United Borders music mentoring programme; a pilot for a randomised controlled study

University of Birmingham

Principal investigator:
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YOUTH
ENDOWMENT
FUND

Pilot trial protocol (includes a control group)

Evaluating institution: University of Birmingham

Principal investigator(s): Professor Siddhartha Bandyopadhyay

Project title	United Borders music mentoring programme; a pilot for a randomised controlled study
Developer (Institution)	United Borders
Evaluator (Institution)	University of Birmingham
Principal investigator(s)	Professor Siddhartha Bandyopadhyay
Evaluation plan author(s)	Professor Siddhartha Bandyopadhyay, Dr Emily Evans, Dr Ioannis Karavias
Evaluation setting	United Borders bus, schools, family homes.
Target group	Children / Young People (CYP) aged between 10-17 years, living in London, referred by Police, Local Authority, Social Services, Youth Offending Service, Schools and Pupil Referral Units, who have been impacted by violence (interpersonal, domestic, social media threats, associated with other Young People who have criminal or gang affiliations) as victims or perpetrators. CYP who have been charged for an offence but given an out of court disposal (no further action, community resolution, youth caution, youth conditional caution) qualify for this programme.
Number of participants	Target sample size: treatment group – 40 CYP, control group - 40 CYP

Protocol version history

Version	Date	Reason for revision
1.2		
1.1 [*latest*]	03/05/23	Feedback from YEF
1.0 [*original*]	13/2/2023	*[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.

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Study rationale and background

Rationale and Background

The core of the United Borders (UB) programme is the provision of mentoring, delivered through a music making programme.

Mentoring matches children who, in this case, are at risk of involvement in crime and violence with a mentor. It aims to help children form a good relationship with a positive role model. This may help children develop important skills like self-regulation, form positive relationships with others, and develop positive behaviours, interests and aspirations. In addition, children can directly benefit from the advocacy a mentor provides and from connecting them to services or opportunities of interest or benefit.

Research using both administrative and self-report data has found that it can significantly reduce delinquency outcomes (Blattman et al., 2017; Heller et al., 2017). A toolkit prepared for YEF on mentoring as a strategy for preventing children and young people becoming involved in crime and violence (Gaffney, Jolliffe and White, 2022), drawing from three meta-studies provides key evidence on this issue. The headline findings are that mentoring programmes can lead to a 14.2% reduction in youth offending based on 37 evaluations, and a 21.1% reduction in violent behaviour based on eight evaluations, and a 20% decrease on reoffending, based on findings from 23 studies.

The YEF mentoring toolkit reports that both of these reviews reported mean effect sizes for additional outcomes with results suggesting that mentoring programmes have the potential to impact a wide range of risk and protective factors for youth offending and violence. For example, one meta study considered found that mentoring programmes had a desirable effect on academic achievement, drug use, and family relationships and physical health; but not on some other outcomes such as social and emotional outcomes and school behaviour. Another of the meta studies included, found that mentoring programmes have desirable effects on outcomes across several domains, including school, psychological, social, cognitive and health outcomes (Gaffney, Jolliffe and White, 2022).

This mirrors the findings of other studies in this area. For example, regarding academic outcomes Falk et al. (2020) and Rodriguez-Planas (2012) have found that mentoring can be supportive. Other studies have found more limited evidence regarding reductions in aggression and drug use (Tolan et al., 2013).

Regarding moderating factors, the YEF toolkit evidence suggests that matching mentees and mentors on sex (evidence found for males) supports the effectiveness of mentoring, and that

shorter meetings between mentors and mentees are also associated with greater effectiveness (Gaffney, Jolliffe and White, 2022). Indeed, the authors report from qualitative data on the importance of matching mentors to mentees, with failure to do so resulting in cost inefficiencies, premature ending of mentoring relationships which are not going well, and poor handling of termination negating the positive impact of the programme. Tolan et al. (2013) also found evidence that the motivation of the mentors can moderate the effect of the intervention, and only limited detailed evidence of what the mentoring programmes actually consisted of and how they were implemented. The study found stronger effects when the mentoring offered emotional support and advocacy. However, the authors stated that further studies were required to understand which components of mentoring are having the observed effects, findings mirrored in the YEF toolkit (Gaffney, Jolliffe and White, 2022). This will be important to consider in the current study.

