The STEER Programme

Cordis Bright

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YOUTH
ENDOWMENT
FUND

Pilot trial protocol (includes a control group)

Evaluating institution: Cordis Bright

Principal investigator(s): Dr Stephen Boxford, Professor Darrick Jolliffe, Kam Kaur, Suzie Langdon-Shreeve

Project title	*The STEER Programme*
Developer (Institution)	*Salford Foundation*
Evaluator (Institution)	*Cordis Bright*
Principal investigator(s)	*Dr Stephen Boxford, Professor Darrick Jolliffe, Kam Kaur and Suzie Langdon-Shreeve*
Evaluation plan author(s)	*Dr Stephen Boxford, Professor Darrick Jolliffe, Kam Kaur and Suzie Langdon-Shreeve*
Evaluation setting	Salford Foundation setting, school, home, community settings.
Target group	*Young people aged 10-17 and who are at risk of involvement in violent crime because they have an association with peers or family member(s) involved in serious violence, organised crime or gangs and who consent to participate in the programme.*
Number of participants	*For the Pilot Trial – 132 young people – 66 in the treatment group and 66 young people in the control group* *For the efficacy study, the anticipated sample will be 652 young people – 326 in treatment group and 326 in control*

		group. However, this sample is subject to change and will be informed by the findings of the Pilot Trial.

1. Protocol version history

Version	Date		Reason for revision
1.2 [*latest*]	June 2023	We have removed reference to measuring the impact of STEER based on Pilot Trial data.	This is because the evaluation is proceeding to efficacy and we do not wish to impact on efficacy study conditions
1.0 [*original*]			*[leave blank for the original version]*

Any changes to the design need to be discussed with the YEF Evaluation Manager (EM) and the developer team prior to any change(s) being finalised. Describe in the table above any agreed changes made to the evaluation design, research questions and approach, and the rational for these.

2. Intervention

The description of the intervention below has been summarised from information provided by Salford Foundation (the STEER programme developer).

2.1 About the Salford Foundation STEER programme

Support for young people

The STEER programme is a six-month intensive mentoring, coaching, family support and case management programme. For young people, it involves:

- Four weeks of initial interactions for Youth Workers to assess and build understanding of the young person's strengths and needs, carry out risk assessments, build a picture of family context, and co-design the support that will be provided by STEER with the young people.

- Weekly face-to-face one hour mentoring/ coaching/ case-work sessions with the Youth Worker, in a confidential and safe setting for the young person.

- Weekly one hour of wrap-around case-work and support, e.g. phone calls, online support, advocacy with other agencies and/or attending multi-agency meetings.

The face-to-face sessions will follow a toolkit of mandatory and optional themed interventions. Mandatory interventions include sessions on: aspirations and goal setting; relationship mapping; safety planning; thinking, attitudes and behaviours; criminal exploitation, and; emotional control and anger management. Young people will undertake three hours of work on each topic.

Young people will also have additional unit options dependent on their needs (including additional support) if progress in any of the above areas is slow), such as drug use; family relationships; emotional literacy and support. These sessions will focus on developing the pro-social behaviours of children to build protective factors and reduce risk factors, adopting a strengths-based approach. This will include signposting and referral to mainstream providers to support diversionary activities. This will help participants prepare for the end of the programme and build their capacity to take part in positive activities independently.

The role of family support

All parents and carers of young people will also be offered support from the project's Family Support Workers. Each family will be offered 14 hours of support spread across the duration

of the six-month STEER intervention. The family support sessions will include input on parenting skills, managing boundaries and conflict, communication skills and working effectively with professionals.

A well-trained workforce

Youth Workers will complete comprehensive induction training before they commence work with young people. This will include safeguarding, trauma-informed practice, trusted relationships, Adverse Childhood Experiences (ACEs), risk management and safety planning. Full induction training will also be provided in the application of the STEER project toolkit, the administration of the evaluation questionnaire including the YEF core measures of the Strengths and Difficulties Questionnaire (SDQ)[1] and Self-Reported Delinquency Scale (SRDS)[2] (see section 2.3 for more detail) and data recording. Where possible, new staff will shadow a more experienced colleague when they start. Family Support Workers will have the same training, support and supervision measures in place as the Youth Workers.

2.2 Policy Context, Evidence, Theoretical and Scientific Background

Context and background

STEER has been developed to address:

1) An increase in the number of children and young people (CYP) involved in serious youth violence, organised crime and gangs in Greater Manchester. For example, the number of serious youth violence offences in Manchester increased by over 200% between 2016 and 2019. In the last 3 years the number of knife crime offences in schools increased by 108%, and 22% of serious violence offenders in Greater Manchester were aged between 15 and 19. [3]

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[1] For more detail, see: https://res.cloudinary.com/yef/images/v1623145467/cdn/18.-YEF-SDQ-guidance/18.-YEF-SDQ-guidance.pdf . Last accessed 24th February, 2022.

[2] For more detail, see: https://res.cloudinary.com/yef/images/v1623145465/cdn/19.-YEF-SRDS-guidance/19.-YEF-SRDS-guidance.pdf . Last accessed 24th February, 2022.

[3] https://www.mmu.ac.uk/media/mmuacuk/content/documents/mcys/Serious-Youth-Violence-Report---MCYS.pdf and https://www.greatermanchester-ca.gov.uk/media/3106/gm_violence_reduction_plan_final_amends_final.pdf Last accessed 24th February, 2022

2) An increased recognition among professionals of the complexity of issues displayed by children and young people involved in serious youth violence, organised crime and gangs.

3) Local stakeholders reporting to Salford Foundation that the available statutory responses on their own, for a range of reasons, were not working effectively to reduce young peoples' involvement in serious youth violence, organised crime and gangs in Greater Manchester.

4) A belief amongst local stakeholders of the need to take an asset-based, trauma-informed approach working with young people on a voluntary basis which may work more effectively to prevent involvement in serious youth violence, organised crime and gangs.

5) An understanding that progress for young in desisting from serious youth violence, organised gangs and crime is not a linear process.[4]

6) A recognition that parents and carers can enhance protective factors which reduce the risk of young people becoming involved in serious violence or crime.

An evidence-based approach

In response to the above, Salford Foundation developed the STEER programme which aims to respond to a range of research that shows that young people's propensity for involvement in serious youth violence, organised crime, violence and gangs is increased by:

a) Having close relationships with peers, associates and family members who are involved in serious violence, organised crime and gangs.[5]

b) Low levels of aspiration.[6]

c) Risk-taking attitudes and behaviours (such as carrying weapons).[7]

d) Poor emotional control.[8]

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[4] See Phillips, J (2017) Towards a Rhizomatic Understanding of the Desistance Journey. The Howard Journal Vol 56 (1) pp92-104 and Edward et al. (2004) Theory and Research on Desistance from Antisocial Activity among Serious Adolescent Offenders Youth Violence and Juvenile Justice Vol 2 (24).

[5] https://www.nicco.org.uk/userfiles/downloads/570%20-%20Murray%20and%20Farrington%20-Effects%20of%20Parental%20Imprisonment%20on%20Children.pdf Last accessed 24th February, 2022

[6] https://faculty.lsu.edu/pfricklab/pdfs/juvenilejustice-pdfs/jya-2017-mahler-et-al-aspirations-expectations-and-delinquency.pdf Last accessed 24th February, 2022

[7] See, Boxford, S (2006) Schools and the Problem of Crime. Routledge.

[8] https://www.mdpi.com/2254-9625/11/1/7/pdf Last accessed 24th February, 2022

e) Low levels of pro-social values.[9]

The STEER programme therefore aims to address these risk factors through intensive mentoring, case management, coaching and family support. Mentoring itself has been shown to reduce the propensity to offend especially if it is frequent and intensive.[10] Having a mentor can also reduce the likelihood of offending through the provision of a positive role model.[11]

In addition, the STEER programme takes a trauma-informed and voluntary approach, as evidence suggests these encourage better engagement by young people with services than statutory interventions for this cohort.[12]

The STEER Family Support offer was developed in recognition that providing parents and carers with skills and understanding to manage risk factors and enhance protective factors can reduce serious violence and involvement in gangs.[13] This support will also support non-biological carers of young people; recent NICE guidance suggests that it is important that the care network around a looked-after child or young person consists of positive relationships, and that carers are provided with support services.[14]

More about the rationale for the Trial RCT study is outlined in section 3 below.

