EVALUATION REPORT

Re-Frame: Randomised Controlled Trial of a Diversion Programme for Adolescents in Police Custody Who Possess Controlled Drugs

Pilot trial report

Simon Coulton, Nadine Hendrie, Theresa Gannon, Rosa Vass

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YOUTH ENDOWMENT FUND

About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people from 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 will 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 will build that knowledge through our various grant rounds and funding activity.

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

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For more information about the YEF or this report, please contact:

Youth Endowment Fund
C/O Impetus
10 Queen Street Place
London
EC4R 1AG

www.youthendowmentfund.org.uk

hello@youthendowmentfund.org.uk

Registered Charity Number: 1185413

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About the evaluator

Evaluation Lead: Professor Simon Coulton, Centre for Health Service Studies, University of Kent, Canterbury, UK, CT2 7NZ. s.coulton@kent.ac.uk

Trial Manager: Ms Nadine Hendrie, Centre for Health Service Studies, University of Kent, Canterbury, UK, CT2 7NZ. n.hendrie@kent.ac.uk

Qualitative Research Lead: Professor Theresa Gannon, Department of Psychology, University of Kent, Canterbury, UK, CT2 7NZ. t.a.gannon@kent.ac.uk

Trial Researcher: Ms Rosa Vass, Centre for Health Service Studies, University of Kent, Canterbury, UK, CT2 7NZ. r.vass@kent.ac.uk

Executive summary

The project

Re-Frame is a diversion programme for 10–17-year-olds in police custody who have been found in possession of class B or C controlled drugs that aims to reduce substance use and offending. It provides two sessions, approximately 45 minutes each. Delivered by the qualified youth substance misuse workers at *With You*, the sessions are delivered either in person or online. In session one, the 'Drug Grid' is used, an exercise that teaches children about different substances, aiming to dispel myths and provide information on the effects of different drugs. Children are also encouraged to reflect on how their actions have affected their lives, their families and the wider community, and they are given the opportunity to recall their arrest experience while the practitioner assists them in critically reflecting on it. Session two then focuses on the 'Drug Triangle', an exercise that encourages the child to focus on the substance, mindset and setting that led them to this situation before further consideration of the wider impact and context of substance misuse. In this project, young people participated in the programme across Kent, Cornwall and Sefton police force areas.

YEF funded a pilot evaluation of Re-Frame. The evaluation aimed to ascertain the proportion of young people referred to the programme who were eligible; identify how many young people consented to engage in the evaluation; examine attendance, retention and data completion rates; estimate the cost of Re-Frame per participant; and explore participant and stakeholder perspectives of the programme. To answer these questions, the evaluation used an online survey delivered before and six months after randomisation. Seventy-six participants were randomised to receive either the Re-Frame intervention or business as usual – 38 young people were assigned to each arm. Survey questions featured a range of outcome measures, including the Self-Report Delinquency Scale (SRDS) (a self-report measure of offending), the Timeline Followback (TLFB) method (to measure the frequency and quantity of substance use), in addition to a number of measures assessing mental health, well-being, emotional regulation and behaviour. Key demographic data were also collected alongside project delivery monitoring data, and interviews were conducted with six young people, five intervention staff and seven police officers. The evaluation began in February 2022 and concluded in December 2022.

Key conclusions
Re-Frame effectively recruited eligible young people, and young people attended the sessions. Ninety-three per cent of the 102 young people referred were eligible for the programme, and 80% of eligible young people agreed to participate in the evaluation. One hundred per cent of the 38 children allocated to the intervention attended session one; 92% attended session two.
The evaluation achieved high levels of data completion. Of the 76 young people randomised, 67 (88%) were followed up at six months. For most outcomes, data completeness was 100%, and no outcome had completeness less than 60%.
There were high levels of acceptability from all stakeholders involved in Re-Frame, including young people, the delivery team and police from participating areas. The small number of young people interviewed were positive about the content of the sessions, finding them to be interesting and useful. Those interviewed felt the sessions provided a safe, non-judgemental space to discuss drug use and the circumstances that led to them being stopped by the police.
Areas for improvement include streamlining the referral process to reduce the delay from the first contact with a young person to them starting Re-Frame. The estimated cost of the programme per participant was £102; the evaluator expects this figure to fall in larger evaluations as the number of young people receiving Re-Frame increases.
The Re-Frame intervention is ready to proceed to an efficacy randomised controlled trial with minimal modifications.

Interpretation

Re-Frame effectively recruited eligible young people, and young people attended the sessions. Ninety-three per cent of the 102 young people referred were eligible for the programme, and 80% of eligible young people agreed to participate in the evaluation. One hundred per cent of the 38 children allocated to the intervention attended session one; 92% attended session two.

The evaluation achieved high levels of data completion. Of the 76 young people randomised, 67 (88%) were followed up at six months. For most outcomes, data completeness was 100%, and no outcome had completeness less than 60%. On average, the baseline survey took 23 minutes to complete, and the survey six months later took 20 minutes; no concerns were raised about the outcomes assessment.

There were high levels of acceptability from all stakeholders involved in Re-Frame, including young people, the delivery team and police from participating areas. Young people were positive about the content of the sessions, finding them to be interesting and useful. Those interviewed felt the sessions provided a safe, non-judgemental space to discuss drug use and the circumstances that led to them being stopped by the police. Most referred to information on the law as being 'new information', especially around possession with intent to supply. All police officers interviewed thought that the intervention could impact or already had impacted participant offending.

Both young people and providers reported preferring in-person delivery of sessions; 65% of young people opted for in-person, while 35% chose online delivery. While both delivery options were experienced as positive for young people and their Re-Frame workers, the main reason given by young people for preferring in-person sessions was to build trust and rapport with their worker.

A small number of logistical issues were identified that impacted referral or the start of Re-Frame. For instance, the small number of participants and project staff interviewed expressed frustration at the time delay between the initial possession offence and then starting Re-Frame. Another issue was challenges in regard to making initial contact with young people, their parents or care providers due to incorrect contact details or reluctance to engage. Intervention staff also worried about a 'postcode lottery', where some areas had better awareness of Re-Frame so they were more likely to refer young people to the intervention. The evaluator recommends several amendments to improve the programme in future delivery, including ensuring contact details are provided at the earliest opportunity, communicating with young people if there has been a delay in the process and continuing to build the profile of Re-Frame with local policing teams.

The cost of the programme per participant was £102. This was made up of £67 in set-up costs and £35 in ongoing delivery. The evaluator expects this figure to fall in larger evaluations as the number of young people receiving Re-Frame increases, and the total set-up costs will be divided among a larger group of participants.

The Re-Frame intervention is ready to proceed to a larger randomised controlled trial with minimal modifications. YEF is, therefore, proceeding with further evaluation.

Introduction

Background

Adolescence is a critical developmental stage where young people make behavioural and lifestyle choices that have the potential to impact their health and well-being into adulthood. While risk-taking is important for healthy psychological development, for many, inappropriate risk-taking is significantly associated with health and social harm during adolescence, and these harms persist well into adulthood (Odgers et al., 2008). Young people are much more vulnerable than adults to the adverse effects of substance use due to a range of physical and psychological factors that often interact and the differential impact of substances on the developing brain (Battistella et al., 2014; Copeland et al., 2013; Parlar et al., 2021). In addition to an increased risk of accidents and injury (NHS, 2018), substance use in adolescence is also associated with poor educational performance and exclusion from education. Over the academic year 2015–16, almost 9% of permanent school exclusions in state secondary schools were due to alcohol and substance use (DFE, 2019). In the longer term, substance use is also associated with increased prevalence of non-communicable diseases, such as cancer, cardiovascular disease and gastrointestinal disorders (Aldington et al., 2008; World Health Organization, 2014). Six per cent of those aged 14 years and 11% aged 15 years reported having used cannabis in the last month, and 2% of 14-year-olds and 4% of 15-year-olds reported using class A substances at least once (NHS, 2018).

While the relationship between criminal activity and substance use is complex, there is clear evidence that the prevalence of substance use is far higher in the youth offending population than in the general youth population. Approximately 25% of young people engaged in alcohol and drug treatment are referred from criminal justice (OHID, 2022), and data derived from the Youth Offending Team ASSETPLUS indicates that most young people in the Criminal Justice System (CJS), 76%, use substances, and 72% have a mental health need. The Juvenile Cohort Study indicates that 32% of young offenders score two or more on the ASSET tool for substance use, indicating substance use is at least in part a reason for them engaging in criminal activity, and 12% score three plus (Wilson, 2013). Substance use is defined as alcohol, controlled drugs, novel psychoactive substances and inappropriate use of prescribed medication. While the relationship between substance use and criminal activity is complex, it is clearly a major issue in the youth-offending population.

In the CJS, substance use and offending are related in the context of other forms of disinhibitory behaviour, such as aggression and risk-taking. Young people who offend experience a range of complex multiple risks and vulnerabilities, including neglect and abuse (Social Exclusion Unit, 2002; Moustafa et al., 2018), substance use and related problems (Coffey et al., 2003) and exclusion from school (Galahad SMS Ltd., 2004; Arnez & Condry, 2021). Research has shown that young people who offend are more likely to experience a range of inequalities in later life, for example, worse physical health (Coffey et al., 2003), early pregnancy in females (Ritakallio et al., 2005), higher rates of tobacco use and drug and alcohol dependence (Galahad SMS Ltd., 2009; Galahad SMS Ltd., 2004; Bardone et al., 1998; Lennox, 2014) and reduced employment opportunities and economic hardship (Willmott & van Olphen, 2005). Indeed, there is widespread agreement that young people who offend are at increased risk of health and social problems, making them one of the most vulnerable populations in the UK (British Medical Association, 2014). Furthermore, the UK has one of the highest youth custody populations in Western Europe (Khan, 2010). Epidemiological studies highlight the fact that, in common with other vulnerable groups of young people, such as the homeless and those in care, young offenders are a hard-to-reach group from a health needs perspective, only accessing

physical and mental health services in times of crisis and accessing these services is often associated with involvement with other agencies (Bardone et al., 1998; Anderson et al., 2004; Stallard et al., 2003). The experiences associated with criminality, police involvement, legal issues and potential detention are traumatic and stressful, and these are associated with higher levels of mental illness in this population (Lennox, 2014).

The Youth Justice System in England and Wales works to prevent offending and reoffending by those under the age of 18 years. The latest available data indicate that there were 19,000 arrests of young people in 2019, which is an 82% drop from 2009 (Youth Justice Board, 2020). Of these, boys made up 83%, and the average age was 15.3 years. Over the same period, there were 11,000 first-time entrants, first reprimand or warning of community conviction to the Youth Justice System, which is a reduction of 84% since 2009 (Youth Justice Board, 2020). It is estimated that 38.5% of new offenders go on to reoffend after serving their initial sentence (Youth Justice Board, 2020). The Crime and Disorder Act 1998 is clear that the principle of youth justice is prevention; diverting young people away from youth justice is a critical part of achieving this goal. An international systematic review and meta-analysis (Petrosino et al., 2010) included 22 studies and 7,300 young people and found that formal processing within youth justice services appears to increase rather than reduce offending. In the UK, similar effects have been observed. The Edinburgh Study in Youth Transitions and Crime (McAra & McVie, 2007) found those brought to court were twice as likely to commit another offence within 12 months than a matched sample not brought to court, and a study in Northamptonshire (Kemp et al., 2002) found prosecution increased the likelihood of reoffending when compared with a similar match sample. Being arrested constitutes an opportunistic teachable moment that can act to maximise the effect of a behaviour change intervention (Lawson & Flocke, 2009).

Systematic reviews of interventions for substance-using offenders to date have not identified a clear, evidence-based intervention strategy (Perry et al., 2006; Henderson et al., 2016; D'Amico et al., 2013; Perry et al., 2019a; Perry et al., 2019b), but they have highlighted the paucity of good-quality research in the area and the lack of UK-based studies and scientifically rigorous studies focusing on young offenders. A recent meta-analysis of 22 studies (Steele et al., 2020) synthesised the evidence regarding the use of motivational interventions (MIs) for adolescents (age 12–20) who engage in substance use. Results showed that compared to treatment as usual, the use of MI reduces heavy alcohol use days by 0.7 days per month (95% CI: -1.6 to -0.02), substance use days by 1.1 days per month (95% CI: -2.2 to -0.3) and overall substance-related problems by a standardised net mean difference of 0.5 (95% CI: -1.0 to 0). Further, a meta-analysis addressing brief interventions for co-occurring alcohol and illicit substance use among adolescents found a significant benefit if the specific illicit substance use was addressed (Tanner-Smith et al., 2015). Brief psychosocial interventions delivered using a motivational interviewing approach within a FRAMES paradigm have shown evidence of potential effect among adolescents (Steele et al., 2020; Winters & Leitten, 2007) and offer an opportunity to allow structured reflection on substance use and identify strategies to enhance self-efficacy and manage expectancies and motivation to change. The FRAMES approach (Rollnick et al., 2008) highlights six key aspects of behaviour change interventions: providing feedback on the relationship between substance use and behaviour, identifying the individual as being responsible for change, offering advice and managing ambivalence, providing a menu of options for change, being supportive and empathetic and enhancing the individual's self-efficacy.

Drug education is widely used in drug prevention, health promotion and treatment. Darcy (2021), in a literature review of best practice, identified key elements of effective drug education. These include multi-

component programmes that include understanding drugs and drug-related harm as well as skill development in how to manage risk, multiple structured sessions, age and developmental appropriateness, understanding and communicating risk and dispelling misconceptions.

The Re-Frame intervention builds on both the FRAMES approach to behaviour change and best practice in drug education.

Intervention

Intervention group

Two sessions of brief intervention were delivered by skilled youth workers; minimum qualifications included a level three National Vocational Qualification (NVQ) in tackling substance misuse and experience of working in a similar capacity as a young persons substance misuse worker. Staff training was conducted by a senior young persons substance misuse worker and was delivered online over a working week; assessment of competence and ongoing supervision were provided monthly by the senior supervising clinician (Young Persons' Service), a trained and an experienced Cognitive Behavioural Therapist. The intervention was delivered either in person or online, and the young person was allowed flexibility in how both elements of the intervention were delivered. Some, for example, decided to 'walk and talk'. The content of the intervention remained the same irrespective of the mode of delivery. In session one, they used a Drug Grid, based on the work of Zinberg (1984), to reflect on how their actions have affected their lives, their family and the wider community. The child will have the opportunity to recall their arrest experience and explain how this impacted them. The practitioner then assists the young person in critically reflecting on this event and offer support in relation to trauma or consequences they may feel.

The Drug Grid is a drug education exercise that enables the child to demonstrate current understanding of substances (including medication, novel psychoactive substances and image- and performance-enhancing drugs). As they go through the exercise, they learn about these substances (e.g. depressants or psychedelics), being led by their own experience and building on their knowledge base. The worker can dispel myths and provide information on the effects of each substance, including the risks of poly use and overdose.

The second brief intervention session uses the Drug Triangle, based on an in-house psychoeducation tool, delivered one week after session one. Using the Drug Triangle, the child focuses on the substance, mindset and setting that led them to the session, including the relevant legislation and how that legislation has been applied in their situation. This holistic harm reduction approach ties in with contextual safeguarding, framing the child's situation within a wider context. The child spends time thinking about how this has affected them, their family, school (if applicable) and community. The child is also encouraged to reflect on the impact on those people and communities that produce drugs. At the end of the session, the participant will be advised about their rights in relation to stop-and-search procedures, should they require them in the future, as well as assertion techniques and advice relating to the procedure itself.