Early-stage evidence regarding the particular potential role of mentoring for children from black communities has found that mentoring can help challenge negative wider social stereotypes, which children from these communities often feel they are flooded by in the media and which narrow their own perceptions of their potential and which undermine their wellbeing (Khan et al., 2017).

Regarding music, which is the main focus of UB, there is only limited good quality evidence base for music mentoring interventions (Daykin et al, 2011; Daykin et al, 2013). One systematic review of 11 international studies (from UK, Canada, Australia, South Africa and the USA) has been published on this type of programme (Daykin et al., 2013). Sample sizes were often small (36 people on average, range 4-150) and included programmes run in the community and custodial or other residential facilities. As such it is difficult to generalise the findings. However, the review found evidence that music making programmes can support intermediate outcomes for CYP, which may in turn support a reduction in involvement in offending. These outcomes included social skills and self-efficacy. Successful interventions may allow young people to safely express their hopes, dreams and frustrations, and thereby offer a means of coping and asserting control over life (Daykin et al., 2013: 207).

Participation in such programmes is particularly supported through the use of a culturally relevant music genre and allowing CYP to have ownership of the programme. However, there is currently no evidence of a direct link between such programmes and a reduction in crime.

Mentoring using music aims to improve self-esteem and self-regulation by allowing CYP to reflect, and act, on their emotions in a positive and creative way. It is thought that this may in turn support positive strategies that lead away from offending behaviour. Music is thought to be particularly well suited to addressing risk factors in young people given the special place music and musical subcultures occupy in adolescence regarding the development of identity and values.

Common themes from early-stage qualitative evidence on the potential outcomes of music interventions with young people at risk of offending include the following:

a)   Identity formation and values: it may help CYP shift from negative identities to more positive identities. Guided reflection on music may can also support CYP development of values.

b)   Empowerment: it may provide a voice for CYP to express feelings about challenging experiences and living and learning conditions

c)   Cultural relevance: use of music can provide a resonant tool which feels relevant and validates cultural heritage.

d)   Expression and emotion: it can also provide a less threatening, more engaging and less medicalised way of opening up a dialogue about vulnerabilities as well as helping CYP to give voice to and cope more effectively with emotional and mental health distress

(Miranda and Claes, 2004; Daykin et al, 2013; The Baring Foundation, 2020; Cheliotis and Jordanoska, 2016).

Wider literature and evidence beyond criminal justice links music and other creative practices with prosocial behaviour and positive identity change. Self-improvement and beneficial community-inclusion can result from creative practice engagement. For example, Capoeira, a Brazilian martial art and game, which is played in the UK, and can result in self-benefit for new participants (Jordan et al., 2019). Corporeal and discursive boundary-empowerment can be experienced, fostering positive identity work in the wider world (Jordan et al., 2019). This suggests engagement in new creative practices can have benefits beyond the setting of the intervention. The Capoeira study is part of a larger Creative Practice as Mutual Recovery (CPMR) programme which seeks evidence of arts initiatives in the community as beneficial for mental health and well-being.[1]

The established music mentoring programme provided by UB is aimed at CYP who are beginning to become involved with offending. The aim of the programme is to divert CYP away from further involvement. As such it is a diversion programme. Diversion can occur at the point of arrest or as a formal out of court disposal (OOCD) once a person has been charged with an offence. Point of arrest diversion allows people to avoid a criminal record in exchange for completing a community-based requirement. An OOCD will feature in a criminal record. Point of arrest diversion, or a referral to a diversionary service at an even earlier point, aims to reduce the negative consequences of formal criminal justice sanctions while allowing

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[1] led by Professor Paul Crawford - healthhumanities.org

practitioners in relevant services to focus resources on addressing the behaviour. For CYP, diversion is aimed at reducing the number of those drawn into the CJS, and the poorer life outcomes associated with this. These can include labelling of CYP as 'offenders', interruption to education, training and employment and a criminal record. Indeed, contact with the CJS can itself be criminogenic, deepening and extending CYP's criminal careers, the further they progress into it (Robin-D'Cruz and Whitehead, 2021). As such, there has been increased interest in diversion in recent years with strong and ever-growing evidence that youth diversion reduces reoffending, lowers costs, and leads to better outcomes for CYP (Ely, Robin-D'Cruz & Jolaoso, 2021).