2.3 Theory of Change

In line with the Early Intervention Foundation's 10 Steps for Evaluation Success this section presents a summary of information from the STEER programme's Theory of Change (see

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[9] See: Boxford, S. (2006) Schools and the Problem of Crime. Routledge

[10] https://whatworks.college.police.uk/toolkit/Pages/Intervention.aspx?InterventionID=44 Last accessed 24th February, 2022

[11] https://whatworks.college.police.uk/toolkit/Pages/Intervention.aspx?InterventionID=44 Last accessed 24th February, 2022

[12] https://www.tnlcommunityfund.org.uk/media/insights/documents/BLF_KL18-12-Serious-Violence.pdf?mtime=20190523162211 Last accessed 24th February, 2022

[13] https://www.tnlcommunityfund.org.uk/media/documents/BLF_KL18-12-Serious-Violence.pdf?mtime=20181017132115, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/189392/DCSF-00064-2010.pdf.pdf and https://www.eif.org.uk/report/preventing-gang-and-youth-violence-a-review-of-risk-and-protective-factors Last accessed 24th February, 2022

[14] https://www.nice.org.uk/guidance/ng205 Last accessed 24th February, 2022

Appendix 1) and Logic Model. These have been co-developed with STEER stakeholders, YEF representatives and Cordis Bright as part of the scoping phase of this evaluation. The following sections provide information on: (1) outcomes, (2) activities, (3) target cohort, and (4) Inputs. The target cohort is discussed in section 5.3 below.

Outcomes

STEER aims to divert young people who have an association with someone involved in serious violence, organise crime and gangs away from youth violence and crime. As a result, the programme aims to achieve the following **short-term outcomes**:

- Increased number of young people reporting they have a trusted relationships with a positive role model.

- Young people have improved understanding of the risks and consequences associated with behaviour.

- Young people have improved pro-social values and behaviours.

- Young people have improved skills in emotional regulation.

- Young people have coping mechanisms to disengage from contextual factors that may be encouraging serious violence and organised crime (such as factors operating in schools or with peers and families).

- Young people have improved understanding of, and motivation for opportunities available to them (such as employment/ training opportunities, education opportunities, and opportunities in the community).

- Young people have improved communication with parent(s)/carer(s).

The **medium-term** outcomes of STEER are:

- Young people engage with more positive role models and have more positive trusted relationships.

- Young people demonstrate pro-social values and behaviour.

- Young people have fewer contacts with police.

- Young people have improved engagement with training or employment opportunities (where appropriate).

- Young people report improved aspirations around career, employment, future life, etc.

- Young people report that they have improved positive relationships with existing peers, associates and family members and/or a higher number of positive relationships with new peers and associates.

- Young people report improved positive engagement with school (where appropriate) and other conventional societal interventions.

- Young people demonstrate pro-social values and behaviour.

The **long-term** outcome of STEER is that there is a reduction in the involvement in the following among STEER participants:

- Violent criminal offences

- Organised crime

- Gang membership

- Non-violent offences

The table below summarises the range of outcomes that will be measured within the pilot trial RCT using the SRDS, developed by and used in the Edinburgh Study of Youth Transitions and Crime, and the Strengths and Difficulties Questionnaire (SDQ), as specified by YEF. We will also use the Social Support Rejection Scales (SSRS)[15] to measure the positive relationship between young person and mentor at six months for those in the treatment group. In some instances, in addition to analysing the SDQ as specified, we will examine whether the factor structure of the items fits as intended (e.g., using Exploratory Factor Analysis and Confirmatory Factor Analysis). More detail on how these will be employed is included in section 5.5 below.

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[15] https://nationalmentoringresourcecenter.org/resource/measurement-guidance-toolkit/#mentoring-relationship-quality-and-characteristics--social-support-and-rejection-scale Last accessed 24th February, 2022

Outcome	Measure
Short-medium term	
Positive relationship between young person and mentor	Measured by the SSRS (at six months only for treatment group)
Pro-social values and behaviour	SDQ (Prosocial behaviour sub-scale)
Emotional regulation skills	SDQ (Total difficulties, i.e., Emotional symptoms, Conduct problem, Peer problems and Hyperactivity/inattention sub-scales)
Engagement with school	Education data if study progresses to Efficacy Study
Positive relationships/role models	SDQ (Peer Problems sub-scale) and the SSRS
Contacts with police	Measured if study progresses to Efficacy Study using Police Data
Long-term	
Reduction in involvement in serious violence, organised crime, gangs and non-violent offending	SRDS / PNC data (PNC data if study progresses to Efficacy Study)

Activities

The STEER Toolkit sets out the activities that the programme will deliver to achieve the above outcomes. This following summarises the key activities:

1) **Treatment group familiarisation and assessment planning.** Young people allocated to the treatment group upon randomisation will enter the STEER programme. Initial interactions over four weeks will allow Youth Workers to assess and build understanding of the young person's strengths and needs. They will also use this time to carry out full risk assessments, using conversations to build a picture of family context, supplemented by information shared between agencies. Co-design will be a fundamental part of this process, taking on board the young person's thoughts, ideas, hopes and concerns - in particular, to inform the optional and diversionary activities (see below).

2) **Weekly one-hour, one-to-one mentoring sessions plus an additional one hour a week support over a period of 24 weeks (six months) on average.** The young person will agree an individual action plan (IAP) with their youth worker based around their needs/risk assessments. They will then begin weekly one-to-one sessions including one-to-one activities and opportunities, signposting, and information-sharing plus an additional hour of wraparound support each week for young people. This support aims to give young people access to a positive role model with whom they can identify and who can model positive behaviour. This is the key mechanism of change. As part of this, the mentor:

   - Helps the young person understand the level and dynamics of risk associated with their behaviours.

   - Provides sessions on social and emotional learning.

   - Gives young people knowledge about how to understand and control their emotions.

   - Gives young people knowledge of the implications of committing crime for their lives.

   - Encourages young people to consider options for their future and supports them to make informed, positive choices.

   - Helps young people develop skills to sustain healthy, positive relationships.

- Gives young people strategies to disengage from contextual factors that might carry risk (such as spending time with peers engaging in criminal activity, or peer pressure to miss school or stay out late).[16]

- Encourages young people to access positive activities that divert young people from offending and from high-risk peers and associates

3) **14 hours of Family Support Work spread across the duration of the six-month intervention**. Recognising that young people on STEER live in a wide variety of family and care-giving models, the Youth Worker will help the young person to identify which adult or adults are most significant to their nurturing and flourishing. The family support will then be targeted on this individual or individuals. In line with recent NICE guidance (see: https://www.nice.org.uk/guidance/ng205), this support will also be offered to those undertaking care-giving roles for STEER young people who are looked after children and care experienced. The Family Support Worker element aims to:

- Improve parenting skills of parent(s)/carer(s) of the participants

- Give parent(s)/carer(s) strategies to manage boundaries with young people

- Give parent(s)/carer(s) and young people strategies to communicate more effectively with each other

- Help parents/carers interact more effectively with professionals

Inputs

To deliver the above outcomes and activities, STEER needs the following inputs:

- **Funding.** This will be £222,793 in Year 1, £362,479 in Year 2, £363,752 in Year 3. This is a total of £949,024. The Pilot Trial RCT focuses on Year 1 of funding. If the evaluation progresses to Efficacy Study it aims to focus on Year 2 and 3 of funding.

- **Personnel.** The funding will support the following full-time equivalent (FTE) roles:

  o Youth Services Manager (0.4 FTE)

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[16] The strategies used will vary dependent on the individuals' circumstances and needs.

- o Project Manager

- o Family support worker (x1.7 FTE)

- o Project co-ordinators (Youth workers) (x 6.0 FTE)

- **Facilities.** This includes office space for workers which will be at Salford Foundation House and co-located with partner agencies, including the Youth Offending Team, Early Help Hubs, and partner charity offices.