At the end of the two sessions, the young person will have greater clarity about the risks they have taken, the links between substance use, risk-taking behaviour and violent offending and the potential of criminal prosecution. The short-term aims are that the child will have a greater understanding of their personal needs, an increase in confidence to reduce substance use and a positive shift from precontemplation to

action and maintenance in the cycle of change. The logic model for the intervention is presented in Figure 1.

Figure 1: Logic model of the Re-Frame intervention

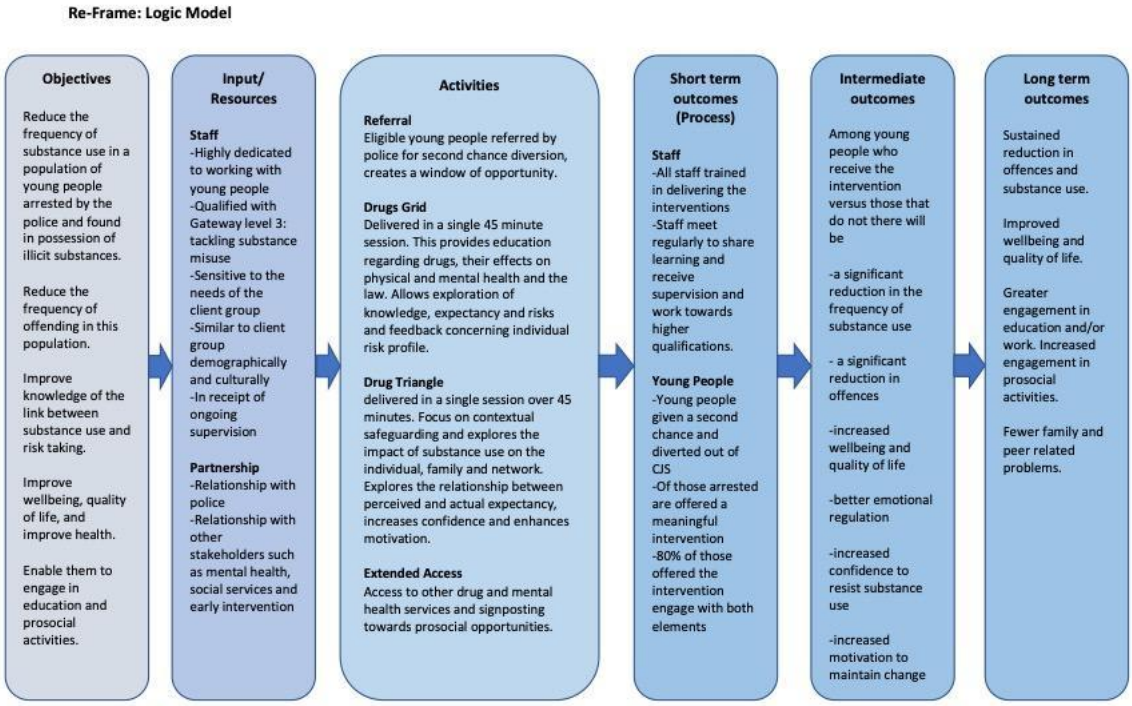
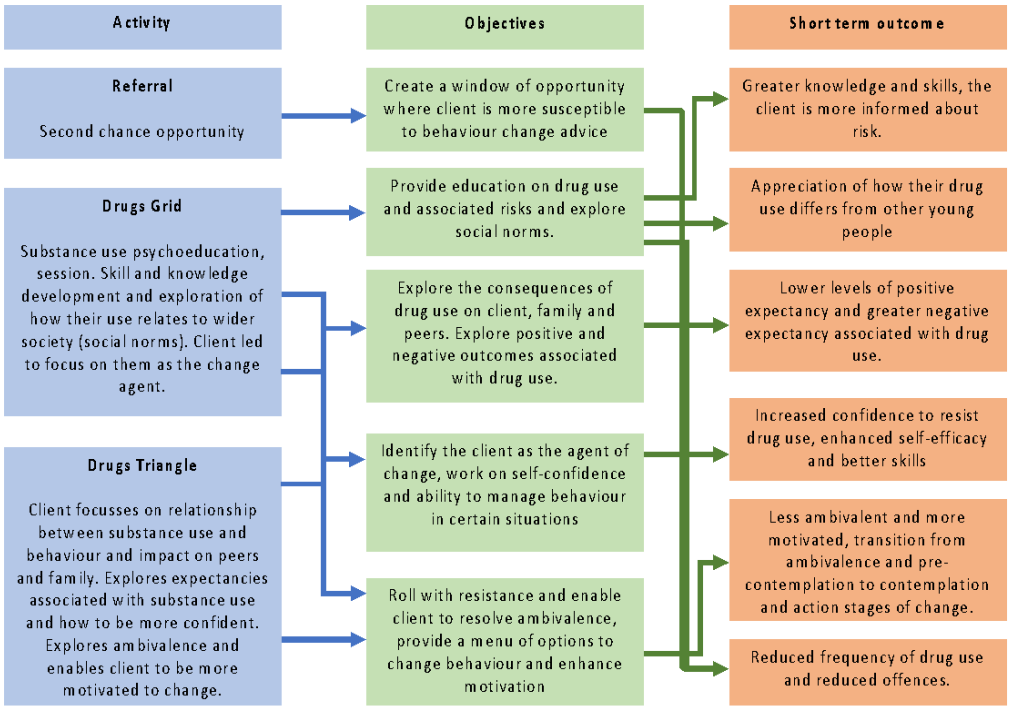


Figure 2 highlights how the overarching theory of change links intervention activities with objectives and outcomes.

Figure 2: Re-Frame intervention theory of change blueprint



Control group

The young person received one session of Advice, Information and Signposting, was offered information about the *With You* substance misuse service in their local area and was encouraged to access the service for support if required. Advice, Information and Signposting is a tier one, universal level of support. It is unstructured, based on a conversation only, and is business as usual for initial referrals to the service.

After a young person has received either the intervention or control, they are referred back to the police, who enter no further action. The young person receives no formal police charge.

Research questions

Objectives of the pilot trial

- To i) assess pilot study outcomes and evaluation methods, ii) assess the parameters for conducting an efficacy evaluation and iii) assess whether operational progression criteria have been met. If all three have been met, to develop a full protocol for an appropriately powered efficacy study.
- To assess the acceptability of an ethically appropriate standardised business as usual control.
- To qualitatively explore the feasibility and acceptability of referral pathways, intervention delivery and study assessments from the perspectives of the police, intervention provider and participants.
- To estimate the costs associated with delivering the intervention.

The full pilot trial protocol is available at:

https://youthendowmentfund.org.uk/wp-content/uploads/2022/09/YEF-We-Are-With-You-Protocol-FINAL.pdf.

Success criteria and/or targets

In the pilot trial, we will estimate the likely proportions of participants who are eligible, who consent, who adhere to the intervention and who follow up at six months. Proportions will be compared to predefined progression criteria. The progression criteria are designed to ensure that the trial is generalisable, that the majority are eligible, that trial and interventions are acceptable, that the consent and adherence rates of those eligible are also high and that the majority of participants can be followed up at six months.

Criteria			
Proportion referred who are eligible	70%	50%	40%
Proportion eligible who consent	70%	50%	40%
Proportion eligible who adhere	80%	60%	40%
Proportion followed-up (secondary)	80%	70%	60%

Where all progression criteria are green, the efficacy study will continue as planned; if some are amber or red, discussion regarding remedial action will be taken prior to embarking on the efficacy study. If all progression criteria are red, the efficacy trial will not be considered feasible to conduct. In addition to proportions, we will assess data completeness for each outcome instrument. A threshold of 60% complete will be used to assess whether an outcome instrument should be included in the efficacy trial.

Ethical review

Ethical approval was sought prior to embarking on participant recruitment and was provided by an independent ethics committee at the University of Kent, the Social Science Research Ethics Committee (Ref SRC0498).

Participants were assessed for initial eligibility by the police custody staff. Inclusion criteria included being 10–17 years old and being found in possession of Class B or C controlled drugs, irrespective of the original offence. Young people were excluded if they had been arrested for a sexual or serious violent offence, had a history of four or more previous offences, were in possession of a Class A substance or had a substance use severity that required specialist clinical intervention, such as detoxification or medically assisted maintenance. All eligible participants were referred to *With You* using a secure email system.

Staff at *With You* established whether potential participants were interested in participating in the trial, and if they were, they provided a paper or email copy of the information sheet (Appendix i) and passed their contact details to the trial research staff. The trial research staff contacted the young person and checked they understood the information sheet and answered any queries. If the young person was considered Gillick competent, full signed consent was taken. If a young person was not considered Gillick competent, signed assent was taken from the young person and formal consent was taken from a primary carer. Immediately after consent, the young person completed the baseline outcome measures and was immediately randomised using a remote, independent secure randomisation service to business as usual or intervention. *With You* was informed of the allocation and delivered the treatment.

The trial was registered ref: ISRCTN133967729 and is available at: https://www.isrctn.com/ISRCTN13396729.

Data protection

All systems and personnel are approved for the management of clinical and sensitive data and are ISO certified to ISO27001 standards. This includes all physical systems, systems to detect intrusion, encryption of data from point of collection to storage, quality assurance and audit trails associated with any data collected. All identifiable data will be collected with explicit consent and limited to data to allow participants to be contacted for follow-up. Data linkage will employ a unique identifier where the link to identifiable information will be stored in an secure encrypted database. Researchers will be trained to Good Clinical Practive (GCP) standards and will comply with all relevant data protection legislation. Once final follow-up is completed, personally identifiable information will be deleted from the data set held by the university, and where consent has been granted, encrypted data will be transferred to the YEF data archive. Data collection and management will be governed by a trial-specific standard operating procedure, agreed on and approved by ethics.

The basis of processing data was the public task basis to use their personal information. We only use special-category information (such as information about health, religion, race or ethnic origin or any criminal offence) if it is necessary for research purposes or statistical purposes which are in the public interest. Potential participants and their carers, if applicable, were provided with a trial-specific privacy notice (Appendix ii) prior to providing consent. This privacy notice outlined what data were being collected, for what purposes and for how long. In addition to the trial-specific privacy notice, the evaluation team at the University of Kent, the intervention delivery team at *With You* and each participating police force signed an information-sharing agreement highlighting what information would be shared, the reasons for sharing information and the means of sharing information. A copy of this is available in Appendix iii.

Project team/stakeholders

Evaluation team:
Professor Simon Coulton- University of Kent, Principal Investigator and Quantitative Methodologist
Theresa Gannon- University of Kent, Co-Investigator, Qualitative Lead
Nadine Hendrie- University of Kent, Trial Manager
Ms Rosa Vass- University of Kent, Trial Researcher

Delivery team:
Jennifer-Rushworth-Claeys- Head of Young People's Service, *With You*
Agnes Wooton- Manager Youth Diversion Service, *With You*
Jennifer Nash- Intervention delivery Kent
Philippa Morris- Intervention delivery Cornwall
Sophia Bridges- Intervention delivery Sefton
Shaquille Williams- Intervention delivery Lancashire

Methods

Trial design

The trial was a prospective, individually randomised pilot trial with equal probability of being allocated to one of two arms – the Re-Frame intervention or business as usual.

At the outset, we planned to recruit across four geographically diverse police areas: Kent, Cornwall, Sefton and Lancashire. Our aim was to recruit 96 participants, 24 in each area. As the trial progressed, it became clear that Lancashire did not wish to participate in the trial, so we recruited in the three remaining areas and reduced our sample to 72 across the three areas.

Participant selection

Participants were assessed for initial eligibility by police custody staff. Inclusion criteria included being 10–17 years old and being found in possession of Class B or C controlled drugs. Young people were excluded if they had been arrested for a sexual or serious violent offence, had a history of four or more previous offences, were in possession of Class A substances or had a substance misuse severity that required clinical intervention, such as specialist treatment, detoxification or medically-assisted maintenance. Assessment of

need for specialist intervention was made in police custody, initially by custody staff and confirmed by police custody medical staff. All eligible participants were referred to *With You* using a secure criminal justice email system.

Staff at *With You* established whether potential participants were interested in participating in the trial. If they were, the participant provided a paper or email copy of the information sheet (Appendix i) and passed their contact details to the trial research staff. If a young person was not interested in participating, they were processed as usual by the police. For those willing to participate, trial research staff contacted the young person and checked they understood the information sheet and answered any queries. If the young person was considered Gillick competent, full signed consent was taken. If a young person was not considered Gillick competent, signed assent was taken from the young person and formal consent was taken from a primary carer.

Immediately after consent, the young person completed the baseline outcome measures and was randomised using a remote, independent secure randomisation service to business as usual or intervention. Randomisation used random permuted blocks of variable length and was stratified by age group (10–14 years and 15–17 years) and by site (Kent, Sefton, Cornwall and Lancashire). *With You* was informed of the allocation and delivered the treatment.

In the pilot study, we aimed to recruit 96 participants, 48 in each arm and across four sites. This would allow for exploration of key parameters needed to confirm sample size calculation for the efficacy study. It is sufficient to allow estimation of two-sided 95% CIs around the proportions of participants eligible, consenting, adhering and followed up at month six in each arm of the study with half widths less than 0.15. It exceeds the 30 per group recommended by Lancaster et al. (2004) and the 35 per group recommended by Teare et al. (2014) for estimating the Standard Error (SE) of a primary outcome with sufficient precision, including accounting for any variation across sites, where 12 participants per arm per site is recommended. As one site dropped out of the pilot trial, we reduced our required sample to 72 to account for three sites participating. This sample still met the key parameters of the sample size calculation.

The study recruited in three police force areas: Kent, Cornwall and Sefton.

Data collection

Quantitative data

Data were collected at baseline prior to allocation and again six months after allocation. Quantitative data were collected using a bespoke electronic online questionnaire that allowed for quality assurance of the data at the time of collection. Interventions were delivered within seven days of baseline assessment and randomisation.

In the pilot trial, our primary outcome was self-reported offending assessed using the SRDS (Smith & McVie, 2003) six months post-randomisation. In addition, the frequency of substance use was assessed at six months using the TLFB (Sobell & Sobell, 1995; Levy et al., 2004), a valid and reliable tool for assessing the frequency and quantity of several substances (Martin-Willett et al., 2020) over time periods ranging from one to 365 days, validated specifically for adolescents (Levy et al., 2004) and used in studies of adolescents in criminal justice settings (Coulton et al., 2023; Dakof et al., 2015). To minimise burden, we used the 28-day version, which takes about 10 minutes to complete and demonstrates an excellent level of agreement

with longer versions. This tool allows us to derive the per cent days abstinent from substance use and allows derivation of several other outcomes over the period (e.g. quantity and type of substances consumed). As there is evidence of assessment reactivity associated with TLFB in brief intervention studies, we will only measure TLFB at six months and employ a single frequency of substance use question at baseline for inclusion in the analytical model as a covariate.

Mental health and well-being were assessed using the Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) (Clarke et al., 2011a). SWEMWBS is a seven-item, self-completed scale addressing different aspects of eudemonic and hedonic mental health well-being. Health-related quality of life was derived from a short assessment of health utility used extensively in this population, the Child Health Utility – 9 Dimension (CHU9D) (Stevens, 2012).