Research findings on diversion prepared for the YEF outline the ways in which these programmes might 'work', these include: (1) avoiding labelling, (2) avoiding association with antisocial peers, (3) reintegrative shaming, which holds youth to account for their actions whilst avoiding stigmatizing them so they reintegrate into the community; and (4) connection to services which address problems the child is facing which may have led to criminal behaviour (Gaffney, Farrington and White, 2021). Overall, research has shown pre-court diversion programmes to be effective in reducing reoffending, compared to formal processing. The observed effect size of 0.144 corresponds to a decrease in reoffending of approximately 13% (Gaffney, Farrington and White, 2021).

The nature of diversionary activities vary as do the way they are provided nationally. For example, the Centre for Justice Innovation found significant variation in practice regarding requirements on CYP to plead to or admit guilt, in defining eligibility (including which offences were excluded, when it would be offered and how CYP were assessed as eligible) and also in outcomes monitoring (Lugton, 2021). This variation is linked to a lack of national guidelines for the operation of these schemes, along with rules for recording the work done and clear funding for them (Lugton, 2021). In particular, it can exacerbate racial disparities in criminal justice outcomes for CYP, due to the different ways in which racial groups are policed. Robin-D'Cruz and Whitehead (2021) note that access to diversion is in part affected by previous contact with the police, with greater levels of contact often used as a reason to exclude CYP from diversion, as it can indicate less possibility of or capacity for reform. This means BAME CYP, who form the majority of CYP UB work with, may not be referred for diversion or not be eligible for it. Contact with the police tends to be more common for those from BAME communities, which are policed to a greater extent, in turn increasing the likelihood of arrest. Furthermore, a lack of trust in the police can make it less likely that BAME people who are arrested plead guilty, again barring them from diversion.

There has been significant and ongoing concern about rising levels of some violent behaviours, street crime and of criminal exploitation involving CYP (HM Government, 2018). This has been a particular and longstanding concern in urban areas, including some areas of London (ONS, 2021; BBC News, 2019) including in the areas covered by UB (Brent Overview and Scrutiny Task Force, 2013). Indeed, the UB music mentoring intervention and the creation

of UB as a whole was prompted by significant levels of violent behaviours and violent crime committed and experienced by CYP in London, including the areas covered by UB in North West London, primarily around Harlesden, Church End and Willesden Green in Brent borough. This violence is often characterised by territorial disputes making it difficult to bring CYP together in one physical location.

These CYP are frequently at high risk of being involved in violence either as perpetrator or victim or both, and may have experienced domestic violence, gang exploitation, county lines exploitation, and/or PTSD as a result of knife crime.

Previous research specifically regarding those CYP at risk of gang involvement are generally noted to come from more deprived communities (Wolff et al, 2020), are more likely to be exposed to gang and county line activity and come from areas and communities with reduced opportunities (Brent Overview and Scrutiny Task Force, 2013; Khan et al, 2013). The lack of a positive adult role model in a child's life has also been identified as a risk factor for gang involvement (Brent Overview and Scrutiny Task Force, 2013; Home Office, 2011). Furthermore, these young people are noted to have higher levels of mental health need and exposure to trauma and face other multiple vulnerabilities such as exposure to domestic violence, school difficulties, limited access to opportunities, difficulties and with self-regulation (Wolff et al, 2022; Khan et al, 2013).

Given the availability and state of the evidence so far regarding diversionary programmes and mentoring programmes, in particular for CYP from BAME backgrounds, who are the primary cohort of UB, the pilot study provides an opportunity to assess the effect of the United Borders established music mentoring programme on violence and offending. This will build on a feasibility study conducted during 2022 allowing us to understand what each mentoring programme consists of how it operates in practice.

Evaluation design

The pilot trial will involve both a process and impact evaluation and will use mixed methods, drawing on both qualitative and quantitative data.

Overall, the trial will compare the established UB music mentoring programme with a more limited, lighter touch mentoring only programme. This would be delivered to children and young people (CYP) referred from established referral routes. CYP would then be randomised into the two conditions by the research team.