- **Workforce training and support.** STEER Youth Workers will be directly employed by Salford Foundation. Workers will be appointed who have proven experience of supporting young people with complex needs, typically with a background in education, the voluntary sector or social care. The mentoring will take place in the location that is most appropriate for the young people. This could include at home, school, the Salford Foundation offices, or in the community.

  In addition to comprehensive induction training, workers will have a weekly team meeting to discuss cases, good practice etc. They will have (1) daily contact with their immediate colleagues and line manager, and (2) formal performance reviews/ management supervision on a six-weekly basis. All workers will receive support from a psychologist in the Trusted Relationships team at North Pennine Mental Health Trust. The psychologist will work in the team one day per week and will provide case formulation and consultation, non-management supervision and bespoke training.[17]

3. Research questions and/or objectives

3.1 Rationale

The rationale for a Pilot Trial RCT of STEER is strong. In the UK there is limited robust evidence for what works to reduce offending among young people. In particular, the evidence is limited for the long-term effectiveness of interventions that work with young people aged 10-17 at risk of involvement in crime. There is emerging evidence that programmes that include mentoring approaches may support young people to stay out of

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[17] This support will be paid for through the YEF grant but the psychologist will not be employed in the STEER team.

crime, but more research is needed in this area (Jolliffe, D, and Farrington, D.P. 2008).[18] The Youth Endowment Fund is investing in Salford Foundation's STEER programme which involves intensive mentoring, coaching of young people, and parental/carer support to understand further the potential of mentoring to reduce offending among young people at risk of involvement in crime. The YEF have commissioned Cordis Bright to pilot RCT methods to evaluate the STEER programme with a view to conducting an Efficacy RCT to assess the impact of STEER on participants' offending behaviour.

3.2 Pilot trial objectives and questions

The overarching research question that a randomised control trial of STEER seeks to answer is:

"Does a co-designed mentoring, coaching, family support, and case management programme delivered to children and young people with known criminal associates, reduce the likelihood of participant involvement in serious youth violence and future offending or reoffending in comparison to receiving business as usual?"

The Pilot Trial RCT will contribute to knowledge in understanding whether:

1) RCT approaches are feasible, practical, and ethical for evaluating programmes like STEER and for addressing the key evaluation question.
2) STEER can progress to an Efficacy RCT.

Linked to the above, the pilot evaluation's **objectives** will be to assess the feasibility of progressing to a full efficacy study.

As such, the pilot trial will seek to address the following key questions:

1) Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?
2) Have data collection processes been established and embedded effectively?
3) Are the evaluation tools used during the pilot trial reliable, valid, accurate and practical for the project?

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[18] Jolliffe, D. and Farrington, D.P. (2008) 'The influence of Mentoring on Reoffending', Swedish National Council for Crime Prevention.

4) What sample size will be required for a future efficacy study, accounting for the utility of data collected during the pilot trial?
5) Is it likely that STEER will recruit and retain enough young people to meet the required sample size to progress to efficacy study?
6) Has the STEER programme been implemented with fidelity with the co-designed Theory of Change, Logic Model and with the STEER Toolkit?
7) How acceptable is the RCT design to the key STEER programme stakeholders?

3.3 Racial and cultural sensitivity

We work hard to ensure our approach considers and promotes diversity and inclusion. In relation to racial diversity and inclusion we will aim to work with Salford Foundation, YEF and key STEER programme partners and stakeholders to:

- Ensure all research methods and tools are accessible for the full range of participants.

- Provide clear accessible information so that participants from all communities can participate.

- Use validated scales which have been developed with inclusion and diversity in mind.

- Monitor involvement of participants in the treatment and control groups to assess whether they are representative of similar cohorts in the youth justice system and wider society.

- Deploy staff who have completed cultural competency training as well as undertaken projects on equality and inclusion including over-representation of children from ethnic minority groups in the youth justice system.

4. Success criteria and/or targets

We have co-developed success criteria with Salford Foundation and YEF. In designing the criteria, we recognise the following:

- STEER is an innovative programme and will begin implementation at the same time as the Pilot Trial starts. In our experience, it often takes time for programmes like STEER to be implemented and embed. It is likely that there will be unforeseen challenges in the first year. Dynamically addressing these will help ensure a more robust efficacy evaluation in the future.

- The Pilot Trial is designed to support collaborative learning and to support learning for both the evaluator, programme and funder to support progression to an efficacy study.

Progression will be linked to the evidence of progress. This will likely require a period of reflection and judgement based on the evidence the evaluation provides before a decision is made about the transition to the efficacy study.

Based on the above, we propose the following criteria will be used to help guide whether the pilot trial RCT study should progress to a full efficacy study:

1. Numbers of young people recruited to the study's treatment and control groups.

2. The percentage of young people completing the STEER programme measured by completed tools at baseline and six months. The percentage of young people completing their involvement in the control group measured by completed tools at baseline and six months.

3. Completion rate of evaluation tools and monitoring data (i.e. amount of missing data) and quality of data for both the treatment and control groups including: (a) impact tools (SRDS and SDQ), (b) monitoring data concerning activity received and dosage.

4. Fidelity of delivery to the STEER model of delivery. This will be achieved by benchmarking STEER with the co-designed Theory of Change, Logic Model and STEER toolkit.

5. Realities of randomisation and the extent to which this continues to be acceptable to partners.

6. Capacity within the STEER programme delivery team to support the evaluation alongside their day-to-day activities delivering STEER.

7. Quality of working relationships between the STEER programme, YEF, and Cordis Bright.

Criteria 1, 2 and 3 are included to help understand the extent to which we are on-track to receive high quality data for a sufficient sample size to draw robust conclusions (see section 5.4 below on sample size). We will use the Pilot Trial to assess the pace of recruitment to treatment and control groups.

Criteria 4 is included to help ensure that STEER is being delivered in line with the co-designed Theory of Change, Logic Model and STEER toolkit, and to check that the intervention has not been iterated to such an extent that the overarching evaluation question is no longer valid.

Criteria 5 is included to ensure that all local partners are still bought-in to the randomised control trial and are happy to continue to proceed on this basis. Criteria 6 will ensure that the STEER delivery team and Salford Foundation more broadly continues to have capacity and interest to be involved in the evaluation; and Criteria 7 will have a particular focus on whether working relationships are sufficiently developed to support the move to a larger and/or more complex and/or lengthier study.

Based on the above, the table below suggests some indicative measures to help decision-making in relation to progression.

Criteria	Green (Go)	Amber (Pause and think)	Red (Stop)
1.Numbers of young people recruited to the trial's treatment and control groups.	30 plus in each group (Total 60)	10-29 in each group	Less than 10 in each group
2. The percentage of young people completing the STEER programme measured by administered questionnaires at baseline and 6months. The percentage of young people completing their involvement in the control group measured by administered questionnaires at baseline and 6 months.	70%	40-70%	Less than 40%
3. Overall completion rate of all evaluation tools and monitoring data	70% complete	40-70% complete	Less than 40% complete

Criteria	Green (Go)	Amber (Pause and think)	Red (Stop)
(i.e. amount of missing data) and quality of data for both the treatment and control groups including (a) impact tools (SRDS, SDQ, SSRS), (b) monitoring data concerning activity received and dosage.			
4. Fidelity of delivery to the STEER model of delivery. This will be achieved by benchmarking STEER with the co-designed Theory of Change, Logic Model and STEER toolkit.	Majority of stakeholders interviewed in IPE report that STEER is being delivered in line with the Theory of Change, Logic Model, and Toolkit	Majority of stakeholders interviewed in the IPE are uncertain that STEER is being delivered in line with the Theory of Change, Logic Model, and Toolkit	Majority of stakeholder interviewed in the IPE report that STEER is not being delivered in line with the Theory of Change, Logic Model, and Toolkit
5. Realities of randomisation and the extent to which this continues to be acceptable to partners.	The majority of stakeholders interviewed in the IPE accept the randomisation approach	A minority of stakeholders interviewed in the IPE have some concerns about the randomisation approach	The majority of stakeholders interviewed in the IPE have concerns about the randomisation approach
6. Capacity within the STEER programme delivery team to support the evaluation alongside	The majority of stakeholders interviewed in	A minority of stakeholders interviewed in the IPE have	The majority of stakeholders interviewed in

Criteria	Green (Go)	Amber (Pause and think)	Red (Stop)
their day-to-day activities delivering STEER.	the IPE report that the STEER team have capacity to deliver the project	some concerns about the capacity of the STEER team to deliver the project	the IPE report that the STEER team have no capacity to deliver the project
7. Quality of working relationships between the STEER programme, YEF, and Cordis Bright.	The majority of stakeholders interviewed in the IPE report that the quality of working relationships is good or above	A minority of stakeholders interviewed in the IPE report that the quality of working relationships could be improved	The majority of stakeholders interviewed in the IPE report that the quality of working relationships is poor or below

5. Methods

5.1 Pilot Trial design

The Pilot Trial will be a two-arm, parallel randomised control trial (RCT). All young people referred into the project, who meet the eligibility criteria and who consent to be part of the evaluation will be allocated at random to a treatment or control group on a 1:1 basis.