Emotional regulation and behaviour were assessed using the self-completed Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997). This assesses behaviour across several domains – conduct, hyperactivity, emotional regulation, peer relationships and prosocial – over the previous six months. All these instruments were assessed at baseline and six months.

To explore the process of change, we aim to assess three domains that are key targets of brief interventions and our logic model. Motivation to change will be assessed using the Readiness-to-Change Ruler (RR), a single question that assesses the motivational stage in adolescents (Maisto et al., 2011). Self-efficacy will be assessed using the short Situational Confidence Questionnaire (SCQ-8) (Breslin et al., 1998). Positive and negative expectancy will be assessed using a four-item expectancy measure that assesses the drug effect expectancies of substance use, excluding alcohol and tobacco, the Substance Use Expectancy Scale (SUE) (Montes et al., 2019). These instruments will be assessed at baseline and at the six-month follow-up point and will have established psychometric properties in the adolescent population.

In addition to the key demographics, age, gender, ethnicity and age of first substance use that were assessed at baseline, we also used a number of short, validated instruments to assess potential predictors of change and identify potential subgroups within the study. These include a short assessment of family environment assessing relationships, conflict and cohesion using the Brief Family Relationship Scale (BFRS) (Fok et al., 2014), anxiety using the General Anxiety Disorder Assessment (GAD-7) (Mossman et al., 2017) and depression using the Patient Health Questionnaire for Adolescents (PHQ-A) (Mansour et al., 2020) and adverse child experiences using the Adverse Child Experiences Questionnaire (ACE-Q) (Dong et al., 2004). All these instruments are validated for use in an adolescent population.

We assessed adherence by recording attendance at each element of the intervention and the control. For those in the intervention group, we aimed to assess fidelity by randomly audio recording 20% of brief intervention sessions stratified by age group, interventionist and site and independently score these using the BehaviourChange Counselling Index (BECCI) (Lane, 2002). In the pilot study, interventionists had concerns about the recording of sessions and did not record any. Additional training has been provided, and sessions will be recorded in the efficacy trial. We asked participants in the intervention arm to complete the short revised Therapeutic Alliance Scale for Children (TASC-r) after the second intervention session (Shirk & Saiz, 1992). There is emerging evidence that the perceptions of interventionists play a key role in the quality of intervention delivered, particularly in terms of their perceived role legitimacy and self-efficacy, both targets of training and ongoing supervision. In order to assess these perceptions, we asked interventionists

to complete the Drug and Drug Using Populations Perceptions Questionnaire (DDPPQ) (Connors et al., 2019) just prior to training and again six months after being trained.

All the outcome measures have been used previously in adolescent populations, and we estimate that the outcome data set takes, on average, 20 minutes to complete. We assessed the burden in the pilot trial with a simple measure of time to completion. At the end of the pilot trial, we assessed all instruments for data completeness and made informed decisions regarding their inclusion in the efficacy study.

Data were collected at baseline and month six by a researcher independent of the intervention delivery team. Young people were made aware that their responses would be confidential and stored separately from their contact details, linked only by a unique identifier.

There were no changes to the outcomes collected during the pilot trial. Table 2 presents the outcomes collected, the number of items and whether they were collected at baseline and/or six months.

Table 2: Outcome measures assessed, the number of items and assessment points

Outcome	No of items	Baseline	Six months
Primary			
Offence data derived from PND		✓	✓
Secondary			
Frequency of substance use – single item	1	✓	
Time-Line Follow Back 28 day version[1] (TLFB)			✓
Wellbeing (SWEBWMS)	7	✓	✓
Quality of Life (CHU9D)	9	✓	✓
Strength and Difficulties (SDQ)[2]	25	✓	✓
Self-reported delinquency (SRDS) [1,2]			
Motivation to change (RR)	1	✓	✓
Substance use effect expectancy (SUE)	4	✓	✓
Situational confidence (SCQ)	8	✓	✓
Exploratory			
Generalised anxiety (GAD-7)	7	✓	
Depression (PHQ-A)	8	✓	
Adverse childhood experiences (ACE-Q)	10	✓	
Family environment (BFRQ)	16	✓	

[1] TLFB and SRDS are researcher led instruments.
[2] SRDS and SDQ are YEF core outcomes.

Qualitative data

To explore the feasibility and acceptability of referral pathways and intervention delivery, the qualitative aspect of the pilot trial collected and analysed narrative accounts of those involved in the Re-Frame intervention. The qualitative analysis considered the following research questions[1]:

- Do participants, providers and police perceive any external or logistical issues as impacting referral, intervention delivery or attrition?
- What are participants' positive and negative intervention experiences, and how do these fit with providers' perceptions? At what points in the intervention are these most likely?
- Can practices associated with the intervention be amended to increase its acceptability and impact?
- Do police perceive the intervention as impacting participants' offending?

Data were collected using semi-structured interviews with young people, intervention staff and police officers from participating sites. Professionals were sampled purposefully by site, and young people were sampled by site, age and gender. Young people were interviewed within six weeks of completing the intervention. After informed consent was gained, semi-structured interviews were conducted over the phone by experienced researchers (Appendix iv). All interviews were coded and analysed using a thematic approach. Data were stored using NVivo QSR International software.

In total, 18 semi-structured interviews were conducted. Participant characteristics are outlined in Appendix v and include the following:

- Six young people
- Five intervention staff
- Seven police officers

We had originally intended to approach young people who had dropped out to take part in the interviews. However, due to a very high adherence rate (92%), this meant that the number of participants available to approach was unusually low (*n*=3). Since adherence to Re-Frame was not an issue, we did not feel that we needed to explore this in any detail.

Cost data

We estimated the cost per participant by micro-costing the actual resources used in the pilot trial. Staff costs were based on average staff costs and multiplied by time spent on training and delivering the intervention.

[1] Initially, we anticipated exploring the views of stakeholders and young people not involved in the pilot trial regarding Re-Frame. We also anticipated asking participants about the reasons underlying their drug possession and linking these with their intervention responses. However, we reallocated these elements to the efficacy study to enable the pilot to focus fully on the key issues of feasibility and acceptability.

Randomisation

Randomisation strings were generated for the research team by an independent, remote, secure randomisation service (Sealed Envelope Ltd). Strings were made up of random permuted blocks of sizes four and six with a random block distributed throughout the string to reduce predictability. Strings were stratified by age group (10–14 and 15–17 years old) and site (Kent, Cornwall, Sefton and Lancashire). After consent had been provided and the baseline assessment complete, the researcher accessed the randomisation service online, they provided the participant ID and stratification parameters, and the system automatically provided an allocation. The researcher had no access to the actual strings. After allocation, the researcher informed *With You,* which contacted the young person to deliver the allocated treatment. All allocations were recorded independently, and the allocation schedule was made available for quality assurance purposes. No changes were made to the randomisation process after the trial started.

Analysis

The quantitative analysis was descriptive and involved assessing the proportions of those approached who were eligible, who consented, who adhered to their allocated intervention and who were followed up at month six. These were compared to progression criteria set a priori. In addition, we explored data completeness for each instrument to explore item redundancy. The pilot trial was designed as an internal pilot. The data collected in the pilot trial were combined with data collected in the efficacy study for the inferential analysis.

The aim of the qualitative analysis was to link samples by grouping, comparing and contrasting responses from all data sources to address the research questions. This linking of data allows for a concentrated and more meaningful analysis of the influence of the programme through its contexts and mechanisms and of its perceived impact through a thematic blending of data elements.

The coding proceeded through the following steps:

- Creation of a list of provisional orienting codes based on the theoretical framework of the programme and the questions and programme elements listed above.
- In the process of coding, new ‘grounded’ codes will be added to the provisional codes based on relevant items found in the data.
- In iterative dialogue between the data and the codes, researchers will organise the codes into thematic categories.

The qualitative analysis provided an opportunity to explore the perceptions of the intervention from the point of view of a variety of stakeholders. The analysis allowed us to explore what elements of the interventions are useful and what elements are unnecessary, as well as issues around how the interventions are planned and implemented and the perceived barriers or facilitators of implementation in usual practice.

Timeline

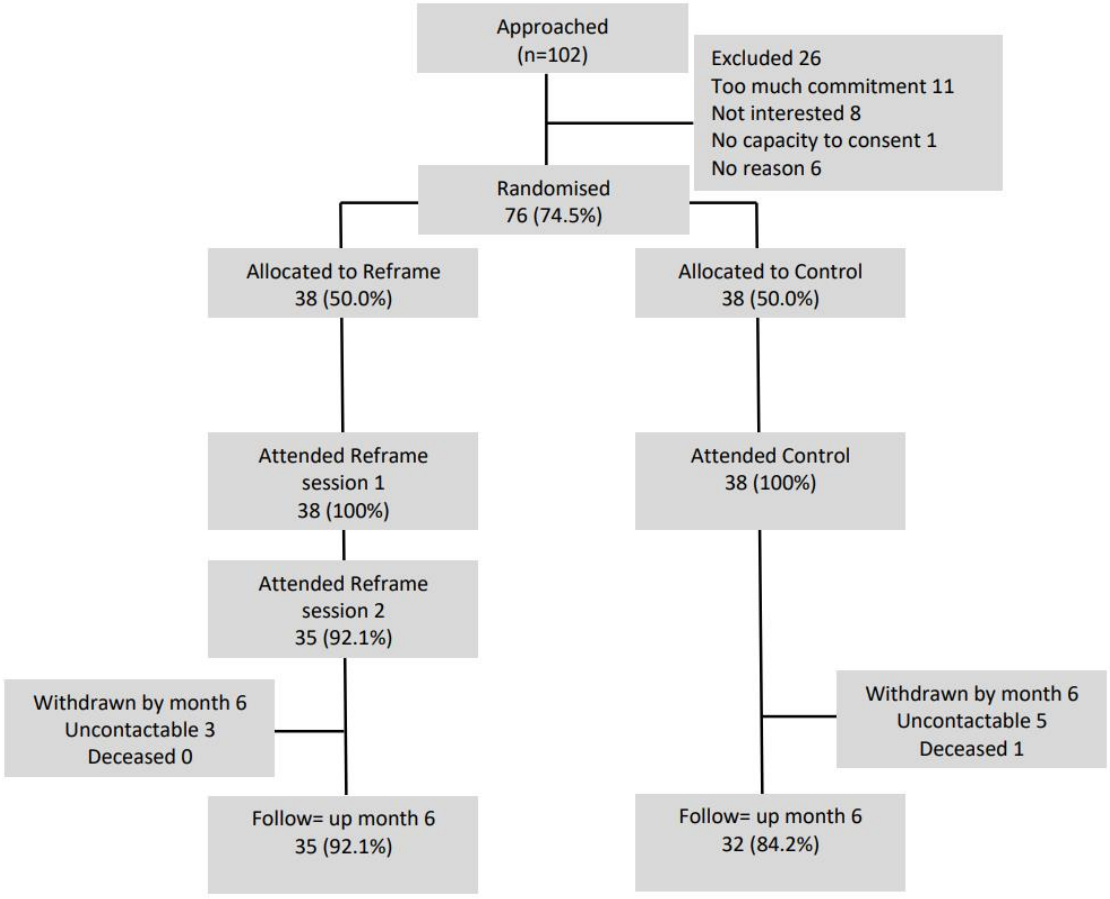
Table 3: Timeline

Date	Activity
08/02/22–30/06/22	Recruitment, consent, baseline assessment and randomisation of participants
08/02/22–14/07/22	Delivery of intervention
01/10/2 –30/11/22	Qualitative data collection
08/08/22–31/12/22	Month six quantitative follow-up

Findings

Participants

Figure 3: Participant flow through the trial



A full CONSORT diagram is presented in Figure 3. Overall, 102 young people were considered potentially eligible during the recruitment period, of whom 76 (74.5%) were eligible and willing to consent. Those who did not consent were similar in terms of age to those who did consent, a mean of 15.8 years for both groups; both were mainly white (84.6% for those refusing consent and 90.8% for those consenting) and male (88.5% versus 82.9%). The most common reasons for non-consent included a lack of interest and an unwillingness to make a commitment to the study. Of those allocated, 38 (50%) were allocated to each group. Adherence was good, with all of those allocated to business as usual attending a single session with a *With You* worker, all of those allocated to the intervention attending the first session, and 35 (92.1%) attending both sessions. At six months, eight (10.5%) participants were uncontactable, and one participant was deceased, but the death was not considered attributable to any involvement in the study.

Table 4: Demographic characteristics by allocated group, proportions, means and 95% CI.

		ReFrame n=38 (50.0%)	Control n=38 (50.0%)
Age in years		15.77 (15.34; 16.18)	16.03 (15.61; 16.44)
Male n (%)		32 (84.21)	32 (84.21)
Ethnicity n (%)			
	White	31 (81.58)	36 (94.74)
	Mixed	5 (13.16)	1 (2.63)
	Asian	1 (2.63)	1 (2.63)
	Other	1 (2.63)	0
Location n (%)			
	Kent	17 (44.74)	16 (42.11)
	Cornwall	10 (26.32)	10 (26.32)
	Sefton	11 (28.95)	12 (31.58)
Age of first substance use		13.53 (12.96; 14.09)	13.74 (13.23; 14.24)
Age of first alcohol use		12.92 (12.15; 13.69)	12.74 (11.77; 13.72)

Demographic variables (Table 4) were well balanced across the ReFrame and Control groups. The mean age was 16 years old, with the same proportions of males and females in both groups. Most of the sample was White, with the majority recruited from the Kent site. In terms of outcomes, the process of randomisation created two equal groups (Table 5).

Table 5: Means and 95% CI for baseline outcomes by allocated group

	ReFrame n=38 (50.0%)	Control n=38 (50.0%)
PDA substances	63.82 (51.36; 76.27)	57.33 (44.83; 69.81)
PDA alcohol	91.07 (85.74; 96.40)	90.98 (85.81; 96.15)
Self-report delinquency		
Number of offences	3.39 (2.37; 4.42)	2.63 (1.76; 3.50)
Quantity of offences	11.13 (7.30; 14.96)	9.60 (6.04; 13.16)
Police warnings	0.61 (0.23; 0.99)	0.35 (0.10; 0.60)
Police charges	0.69 (0.52; 0.87)	0.84 (0.51; 1.67)
PHQ-A score	9.53 (7.31; 11.74)	8.34 (6.46; 10.22)
GAD-7 score	6.49 (4.65; 8.32)	5.76 (4.17; 7.35)
Family environment		
Cohesion	2.11 (1.45; 2.76)	1.86 (1.14; 2.59)
Expression	1.11 (0.72; 1.50)	0.86 (0.49; 1.24)
Conflict	2.51 (1.89; 3.13)	2.00 (1.34; 2.66)
SDQ score		
Emotional regulation	3.13 (2.37; 3.89)	3.39 (2.56; 4.23)
Conduct	3.63 (2.84; 4.42)	3.32 (2.57; 4.06)
Hyperactivity	5.87 (5.02; 6.71)	5.97 (5.08; 6.86)
Peer support	2.63 (1.97; 3.30)	2.60 (2.06; 3.15)
Prosocial behaviour	6.66 (5.95; 7.36)	6.92 (6.31; 7.53)
Total score	15.26 (13.25; 17.28)	15.29 (13.04; 17.54)
SWEMWBS score	20.81 (19.42; 22.20)	20.94 (19.58; 22.29)
SCQ score	70.86 (60.94; 80.77)	75.23 (67.82; 82.64)
Readiness score	3 (2; 3)	4 (3; 4)
Adverse childhood experiences		
Core	3.15 (2.30; 3.99)	2.80 (1.88; 3.72)
Additional	1.86 (1.38; 2.34)	1.86 (1.32; 2.39)
Expectancy		
Positive	50.47 (40.58; 60.36)	45.42 (36.02; 54.82)
Negative	61.26 (50.43; 72.09)	61.05 (50.23; 71.87)

Table 6 shows outcomes assessed at baseline and month six, including only those followed up at month six. While no inferential analysis has been undertaken because it would be underpowered, there are changes across both groups in terms of substance use and offences.