The feasibility study conducted during 2022 allowed the research team to understand the aims, content and implementation of the established UB music mentoring programme from

UB staff, referrers and community partners. We were also able to discuss the impact of the programme with CYP participating in the programme. The study concluded that UB offer a well-defined and well-implemented programme, run by skilled mentors CYP can relate to. There is a clear demand for the programme and the intervention is adaptable enough to meet individual needs. Across the study period UB worked with 55 CYP, from a range of referral sources. UB staff successfully consented CYP into the study and completed measures with them at the start and end of the intervention. The case management system introduced at the start of the study provided useful data to the research team on the dosage, reach and responsiveness of the intervention as well as an understanding of referral routes. Beyond some minor changes to the ways data are recorded, the feasibility study suggested no changes to the way the established music mentoring programme is organised and delivered.

The YEF have decided that a pilot RCT study of the established UB music mentoring programme, and a lighter touch mentoring only programme can help build the evidence base regarding mentoring with CYP, primarily drawn from a BAME background.

Intervention

The feasibility study involved the research team completing a Template for Intervention Description and Replication (TIDieR) Checklist for the music mentoring intervention. This checklist details the key elements of the intervention and underpins further investigation of it. The information gathered is outlined below.

Rationale

The UB B.U.S music mentoring intervention is a means of diversion from the criminal justice system (CJS).

Intervention Providers

UB are a small third sector organisation working with CYP primarily in north-west London, but also in other areas of the city. They provide early intervention services to younger CYP identified as at risk by schools and education providers. They also provide diversionary work to older CYP.

UB take a holistic, strengths based, person-centred and trauma responsive approach. Their work focuses on empowering CYP and helping them to understand the impact past and current experiences have on their wellbeing. This enables UB to help CYP identify how they

can transform their future opportunities through a better understanding of the past. The mentoring UB provides includes experiences of music production, pathways into creative industries and employment, physical training, and education about knife crime and staying safe. Creative work is the way to build the relationship, this can then start moving towards engaging with education, employment etc.

UB provide these services with a small pool of mentors. UB mentors have worked in a variety of areas including the music industry and some have lived experience of living in violent areas / being involved in violence. This helps CYP and mentors find common ground and build a trusting relationship. The skills and qualities specified in the job description for the UB mentors are as follows:

- Ability to empathise
- Ability to create optimism and clear pathways for Young People to succeed
- Come from a background of lived experience
- Have experience connecting and supporting marginalised Young People
- Experience with caseload management, 1:1 mentoring and goal setting
- Strong social skills, effective communicator, ready to right wrongs and be wrong
- Understanding local complexed challenges
- Have experience in creative skills and a passion for music
- Very inquisitive and ready to share new thinking via popular social media platforms
- Write and share an honest account of who you are and how you became the person you are today

These criteria are assessed during the recruitment process UB uses which includes an application and interview process.

UB use trained facilitators to deliver some training to their mentoring team, as well as conducting internal training on the programme and procedures. Topics covered include:

- Safeguarding – one full day's training provided by one NSPCC facilitator[2]
- Contextual safeguarding - one full day's training provided by one Power the Fight facilitator
- Understanding youth violence - one full day's training provided by two Power the Fight facilitators
- Introduction to conflict triggers and de-escalation - one full day's training provided by two facilitators from LEAP[3]
- Primary care and mental health - one full day's training provided by one LEAP facilitator

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[2] https://learning.nspcc.org.uk/

[3] https://leapconfrontingconflict.org.uk/

Throughout their work with CYP, UB support families by providing updates on the progress of CYP. This encourages open communication between parents, mentors and referring agencies.

Treatment Intervention

UB deliver a trauma informed music mentoring programme called Building and Understanding of Self or B.U.S centred around producing music. This is delivered weekly over a two-month period, primarily on a specially equipped bus, containing a recording studio space. This is parked in neutral spaces (often around Stonebridge) to allow CYP from different areas of London to attend.

The CYP are referred by a local authority agency, such as a youth offending service (YOS), the Police, school or other education provider or can self-refer. If they meet referral criteria, CYP complete an online baseline survey assessing their mood, self-esteem, confidence, and engagement with education. This helps to identify required areas of support, unlock their passions, confirm pathways to higher learning or employment whilst also aiming to understand the needs and desires of the CYP. The CYP also complete a '16 personalities test'[4] to gauge what personality traits they have, this is based on the Myers-Briggs personality assessment. This is used as an ice-breaker exercise and to understand how this can impact communication with CYP and their perception of themselves.