For the Pilot Trial outcome data will be measured at the level of the individual young people through the administration of questionnaires, with measures obtained at:

- **Baseline** - prior to randomisation and before support from STEER begins for those in the treatment group.

- **Six months** - for both the treatment (on exit from the programme) and control groups.[19]

Questionnaires will include the SDQ and SRDS. Questionnaires for those in the treatment group will also include the SSRS to measure the quality of the mentor relationship at six months only. We will also work with STEER and YEF colleagues in advance of the pilot launching to ensure there is a method of capturing other service usage for those in the control group so we can get a better understanding of what 'business as usual' looks like for this group.

Those in the treatment group will receive STEER (six months of frequent mentoring and family support). Those in the control group will attend a meeting with a STEER practitioner after randomisation where they will receive signposting to existing services and have any safeguarding needs identified and addressed by a STEER practitioner. They will then receive this support again at six months at which time they will complete an outcomes measures questionnaire.[20] The STEER practitioner will assess need, signpost the young person to existing services, and identify any safeguarding concerns. If any safeguarding needs are identified during these meetings, STEER practitioners will refer on to the relevant authorities.

5.2.   Randomisation

The mechanism for generating a random sequence by which to allocate young people to either the treatment or control group is outlined below. We believe this is the simplest and most cost-effective option available, while still ensuring the following:

- **Digital randomisation.** The random sequence is generated using digital methods, rather than manually. Manual options can often become non-random, are more difficult to implement, and do not leave an audit trail (Dettori, 2010).[21]

- **Allocation concealment.** The sequence is concealed from STEER practitioners, and cannot be 'gamed' (e.g. by reading through envelopes). This process is called 'allocation concealment.' This is to limit the risk of practitioners attempting to influence which group a young person is assigned to and threatening the

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[19] If the evaluation progresses to efficacy stage, measures will also be taken at 12 months for both the treatment and control groups.

[20] There will also be another similar meeting at 12 months should STEER progress to an Efficacy Trial study.

[21] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3427961/ Last accessed 24th February, 2022

integrity of the randomisation process. For the same reason, we have suggested a process of securely storing envelopes, recording the allocation of young people and maintaining an audit trail, which should limit the opportunity for interference in the process. We should also be clear that none of these precautions around allocation concealment are meant to imply a lack of trust of practitioners. We will need to be able to clearly illustrate that the randomisation process has been carried out with integrity.

- **Aiming to ensure a 1:1 ratio between treatment and control group.** The treatment and control group will be of a similar size (achieving as close to a 1:1 ratio as possible). As we are likely to have relatively small numbers of young people for the pilot trial, in particular, we are employing the process of 'blocking' to ensure that the treatment and control group remain relatively similar. 'Blocking' means that the random sequence allocating young people to either treatment/control group will be generated in blocks of four, six and eight young people, in which the numbers of young allocated to the treatment and control group will be the same. For example, in a block of four, there will always be two treatment and two control allocations, but the order of their assignment will be random. We plan to use randomly varying block sizes so that practitioners are less likely to guess the pattern. See Nesta guidance for more information.[22]

We will facilitate training for STEER practitioners on how to implement this process, as well as on how to communicate the result to the young person and their parents/carers.

No blinding of allocation will be possible in this process. STEER practitioners, who act as data collectors, will need to be aware which group the young person has been allocated to so that they can administer support accordingly. Young people will need to be informed of what the treatment and control group are to receive so that they can give their informed consent.

The process for randomisation and responsibilities for STEER practitioners and Cordis Bright are summarised below.

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[22] https://media.nesta.org.uk/documents/a_guide_to_rcts_-_igl_09aKzWa.pdf Last accessed 24th February, 2022

Process of randomisation and sequence allocation for referrals into STEER to be completed by Cordis Bright

1. Decide maximum number of young people that could possibly be recruited at beginning of each six-month period.
2. Random sequence generated using software, allocating treatment or control for the max possible number of young people. The sequence will consist of blocks of size four, six and eight in which there are an equal number of treatment and control group allocations, the block sizes varying randomly.
3. Prepare first consent form – write either 'STEER' or 'signposting' (in accordance with the randomly generated sequence) on to a standard sized piece of paper and fold
4. Prepare envelope using the sequentially numbered, opaque, sealed envelopes (SNOSE) method using carbon paper and foil.
5. Mark its number on the front of the envelope (1 for the 1st, 2 for the 2nd etc)
6. Repeat steps 3-5 for the entire sequence.
7. Stack envelopes in numerical order, with 1 at the top, and placed in a sealed container.
8. Container couriered to Salford Foundation Office and stored securely.

Process of allocating young person to treatment/control group during second introductory visit (either at home, school, STEER offices or in the community) (to be completed by STEER practitioners):

1. Child has been referred into STEER, received an introductory visit from practitioner, and has consented to be involved in the project and evaluation.
2. STEER practitioner returns consent form to STEER office.
3. STEER practitioner arranges second introductory visit at young person's home or school.
4. STEER practitioner collects box of envelopes from the Project Manager, who accesses them in a locked cupboard in the Salford Foundation office.
5. STEER practitioner selects the next sequentially numbered envelope from the box (the lowest available number) – which will be at the top of the pile.
6. STEER practitioner takes selected envelope to the young person's home/school for second introductory visit.
7. Baseline data collection.
8. STEER practitioner writes name of young person date and time on the front of the envelope and signs it (this will transfer to the front of the folded allocation card inside).
9. STEER practitioner opens envelope – 'STEER' or 'Signposting' will be printed inside the folded allocation card, young person's name etc will be on the front of the folded card.

10. STEER practitioner communicates result to child and parent/carer.
11. Child receives start date for STEER or signposting takes place.
12. Envelope and card are taken back to Salford Foundation office and Project Manager and stored in a separate box.
13. Allocation of the young people (treatment/control) and their envelope number is inputted into a spreadsheet and case management system by Project Manager as soon as possible.

A flow diagram illustrating the journey through the study for young people in both the treatment and control group is included in Appendix 2.

5.3 Participants

Inclusion criteria

The target group for the STEER programme and therefore the pilot and efficacy RCT are young people aged 10-17, who are at risk of involvement in violent crime because they have an association with peers or family member(s) involved in serious violence, organised crime or gangs <u>and</u> who consent to participate in the programme.

Young people must <u>also</u> meet one of the following criteria which evidence shows are risk factors for involvement in serious violence organised crimes and/or gangs (see section 2 for more detail).

a) Experiencing violence in the family

b) Exhibits overt coercion or violent behaviour

c) Regularly carry weapons such as knives

d) Disengaged from mainstream education

e) Missing from home or staying out unusually late or on a regular basis

They will not be eligible for participation in STEER or the research if they already have interventions from multiple other services and/or have received multiple custodial sentences. This is because if a young person is receiving interventions from multiple other services, it will be more challenging to attribute any impact to STEER alone. There is also a risk that the young person and their family will be overwhelmed by professional input, which may lead to disengagement. STEER will not work with young people who have received multiple custodial sentences because the project aims to intervene at an earlier stage of criminal activity to prevent young people from entering the criminal justice system.

