolution of participants' resilience and other outcomes of interest. An evaluation of this programme would benefit from additional repeated data collections at an extended timeframe.

- The sample sizes in the analysis of quantitative data used for the findings of this report were very small. This significantly affects the extent to which insightful findings can be drawn from the questionnaire results, which would likely change if data from a larger sample were collected. It is important to note that the Thurston delivery team made several attempts to get participants to complete the questionnaire. The questionnaires were administered on the last session of the programme, and for those who did not complete it on the last session, another attempt was made on the day of the family celebration event, as well as via post for those who were yet to complete the questionnaires. Future work should involve a clear strategy to reduce attrition and keep participants involved in the evaluation.

Overall, given the summary of main findings points outlined above, this study considers that the Thurston Family Resilience project has created a blueprint that appears plausible and feasible. Considering the evaluation steps outlined in the Figure 2 below, this study concludes that the Thurston Family Resilience project requires further piloting. Any future evaluation should involve a comprehensive impact feasibility assessment and pilot trial. Below, we suggest improvements to the intervention and evaluation that would support the next evaluation stage.

Figure 2: The Early Intervention Foundation's ten steps for evaluation



Source: Youth Endowment Fund (2021, p.5)

Future research and publications

Further piloting is necessary to capture the impact of the Thurston Family Resilience programme on young people and their parents. We recommend that any future evaluation should involve a comprehensive impact feasibility assessment and pilot trial to determine the extent to which an RCT design can be delivered. Considerations for a trial have been outlined in the section considering readiness for trial.

Key learnings from this study that should be considered in future research and evaluation include:

- **Identify challenges associated with increasing the scale of the intervention**: Further piloting would require the intervention to be delivered on a larger scale. Increasing the number of participants in each cohort would incur a risk to the quality of the support provided and could create barriers to some of the pathways to impact (i.e. feeling a sense of community and friendship). The programme will therefore need to increase the number of cohorts involved in the intervention. This could be done by expanding the geographical area for recruitment. In any case, it will entail an important increase in resources (i.e. recruitment and training of staff, budget and time) that may not be realistic for the service provider. A pilot trial should focus on understanding challenges to recruitment, and possible solutions, to try and achieve the necessary sample size to detect the effect size of interest.

- **Mitigate attrition for the control group**: Further pilot trial should implement measures to minimise attrition in the control group. While a waitlist design may be appropriate in the future (i.e. when an intervention has demonstrated its effectiveness), the lack of evidence on the Thurston Family Resilience programme calls for alternative measures (e.g. incentives).

- **Review materials to engage participants**: The Thurston Family Resilience project requires strong commitment from both parent(s) and young people joining the programme. Parent(s) may need to change their work schedules to be able to attend the residentials. It is therefore important that they understand from the onset not only the level of engagement that is expected from them but also how the programme will benefit them as parents (beyond the benefits for their child or as a family). Participants with a clear understanding of the programme are more likely to complete the course and stay engaged in the evaluation.

- **Improve data quality**: A prospective evaluation of this programme would benefit from several considerations throughout the administration of quantitative data via questionnaires. These involve:

    - **Continuity:** As shown in Table 2, there are significantly fewer 'complete' participant profiles than what is possible. Across all questionnaires, approximately half of the potential complete profiles were collected. This significantly reduces the ability to perform robust analyses, limiting the insight gained from the findings.

    - **Quality checks**: Throughout the analysis of participant questionnaires, it was not uncommon to find mistakes, where participants did not submit a response to a question. This issue affects questionnaires where total (mean) scores are calculated, as a non-response is treated as a '0' and would therefore artificially skew the total (mean) scores. Affected mean scores were removed from this study's analyses, while individual question responses were still analysed where responses were provided. All questionnaires, except the PBFS questionnaire, were affected by this, reducing the number of participants that could be included in the analyses and, as a result, the sample size and robustness of findings. A prospective evaluation of this programme would benefit from engaging with young people during the inception phase to validate some of the research tools and gain a better understanding of why some questions may trigger non-responses. The validated questionnaires used for this study also did not provide a 'Prefer not to say' or 'Don't know' option. Future research would benefit from including these response options as they may provide some additional insight into why some respondents chose not to include a response to some questions.