Table 6: Mean and 95% CI for outcomes at baseline and month six for those followed up

	ReFrame n=35 (52.2%)		Control N=32 (47.8%)	
	Baseline Mean (95% CI)	**Month 6 Mean (95% CI)**	**Baseline Mean (95% CI)**	**Month 6 Mean (95% CI)**
PDA substances	62.95 (48.62; 76.30)	72.35 (58.31; 86.38)	62.16 (49.17; 75.16)	71.32 (58.31; 84.32)
PDA alcohol	90.41 (84.66; 96.15)	91.73 (88.09;95.38)	91.29 (85.74; 96.84)	91.52 (87.24; 95.79)
SRDS				
Number of offences	3.4 (2.29; 4.50)	2.68 (1.80; 3.57)	2.50 (1.54; 3.46)	1.78 (1.19; 2.37)
Quantity of offences	11.23 (7.10; 15.35)	7.28 (4.56; 10.01)	8.78 (4.76; 12.80)	5.31 (3.17; 7.45)
Police warning	0.51 (0.16; 0.87)	0.21 (0; 0.46)	0.22 (0.07; 0.37)	0.12 (0.01; 0.25)
Police charges	0.73 (0.54; 0.91)	0.97 (0.83; 1.11)	0.72 (0.55; 0.88)	0.94 (0.84; 1.03)
PHQ-A score	9.51 (7.13; 11.89)	8.94 (6.33; 11.55)	8.66 (6.52; 10.80)	6.59 (4.60; 8.58)
GAD-7 score	6.65 (4.75; 8.54)	6.57 (4.28; 8.86)	6.09 (4.26; 7.92)	4.59 (3.00; 6.19)
SDQ score				
Emotional regulation	3.08 (2.33; 3.83)	3.17 (2.29; 4.06)	3.38 (2.56; 4.19)	3.19 (2.47; 3.90)
Conduct	3.69 (2.77; 4.43)	3.46 (2.67; 4.24)	3.22 (2.41; 4.03)	2.59 (1.90; 3.29)
Hyperactivity	5.88 (4.99; 6.78)	6.23 (5.24; 7.22)	5.97 (4.96; 6.97)	5.91 (5.02; 6.80)
Peer problems	2.54 (1.83; 3.26)	2.37 (1.89; 2.85)	2.47 (1.88; 3.05)	2.41 (2.02; 2.79)
Prosocial behaviour	6.71 (5.95; 7.48)	6.91 (6.32; 7.50)	7.16 (6.47; 7.84)	7.19 (6.48; 7.90)
Total score	15.11 (13.04; 17.19)	15.23 (12.77; 17.68)	15.03 (12.55; 17.51)	14.09 (12.19; 16.00)
SWEMWBS	20.97 (19.53; 22.41)	21.21 (19.77; 22.66)	21.14 (19.59; 22.70)	22.12 (20.62; 23.62)
SCQ score	71.60 (61.00; 82.20)	72.35 (61.84; 82.86)	77.41 (69.93; 84.88)	75.38 (66.35; 84.48)
Readiness score	3 (2; 3)	3 (2; 3)	3 (3; 4)	3 (3, 4)
Expectancy score				
Positive	49.01 (39.11; 60.71)	43.79 (31.32; 56.27)	48.41 (38.27; 58.55)	41.94 (32.65; 51.22)
Negative	61.34 (50.01; 72.68)	62.86 (51.29; 74.43)	62.88 (51.04; 74.71)	63.22 (52.73; 73.71)

Tables 7 and 8 show the amount of missing demographic data from baseline time to completion and missing outcome data from baseline to month six. The amounts of missing data were negligible. The outcome with the greatest item redundancy was the ACE-Q, and this is part of the secondary prognostic analysis rather than a primary outcome. On average, the baseline questionnaire took 23 minutes to complete and the questionnaire completed at six months took 20 minutes. A debrief at the end of completion yielded no concerns about the outcomes assessment.

Table 7: Missing demographic data at baseline

	Missing N (%)
Age in years	0
Sex	0
Ethnicity	0
Age of first substance use	0
Age of first alcohol use (whole drink)	4 (5.26)

Table 8: Time to complete and missing outcome data at baseline and month six

	Baseline N (%)	Month six N (%)
Time to complete in seconds (SE)	1407 (59.27)	1186 (51.76)
Mean PDA substances	0	0
Mean PDA alcohol	0	0
Mean self-report delinquency		
Number of offences	0	0
Quantity of offences	0	0
Mean police warnings	3 (3.94)	2 (2.98)
Mean police charges	3 (3.94)	3 (4.48)
Mean PHQ-A score	0	0
Mean GAD-7 score	1 (1.32)	0
Mean family environment		
Cohesion	2 (2.64)	-
Expression	2 (2.64)	-
Conflict	2 (2.64)	-
Mean SDQ score		
Emotional regulation	0	0
Conduct	0	0
Hyperactivity	0	0
Peer support	0	0
Prosocial behaviour	0	0
Total score	0	0
Mean SWEMWBS score	1 (1.32)	0
Mean SCQ score	6 (7.89)	2 (2.98)
Mean Readiness score	1 (1.32)	0
Mean adverse childhood experiences		
Core	7 (9.21)	-
Additional	6 (7.89)	-
Mean expectancy		
Positive	2 (2.64)	2 (2.98)
Negative	3 (3.94)	0

The qualitative work sought to explore the feasibility and acceptability of referral pathways and intervention delivery from the perspectives of the police, intervention team and participants. This was achieved by addressing several key questions.

- **Do participants, providers and police perceive any external or logistical issues as impacting referral, intervention delivery or attrition?**

A small number of issues were identified. These were largely logistical issues that impacted referral or the start of the intervention.

Time delay

Both participants and providers expressed frustration at the time delay between the initial possession offence, being informed of the diversion decision and then starting the Re-Frame intervention. One young person stated:

> *"I didn't even get interviewed for like a month and a half after it happened, and then I don't think I got referred to this for another two weeks after." (Young Person 5)*

Providers felt that the time delay could impact a young person emotionally and reduce the impact of providing a swift, timely diversion:

> *"It leaves young people in a bit of a limbo, not knowing … whether they're going to get a criminal record for the rest of their lives, and I think that's a really uncomfortable time for young people, to not know." (Re-Frame Worker 2)*

> *"I know from speaking with young people … one of the things that makes diversion effective is if it can be as close as possible to the original offence or the incident … conversations around the incident with the young person … can feel like it happened a lifetime ago." (Re-Frame Worker 1)*

Two young people suggested phone calls to update them on progress while they waited to hear what outcome had been decided.

Delays were mainly observed in Sefton and Cornwall. Both the intervention provider staff and the police described geographical differences in the referral pathways across the sites that impacted the time that elapsed between the offence occurring and beginning Re-Frame. In Kent, officers referred directly to Re-Frame, reducing time delays. Kent police also gained parental consent and provided information on Re-Frame in one process. Kent transitioned to the Re-Frame referral process from a similar previous diversion, which likely aided the referral pathway.

In Sefton, police officers referred a young person to the Youth Offending Service, and the decision to divert and refer to Re-Frame was made by a multi-agency youth justice panel. Referrals were then processed by the youth offending team police officer, who then had sole responsibility to contact the young person, explain the diversion process, provide Re-Frame information and gain initial consent. The

referral pathway in Cornwall was similar. During the early stages of the pilot trial, however, due to delays, the delivery provider requested to take referrals directly from the panel, which sped up the referral process.

Making initial contact

A few of the intervention providers had issues contacting young people, parents or care providers due to incorrect or outdated contact details. Another issue noted by intervention providers was described:

> *"Young people are always breaking their phones, losing their phones, getting them confiscated by the police…" (Re-Frame Worker 2)*

The providers reported having to spend time finding correct or alternative contact details for the young people and liaising with other services to do this. Once contact details were obtained, however, they were successful in making contact, and no one was lost from the pilot.

The police also found that successful initial contact could be time consuming. The reasons given were, again, incorrect contact details and the reluctance of some parents or caregivers to engage. One officer said the first point of contact was usually a letter to the home. If this was ignored, the officer adopted a more personal approach to engage and reduce possible barriers. They would visit the home to talk to parents and then go for a walk with the young person to explain the benefits of engaging. They chose to attend in plain clothes, as they felt that an informal approach, alongside time investment, was needed:

> *"There is a bit of an issue with chasing some up for weeks and weeks because they just don't want to get involved. But eventually, they do talk, and I explain it to them, and they're thankful for it … It does take a bit of time, but it's got to be done. And if it's benefiting the youths in the long run, and it's working, then it's worth it. It's worth every minute." (Police Officer 3)*

Priorities and competing demands

While all police officers agreed that young people are a policing priority, officers noted that they were a priority within a large group of priorities. One officer felt that it was:

> *"Difficult to get police to think about specific interventions for specific young people when … faced in the immediacy with competing demands." (Police Officer 2)*

Another officer stated that in their area, officers are dealing with serious crime, organised crime and violence against women and girls, all of which are significant priorities. They acknowledged this as being a force-wide issue and a challenge in keeping young people and Re-Frame as a priority when they are dealing operationally with 'significant priorities':

> *"That's the challenge we are faced with partnerships projects like this that are critical, really important, but you're putting stuff on top of colleagues that are absolutely snowed under with work and don't get a chance to take air quite often." (Police Officer 4)*

- **What are participants' positive and negative intervention experiences, and how do these fit with providers' perceptions? At what points in the intervention are these most likely?**

Delivery options

Both young people and providers preferred in-person delivery of Re-Frame. Young people were offered a choice of either in-person or virtual sessions at the first point of contact with their Re-Frame worker, usually on the phone. Overall, 65% of young people opted for in-person sessions, and 35% opted for virtual sessions. Both delivery options were experienced as positive for young people and their Re-Frame workers. Intervention staff saw the benefit and value of virtual sessions as an alternative to ensure all young people had a choice:

> *"… it's good offering face to face and virtual … because it's not just saying to the young person, 'You must come see me here at this time.' A lot of my young people have chosen to do virtual, so it's more, you know, appropriate for them, and they find it easier … more accessible; it's their choice of how they want to be seen." (Re-Frame Worker 3)*

Trust and rapport

The main reason given by young people for preferring in-person sessions was to 'build trust' and 'rapport' with their worker. Some also mentioned convenience and location; meeting their worker somewhere local helped them to feel comfortable:

> *"I never really do online calls, so I said, 'Can we meet in person?' And she like literally came to the centre five minutes from my house; it was really convenient … you can get to know them better, really, like you're in person, you can see their body language and whatnot, you're face to face, not looking at a screen, you know what I mean." (Young Person 4)*

This was echoed by the intervention team, who also preferred in-person sessions, as they felt it enabled them to build positive relationships from the first session. All felt that building trust and rapport early on meant a young person was more likely to attend the second session and engage with the intervention content:

> *"I would 100% say that the face-to-face sessions are so much better, in terms of engagement and building rapport, because you've already met that young person once, they know what to expect ... nine times out of 10 they say, 'Oh, that wasn't as bad as I thought it was going to be.' I think as a practitioner, you've got less worries as well; you've met them before, you know how to engage them, you know a bit more about them, and you can kind of just get into the gritty bit of the session straight away." (Re-Frame Worker 5)*

Two young people described their first sessions, which took place in an outside setting, as a "walk and talk". Both enjoyed this, with one comparing it to their previous experience of drug education in school, which they found 'just too long' (Young Person 6). The walk and talk was described by intervention staff as an

informal way to challenge any initial perceptions a young person may have about the intervention. Young people and intervention staff both found this a positive way to start the first session, with one young person recalling their experience:

> *"The hour-long walk was good, didn't expect her to be like how she was either. I thought, I dunno. I just thought it was gonna be like a telling-off. I liked the worker … I don't really like meeting new people. But she was just really like, I dunno, just a genuine person." (Young Person 6)*

Session content

Young people were also positive about the content of the intervention. They found the sessions to be interesting and useful. The most recalled elements of the sessions included the Drug Grid, the Drug Triangle or Ladder (which is tailored to the individual) and the law and general harm reduction conversations. Young people felt the sessions provided a safe, non-judgemental space to discuss drug use and the circumstances that led to them being stopped by the police. Most referred to information on the law as being 'new information', especially around possession with intent to supply:

> *"We talked about how much time you can get in prison for, you know, getting caught by the police with the drugs on you … if you were to like sell them and how many years you'd get for it. So, like, I'm aware of the consequences if I was to get caught." (Young Person 4)*

Intervention providers felt that many young people tended to underestimate the legal consequences of possession and possession with intent to supply Class A, B and C substances. They explained that part of the session highlighted sentencing guidance, which often led to open conversations on morals and sentence lengths for other crimes. Young people fed back that this type of information is not discussed in school and was a positive part of the intervention that helped them to make informed decisions. Intervention staff agreed with this:

> *"It's something they're not aware of because they've heard of other young people just getting a slap on the wrist. They don't really know what to expect." (Re-Frame Worker 5)*

> *"A lot of them will just be like, 'Ah, I didn't realise like how serious it is.' It can affect travel, jobs, employment, things like that." (Re-Frame Worker 4)*

Negative experiences

The young people interviewed did not share any negative views regarding the intervention itself. However, there were a few negative comments about the police contact they had experienced prior to the diversion and intervention. Views expressed were predominantly around 'mistrust' of the police. One young person, when asked about her experience of the intervention, said:

"The best part was going out with my worker; the worst part, seeing the police." (Young Person 3)

Intervention providers also highlighted this as an occasional barrier when making the first point of contact with the young person. They described intentionally explaining to the young person that their role was one of support, which was separate from the police.

Intervention staff expressed a slight dissatisfaction that they were unable to conduct their usual six-week 'aftercare review', usually conducted with the young person on the phone, while the pilot trial was underway. It was felt by the providers that the six-week aftercare review would provide valuable reinforcement for young people and increase staff morale by allowing them to see the output of their work.

- **Can practices associated with the intervention be amended to increase its acceptability and impact?**

Reduce postcode disparity

Intervention staff noted the possibility of a 'postcode lottery' for referrals within sites that appeared to be dependent on the area a young person was stopped. They note that referrals seemed to be consistent in some areas, while other areas did not refer to Re-Frame at all.