All young people's most significant primary care givers (i.e. those who are most significant to the young person's nurturing and flourishing) will be offered Family Support.

This eligibility criteria is based on evidence of risk factors and has been researched and agreed by Salford Foundation, Cordis Bright and YEF.

Settings and location of intervention delivery and data collection

STEER practitioners will conduct an introductory visit after a young person has been referred into STEER and screened and assessed as suitable for the project. This will take place in the most appropriate venue (i.e. school, home, or in the community). During this visit they will introduce the project, the evaluation research and gain written consent from the young person and their parent/carer using the information and consent forms. Once parental and young person consent has been obtained, the STEER practitioner will conduct a second visit (again, at the most appropriate venue) with the young person to administer the evaluation baseline tools before randomly allocating them to the study treatment or control group.

At the six-month (and 12 months if STEER progresses to an efficacy study) follow-up point, STEER practitioners will administer the evaluation tools where mentoring usually takes place. This will once again be in a setting most convenient and appropriate for the young person. It could include the Salford Foundation Offices, school, home or in the community. STEER practitioners will be with the young person throughout the data collection process to provide support as appropriate. Young people will complete the questionnaire online.

The trusting relationship that STEER practitioners develop with young people will be critical in ensuring a good response to the questionnaires. Our approach also helps to ensure that young people will not be influenced by STEER practitioners when completing questionnaires through the following mechanisms:

- The questionnaires are online and each young person will complete them on a tablet. As part of the co-developed evaluation handbook and through practitioner training we have asked practitioners not to look at the responses young people are providing.

- We have co-developed a practitioner evaluation handbook and provided training which outlines dos and don'ts concerning questionnaire administration to help ensure young people complete the questionnaires independently. This has included:

  o Providing practitioners example scripts to introduce the questionnaires as well as examples of how to respond to young people in situations so as not to influence questionnaire completion

- o Encouraging practitioners to be guided by young people's needs, for example:

    - Giving young people the space and time to complete the questionnaire. For example, if a young person does get distressed while completing a questionnaire work with them to calm them and then ask them to continue with it. However, there is an understanding that the young people's welfare comes first so practitioners should use professional judgement.

    - Read out questions word-for-word for the young person if this will help them.

    - Explaining what a word means if the young person is unsure.

    - Making sure young people are engaging with the questions, i.e. encourage them to complete the questionnaire properly and to the best of their ability.

    - Not changing the wording of questionnaires unless absolutely necessary when helping young people, for example, if young people are struggling to understand certain terms.

The qualitative interviews we will be conducting with young people (please see section 5.5) will explore whether the presence of the STEER practitioner influenced their answers.

Identification and consent procedures

The following sets out identification and consent procedures for the young people who will be involved in the pilot trial:

1. Identification: A young person will be identified with risk factors for serious violence by a referral partner (this could be anyone but is likely to be Greater Manchester Police, who are the main referral partner for STEER).
2. Referral: The referral partner will get verbal consent from the child or young person and their parent/carer to make a referral into STEER.
3. Screening: A local multi-agency partnership board including representatives from Greater Manchester Police, the Community Safety Partnership, Children's Services and Salford Foundation will meet to discuss the referral process and monitor the project. A screening tool will be used to direct referrals and consistently identify which young people are eligible for STEER and who will be accepted into the programme and the evaluation. STEER colleagues will gather information about the young person from partner agencies to inform this screening process.

4. <u>Contact and information:</u> A STEER practitioner will arrange a meeting with the young person and their parent/carer at the most appropriate venue (i.e. school, home, or in the community) and explain the research and the project to them using a script and supported by training provided by Cordis Bright and Professor Jolliffe. This meeting would occur within one week of the initial referral. They will also use our information sheets and privacy notice and explain:

   a. The evaluation.
   b. What an RCT is and why it is important – explaining that, should they consent, young people will be randomly allocated to one of two groups.
   c. What the two groups will receive – explaining that one will receive a new programme we are trialling to see if it works (STEER), and that one will receive signposting to other services that they might need as well as ensuring any safeguarding issues can be identified and addressed.
   d. That their participation in the programme and evaluation is entirely voluntary.
   e. That they can only participate in STEER if they also consent to be a part of the evaluation. However, following consenting to be involved they can change their mind any time.
   f. What the young people in both groups will be asked to do – to complete the SRDS and SDQ immediately and prior to randomisation, then at six months alongside the SSRS for those in the treatment group (and at 12 months if the evaluation progresses to efficacy) – explaining that this will be used to see whether the support they get has an impact on their behaviours, relationships and feelings.
   g. That these measures will then be linked to police data on offending and also their background data to see what impact the programme has had on offending and whether it works better for different groups of young people. This will only be used if the trial progresses to an efficacy study, but we will explain this to young people who will also be involved in the pilot trial.
   h. That any information they provide to the research team will not be shared with anyone else, with the exception of data archiving.
   i. That after the study this data will then be stored in the YEF data archive in pseudonymised form (so they can't be identified) and linked to education and offending data to track the long-term impacts of the programme for people.
   j. That they can withdraw their consent to be a part of the evaluation any time.
   k. That withdrawal from the evaluation will not affect any services they receive and that if they are in the treatment arm, withdrawal from the evaluation will not affect receipt of STEER once the intervention has begun.

   Young people and parents/carers will also be given a participant information sheet and the case worker will clarify any issues that are not clear and read out the information if required. Young people and parents/carers will then be given the consent form to read and sign and the practitioner will read out the consent form if required.

5. <u>Randomisation:</u> If consent is received then STEER practitioners will conduct a second visit to the young people, where young people will be randomised into either the treatment or control group using the sequentially numbered, opaque, sealed envelope method. The STEER practitioner will communicate the result to the young person and their parent/carer, supported by training from Cordis Bright. Please view the flow diagram attached in appendix 2 for more information about this process.

5.4 Sample size

STEER expects to recruit around 132 young people for the pilot trial. This means for the pilot trial RCT it is unlikely that we will be able to detect a statistically significant effect in offending behaviours between the control and treatment groups.

The STEER intervention is estimated to take six months. As such, STEER aims to recruit 66 young people in the first round of recruitment in April 2022 (33 in the treatment group and 33 in the control group) and a further 66 in the second round six months later in October 2022.

Although STEER aims to recruit each cohort at the beginning of each six-month block, we recognise that not everyone will start on the same day and that initial engagement work may vary between young people. There may therefore be some additional slippage.

We have conducted several power analyses to inform the design of the Pilot Trial and potential Efficacy RCTs. We have conducted power analysis calculations to determine what overall sample size would be needed to identify a statistically significant result with a Power=0.80 (two-tailed $p<.05$) with a 15% reduction in reoffending. In this instance the required sample size would be 338 (169 per group). If we assume a 20% reduction in reoffending the required sample size would be 186 (93 in each group).

STEER is proposing to work with 326 young people in the treatment group and 326 in the control group over a three-year period, which provides a sample sufficient to detect a significant effect if it exists if it progresses to an Efficacy Study, even with considerable attrition. The proposed sample of 652 (326 per group) would allow for a statistically significant result to be identified (Power=0.80, two-tailed, $p<.05$) for a reduction in reoffending of 11%.

We will use the Pilot Trial to monitor and assess the pace of recruitment to treatment and control groups to assess whether it is likely that STEER will recruit and retain enough young people to meet the required sample sizes to progress to efficacy study. We will also revisit Power Calculations informed by the data collected during the Pilot Trial and the Efficacy Study Evaluation questions.

5.5.   Methods and data collection

Quantitative data collection methods

In terms of collecting quantitative data, we plan to embed this in the everyday practice of STEER staff. This will ensure timely data collection to reflect individual participant pathways for both those in treatment and control groups. It is also more efficient. We plan to provide support for project staff, through training and guidance, to help ensure high quality evaluation data.

Baseline data records for each participating young person will be compiled from two sources.