- **Questionnaire linkage**: As part of this study, parents were asked to complete an SDQ for each of their own child(ren) involved in the programme to complement SDQs completed by young people. This would highlight whether there were any changes in parents' attitudes towards their child(ren)'s emotions or conduct (for example). The ability to carry out this analysis, however, was severely limited as the quality of parent SDQs was low. For example, in some cases, there were blank responses, but most importantly, when parents had more than one child in the programme, the evaluation team could not link the SDQ results to a specific child. Without this information, matching young people's profiles was not possible, and analysis was redundant as a result. Better data linkage will be required for future research.

- **Increase the timeframe between waves of data collections:** A longer timeframe between the pre- and post-questionnaires would allow the capture of progress on outcomes that take time to change (e.g. increased resilience). An evaluation of this programme would benefit from additional repeated data collections at an extended timeframe in order to capture progress of participants' resilience and other outcomes of interest.

- **Include incentives:** A key limitation to this study was the lack of statistical analysis on outcome measures. This was due to the poor response rate to the post-intervention questionnaire. It would therefore be vital for future research to establish strategies to reduce attrition. Incentives are an efficient way to increase response rates to post-intervention questionnaires. All participants (parent and child) should be offered an incentive.

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Appendix 1: MMU Data Protection

The MMU Data Protection Impact Assessment (DPIA) stipulates and relies on the following legislation.

GDPR art. 6 Lawful basis for processing personal data

MMU will process personal data under Article 6(1)(e) of the GDPR: processing necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

Per Article 6(3) of the GDPR and section 8 of the Data Protection Act 2018 (DPA), MMU's study is in line with the university's powers under the Education Reform Act 1988, in particular section 123A and 123B:

123A higher education corporation in England has power—

(f) to carry out research and to publish the results of the research or any other material arising out of or connected with it in such manner as the corporation think fit.

123B Supplementary powers of a higher education corporation in England

(1) A higher education corporation in England has power to do anything which appears to the corporation to be necessary or expedient for the purpose of, or in connection with, the exercise of any of their principal powers.

GDPR art. 9 Lawful basis for processing 'special category' data

Any special categories of personal data used by MMU will be processed under Article 9(2)(j) of the GDPR: processing necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes and Section 10 of the DPA, which provides that processing meets the requirement in Article 9(2)(j) of the GDPR if it meets a condition in Part 1 of Schedule 1 to the DPA. Specifically Paragraph 4 of Part 1 of Schedule 1 provides that this condition can be used for processing which is:

Schedule 1(1)(4) This condition is met if the processing—

(a) is necessary for archiving purposes, scientific or historical research purposes or statistical purposes,

(b) is carried out in accordance with Article 89(1) of the GDPR (as supplemented by section 19), and

(c) is in the public interest

Appendix 2: Sample interview schedule

Interview schedule: Young Person

The interview schedule is a semi structured interview schedule. It will be used flexibly to allow participants to discuss their views, perceptions, attitudes and experiences in an open way. The topics will be introduced and explored with each interviewee. The amount of time spent on different themes will vary in response to the answers given by participants.

NB: text in italics within the guide denotes instructions to the researcher.

Introduction

- Introduce yourself and the Policy and Evaluation Research Unit (PERU)
- Ensure interviewees have read and understood information sheet and remind interviewee of the purpose of the evaluation (who it is for, aims of study, how their participation will help)
- Stress confidentiality and how *their* data will be used.
- Make the YP aware there are no 'wrong' answers and all their insights are important.
- Remind participants of the voluntary nature of their involvement.
- Remind participants that they are free to terminate the interview at any point without giving a reason and they don't have to answer any questions that they do not want to.
- Explain purpose of audio recording and confirm that they are happy to have the interview audio recorded - (offer note taking as an alternative if needed).
- Answer any questions that the participant may have.
- Ensure you have a signed consent form from the participant and have verbal consent prior to beginning the interview.