The first session (Engage through arts) entails mentors exchanging musical tastes with mentees. This helps mentors to understand what the CYP values musically. UB have developed and use a 'trauma within music' (T.I.M) scale. The scale is used to measure if trauma can be identified throughout the songs which CYP identify with, on a scale from 0-10. For example, by examining the subject matter and lyrics of such songs. In addition, an interest in 'drill' music artists from specific postcodes can allude to postcode wars. This helps to create conversation with CYP around trauma and its impacts.

Following this induction session, CYP determine if they would like to do the music programme and consent if they do[5]. The programme runs for two months and pairs CYP with an interest in music and music making with mentors who are also music producers and writers. CYP are challenged to express themselves authentically and work with other CYP throughout music sessions from different postcodes. This unified approach helps to connect CYP who reside in areas with existing tension.

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[4] https://www.16personalities.com/free-personality-test

[5] There is also a newer podcasting programme which does not form part of this study

The music mentoring programme has the following core aspects:

- Young people are put into small groups and work through the 10 stop music programme composed of a number of modules. Each module covers specific themes, such as empathy.
- Through group discussion and 1:1, a mentor supports the CYP by taking a trauma informed approach – for example, the Trauma in Music (TIM) approach asks CYP to explore the trauma within songs (i.e. the song creates a point for discussion, helps the CYP identify their own trauma, and provides a space to introduce the idea of using music or spoken word as a therapeutic tool or prompt for therapeutic conversations which CYP could explore in the future).
- CYP are challenged to express themselves authentically and to work with other CYP from different postcodes throughout the music sessions. This unified approach helped to connect CYP who resided in areas with existing territorial tensions.
- At the end of the programme, a CYP will have recorded around 4-5 songs to reflect on the journey they have been on.
- Throughout this process, CYP complete a baseline, mid-point, and final survey to assess the impact of the intervention which uses the questions asked in the Getting to Know you survey regarding the character, trust and understanding, wellbeing and togetherness of participants[6].
- The information from the final survey is used to refer young people to further opportunities and/or support such as education or employment. These included some young people being linked in with other music production activity, referral on to wider music industry opportunities, links with physical education opportunities.

There are a mix of sessions focused on CYP creating music with their mentor, or with a small number of other CYP and group sessions in which the music created is reviewed by all CYP and mentors. There are four sessions which guide CYP through recording their own music. These are as follows:

- BUS STOP, BOSS START
  CYP are encouraged to record lyrics or music production which are familiar to them, so the expression is modelled on their lived experience without editing or censoring their expression.
- MORALISING MUSIC (M&M)
  Mentors and Young People revisit the song to delve deeper into the themes presented in the track after feedback from mentors and the group listening party. In this session CYP

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[6] Please refer to Appendix A.

are challenged to self-edit what they have created, such as lyrics containing references to trauma, glorifying violence and misogyny.

- 3PEAT
  CYP challenged to create music with CYP who they aren't familiar with and reside in a different postcode and then to edit it with a younger audience in mind i.e. primary school children. This process is repeated three times.
- BUS STOP/BOSS UP
  The final session reviews the four songs created and re-edited. If UB and the CYP agree upon a track which fits the UB ethos, they create a music video to promote the CYP's work and highlight UB's work supporting CYP.

After each of these is a group 'listening party' in which other CYP and mentors can provide feedback on the music created. Following the end of the formal programme there is a graduation ceremony at which some of the CYP perform songs they have created and is attended by family members, friends, teachers, former programme graduates, and other partner agencies.

In addition, UB provide wraparound support including providing in-house tutors for Maths and English, and introducing CYP to other initiatives as needed based on the interests of CYP, this has included boxing classes for example. Additionally, CYP engage in at least two hours of group mentoring a week with the other CYP on the programme, of around 15 people. This runs alongside the music mentoring programme, and covers a series of themes e.g., empathy. These are led by UB staff. One to one mentoring is available if the CYP is not ready to integrate into a group setting. UB often remain engaged with CYP following graduation if wanted. A small proportion, estimated by UB staff to be around 5%, return to UB as peer mentors or work supporting the technical side of music production in the UB bus, with the potential to progress into an employed staff member.