- First, and prior to randomisation, each young person who has consented to take part in the evaluation in both control and treatment groups will be asked to complete a baseline questionnaire. Administration of the questionnaire will be overseen and supported by a STEER practitioner. The questionnaire will be administered online and include the SDQ and the SRDS. To ensure linkage between the surveys and other records the baseline questionnaire will collect the young people's full names and date of birth.

- Second, for each individual for whom consent is received we will collect the following information from Salford Foundation and their partners:

  o Personal identifiable data: for example, address, name of young person, gender, date of birth, ethnicity.

  o Socioeconomic information: for example, whether in full time education or employment, long term physical or mental health condition.

  o Data on care status: for example, whether Child Looked After, Child in Need, or Child Protected status.

  o Data on offending (and potentially victimisation) histories.

We will collect and analyse data on the last two bullets as part of an efficacy study if the programme progresses to that phase.

Using a procedure like those described above, young people in both the treatment and control group will be surveyed again six months post randomisation.[23] The follow-up

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[23] Young people will also be surveyed again at 12-month follow up if STEER progresses to an efficacy study

questionnaire will include the follow-up version of the SDQ as well as a repeated version of the SRDS. For the treatment group, it will also include the SSRS to measure the quality of their relationships with their mentor.

In addition to these data sources, STEER practitioners will collect data on dosage, intensity and duration of the intervention for those in the treatment group. This will include:

- Activities/interventions received (mandatory sessions from STEER Toolkit/ optional interventions from STEER Toolkit/onward referrals to other services/ Family Support.

- Duration of support (dates started, ended and points in between).

- Quantity of support (quantitative record of each supportive interaction).

- Completion/non-completion of activities young people were offered/supposed to receive.

Qualitative data collection methods

To qualitatively evaluate the implementation of the pilot as part of the implementation and process evaluation, a series of semi-structured interviews will be undertaken with STEER staff (n=10), wider stakeholders associated with the project (n=10), young people in the treatment group who have completed the programme (n=15) and young people in the treatment group who have dropped out of the programme (n=10).

STEER staff will include Youth Workers, Family Support Workers, the Project Manager and the CEO and Operations Manager of Salford Foundation.

Wider stakeholders will be nominated by STEER project leads based on their level of involvement with STEER. Wider stakeholders may include representatives from partners working with the young people in STEER, including the police, youth justice, liaison and diversion, and children's social care.

Once nominated for interview, the research team will contact the stakeholders giving them more information about the purpose of the research and interview and what it will involve. They will ask for their consent to be involved in the interview and then organise a time to speak with them.

Wider stakeholders and project staff will be interviewed by a member of the Cordis Bright team via telephone or Microsoft Teams. We will ask at the start of interviews if staff and stakeholders consent to the interview being recorded. If they do, we will store the recording

for 6 months and until after we have done the analysis. If they do not consent, or if the interview is taking place via telephone, we will take contemporaneous notes. We will also take contemporaneous notes if the interview is being recorded. These notes will be stored on our secure server and only accessible to research team members, i.e. they will be password protected. We will delete the notes six months after the evaluation comes to an end.

Cordis Bright will work with STEER practitioners to gain informed consent from 25 children and young people and their parents/carers in the treatment group to take part in an interview. We will aim to speak with 10 children and young people who have dropped out of STEER and 15 who have completed STEER. If less than 10 young people have dropped out, Cordis Bright will use this resource to speak to children and young people who have completed STEER instead.

Cordis Bright will work with STEER practitioners to identify young people who are interested and provide informed consent to take part in an interview. In this sense, we will be taking a convenience sampling approach. As it is qualitative research we will not be aiming for a representative sample. Cordis Bright will liaise with STEER practitioners to organise a suitable time, place and method for a member of the Cordis Bright team to talk to the young people. STEER practitioners will also provide a meal for participating young people as a thank you for their time.

Young people will be offered face-to-face interviews in the first instance, but an option to talk online via Microsoft Teams or via telephone will also be available if preferred. The interviewer will take contemporaneous notes of the conversation.

For each stakeholder group and young person group we will design an interview topic guide that explores the key implementation and process evaluation research questions. We will agree this with the project team and YEF colleagues as appropriate.

The Table below provides a summary of methods, data sources, analysis and research questions addressed.

Methods overview

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed (please see section 3)
Quantitative questionnaire data – using the SRDS and the SDQ (+SSRS for treatment group at six months only)	The STEER team will support young people in both the treatment and control groups to fill in an outcomes measure questionnaire at: • Baseline (prior to randomisation) • Six month follow up	For the pilot trial 132 participants who consent to be involved in the study: • 66 in the treatment group • 66 in the control group	Simple descriptive statistics (e.g. univariate statistics, frequencies, means, percentages etc) and comparisons (e.g. measures of association, effect sizes, statistical significance)	2, 3, 4, 5, (please see section 3)
Quantitative STEER monitoring data	To be recorded by STEER practitioners on their CRM data systems. To be exported and transferred securely to Cordis Bright by Salford Foundation.	Background information for all young people participating in STEER trial (132 in total – 66 in treatment and control group) including: Name, Address, Gender, Date of Birth, Ethnicity, Care status, whether young person is associated with peers of family members involved in serious violence, education engagement	Simple descriptive statistics (e.g. univariate statistics, frequencies, means, percentages etc) and comparisons (e.g. measures of association and effect sizes, statistical significance).	1, 2, 4, 5, 6 (please see section 3)

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed (please see section 3)
		status, offending history etc. Activity data for all young people participating in STEER treatment group including (66 young people): Activities/sessions/ support offered and received by young people and families; Duration of support; Quantity of support; Completion/non-completion of the full programme Activity data for all those in the control group (n=66 young people) in relation to business as usual services they have received – to be captured at the six month meeting.		
In-depth interviews with young people (IPE study)	The Cordis Bright team will conduct interviews with young people face-to-face in the first instance, or online/via	Young people in the treatment group who have completed STEER N=15	Thematic analysis	1,3,5,6 (please see section 3)

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed (please see section 3)
	telephone if preferred by young people.	Young people in the treatment group who have dropped out of STEER N=10		
In-depth interviews with project staff (IPE study)	The Cordis Bright team will conduct interviews with STEER project staff online/via telephone.	Project staff, project manager STEER youth workers, and family support workers N=10	Thematic analysis	1,2,3,5,6,7 (please see section 3)
In-depth interviews with wider stakeholders (IPE study)	The Cordis Bright team will conduct interviews with wider stakeholders associated with STEER online/via telephone.	Stakeholders from e.g. the police, youth justice, education, and children's social care N=10	Thematic analysis	1,2,5,6,7 (please see section 3)

6. Data analysis

6.1 Quantitative Data Analysis

The quantitative data analysis will involve examining:

- The total number of young people recruited to the trial as a proportion of the number of young people eligible for the trial.

- The total number of young people recruited to the trial for whom full baseline data was available as a proportion of all those who commenced the trial.

- The total number of young people who withdrew from STEER before completion as a proportion of all those allocated to STEER.

- The total number of young people that withdrew from the trial in total.

- The total number of young people receiving STEER who have data indicating that they have received the expected dose.

- The total number of young people in both intervention and control condition who completed questionnaires at follow-up.

The above will provide a picture of the number of young people who have successfully 'completed' and the number we would expect to complete the programme in the future and would therefore provide the basis for refreshing and updating the power analyses to inform potential sample sizes for the Efficacy Study.

6.2 Qualitative Analysis

The qualitative evidence we capture through interviews with young people, project staff and wider stakeholders in the trial and IPE studies will involve examining:

- How the pilot recruitment, randomisation and retention processes have been established and embedded, and how they work in practice.

- Whether data collection processes have been established and embedded effectively.

- The perceived recruitment and retention rates of STEER, demand for the intervention in the local area, how this is reflected in referral rates, and expectations for future referral rates.

- How the STEER model has been implemented, and whether it has maintained fidelity with the co-designed Theory of Change, Logic Model and with the STEER Toolkit.

- The acceptability of the RCT design to the key STEER programme stakeholders.