1) Background

Aim: to explore YP's involvement in the SCF mentioning programme.

- **Participant details**
    - Age
    - Gender
    - Ethnicity
    - What town do you live in?

- **Participation history**
    - How long did you go for?
    - How did you first hear about them or get involved?
    - Can you remember what was going on in your life at the time? (*attempt to ascertain if any key transitions / changes happening or factors linked to the project aims*)
    - What did you think the mentoring (change as appropriate) was going to be about? *Prompt for following:*
        - Who told you about the project
        - What were you told about the project?
        - How did you feel about doing it?
        - Why did you choose to go to the sessions?

2) Involvement with the Interventions

Aim: to understand the participant's experiences of the SCF programme including the activities involved in any support the YP's received.

- **Initial assessment**
    - Can you tell about what happened what you first met the project staff/mentor?
    - Did they ask you do a questionnaire or test when you first started?
    - Did they ask you about your family?
    - Did they ask you about any problems you were having?
    - How did you hear about the project?

If no

- How did the staff get to know you and what you needed?
- How was it helpful when staff understood you?
- How do you think they could have understood you better?

- **Intervention activities**
    - Can you tell me about the types of activities you did as part of the sessions?
    - How much say did you have in the types of activities you did?
    - How have you found those activities?
    - What have you enjoyed most / least about the mentoring so far?
    - Have you ever done anything like this before? If you have what ways (if any) is this different or better from what you've done before? Did you what you expected? Did they miss anything

- **Support**
    - What help did you get during your time with the mentoring project? (*probe for any support with key transitions in y/p life*)
    - What other help (if any) has the project linked you in with?
    - How much do you think the project helped you get what you wanted?
    - What help or support did you think was the most / least helpful?
    - Was there any other help or support you didn't get? (provide a few examples of what support means if required)

- **Project programme staff**
    - How have you found your mentor? *Probe for following:*
        - Professionalism
        - Ability to motivate / inspire
        - Extent to which they understand their needs
        - Consistency in staff members
    - What are the most important things about your mentor and the way they worked with you? (*probe for the most important staff factors from the YP point of view e.g could relate to their problems*)

3) Impact

Aim: to explore what impact the programme has had on the individual participants.

- **Impact on individual**
    - What difference (if any) has the mentoring sessions had on your life? *Allow for spontaneous responses initially and then probe for factors relevant to the aims of the SCF programme:*
        - Improved relationship building (e.g making friends)
        - Improved health and well-being (e.g. feel healthier)
        - Offending (e.g. not get in trouble as much)
        - Education, employment and training and opportunities
        - Development of new skills (e.g. got better at certain things)
        - The way you feel about yourself (e.g. feel less scared or worried all the time)
        - Ability to deal with significant life changes (e.g. better at dealing with things happening in my life)

    - Did the mentor ask you about the effect the sessions had had on you?
    - How did they do this (e.g. did you have to fill something out like a form?)

If they have used a form:

- Did you find filling out the questionaire/test was useful?
- Did you fill anything out at the end of your time there?

4) Overall assessment

Aim: to explore overall satisfaction with project and support received and any suggestions for improving / changing the project.

- How happy are you with what you did in the mentoring project overall?
- Would your life be any different if you had not taken part in the sessions with your mentor?
- Was there anything else you wanted to get but didn't? (activity)

- What has been the most useful for you, when taking part in these sessions?
- If someone else was thinking about taking part, what would you say to them?
- What (if anything) would you change / improve about the sessions or the mentors?

5) To close

- Is there anything that we haven't talked about that you would like to add?
- Do you have any questions for me?

Remind participant of the information sheet and who to contact should they have any concerns or questions following the interview.

Check whether they have any further questions about the research.

Thank them for their participation.

YOUTH ENDOWMENT FUND

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