Police officers in Cornwall noted that their area covered a large geographical area policed by three teams. The youth panel weekly meeting occurred in the west, and one officer noted:

"Sometimes I wonder about whether we get more referrals in the area that I'm in because I always go, 'What about Re-Frame?'." (Police Officer 2)

Intervention staff observed that there were different policies and use of community policing across the various areas, and referrals depended on the following:

"Whether they've kind of got officers that are linked with us, aware of Re-Frame and can refer in." (Re-Frame Worker 5)

Officers in Sefton mentioned that some of their areas were less likely to receive referrals than others. They explained where referrals for first-time contact with the police were located:

"Affluent areas ... child goes to a lovely school, but they've been out (in another area), they've been found with a joint on them. The lad (from another area) had previous so he's not eligible." (Police Officer 3)

Communication

Police and providers felt that increasing acceptability and impact was achievable by increasing Re-Frame's 'visibility', keeping it on the police agenda at a senior level and communicating to frontline officers widely

and via the internal communication systems. Officers felt that strategic oversight should disseminate how it aligns with the youth- and crime-policing policy to divert young people and reduce offending.

Some of the police officers felt that internal communications were sometimes missed or overlooked due to the volume of information they deal with. They acknowledged that internal communications could be improved to highlight the Re-Frame diversion as the preferred option for young people with low-level risk and in possession of Class B and C drugs.

Officers highlighted that the referral forms, participant leaflets and posters in police stations were user friendly and helpful when engaging young people and families:

> *"… the big benefit was the leaflets that we were sent from Re-Frame ... One for the parents and one for the youth. Sending them out helped as well, helped people understand it. Because you do get some challenging families who say, 'Oh, I'm not doing that. I'm not a druggie. I don't take drugs; it was a one-off' … but then when you explain it and give these leaflets out, and they understand it, that helped as well." (Police Officer 3)*

Feedback

Police and providers also found that providing feedback to individual officers had been a simple way to show what happened with their referral and the potential impact it may have. It was also a way to keep Re-Frame in the forefront of an officer's mind as an option for diversion. The delivery provider often sent anonymous 'impact case studies' to be shared with the police teams, and the officers liked the feedback:

> *"I read a case study recently, really simple, not so mind-blowing, but really impactive. Just minor changes … in the sense that you know, even if it's just reduced usage or being aware of not to use a plastic bong … The people (officers) that referred in, they don't know what's happened because they don't get feedback that often. I know we've only had a limited number of referrals, about 20 or so. But to feed that back to those officers and say, 'Look, you've made a real difference to this child's life', it's fantastic. And then it starts sinking in. That's my experience of it." (Police Officer 4)*

- **Do police perceive the intervention as impacting participants' offending?**

All police officers thought that the intervention could impact or already had impacted participant offending. Most acknowledged that measuring any long-term impact on offending would take time to observe and longer than the time frame of the pilot trial. However, many measured initial impacts on offending by observing that young people referred to Re-Frame were not coming to their attention again or returning through the system:

> "*I haven't seen him again, so that's a positive." (Police Officer 7)*

Another officer reflected in general about young people from their area who had been diverted and referred to Re-Frame:

"We can already see there's less kids coming back through … there obviously will be some reoffending through time, and there will always be someone going to court. I appreciate that … people with the professional knowledge can already see there's a downturn." (Police Officer 6)

However, one officer wondered:

"How likely it is that an intervention just around the possession bit is going to impact upon a wider range of behaviours." (Police Officer 2)

This officer explained that often, the other offences were related to alcohol use, which was not covered by Re-Frame:

"*But for some young people, alcohol use is a real issue and intrinsically linked to assaults … more so than cannabis use actually, just because of the nature of the beast. So yeah, that's the bit that when I think about (our) children and substance misuse, my go-to is cannabis and alcohol, and it felt like Re-Frame was only half of the picture." (Police Officer 2)*

All officers felt that the intervention had the opportunity to benefit the young people by providing knowledge and skills that may affect behaviour change. One described the intervention as an opportunity for the participant with the potential to impact future offending because the young person is empowered to make informed decisions:

"Not saying it would get rid of it, but the knowledge that is given and the explanations, and the whole process is providing them with, it empowers the child, doesn't it … being empowered because they've been given appropriate advice… empowering them to make decisions based on full facts and knowledge." (Police Officer 4)

All felt that the Re-Frame intervention is more likely to have a positive impact on offending in the case of some young people but not all, this being dependent on the circumstances surrounding the young person. Positive circumstances observed were being from a supportive family and in education. One officer recalled a recent referral he had made to Re-Frame; he felt the referral had the potential to impact the young person and have a positive effect on behaviour change and offending:

"He was having a joint with a mate. He doesn't smoke it all the time. He smokes a bit. His mum had suspicions, he's now shocked by the implications of what further could happen because I've explained it to him, and because he's a bright kid, he fully intends to go to university, get a job, and be successful. So … that Re-Frame course will work on him. Because he's intelligent and switched on enough and from a supportive background to make an effect." (Police Officer 1)

Circumstances that may have a negative impact on offending were observed as being from unsupportive backgrounds, chaotic family environments, being a part of generational drug use and experiencing poor

mental health. While these were mentioned to some degree by some officers, all police officers interviewed were pleased that young people had received the opportunity to be diverted for Class B and C drug possession and to not be criminalised. One officer felt that a positive outcome for the young person is a positive outcome for the police force in general:

> *"It's a reward, isn't it? It makes you feel like you've achieved something for that youth ... if it's worked and they haven't come back again, then has it worked? Has it changed for them? Hopefully it does … every kid needs a chance." (Police Officer 3)*

All officers expressed positive views towards the Re-Frame diversion and intervention and diversion in general., The general view was that engaging with young people early on and diverting them to education-based interventions that address offending behaviour is preferable to formal criminal justice processing. Preventing future offending and keeping young people out of the criminal justice were seen as a policing priority:

> *"At the end of the day, we will do anything we can to not get someone in the criminal justice system … because it just doesn't work, does it? It just doesn't work." (Police Officer 5)*

Recommendations

The qualitative element of the pilot trial found no external issues or issues with attrition. It has found some logistical issues that have impacted intervention delivery. The logistical issues centre around the logistics of the referral process; some of the delays are unavoidable due to the timings of the youth panel meetings. Areas for improvement include:

For the police:

- Ensure contact details are provided in full at the first opportunity.
- Request more than one contact phone number and verify address details with parents/caregivers over the phone.
- Communicate with young people if there has been a delay in the referral process.
- Keep Re-Frame and youth diversion on the priority list.

Focus: Ensure the delay from the first point of contact with the young person to referral so intervention delivery is as short as possible to ensure a swift and timely diversion.

For intervention providers:

- Continue to liaise with other services that young people may know and assist the police with contacting the young person.

We identified the following practices that can be amended to increase the acceptability and impact of the Re-Frame intervention.

For police:

- Continue to promote Re-Frame as the youth diversion for low-risk young people in possession of Class B and C drugs on both a strategic and a frontline level.
- Increase the visibility of Re-Frame across the internal communications system and disseminate information to local policing teams regularly.
- Address the possible postcode disparity across each geographical site by reviewing opportunities to increase referrals.

For intervention providers:

- Continue to focus on increased visibility of Re-Frame with local policing teams.
- Increase the feedback provided to police via the use of impact case studies.

Young people reported positive experiences of the Re-Frame intervention. This included the relationship with their Re-Frame worker and the session content. There were no suggestions for improvement of intervention delivery. The only negative element was a minority reporting police mistrust.

To maintain positive experiences, we recommend the following:

For police:

- To continue to build positive relationships with young people.

For intervention providers:

- To continue to offer a virtual session option.
- To extend 'walk and talk' where suitable and wanted.

And finally, the pilot trial also found that police perceive that the Re-Frame intervention can impact participants' offending.

Conclusion

We found high levels of acceptability from all stakeholders involved in the pilot trial of Re-Frame. This included young people who had been part of the Re-Frame intervention, the intervention provider and the police from participating areas.

Cost analysis

Table 9 contains the list of items contained in the cost analysis. Overall, 38 young people received the intervention from three interventionists, although four interventionists were trained. The total set-up costs were £2,476.50, £65.17 per participant. The recurring costs were estimated as £1,411.70, £37.15 per participant. The intervention cost per participant was £102 in the pilot trial, and we expect this figure to fall in the efficacy study as the number of young people receiving the intervention increases while the set-up cost remains static.

Table 9: List of items contained in the cost analysis

Date	Activity
Labour Overall assumptions	Interventionist costs were based on actual salaries, a mean annual salary of £24,839, and employer contributions to National Insurance and superannuation were estimated at £3,657, a total of £28,496. Interventionists worked for 46 weeks per year (£619/week) for 37.5 hours per week (£16.51/ hour).
Interventionist training	Training was delivered online by trainers employed by *With You.* Training was conducted over a full week, 37.5 hours, and cost 37.5 x 4 interventionists, one per site, at £16.51/hour, £2,476.50 or £65.17 per participant.
Preparation for first intervention	Contacting the young person and organising an appointment took an average of 24 minutes, £6.60 per participant.
Delivery of first intervention	Intervention took place either online or in person at *We Are With You* premises; estimated time was 44 minutes, £12.11 per participant.
Preparation for second intervention	Contacting the young person and organising an appointment took an average of 19 minutes, £5.23 per participant.
Delivery of second intervention	Intervention took place either online or in person at *We Are With You* premises; estimated time was 48 minutes, £13.21 per participant.

Evaluation feasibility

Evidence of promise

We stated several a priori feasibility parameters that needed to be considered prior to embarking on a full trial. These parameters and the outcomes are presented in Table 10.

Table 10: Parameters for progression to efficacy trial

Criteria	Target	Actual
Proportion referred who are eligible	**70%**	**93%**
Proportion eligible who consent	**70%**	**80%**
Proportion who adhere	**80%**	**92%**
Proportion followed-up	**80%**	**88%**
Minimum data completeness (primary)	**90%**	**100%**
Minimum data completeness (secondary)	**60%**	**99%**

All quantitative progression criteria were exceeded.

The qualitative analysis found that the intervention was considered acceptable to all stakeholders: young people, interventionists and the police. The qualitative analysis found no substantial hindrances to the implementation of the Re-Frame intervention, but it did highlight some areas where improvements to referral processes could be made. These included raising awareness within the police and streamlining referral pathways.

Readiness for trial

The Re-Frame intervention is ready to proceed to an efficacy study with minimal modifications.

- In the pilot trial, recruitment was reduced because a centre, Lancashire, dropped out of the study. We have recruited a new centre, Wigan, and they are ready to fully participate in the efficacy study.
- Our efficacy sample size calculation aims to detect a clinically important effect size of 0.3; this equates to a small to medium effect size, and any smaller is unlikely to have an important effect on the primary outcome – frequency of non-violent crimes at six months post-randomisation. To detect this effect size, or greater, with 80% power and alpha of 0.05, a two-sided test requires 350 participants followed up at six months. To date, we have follow-up data on a minimum of 67 participants, requiring an additional 283 in the efficacy study. As the primary outcome is sourced independently of the participants, we

expect the follow-up rate to be close to 100%, but we have erred on the side of caution and allowed a 20% loss to the follow-up. This inflates the required sample to 340, 170 in each group. This number is also sufficient to detect a small to medium effect size difference in the frequency of substance use. The eligible-to-consent conversion rate from the pilot trial was 80%, so we expect to approach 425 potential participants. This would require two referrals per area per week, a figure less than observed in the pilot trial.

- While data completeness in the pilot trial was good, and data burden was as we expected at approximately 20 minutes, we plan on dropping the PHQ-9 and GAD-7 from the assessment battery at month six
- The qualitative research found high levels of acceptability. It also highlighted some logistical issues that act to hinder recruitment into the study and delivery of the intervention. In the efficacy study, we aim to streamline the referral process, avoiding the need for youth panels and allowing for direct referral to the research team.
- The qualitative study also highlighted that those who engaged with the intervention welcomed the variety of delivery mechanisms. We will continue to offer face-to-face and virtual intervention delivery in the efficacy study.

Figure 4: Summary of pilot trial findings

Research question	Finding
Is the proportion of those referred who are eligible 70% or more?	Yes, of 102 who were referred, 95 (93%) were eligible.
Is the proportion of those eligible who consent 70% or more?	Yes, of 95 who were eligible, 76 (80%) consented.
Is the proportion of those who adhere to the intervention group 80% or more?	Yes, of the 38 allocated to the intervention, 38 (100%) attended the first session, and 35 (92%) attended the second session.
Is the proportion of those followed up at six months 80% or more?	Yes, of the 76 randomised, 67 (88%) were followed up at six months.
Is the data completeness of outcome measures 60% or more.	Yes, for most outcomes, data completeness was 100%. No outcome had data completeness less than 60%.
Do key stakeholders consider the intervention acceptable?	High levels of acceptability were observed from all key stakeholders: young people, interventionists and police.
Can referral mechanisms be improved?	Referral mechanisms can be streamlined by allowing direct referrals to *We Are With You* and avoiding youth justice panels.

Generalisability

The target population for the trial was those aged 10–17 years old found in possession of Class B or C controlled substances. We limited exclusion criteria to those with an extensive history of offences, four or more, those arrested for a serious sexual or violent offence and those whose substance use needs were better met through a specialist agency. Of those approached to participate in the study, the majority were both eligible and consented and engaged with their allocated intervention. This would suggest that the trial processes and interventions were acceptable to participants. In addition, 88% of young people engaged in follow-up at month six, with no differential follow-up between the groups and very little missing data. This would suggest that the analysed data were generalisable to the trial population.

Table 4 provides an overview of the demographic profile of those who participated in the trial. The majority were white males, similar to those who decided not to consent to participate. This is likely to reflect the

areas where the research was conducted, limited by the availability of intervention locations. Our original plan to include a more ethnically diverse population in Lancashire was thwarted by operational difficulties. It may also be the case that this demographic reflects the likelihood of an individual being referred for diversion. In the efficacy study, we will explore differences between the potentially eligible population and those referred for diversion using a comprehensive cohort approach whereby we will identify a cohort of young people who were potentially eligible during the recruitment period and compare their demographics with the cohort of young people referred for diversion.

Limitations

At the start of the study, we set out a number of a priori success criteria that would be used to judge whether the study should proceed to a full efficacy trial. These were:

1. That at least 70% of those referred would be eligible. In the study, 93% of those referred were eligible.
2. That at least 70% of those referred and eligible would consent. In the study, 80% of those referred who were eligible consented.
3. That 80% of those allocated would adhere to their allocated intervention. In the study, 100% adhered to at least part of their allocated intervention, and 92% adhered to all of their allocated intervention.
4. That 80% would provide follow-up data at month six. In the study, 88% provided follow-up data at month six.
5. That at month six, at least 90% of followed-up participants provided a primary outcome. In the study, 100% of followed-up participants provided a primary outcome.
6. That at month six, at least 60% of followed-up participants would provide all secondary outcomes. In the study, 99% of participants provided all secondary outcomes.

The pilot study achieved the stated progression criteria.