Evidence will be recorded in a matrix, which maps responses against key evaluation questions. Our approach involves deploying a mixture of a priori codes and open coding to categorise and identify recurring themes and issues. This is an iterative process, using initial data collected to establish themes, and using these themes to continue to code further data. This allows for constant comparison of the themes and ensures that any theories or

judgements are closely linked to the data that they developed from. This mirrors a thematic approach to analysing qualitative data.

We will triangulate this qualitative data with the quantitative data outlined above. We will map both quantitative and qualitative data against the research questions outlined above to understand how well both the Pilot Trial and the STEER programme have been implemented. Together, this information will inform the decision about whether progression to an Efficacy Study will be practicable and useful.

7. Outputs

As part of the Pilot Trial RCT we will produce the following outputs:

- A co-designed Theory of Change and Logic Model for the STEER programme. This will be updated and refreshed at the end of the Trial period as appropriate.

- A rapid review of the STEER toolkit benchmarked against the evidence base to support the development of the STEER approach as the programme is implemented.

- A review which aims to support the development and implementation of a screening tool for use as part of the STEER programme.

- A report which will set out the findings in answer to the research questions posed by the Pilot Trial – see section 3.

- This will include an assessment of the feasibility of undertaking an efficacy study based on the success criteria outlined in section 4. If an efficacy study is deemed feasible, the report will include recommendations for the design of the efficacy study based on the findings from the pilot trial.

8. Cost data reporting and collecting

8.1 Principles

Our approach to cost data collection, analysis and reporting will be informed by YEF guidance on Cost Reporting which can be viewed here: https://youthendowmentfund.org.uk/wp-content/uploads/2022/01/21.-YEF-Cost-reporting-guidance.pdf.

Our approach will be rooted in the following key YEF cost reporting principles:

- Estimates are the costs of delivery only

- Cost estimates will be derived using a 'bottom-up' approach

- Cost estimates will be informed from the perspectives of all organisations involved in delivering the intervention

- Estimates will capture the nature of resource used, the quantity and monetary value in delivering the intervention.

In line with YEF guidance, our approach will focus on capturing the following main categories of costs: staff, programme procurement, buildings and facilities, materials and incentives for taking part. Our cost estimates will not include the cost of evaluation or programme development. More about our approach to developing our approach to cost reporting during the Pilot to inform the Efficacy evaluation is outlined in the section below. The approach will be developed collaboratively as part of the Implementation and Process Evaluation during the Pilot and then implemented as part of the Efficacy evaluation.

Pilot Trial Cost Reporting Activity

As stated above, we will deliver cost reporting in line with YEF guidance and through a collaborative approach with STEER stakeholders. During the Pilot Trial we will conduct qualitative consultation with 10 project staff and 10 key stakeholders as part of the Implementation and Process Evaluation (IPE). As part of these interviews, we will ask staff and stakeholders questions to inform and develop our understanding of:

- Key partners involved in delivering STEER. This will help us further understand where costs may be incurred in the successful implementation and delivery of STEER

- The resources required to implement and deliver STEER and how these costs can be monetised using "bottom-up" principles.

- The most effective approach to capture information about estimating costs. For example, depending on our findings this could be through: (a) a survey of key partners, (b) requests for information from key partners, (c) time budget approaches, and/or (d) interviews.

We will discuss with stakeholders from the Salford Foundation STEER programme the best approaches to ascertaining the cost of delivering STEER and the most effective approaches to capturing this information.

Based on the above, we will develop and map out a framework to estimate the cost of delivering the STEER programme which we will implement during the efficacy evaluation. We

anticipate that this will be based on cost information primarily derived from STEER staff and stakeholders but that it will also consider the costs incurred by the wider system, for example, the time for other stakeholders to attend meetings, providing information to the programme etc.

9. Ethics and registration

Ethical approval has been granted by The University of Greenwich Research Ethics Committee under reference: UREC/21.3.7.4. This involved the submission of a lengthy and detailed application which was subject to review and scrutiny from YEF and Salford Foundation colleagues.

10. Data protection

10.1 Evaluation data during the study

We are in the process of working with Salford Foundation on a Data Protection Impact Assessment (DPIA) and Data Sharing Agreement (DSA) for the evaluation. This will cover flows of data between Cordis Bright, Salford Foundation and YEF during the Pilot Trial. During the Pilot Trial period we will also work with Salford Foundation, Greater Manchester Police, and Local Authorities to set up DPIAs and DSAs so that we can access education and police data to inform the efficacy evaluation.

Cordis Bright (the evaluator) and Salford Foundation will be data controllers of personal data throughout the evaluation, as specified in YEF data guidance (available here: https://res.cloudinary.com/yef/images/v1625734275/cdn/YEF-Data-Guidance-Projects-and-Evaluators/YEF-Data-Guidance-Projects-and-Evaluators.pdf). We will follow our full Data Protection and Information Governance Framework (available here: https://www.cordisbright.co.uk/news/information-governance-and-data-protection) when storing and handling personal data for the evaluation. We are also registered under the Data Protection Act, have Cyber Essentials Plus accreditation and are registered under the NHS Data Security and Protection Toolkit.

For this evaluation, we have:

- A clear legal reason for Salford Foundation sharing data with us, e.g. informed consent/public interest;

- A robust process to transfer data, i.e. Salford Foundation will transfer data by secure methods such as secure email (CJMS) or using Switch Egress. Data will be obtained from Salford Foundation's case management system;

- Secure storage of data, i.e. data is saved on our secure cloud-based Microsoft 365 servers. Personal or sensitive data has additional encryption with access only to designated/authorised members of our team;

- Anonymisation and pseudo-anonymisation where possible including separating personal data from questionnaire data and separate storage;

- Project data is deleted securely at the end of the project. We have followed YEF guidance on data protection, which includes producing privacy notices and information sheets (available on request).

10.2 Data archive

The process of archiving

At the end of the study, all data that we collect as well as identifiable information will be transferred to the Youth Endowment Fund data archive for archiving and future analyses. More information about the YEF data archive can be seen here: https://youthendowmentfund.org.uk/evaluation-data-archive/). At that point, the YEF will become the data controller of said data. The archiving process will involve the following steps:

- YEF will ask evaluators to send the results of their evaluation, together with personal data about the young people who have taken part in a project (name, gender, date of birth, and in some cases home address), by secure transfer to the Department for Education (DfE).

- The DfE will use the identifiable data in the datasets we provide to match the target young people (YP) with their unique Pupil Matching Reference (PMR) number on the DfE's National Pupil Database (NPD).

- The DfE will replace all identifiable data with YP's unique PMR number from the NPD. I.e., at this point, all identifiable data will be destroyed and the YP's data will become 'pseudonymised'. The DfE will only process YEF data for the purpose of pseudonymisation. Once this is completed and data transferred to the ONS, all YEF data will be removed from their systems.

- The DfE will pass the pseudonymised data to the Office for National Statistics (ONS) who will hold the archive on behalf of the YEF in its Secure Research Service (SRS).

- Separately, the DfE and Ministry of Justice (MoJ) are linking together the NPD and Police National Computer (PNC). This linked data will be made available via the SRS and it will be possible to link this data to the pseudonymised data on children held in the YEF archive. This will allow future evaluators and researchers to assess the long-term impact of YEF funded projects on education (e.g. truancy and exclusions, educational attainment etc.) and offending outcomes.

- The data will be held in the SRS indefinitely. However, this will be reviewed every 5 years, following submission to the YEF archive, to see whether there is a continued benefit to storing the data and its potential use in future research.

- The YEF will use Public Task as the legal basis for processing.

- Therefore, whilst participants are able to make a request for their data to be removed from the archive, and the YEF will consider all such requests on an individual basis, there is not an automatic right for data to be withdrawn from the archive.

- As Controller of the archived data, the YEF would never permit the recombining of the data in the YEF Archive with DfE data that would enable reidentification of individual data subjects. Furthermore, neither would the DfE or the ONS facilitate access to the NPD for this purpose. From the perspective of anyone accessing YEF Archive data, it will effectively be anonymised.