During the feasibility study we worked with UB to update an initial theory of change and logic model for the B.U.S intervention developed during the co-design phase of our work with them. These are presented below.

United Borders B.U.S Theory of Change

WHY	*Problem Observation*	The levels of violent behaviours and violent crime involving children and young people (CYP) as victims, perpetrators and witnesses, some of which is linked gangs. This violence can be characterised by territorial disputes making it difficult to bring CYP together in one physical location.
	Need	To support CYP at high risk of involvement in violence, violent crime and exploitation and prevent any further involvement in violence and promote scho attendance and support by other appropriate professionals.
WHO	*Target Population*	Children / Young People (CYP) aged between 10-17 years, living in London, referred by Police, Local Authority, Social Services, Youth Offending Service, Schoo and Pupil Referral Units, who have been impacted by violence (interpersonal, domestic, social media threats, associated with other Young People who ha criminal or gang affiliations) as victims or perpetrators. CYP who have been charged for an offence but given an out of court disposal (no further action, commun resolution, youth caution, youth conditional caution) qualify for this programme.
HOW	*Intervention Activities*	- Pre-intervention engagement with the CYP and their family to ensure CYP are in a position to begin the programme, which can bring together CYP from different postcode areas. - A 10-week music and mentoring programme centred on producing music, which consists of the following key activities: - A number of modules followed by an opportunity for reflective practice. At the end of the programme, a young person will have recorded around 4-5 songs to reflect on the journey they have been on. - There is a graduation ceremony to mark the end of the programme, where CYP can perform some of the songs produced. This takes place in a venue awa from the bus with family and friends and other UB supporters present. - Mentoring support is also provided outside of the programme to support CYP as necessary including engaging with other organisations - Throughout the programme, CYP complete a baseline, mid-point, and final survey to assess the impact of the intervention. The information from the fina survey is used to refer young people to further opportunities and/or support - At the end of the programme there are opportunities for CYP to remain engaged with UB, this can take a number of forms, including ongoing support, working within the intervention, becoming peer mentors or ambassadors within UB.
	Intervention Mechanisms	The programme is underpinned by the following key mechanisms: - The creative nature of the programme – this is the hook which get CYP interested in the programme and build the relationship with mentors, who have worked in the music industry, and provides a way to discuss trauma through music - The neutral space in which the progamme takes place – this allows CYP from different areas to meet which they may not be able to in other settings and provides a safe space to build a positive community, an alternative to being 'on road' and 'something to look forward to' - Meeting CYP 'where they are' – being willing and able to work with CYP on the individual issues and needs they have, focused on empowering young people. Mentors have lived experience of violent areas and violence and this helps CYP and mentors find common ground and building a trusting relationship. This is supported by CYP being able to stay in touch with mentors and UB as a whole following the end of the programme. - Taking a trauma informed approach to the programme - This can help CYP understand the impact the past and current experiences have on their we being, and identifying how they can transform their own opportunities.
WHAT	*Short Term Outcomes*	- Improved peer relationships - Reduced behavioural problems - Improved emotional functioning

		- Reduced impulsivity - Improved social and emotional competences associated with improved success in life - Improved wellbeing - Improved self-esteem - Improved confidence - Improved personal development
	Medium Term Outcomes	- Young people able to take ownership of their own positive pathways - Trust built between young people from different areas
	Long Term Outcomes	- Improved CYP safety - Reduced gang involvement - Reduced violent crime - Reduced offending - Reduced harm caused by and experienced by the CYP