Several limitations arose during the conduct of the pilot study that are addressed in the efficacy trial protocol:

1. The loss of a centre impacted recruitment rates and the overall generalisability of the findings. We identified, trained and implemented in a new site in the northwest of England, Wigan, for the efficacy study.
2. In the pilot study, it was clear that referral pathways for diversion differed by police force. In Kent, young people were referred for diversion directly by police staff; on the other hand, in Sefton and Cornwall, young people were referred first to a youth offending team panel who decided on whether referral for diversion was appropriate. It was noticeable that Kent recruited far more participants than the other sites, and the time between arrest and diversion was shorter in Kent. We made recommendations that in the efficacy trial, the referral pathway was similar in all sites and similar to Kent.
3. In the pilot study, we aimed to measure fidelity by assessing a blind 20% sample of session recordings using the BECCI checklist. Interventionists were initially reluctant to record sessions; they felt it had the potential to breach the relationship they had built up with the young person. After discussion and additional training, the interventionists have agreed to record intervention sessions for assessment in the efficacy study.

4. In our original protocol, we stated that we would derive offence data from the Police National Computer (PNC). On exploration of this data source, it became clear that youth cautions and youth conditional cautions only remain on the PNC for three months before being considered spent. We will now use the local police database (LPD) to derive offence data, as cautions, conditional or otherwise, are held on local records for five years.
5. In the pilot study, we assessed depression and anxiety at baseline and month six using the PHQ-A and GAD-7, respectively. As these instruments are included in our planned prognostic analysis based on baseline variables, we only plan on assessing them at baseline in the efficacy study.

Evaluator judgement of evaluation feasibility

It is the view of the evaluation team that the efficacy study is feasible and should be conducted subject to the minor modifications stated above.

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Appendices:

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Appendix i Trial Information Sheet

What is this study about?

You are being invited to take part in a research study of a new way of helping young people who have used drugs to manage the risks associated with their use. The study is taking part across many areas of England and will help us know if our new approach is better at helping young people.

This leaflet is for you to keep. Please read it carefully and take time to decide if you want to take part or not. Talk to other people about the study if you want to. Please ask the researcher if there is anything that you do not understand or if you would like more information about.

What will happen to me if I take part?

If you agree to take part, you will be asked to provide agreement in the form of a written consent. A computer will decide at random whether you should receive the usual treatment or whether you should receive the new intervention.

The Study

The new intervention will involve two meetings with an experienced young person substance use worker on a one-to-one basis to discuss your substance use, each of these meetings will take about one hour.

If you are not selected to receive the new intervention any support you receive will remain the same as usual and will usually involve meetings of a similar length.

All young people taking part in the study (e.g. individuals receiving the intervention and those receiving usual support) will be asked to fill out a questionnaire at the start of the study and again 6-months later. As a thank you we will give you a £20 voucher at each stage you complete questionnaires, one £20 after completing the baseline questionnaire and another £20 after completing the questionnaire at six months. The questionnaires explore substance use, any involvement in crime and your health. We will also ask to access any police records you might have six months after agreeing to take part. In order to get a clear understanding of what young people think about the new intervention we might ask you to take part in an interview with a researcher, before you do we will ask your permission and you can say no if you want to.

Do I have to take part?

No. It is up to you to decide.

We will describe the study, go through this information sheet with you and answer your questions. If you decide to take part in the study, you will be asked to sign a consent form.

You are free to change your mind at any time; you will not need to give a reason. If you decide not to take part in the study, any information you give will be destroyed.

If you decide to decline the offer of taking part in the study or want to withdraw your participation, it will not affect the support that you receive from “We are With you” or referrals to any other services.

Who will have access to my information?

All information collected about you during this research will be kept confidential. The only people who will be able to look at it will be the research team.

All information will be stored on a password protected computer, with written information stored at University of Kent for 5 years, and electronic data stored for 10 years. After we have conducted the 12-month follow-up interview we will remove any information that might identify you from our records. Data will be kept according to the rules of the Data Protection Act. At the end of the study data will be archived by the organisation who is funding the study, the Youth Endowment Fund.

You will be provided with a copy of the privacy notice for the study or alternatively you can access a copy of the notice online here:

https://research.kent.ac.uk/re-frame/

All staff and organisations involved in the research work to the same rules of confidentiality as doctors and nurses which can only be broken, without your consent, in very exceptional circumstances. **Usually this is if the researcher sees or is told something which raises serious concern for yours or someone else's personal safety.**

Could I be at risk by taking part?

The research staff and organisations and staff conducting this research have a lot of experience and we do not think that you will not experience any harm as a result of taking part in this research study. Any suggestions or complaints about the study or how you were treated will be dealt with by the chief investigator Professor Simon Coulton whose contact details can be found at the end of this leaflet.

Who is funding and organising the study?

The study is funded by the Youth Endowment Fund and sponsored by the **University of Kent**. The interventions are delivered by an experienced young people's service, "We are with you". Before we started the study we asked an independent body to look at what we planned to do to ensure what we are doing is ethical and good practice.

What happens to the results of the study?

We are keen to ensure that all young people involved in the study get an opportunity to help discuss and understand the results of the study, we will let you know of any opportunities as they arise throughout the study period. We are happy to send you a summary of the research at the end of the project. If you would like to receive this please email us using the details at the end of this leaflet. The study results will help us understand new ways to help young people in the future. No one will be identified in any of the information written about the study.

Will the research help me?

We cannot promise that this study will help you directly. However, the study may give you the chance to talk openly about substance use and risk taking.

Thank you…

For taking the time to read this leaflet. Please ask any questions or raise any concerns you may have about the project. If you decide to take part, please keep this leaflet for future reference.

Project staff

Nadine Hendrie, trial manager, University of Kent, 01227 827912, n.hendrie@kent.ac.uk

Professor Simon Coulton, Chief Investigator, University of Kent, 01227 824535, S.Coulton@kent.ac.uk

If you have any complains or concerns about the research project do not hesitate to contact:

Ms Nicole Palmer, Research Ethics and Governance Officer, University of Kent, 01227 82 4797, N.R.Palmer@kent.ac.uk

RE-FRAME

University of Kent

we are withyou

YOUTH ENDOWMENT FUND

Appendix ii Trial Privacy Notice

REFRAME Study Privacy Notice

We are carrying out a study of people taking part in the REFRAME study to try to find out how the service might help young people in the future. The study is being funded by the Youth Endowment Fund (YEF). At the end of the study data collected will be stored in a secure archive and used to follow-up on children's progress in the future. This will include, for example, assessing whether children who took part in YEF- funded projects were less likely to be excluded from school or get involved in crime in the future.

This privacy notice provides information about who we are, what we are doing, and why we are doing it. It also explains how we will use personal information we collect as part of the study.

1. Who are we?

This study is being organised by the Centre for Health Service Studies at the University of Kent (www.kent.ac.uk/chss)

When we collect and use participants' personal information as part of the study, we are the controllers of the personal information, which means we decide what personal information to collect and how it is used.

2. What are we doing?

We are evaluating a new way of managing young people who come to the attention of the police who are found to have illegal substances in their possession. Our study explores whether this new approach is better than the approach usually employed. Our research will inform us about what works best for young people and their families.

Contact details:

Project Lead – Professor Simon Coulton, s.coulton@kent.ac.uk, 01227 824535
Data Protection Officer – Laura Pullin, dataprotection@kent.ac.uk

The YEF, which funds this study, is dedicated to preventing children and young people becoming involved in crime and violence. Once we have finished our study, YEF-approved researchers will explore whether REFRAME, and other programmes funded by YEF, had an impact over a longer period of time, including whether they reduced involvement in crime and violence. This is explained in more detail below.

3. Who has reviewed this study?

This study has been reviewed and approved by the University of Kent Social Research Ethics Committee ref SRC 0498

4. How will we use the personal information that we collect?

Data protection laws require us to have valid reason to use [your child's/the child in your care] personal information. This is referred to as our 'lawful basis for processing'.

We rely on the public task basis to use their personal information. We will only use special category information (such as information about health, religion, race or ethnic origin, or any criminal offence information) if it is necessary for research purposes or statistical purposes which are in the public interest.

We will use the information they give us to evaluate how well REFRAME has worked and to write a report about our findings based on all of the questionnaires and/ or interviews we have carried out.

The final report and any other publications produced by the University of Kent will not contain any personal information about the people who took part in the study and it will not be possible to identify individuals from the report. The report will be published on the YEF's website.

Any personal information that [you/your child/the child in your care] gives us will be stored securely and kept confidential.

- We may share this personal information with another person or organisation if [your child/the child in your care] tells us something during the study that makes us concerned about them or about someone else. Our Safeguarding Policy has more information about steps that we might take if we have concerns about [your child's/ the child in your care's] wellbeing, or the wellbeing of another person.

- Once we have finished our study, we will share all of the information we have gathered about everyone who has taken part with the Department for Education (DfE). The DfE will replace all identifying information about the young people who have taken part in the study (their name, gender, date of birth, home address) with the young person's unique Pupil Matching Reference number in the DfE's National Pupil Database. Once this has been done, it is no longer possible to identify any individual young person from the study data. This process is called anonymisation.

- Once information is transferred to the DfE to be anonymised, we hand over control to the YEF for protecting your personal information. The DfE will transfer the anonymised information to the YEF archive, which is stored in the Office for National Statistics' Secure Research Service. The YEF is the 'controller' of the information in the YEF archive. By maintaining the archive and allowing approved researchers to access the information in the archive, the YEF is performing a task in the public interest and this gives the YEF a lawful basis to use personal information.

- Information in the YEF archive can only be used by approved researchers to explore whether REFRAME, and other programmes funded by YEF, had an impact over a longer period of time. Using the unique Pupil Matching Reference numbers added to the data by the Department for Education, it will be possible to link the records held in the YEF archive to other public datasets such as education and criminal justice datasets. This will help approved researchers to find out the long- term impact of the projects funded by YEF because they'll be able to see, for example,

whether being part of a project reduces a child's likelihood of being excluded from school or becoming involved in criminal activity.

5. How is information in the YEF archive protected?

The YEF have put in place strong measures to protect the information in their archive. As well as the pseudonymisation process described in section 4, the YEF archive is protected by the Office for National Statistics' 'Five Safes' framework. The information can only be accessed by approved researchers in secure settings and there are strict restrictions about how the information can be used. All proposals must be approved by an ethics panel. Information in the YEF archive cannot be used by law enforcement bodies or by the Home Office for immigration enforcement purposes.

You can find more information about the YEF archive and the Five Safes on the YEF's website [insert this link if you are working on a YEF Launch Grant Round Project: [insert link to the YEF guidance for participants relating to the grant round relevant to your project, available from the YEF archive web page: https://youthendowmentfund.org.uk/ evaluation-data-archive/]. We encourage all parents and guardians to read the YEF's guidance for participants before deciding to take part in this study.

Once information goes into the YEF archive it can no longer be deleted as that would affect the quality of the archived data for use in future research.

6. Retention and deletion

The University of Kent will keep [your/your child's/the child under your care's] an anonymised copy of the data for a period of five years after the end of the study. Once the collection and quality assurance of data for the final participant has been collected and the data transferred to the YEF data archive all personal identifiable information will be removed from the dataset. At this point no individual will be identifiable using the data held by the University of Kent.

The YEF will keep information in the YEF archive for as long as it is needed for research purposes. Data protection laws permit personal information to be kept for longer periods of time where it is necessary for research and archiving in the public interest, and for statistical purposes. The YEF we will carry out a review every five years to assess whether there is a continued benefit to storing the information in the archive, based on its potential use in future research.

7. Data protection rights

[You/You and your child/You and the child in your care] have the right to:

- ask for access to the personal information that we hold about them;
- ask us to correct any personal information that we hold about them which is incorrect, incomplete or inaccurate.

In certain circumstances, you also have the right to:

- ask us to erase the personal information where there is no good reason for us continuing to hold it – please read the information in section 5 about the time limits for requesting deletion of your personal information;
- object to us using the personal information for public interest purposes;

- ask us to restrict or suspend the use of the personal information, for example, if you want us to establish its accuracy or our reasons for using it.

If you want to exercise any of these rights during the study period, please contact our Data Protection Officer using the details provided earlier. We will usually respond within 1 month of receiving your request.

If you want to exercise any of these rights after the study has finished (i.e. after the point when information has been shared with DfE), please contact the YEF. Further information and their contact details are available at hello@youthendowmentfund.org.uk.

When exercising any of these data rights, we may need to ask for more information from [You/You and your child/You and the child in your care] to help us confirm their identity. This is a security measure to ensure that personal information is not shared with a person who has no right to receive it. We may also contact you to ask you for further information in relation to your request to speed up our response.

8. Other privacy information

Categories of personal information

- First name
- Surname
- Date of Birth
- Home address
- Alternative address (if appropriate)
- Telephone number
- Email address
- Social media contact (if willing to provide)

Sharing their personal information

We only ever use [your/your child's/the child in your care's] personal information if we are satisfied that it is lawful and fair to do so. Section 4 above explains how we share data with the Department for Education and the YEF. If you decide to take part in the study, we may also share their personal information with the police who will provide any interactions they have had with the young person over a 12-month period, 6 months prior and 6 month after agreeing to participate in the study.

Data security

We will put in place technical and organisational measures in place to protect [your/your child's/the child's in your care] personal information, including:

- Limiting access to specific named researchers who require access to conduct the study, such as contacting young people for follow-up.
- Keeping personal details such as name and address separate from all other data and linking these using a unique identifier.
- Keeping data on a secure encrypted server and ensuring data is regularly backed up for security purposes.

International transfers

We will not transfer your personal data outside the UK.

9. Feedback, queries or complaints

If you have any feedback or questions about how we use personal information, or if you want to make a complaint, you can contact the lead researcher or Data Protection Officer using the details provided earlier.

We always encourage you to speak to us first, but if you remain unsatisfied you also have the right to make a complaint at any time to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues: https://ico.org.uk/make-a-complaint/ .

Information Sharing Agreement

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1. Introduction

1.1. This Information Sharing Agreement ("ISA") provides a commitment by the signatories to ensure that a framework is in place that facilitates the sharing of personal information between the Parties and respects the individual's right to privacy as part of the Re-Frame project. Re-Frame is a restorative programme being delivered in Cornwall, Kent, Lancashire and Sefton with the aim of diverting young people from the criminal justice system. The ISA will be valid for the duration of the project until October 2024.

2. Parties

2.1. The Parties to this ISA are:

a) MERSEYSIDE POLICE

b) UNIVERSITY OF KENT

c) We Are With You, a charitable company limited by guarantee incorporated in England & Wales with company no. 02580377 and registered charity number 1001957 (England) and SC040009 (Scotland), whose registered office is at Part Lower Ground Floor, Gate House, 1 - 3 St. John's Square, London, England, EC1M 4DH. ICO Registration number: Z7376908

3. Purpose and Objectives

3.1. The Re-Frame project supports young people aged 10-17 years old who are referred to With You for a diversionary appointment. The young people (Data Subjects) are referred to With You after they have come to the attention of the police for possession of a Class B or C substance. The aim of the project is to reduce criminalisation of young people and offer them support and another chance. Concurrent to the delivery of the interventions The University of Kent (UoK) will be undertaking an evaluation of Re-Frame through a randomised control trial.

3.2. The sharing of information between different organisations of the public and the private healthcare sector is often necessary to ensure the highest quality of care from integrated services. The successful management of information is fundamental to ensure coordinated, secure and 'seamless' care for young people ("Data Subjects").

3.3. This ISA is set up to facilitate the sharing of Data Subjects' personal information between the Parties and will be routinely reviewed and updated as necessary (see also "Scope and Duration" below).