11. Personnel

Key personnel from both the STEER programme delivery and Cordis Bright evaluation teams are presented below:

STEER delivery team

- **Phil East (CEO)** has overarching responsibility for strategic engagement and participation. He will be the senior relationship manager with YEF and Cordis Bright. He will have responsibility for overarching implementation design and delivery with Greater Manchester public sector partners including relationships with key partners such as the VRU, the Deputy Mayor, GMCA and reporting to strategic boards. He will chair the project's Strategic Steering Group made up of senior multi-agency partners.

- **Sophie Sheehy (Operations Manager)** will have overarching responsibility for project delivery and for the effective implementation of the evaluation. She will

also lead on data sharing and the relationship with GMP data analysts, ensuring all processes are GDPR compliant. She will be responsible for project learning and dissemination across GM and beyond. She will lead on the advance mobilisation plan into further LA areas. She will line manage the Project Manager and have overall responsibility for budgetary control and reporting to YEF. She will have senior responsibility for safeguarding and risk management.

- **Project Manager** will be responsible for the mobilisation of the project in each local authority area, including liaison with the key public sector partner managers. S/he will be responsible for ensuring the project is set up and implemented with fidelity to the agreed model. S/he will oversee referrals, randomisation, and case load allocations and be responsible for MI, data entry and QA. S/he will be responsible for recruitment, induction, line management, supervision, training and support for Youth Workers and Family Support Workers. S/he will be responsible for the further development and implementation of project resources, the toolkit, and evaluation questionnaires.

- **Youth Workers**. 6.0 FTE Youth Workers will provide support to young people in the treatment group and also be responsible for the initial meetings and subsequent administration of the SDQ and SRDS tools with the control group. They will ensure that the project tools, questions and methodology are implemented consistently and effectively.

- **Family Support Workers.** 1.7 FTE Family Support Workers will provide assistance and support to families of young people on the programme, working with significant adult care-givers in the lives of the young people. They will provide 14 hours of support across the six-month STEER intervention timescale.

Evaluation team

- **Dr Stephen Boxford, Principal Investigator, Project Director,** has responsibility for ensuring the project is delivered to a high standard and specification. Activities include: project set-up and management; study design and protocol development; information governance; ethical clearance; research tool development; reviewing programme documentation; evidence review; stakeholder consultation and workshops; overseeing baseline and data collection; practitioner support; cost data capture; qualitative analysis; quantitative analysis; reporting.

- **Professor Darrick Jolliffe, University of Greenwich, Co-Principal Investigator.** Responsibilities include evaluation design, shaping approaches, designing tools, and conducting analysis and quality assuring evaluation outputs. Activities include: project set-up and management; study design and protocol development; information governance; ethical clearance; research tool development; stakeholder workshops; cost data capture; quantitative analysis; qualitative analysis; reporting; quality assurance and review of outputs.

- **Suzie Langdon-Shreeve, Co-Principal Investigator and Project Manager**. Suzie will oversee day-to-day project delivery and be the main point of contact for YEF and the project delivery team. Activities include: project set-up and management; study design and protocol development; information governance; ethical clearance; research tool development; reviewing programme documentation; evidence review; stakeholder consultation and workshops; staff consultation; practitioner support; cost data capture; qualitative analysis; quantitative analysis; reporting.

- **Kam Kaur, Head of Safeguarding and Co-Principal Investigator** will provide expert input on safeguarding and consultation with young people. Activities include: safeguarding oversight; consultation with key stakeholders and young people; qualitative analysis; quality assuring reports.

- **Julie Ramambason, Researcher,** will provide ongoing support to STEER practitioners with administration of the evaluation tools, and will be involved in designing research tools and conducting qualitative consultation with staff and stakeholders. She will also conduct analysis of quantitative data and support with report drafting.

12. Risks

The following table outlines a number of key risks to the evaluation. We will be using this risk register to support the delivery of the evaluation. It will be reviewed regularly by Cordis Bright and the Salford Foundation and updated to reflect progress.

Risk	Likelihood (Low/Medium/High) Impact (Low/Medium/High)	Mitigation
Recruitment to the trial	Likelihood: Medium-High Impact: High	STEER is reliant on referrals into the programme and as such it is critical that referrers are comfortable to refer often vulnerable young people into the programme knowing that they will be well supported - including those young people in the control group. We have agreed an approach with STEER where young people in the control group are assessed, signposted/referred to alternative support, safeguarded and data collected. This approach is ethical and will also reassure partners referring into STEER that young people will receive appropriate support. In addition: • Recruitment is conducted by the programme including achieving informed consent from young people and parents/carers, i.e. from a trusted STEER practitioner; • Recruitment numbers will be regularly reviewed and rates of participants moving into the evaluation both in the treatment and control groups to ensure numbers are fit-for-purpose for the

Risk	Likelihood (Low/Medium/High) Impact (Low/Medium/High)	Mitigation
		• pilot trial and potential efficacy study; • We will work closely with STEER colleagues to address any issues concerning recruitment.
Attrition from the Trial	Likelihood: Medium Impact: High	Key mitigations include: • Embedding recruitment and data collection into project practice; • Reviewing data capture progress regularly; • Following-up participants who may have moved-on; • Exploration and application of keep in touch techniques used in longitudinal studies. • Reviewing strategies during the Trial phase with the aim of addressing issues of attrition.
The STEER programme changing its delivery approach during the pilot trial	Likelihood: Medium Impact: High	• Working closely with the project to understand changes. • Flexibility in research design where possible • Ensuring all stakeholders are aware of the impact changes have on evaluation.
Data collected not addressing the key	Likelihood: Low	• Co-design approach. • Piloting of tools

Risk	Likelihood (Low/Medium/High) Impact (Low/Medium/High)	Mitigation
evaluation questions.	Impact: High	• Early analysis to assure fit-for-purpose approach and tools.
COVID-19 places unexpected restrictions	Likelihood: Medium Impact: Medium	• Methodology designed on premise of digital first except where face-to-face is essential • Regularly review methods and timescales • Boosting size of evaluation team if appropriate.
Safeguarding/public safety/data breach	Likelihood: Medium Impact: High	• Take actions as agreed with YEF/STEER project protocols; • Ensure that there is learning across the team about what happened and what steps could be taken to avoid in future • Take these relevant steps going forward • Introduce additional training if required • Re-visit methodology if required • Re-allocate team members if appropriate • Agree an appropriate communications strategy.

13. Timeline

Figure 1 sets out the key milestones for the delivery of this Pilot Trial.

Figure 1 Pilot Trial Milestones

Dates	Activity	Staff responsible/ leading
January 2022	Pilot Trial commences	Cordis Bright and Salford Foundation
February 2022	Ethics application submitted to the University of Greenwich Research Ethics Committee Data Protection Impact Assessment and Information Sharing Agreement discussions begin STEER programme delivery toolkit review complete	Cordis Bright and Salford Foundation
March 2022	Screening tool improvements suggested and finalised STEER programme delivery toolkit improvements suggested and finalised Scoping consultation with key stakeholders complete Trial research tools finalised Salford Foundation approach to recording monitoring data agreed and finalised Randomisation approach finalised and agreed Scripts and guidance for STEER practitioners Delivery of Pilot Trial Evaluation Protocol	Cordis Bright and Salford Foundation
April 2022	Ethics clearance achieved from the University of Greenwich Research Ethics Committee Data Protection Impact Assessment and Information Sharing Agreement in place	Cordis Bright and Salford Foundation

Dates	Activity	Staff responsible/ leading
	STEER practitioners receive training and support in rolling out research tools Baseline data collection begins	
April 2022-March 2023	Baseline and six-month (exit) data collection progress for both the treatment and control groups Interview with young people at six-month follow up point.	Salford Foundation with support from Cordis Bright
February-April 2023	Implementation and Process Evaluation (including interviews with stakeholders and project staff)	Cordis Bright with support from the Salford Foundation
April 2023	Pilot Trial Data completed	Salford Foundation with support from Cordis Bright
May-June 2023	Analysis and reporting	Cordis Bright
July 2023	Trial report completed Efficacy trial protocol drafted	Cordis Bright and Salford Foundation

14. Appendices

14.1 Appendix 1: Theory of Change

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14.2 Trial Design Diagram

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YOUTH ENDOWMENT FUND

Impetus

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