3.4. This ISA requires each of the Parties to designate a senior professional (e.g. Principal

Investigator, Data Protection Officer (if one is appointed), or Head of Information Governance, or Caldicott Guardian etc.) who will be responsible for:

3.4.1. Agreeing who within each organisation will have access to the shared information.

3.4.2. Agreeing any future amendments to this ISA.

3.4.3. Ensuring appropriate monitoring and oversight arrangements are in place.

3.5. Data Subjects' personal information may be shared between the Parties for the purposes defined below:

3.5.1. **Healthcare** - includes all activities that directly contribute to the diagnosis, care and treatment of an individual and the audit/assurance of the quality of the healthcare provided. It does not include research, teaching, financial audit or other management activities.

3.5.2. **Medical** - these include, but are wider than, healthcare purposes. They include preventative medicine, medical research, financial audit, management of healthcare services and, where the Health and Social Care Act 2001 is applicable, includes social care.

3.5.3. **Social Care and Youth Offending Teams** - support provided to vulnerable people (adults, children and those with disabilities and sensory impairments). This excludes 'pure' health care (hospitals) and community care (e.g. district nurses) but may include respite care. There are no clear demarcation lines between health and social care, and social care will also cover services provided by others as commissioned by CSSRs (Councils with Shared Responsibilities).

3.6. The Information Sharing Protocol, which forms part of this ISA, provides the details of the purpose, or purposes, and the process for the sharing of Data Subjects personal information between the Parties to this ISA.

3.7. The objectives of this ISA are:

3.7.1. to define the specific use and purpose of the shared information;

3.7.2. to set out the principles and procedures for obtaining, holding and sharing personal information about individuals;

3.7.3. to provide a framework for the secure and confidential management of the shared information;

3.7.4. to recognise that this ISA complements and supports the policies and procedures of each Party regarding data security and confidentiality, and it is not designed to supersede them;

3.7.5. to define how the ISA will be implemented and how the shared data will be published, monitored, reviewed and looked after.

3.8. Any transfer/sharing of any other information will fall outside the scope of this ISA and will require the review of this ISA and the approval of each Party's Data Protection Officer on a case by case basis.

4. Duration

4.1. This ISA will commence from the date on which it is signed by the last of the Parties and will apply to all employees, workers, officers, representatives, contractors, subcontractors, advisers, agency/charity workers and volunteers of all parties involved in the Re-Frame project.

4.2. The Parties agree that this ISA will remain in effect for the duration of the Re-Frame Project from the commencement date. The duration of this ISA can be extended on request with agreement from all Parties.

4.3. Where necessary, this ISA will be supplemented by policies, procedures and guidelines, agreed between the Parties to further define the information management arrangements.

5. Applicable Laws and Regulations

5.1. Each of the Parties will have adequate procedures in place to ensure the sharing of Data Subjects personal data under this ISA is lawful.

5.2. In particular, any processing of personal data under this ISA must comply with all applicable data protection and privacy legislation in force from time to time in the UK including the retained EU law version of the General Data Protection Regulation ((EU) 2016/679) (UK GDPR); the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended, The Human Rights Act 1998 and all other applicable law about the processing of personal data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner's Office (all as amended from time to time).

5.3. All the above will be referred to as "Data Protection Legislation" hereinafter.

5.4. The Parties signing up to this ISA will ensure they have adequate technical and organisational measures in place to address the security of the information (e.g. physical security, access controls, information security and confidentiality training).

6. Responsibilities of the Parties

6.1. The Parties agree that each is a Data Controller in relation to personal data exchanged under this ISA. Each Party must comply with its obligations as a Data Controller under the Data Protection Legislation.

6.2. Where the personal data being processed under this ISA is Special Category Data or Criminal Offence Data as defined in the Data Protection Legislation, the Parties must only process the data in line with the Data Protection Legislation, and as described in the Information Sharing Protocol where they comply with the conditions for processing and/or the law enforcements principles.

6.3. When one Party is transferring personal data to the other Party under this ISA, the disclosing Party must ensure that any personal information that is transferred:

6.3.1. has been collected in compliance with the Data Protection Legislation; and

6.3.2. The disclosing party's privacy notice given to Data Subjects entitles the receiving Party to process such personal information for the purposes set out in this ISA.

6.4. All Parties must manage personal information confidentially and all relevant staff must be made aware by their employer of the 'common law' duty of confidentiality and Data Protection Legislation requirements to which they are subject (via contracts of employment, codes of conduct or applicable policies and procedures).

6.5. Each Party must review its data protection processes annually and will maintain up to date registration with the Information Commissioner's Office ("ICO").

6.6. Each Party must maintain policies which:

6.6.1. Identify staff with responsibility for ensuring the quality of shared personal data (including that it is not updated, inaccurate or deleted inappropriately);

6.6.2. Make arrangements for:

6.6.2.1. informing Data Subjects of the sharing of their personal information with other Parties;

6.6.2.2. if consent is required to process data dealing with circumstances in which a Data Subject is unable to give consent;

6.6.2.3. if consent is required to process data recording whether consent is granted or withheld by Data Subjects;

6.6.2.4. dealing with complaints relating to the handling of data;

6.6.2.5. handling Subject Access Requests made by Data Subjects; and

6.6.2.6. implementing, monitoring and revising the policies and procedures designed to support secure data sharing.

6.7. Each Party warrants that, to the extent permissible under Data Protection Legislation, they have informed all Data Subjects, by means of a Privacy Notice, of the reasons why their personal data is collected, processed, shared (including details of the internal and external parties with whom their personal data will be shared), stored or disposed of (including when), as well as of their rights under Data Protection Legislation, including but not exclusive of:

6.7.1. Right to Object: Article 6 (1)(e) Public Task gives lawful basis for processing data if it is in the public interest to do so or exercising official authority includes data that is necessary for which is laid down by law a) the administration of justice b) the exercise of a function conferred on a person by an enactment or rule of law, c) the exercise of a function of the Crown, a Minister of the Crown or a government department. Subjects have the Right to Object to Processing.

6.7.2. Right to File a Complaint: they have the right to lodge a complaint about a Party's practices with respect to their personal data with the supervisory authority in the United Kingdom, the Information Commissioner's Office (ICO):

https://ico.org.uk/make-a-complaint/your-personal-information-concerns/

6.7.3. Requirement to consent to participate in an evaluation: Participants (young people) who meet the stated eligibility criteria will be offered an opportunity to participate in the research evaluation. Those who wish to participate will provide full explicit informed consent including consent to have their treatment decided at random. Those participants who do consent will have the right to withdraw consent at any time.

6.8. All Parties must ensure that:

6.8.1. personal data is shared under this ISA in line with, and in full compliance of, the Data Protection Legislation.

6.8.2. If a Data Subject wants their personal data to be withheld from a specified Party (who might otherwise have received it), each Party must consider the request on a case-by-case basis and must disclose information only if it is in accordance with the Data Protection Legislation, taking into account the Data Subject's applicable rights over their personal data. Each Party must also make every effort to explain to the Data Subject the consequences of non-disclosure for care and planning.

6.9. Unless the personal data needs to be identifiable in order to achieve the purposes for which it is shared under this ISA, it will be anonymised by the Party who acts as a Data Controller of such data before it is shared with, or otherwise processed by, any other Party.

6.10. Each Party is responsible for the quality of personal data processed by its staff.

6.11. Information management will also be subject to such further policies, procedures and guidelines as are agreed between the Parties.

6.12. A Party receiving personal information must ensure that it is only processed for the purposes identified in the Information Sharing Protocol.

6.13. Each Party must provide all necessary information and assistance to each of the other Parties in order to verify their compliance with the obligations under this ISA and the Information Sharing Protocol, and the Data Protection Legislation.

7. Data Protection Impact Assessment (DPIA)

7.1. The Parties acknowledge the obligations imposed by the Data Protection Legislation on Data Controllers and Data Processors in relation to the requirement to conduct a DPIA whenever the processing of Data Subjects personal data is likely to result in a substantial risk to the rights and freedoms of individuals.

7.2. The Parties also acknowledge that risk in this context is about the potential for any significant physical, material or non-material harm to individuals, considering both the likelihood and severity of any potential harm to individuals whose personal data is being processed under this ISA and the Information Sharing Protocol.

7.3. To comply with the requirements under the Data Protection Legislation, and prior to commencing any processing of personal information, the Parties must collectively conduct a DPIA to assess if the processing of personal information under this ISA is high risk, or likely to result in harm to individuals.

7.4. A copy of the DPIA (Appendix 6), agreed and signed by the Parties, must be attached to, and form an integral part of, this ISA.

8. Signatories, Publication and Review

8.1. This ISA must be signed on behalf of each Party by its Data Protection Officer (DPO). Where one is not appointed, the ISA must be signed by the Head of Information Governance (or equivalent), or the Caldicott Guardian.

8.2. This ISA will be available to any authorised representative of any of the Parties (and to other individuals in accordance with the terms of the Freedom of Information Act 2000 or Environmental Information Regulations 2004).

8.3. This ISA will be subject to formal review at least once a year (no later than the anniversary of the commencement of the ISA) when the Parties must take into account:

8.3.1. Non-compliance with the ISA, logged and reported by each Party (including complaints arising from information sharing);

8.3.2. Non-compliance with any supplemental policies, procedures and guidelines, logged and reported by each Party (including complaints arising from information sharing under this ISA); and

8.3.3. General difficulties encountered in applying the ISA, logged and reported by each Party.

9. General

9.1. Governing law and jurisdiction

9.1.1. This ISA is governed by and must be construed in accordance with the laws of England and Wales, and the Parties agree to submit to the exclusive jurisdiction of the courts of England and Wales.

9.2. Variation, extension or revocation

9.2.1. No variation, extension or revocation of this ISA must be effective unless it is made in writing and signed by the authorised representatives of each Party.

9.3. Third organisation rights

9.3.1. A person who is not a Party to this ISA has no right under the Contracts (Rights of Third Organisation) Act 1999 to enforce any term of this ISA.

9.4. Entire ISA

9.4.1. The Information Sharing Protocol and any other Schedule(s) form part of this ISA and have effect as if set out in full in the body of this ISA. Any reference to this ISA includes therefore the Information Sharing Protocol and any Schedule(s).

9.4.2. This ISA contains the entire understanding and agreement of the Parties in respect of the sharing of information in relation to the purposes set out in the Information Sharing Protocol and supersedes all prior oral or written communications and agreements. In entering into this ISA, no Party has relied on any representations other than those expressly made in this ISA.

9.5. Waiver

9.5.1. No omission or delay on the part of any of the Parties in exercising any right under this ISA operates as a waiver by that Party of any right to exercise it in future or of any other rights of that Party under this ISA.

9.5.2. No waiver of any provision of this ISA is effective except to the extent made in writing and signed by the Party giving the waiver.

9.6. Invalidity

9.6.1. In the event that any provision of this ISA is determined by any court of competent jurisdiction to be invalid, unlawful or unenforceable to any extent, such provision is, to that extent, be severed from the remainder of this ISA, which continue to be valid to the fullest extent permitted by applicable law.

9.7. Execution in Counterparts

9.7.1. This ISA may be executed in counterparts, each of which is deemed to be an original document but all of which taken together constitute one single ISA between the Parties.

10. Liability

10.1. Each Party will indemnify the other Parties in respect of any claims, direct or indirect costs, losses, damages, expenses (including legal expenses) and other outgoings sustained by or incurred by the other Parties as a result of or arises out of the first Party's breach of this ISA.

10.2. To the extent permitted by applicable law and notwithstanding anything to the contrary in this ISA, each Party’s total aggregate liability arising out of or in connection with this ISA for all claims of any kind will not exceed £10,000 (ten thousand Pounds).

10.3. The general cap will not apply to liability for:

10.3.1. fraud, gross negligence or wilful misconduct;

10.3.2. death or personal injury.

Information Sharing Protocol

We, the undersigned, accept that the procedures laid down in this Information Sharing Protocol, together with the associated Information Sharing Agreement ("ISA"), will be adhered to by all Parties, and will provide a secure framework for the sharing of Data Subjects personal information between the Parties in a manner that ensures compliance with any applicable statutory, regulatory and legal requirements.

1. Designated Individuals: Contact Details

1.1. **We Are With You**:

Name: Alexandra Borghesi

Role: Company Secretary & Data Protection Officer (DPO)

Tel: 0781 611 24 49

Email: data.protection@wearewithyou.org.uk

Name: Jon Murray

Role: Executive Director for Services (Accountable Officer)

Tel: 07717513099

Email: jon.murray@wearewithyou.org.uk

Name: Agnes Wootton

Role: Service Manager (contact for general service queries)

Tel: 07966220644

Email: agnes.wootton@wearewithyou.org.uk

1.2. **UNIVERSITY OF KENT**:

Name: Laura Pullin

Role: Data Protection Officer -(Assurance & Data Protection, Directorate of Governance and Assurance)

Email: dataprotection@kent.ac.uk / l.pullin@kent.ac.uk

Name: Prof Simon Coulton

Role: Principle Investigator (Accountable Officer)

Tel: 01227 824535

Email: S.Coulton@Kent.ac.uk

Name: Nadine Hendrie

Role: Re-Frame Trial Manager (Contact for general service queries)

Tel: 01227 816542

Email: n.hendrie@kent.ac.uk

1.3. **DEVON AND CORNWALL POLICE**:

Name: ADD NAME

Role: ADD ROLE (Data Protection Officer/Caldicott Guardian/IG Officer)

Tel: ADD NUMBER

Email: ADD EMAIL ADDRESS

Name: ADD NAME

Role: ADD ROLE (Accountable Officer)

Tel: ADD NUMBER

Email: ADD EMAIL ADDRESS

Name: ADD NAME

Role: ADD ROLE (Service Manager)

Tel: ADD NUMBER

Email: ADD EMAIL ADDRESS

Name: ADD NAME

Role: ADD ROLE (Contact for general service queries)

Tel: ADD NUMBER

Email: ADD EMAIL ADDRESS

1.4. **KENT POLICE**:

Name: ADD NAME

Role: ADD ROLE (Data Protection Officer/Caldicott Guardian/IG Officer)

Tel: ADD NUMBER

Email: ADD EMAIL ADDRESS

Name: ADD NAME

Role: ADD ROLE (Accountable Officer)

Tel: ADD NUMBER

Email: ADD EMAIL ADDRESS

Name: ADD NAME

Role: ADD ROLE (Service Manager)

Tel: ADD NUMBER

Email: ADD EMAIL ADDRESS

Name: ADD NAME

Role: ADD ROLE (Contact for general service queries)

Tel: ADD NUMBER

Email: ADD EMAIL ADDRESS

1.5. **MERSEYSIDE POLICE**:

Name: Phillip Caddick

Role: Information Assurance Co-ordinator (Data Protection Officer/Caldicott Guardian/IG Officer)

Tel: 0151 777 1399

Email: Phillip.Caddick@merseyside.police.uk

Name: Helen Walmsley

Role: Sergeant Merseyside Police Youth Offending Team (Accountable Officer)

Tel: 0151 777 7269

Email: Helen.Walmsley@Merseyside.police.uk

Name: Keith Buck

Role: Constable Merseyside Police Youth Offending Team (Contact for general service queries)

Tel: 0151 777 8650

Email: Keith.Buck@merseyside.police.uk

2. Purpose and Method of Information Sharing

2.1. Purpose

2.1.1. This ISA has been developed to ensure effective care for those patients/clients/service users ("Data Subjects") accessing Police and We Are With You's services.

2.1.2. By sharing Data Subjects personal information, all relevant organisations who are Parties to this ISA aim to deliver a more effective and informed service to Data Subjects.

2.2. Process

a) The police will complete a referral (including consent) form and send it to With You, securely via CJSM account to the Re-Frame single point of contact CJSM account or by post. This will include the young person's personal information, special category data and criminal justice data detailed in Appendix 1.

b) With You will record the referral on Nebula (With You's database) and make contact with the young person, via their preferred method of contact.

c) With You will seek consent from the young person to engage in University of Kent's Randomised Control Trial (RCT). They will be given the RCT consent form and information leaflet (Appendix 2 and 3), and the With You Privacy Notice (Appendix 4)

d) If the young person does not consent to the RCT, With You will engage with them for a 'business as usual' session and feed back to the police (detailed in g).

e) If the young person consents to engage in the RCT, personal details will be shared with the University of Kent via secure CJSM email. The University of Kent will contact

the young person via their preferred method of contact. With You will offer them up to 2 sessions.

f) When the sessions have concluded, With You will report information on the young person's engagement to the Police via CJSM using the closure form (Appendix 5).

2.3. Method of Information Sharing

2.3.1. All personal information shared between the Parties will be transferred via:

2.3.2. Secure email (CJSM)

2.3.3. Secure File Transfer using SharePoint

2.4. In the circumstance where there are small amounts of personal information in hard format (paper) to be transferred, the relevant authorised representative of the Parties will agree a suitable secure process that enables this to take place.

2.5. The Parties warrant that any process or processes put in place to transfer Data Subjects personal information under this ISA are compliant with the provisions for the transfer and sharing of personal data under the Data Protection Legislation[2] and in line with any relevant guidance issued by the Information Commissioner's Office (ICO) from time to time.

3. Lawful Basis for Sharing

3.1. Where the Party is a **public body, entity or authority**, the applicable lawful basis for the processing of Personal Data under this ISA is provided for in the UK General Data Protection Regulation ("UK GDPR"), article 6 (Lawfulness of Processing), specifically article 6.1 (a) and (e) as well as article 9 (Processing of Special Categories of Personal Data), specifically article 9.2 (a), (h) and (i).

Article 6.1

(a) the data subject has given consent to the processing of his or her personal data for one or more specific purposes;

(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller; […]

Article 9.2

(a) the data subject has given explicit consent to the processing of those personal data for one or more specified purposes, except where Union or Member State law provide that the prohibition referred to in paragraph 1 may not be lifted by the data subject;

(h) Processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of

[2] Art. 32, UK GDPR; and Art. 66, DPA 2018.

health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;

(i) Processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy;

(j) Processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.

3.2. To ensure that the processing is lawful, the Party must identify an article 6 basis for processing, and an article 9 basis if processing special category data. In addition, the Party can only process criminal offence data if the processing is either:

3.2.1. under the control of official authority; or

3.2.2. authorised by domestic law. This means the processing needs to meet one of the conditions in paragraphs 1 to 37 of Schedule 1 of the Data Protection Act 2018.

3.3. Where the Party is a **private organisation**, the applicable lawful basis for the processing of Personal Data under this ISA is provided for in the UK General Data Protection Regulation ("UK GDPR"), article 6 (Lawfulness of Processing), specifically article 6.1 (a) and (f) as well as article 9 (Processing of Special Categories of Personal Data), specifically article 9.2 (a) and (h).

Article 6.1

(a) the data subject has given consent to the processing of his or her personal data for one or more specific purposes;

(f) processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party, except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject which require protection of personal data, in particular where the data subject is a child.

Article 9.2

(a) the data subject has given explicit consent to the processing of those personal data for one or more specified purposes, except where Union or Member State law provide that the prohibition referred to in paragraph 1 may not be lifted by the data subject;

(h) Processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of

health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3; […]

3.4. Where the Personal Data processed under this ISA is Criminal Offence Data as defined in the Data Protection Legislation; and the Party is a private organisation, the processing shall be lawful if it is authorised by domestic law. This authorisation in law is set out in the conditions listed in Schedule 1 (18) of the Data Protection Act 2018 '*Safeguarding of children and individuals at risk*'.

3.5. Notwithstanding, the Partner Organisation must also identify an article 6 basis for processing.

4. Access to Personal Data and Security

4.1. All Parties are required to maintain policies governing levels of access and security and ensure they are adhered to. These policies should be made available to other Parties on request.

4.2. Parties must not disclose personal data to any third-party organisation in any circumstances except as required or permitted by this ISA and the Information Sharing Protocol.

4.3. Staff must only have access to personal data on a need-to-know basis, in order to perform their duties in accordance with one or more of the defined purposes of this ISA and the Information Sharing Protocol.

4.4. All Parties are required to ensure they have in place the mechanisms to enable them to address the issues of physical security, access control, security and confidentiality, awareness training, and security management as mandated under the Data Protection Legislation and ensure they are adhered to.

4.5. Where applicable, all Parties will comply with the assertions of the NHS Data Security and Protection Toolkit or have a robust action plan in place to achieve the assertions.

4.6. All Parties must implement and maintain appropriate technical and organisational measures to protect Data Subjects personal information against unauthorised or unlawful processing and against accidental loss or destruction of, or damage. These measures must be regularly tested by each Party to assess the effectiveness of the measures in ensuring the security, confidentiality, integrity, availability and resilience of the personal data and each Party must maintain records of the testing.

4.7. When no longer required for the purpose of this ISA/Information Sharing Protocol, personal data that has been shared between the Parties should be securely destroyed (see "Deletion of personal data" below).

4.8. When transferring personal data between Parties by email, the transmission must use a secure method. It is the responsibility of the sender to ensure that the method is secure and that they have the correct contact details for the receiver.

4.9. Any exchange of personal information must be part of an agreed process. This means that

both those sending and receiving the information know what is to be sent, what it is for and have agreed how the information will be treated. The receiver should only access the information from a secure device which is managed to the standards outlined in the National Cyber Security Centre (NCSC) End User Device Security Guidance.

4.10. Devices must not be left unattended unless they are locked so that the personal data is protected in the event of the device being lost or stolen.

4.11. Each Party must maintain a policy which concerns the security of personal data, and which must be made available to each other Party upon request save where such disclosure could itself compromise the security of the personal data.

4.12. The policy must include provisions for:

4.12.1. the backing up of personal data

4.12.2. physical security

4.12.3. security awareness and training

4.12.4. transporting of confidential information procedures

4.12.5. security management

4.12.6. systems development and system specific security policies.

5. Deletion of Personal Data

5.1. Unless otherwise required by law, each Party must, upon termination or expiry of the ISA for whatever reason, or at the request of the disclosing Party or Parties, either securely delete or return all shared personal data to the disclosing Party or Parties.

5.2. If required by law to retain a copy of the shared personal data, each Party must inform the other Parties what data is being retained and the lawful basis provided for in the Data Protection Legislation that justify such retention.

6. Personal Data Breaches

6.1. Each Party must notify the other Parties promptly of any known security incident, namely any breach of technical and organisational security measures where the breach has affected or could have affected personal data transferred under this ISA/Information Sharing Protocol ("Personal Data Breach"). Such breaches by members of staff will be dealt with under the employing Party's local disciplinary policies where appropriate.

6.2. In the event of a Personal Data Breach, each Party must consult with one another in respect of whether a notification to the ICO is required and the content of the notification. In the event agreement cannot be reached regarding the notification, each Party may notify the ICO as they wish.

6.3. All Parties are responsible for maintaining adequate records of all Personal Data Breaches, in

line with the record-keeping requirements under the Data Protection Legislation[3].

6.4. All concerns raised by Data Subjects about the processing of their personal data should be addressed by the Party who is the Data Controller of such data, and by following their own internal procedures and inform other parties to this agreement that a concern has been raised.

6.5. Each Party must report promptly to every other Party any finding by the ICO that they are likely to have breached any provisions under the Data Protection Legislation in respect of personal data shared under this ISA/Information Sharing Protocol.

7. Information Requests

7.1. Requests may be received from Data Subjects (or their representatives) under the Data Protection Legislation. When a request for information which has been shared under this ISA and the Information Sharing Protocol is received, the Party which receives the request must inform the other Parties and request their views about the disclosure or otherwise of the information.

7.2. In the event of:

7.2.1. **Subject Access Request (SAR)** - the Party who has received the request must notify the other Parties promptly. The other Parties must provide reasonable assistance to allow the Party who has received the request to respond to the Data Subject within the timescales set out in the Data Protection Legislation.

7.2.2. **Request for rectification or erasure of personal data or restriction of processing** - the Party who has received the request must determine whether such request is valid under the Data Protection Legislation. In the event that the Party which has received the request determines that the relevant personal data should be rectified or erased or that any processing must be restricted, it must notify the other Parties promptly. The Party receiving the notification must rectify or erase the personal data or restrict its processing (as applicable) promptly.

7.3. On receipt of any request or enquiry from a Regulator that relates to personal data transferred under this ISA/Information Sharing Protocol, each Party must notify the other Parties and must provide the other Parties with all reasonable assistance to allow the Party in receipt of the request to respond.

7.4. Each Party must bear its own costs incurred in completing, or assisting other Parties to complete, any of the requests referred to in this clause.

7.5. Requests for disclosure of information received under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004[4] are not concerned with individuals'

[3] Article 33(5), UK GDPR.

[4] These legislations are only applicable to public bodies and agencies (not private organisations).

personal data. As such, none of the provisions under the Data Protection Legislation are applicable.

7.6. In the event that any such request is received, the receiving Party must consult with the other relevant Parties[5] before responding to that request (if applicable). Each relevant Party agrees that the decision on whether any exemption applies to a request for disclosure of recorded information is a decision solely for the relevant Party who is the Data Controller of the requested information.

[5] Relevant Parties means any Party to this ISA which is a public body or agency.

Appendix iv Semi-structured Interviews Topic Guide

Re-Frame: Young People Interviews

1) Can you tell us what led to you being referred to Re-Frame?
   - Prompt: What happened?

How was the Re-Frame explained to you and who did this?
   - Prompt: Did they explain what to expect?
     Did you understand what they told you?
     Did you have the chance to ask questions? (If not why?)

2) Did you feel the decision to be part of Re-Frame rather than CJS was yours?
   - Prompt: Did you have a chat with your parents?
   - Could you have said no?

3) Were you worried about anything to do with Re-Frame before you joined it?
   - Did you feel assured when you started Re-Frame?

4) Did anything happen to delay your joining the programme?
   - Prompt: If yes, what was it?

5) Was the programme what you expected it to be?

6) What if anything would you recommend should be changed about how people join the programme?

7) Do you think the programme was helpful for you?
   - Prompt: How was it helpful /not helpful?
     What could have improved helpfulness of the programme for you?

8) Do you think that taking part in Re-Frame will enable you to change any of your behaviour in the future?
   - Prompt: What behaviour?
     In what way?

9) Do you think Re-Frame is a good idea?
   - Prompt: If not for you, for others?
     Why do you think this?

10) What would you say were the best parts of Re-Frame? What were the worst?
   - Prompt: Please explain.

11) How would you improve Re-Frame?

12) Are there other people you think would benefit from joining Re-Frame?

13) Were you tempted to leave Re-Frame at any point?
   - Prompt: What stopped you?

14) What were the Re-Frame workers like?
   - Prompt: What did you like about them?
     What did you not like about them?

15) What was good about how they worked with you? What wasn't? Why?

16) Thinking about your experience with drugs and alcohol, were there any parts of the programme that really made sense to you? Were there any parts that didn't make sense? Why?

17) Do you feel that you made the right choice to accept Re-Frame rather than the alternative (CJS)?
   - Prompt: Why was is right/wrong for you?

Re-Frame WAWU Staff Interviews

1) Do you think the Re-Frame referral process works?

- Prompt: If not, why not?
- Could the police make things easier? How?
- What barriers have you experienced with the referral process?
- What has facilitated the referral process?

2) How is the programme being explained to young people? Do you think this is working well?
   - Prompt: Why do you think it is/isn't working well with the referral process?

3) Are there any logistical issues delaying young people coming on to the programme?
   - Prompt : Contact details etc., parents, process

4) What if anything would you recommend should be changed about how young people join Re-Frame?

5) Do you think staff efficiency on the programme is high or low?
   - Prompt: Why is this?
     What factors do think affect this?
     Are staff enthusiastic about and engaged with Re-Frame?

6) Do you think Re-Frame is helpful for young people in terms of changing their drug & alcohol use?
   - Prompt: How is it helpful/ not helpful?
     How could this be improved?

7) Do you think that taking part in the programme will enable change any of the young people's behaviour in the future?
   - Prompt: What behaviour?
     In what way?

8) Do you think Re-Frame is a good idea?
   - Prompt: Why? Why Not?

9) How could the Re-Frame be improved?
   - Prompt: Elements to disregard / introduce

10) What do you perceive are the barriers to this improvement? What may facilitate the improvements?

11) Is there anything you feel you need to enable you to work more effectively on Re-Frame?

12) What would you say are the best aspects of the programme? What are the worst?
   - Prompt: Please explain your answers.

13) Are there other people you think would benefit from joining the programme?

14) Is their retention of young people between session 1 & 2?
   - Prompt: If retention is good, what do you think the reasons are? If not, why?

15) Would you say that young people are / are not engaged with the Re-Frame content?

16) What elements of Re-Frame do young people seem to enjoy – Have you any examples?

Police: Staff Interviews

1) Please can you tell me your role and the area you work?

2) How did you first hear about Re-Frame?

1) Referral to Re-Frame: Can you explain the referral process?
   a. Prompts: how do people come to the attention of the programme?
   b. What are the criteria for being considered/excluded?

c. Do you think the programme reaches the young people it should reach?

2) Is the referral process clear and easy to follow? Is there anything that would make it easier/quicker/clearer?

- Prompts: The form, the information for YP etc
  How easy is it to explain to the YP & parents?

  Paperwork process /time consuming/workload?

3) Do you perceive any external or logistical issues as impacting referral to Re-Frame?

4) Do you feel that Re-Frame is understood and accepted in your area?

5) Do you feel it is offered enough?

- Prompt: Are there occasions when Re-Frame is not offered?

6) Do all police staff know they can refer into Re-Frame?

7) Who declines/refuses to take part in Re-Frame (YP)?

- Prompts: What reason do they give?
  Do parents get involved with the decision?

  Why do you think a YP would refuse diversion?

  What happens if they refuse? (CJS)?

8) How do YP & parents respond to being offered Re-Frame

9) Do you think that Re-Frame can impact young people's offending behaviour?

- Prompt: If so, why? If not, why? Have you any examples?

Appendix v Participant Characteristics for Semi-structured Interviews

Young people	**Interviews *n* = 6**
Age range	14-16
Gender	
Male	6
Female	2
Area	
Kent	2
Sefton	3
Cornwall	1

Intervention staff	**Interviews *n* = 5**
Role	
Delivery manager	1
Interventionist	4
Gender	
Male	1
Female	4
Area	
National (manager)	1
Kent	1
Sefton	1
Cornwall	1
National (Interventionist)	1

Police	**Interviews *n* = 7**
Duration in force (years)	3-25
Gender Male Female	 4 2
Area Kent Sefton Cornwall	 2 2 3