United Borders B.U.S Logic Model

INPUTS	*What resources are needed?*	Provision of a dedicated, trained team of mentors. Mentors have worked in a variety of areas including the music industry and some have lived experien[ce] of living in violent areas / being involved in violence. This helps CYP and mentors find common ground and in building a trusting relationship. The ment[or] team collaborates with partner agencies. Provision: • Bus - provides a neutral space for the intervention activities. • Recording equipment • Separate vehicle to transport young people to/from the bus
OUTPUTS	*Activities* *What needs to take place for CYP to accomplish the short term outcomes*	Referral • Following referral UB will work with the CYP and their family to introduce the intervention and get the CYP to the point they can join a group-based programme with CYP from other geographical areas. This work can take a period of weeks before the CYP can start the set music programme. • Initially the young person comes to the bus and completes a baseline survey. The UB leaders use this to identify the needs of the young person and match them to the most appropriate mentor. There are numerous considerations, including understanding whether a young person can join a grou[p] (and not feel conflicted across borders) and safeguarding assessments. The match will depend on what a young person hopes to cover (e.g. skillset), where they are in life stage, and other needs. Induction • During the induction, the assigned mentor explains what UB is, what it does, and how it can help. There is also an assessment of the suitability of group placement. Music Programme and Mentoring • Young people are put into small groups and will work through the 10 stop Better Understanding of Self (B.U.S.) programme composed of a number [of] modules. Each module covers specific themes. • Through group discussion and 1:1, a mentor will support the young person by taking a trauma informed approach – for example, the Trauma in Mus[ic] (TIM) approach asks CYP to explore the trauma within songs (i.e. the song creates a point for discussion, helps the CYP identify their own trauma, an[d] provides a space to introduce the idea of therapy). • Creative work is the way to build the relationship, this can then start working to move towards education, employment etc. • At the end of the programme, a young person will have recorded around 4-5 songs to reflect on the journey they have been on. • Throughout this process, young people complete a baseline, mid-point, and final survey to assess the impact of the intervention. • The information from the final survey is used to refer young people to further opportunities and/or support • There is a graduation ceremony which takes place with family and friends. Wraparound support and referrals

		• In house tutors for Maths and English. • There is also an option to introduce young people to other initiatives, excursions, or trips. • CYP often continue to remain engaged following graduation, keeping in touch with mentors long term. In addition there are opportunities for CYP to become peer mentors or ambassadors.
	Participation *What outputs must be achieved for the short term outcomes to be achieved.*	A number of these CYP are frequently high risk and may have experienced domestic violence, gang exploitation, county lines, and/or PTSD/I as a result of knife crime. Referred via: • Youth Offending Teams • Metropolitan Police • Schools • Pupil Referral Units • Social Services
OUTCOMES	*Short Term Outcomes*	• Improved peer relationships • Reduced behavioural problems • Improved emotional functioning • Reduced impulsivity • Improved social and emotional competences associated with improved success in life • Improved wellbeing • Improved self-esteem • Improved confidence • Improved personal development
	Medium Term Outcomes	• Young people able to take ownership of their own positive pathways • Trust built between young people from different areas
	Long Term Outcomes	• Improved CYP safety • Reduced gang involvement • Reduced violent crime • Reduced offending • Reduced harm caused by and experienced by the CYP
UNDERPINNING ASPECTS		
Assumptions		*External Factors*

There are significant levels of violent behaviours and violent crime committed by CYP in London including the areas covered by UB – Brent and Westminster (Wolff et al, 2020; Home Office, 2011; HM Government, 2018). This violence is characterised by territorial disputes making it difficult to bring CYP together in one physical location. A number of these CYP are frequently high risk, have multiple and higher vulnerabilities than other children (see Khan et al 2013). They are also less likely to have access to a trusted adult (Brent Oversight and Scrutiny Taskforce, 2011). They are more likely to have experienced domestic violence, gang exploitation, county lines, and trauma as a result of knife crime. Based on early-stage evidence, we assume that music production may be a promising engagement tool providing a non-threatening and culturally responsive intervention to voice CYP experiences and open up a dialogue about CYP values, identity, aspirations, life pathways and wellbeing. The combination of music production and music-based and personal mentoring addresses an important risk factor associated with gang involvement (lack of a positive adult relationship) and provides an important opportunity to get support CYP (Daykin et al, 2011; Daykin et al, 2013; Miranda and Claes, 2004; The Baring Foundation, 2020; Cheliotis and Jordanoska, 2016). Referral pathways operate effectively – i.e. UB can expect to receive referrals from partner agencies listed above.	The family, social and community circumstances of the CYP using the UB service Availability of specialist services for mentors to refer on to and thresholds of these organisatio Involvement of UB in broader work with local agencies feeding in the views of voices of CYP local decisions.

Control Intervention

In order to be able to assess the impact of the UB B.U.S intervention, UB have created an alternative, light touch, mentoring only intervention. The Table below outlines the differences between this and their B.U.S mentoring intervention.

Table 1. Comparison of UB B.U.S intervention and control intervention

Established United Borders B.U.S music programme *Intervention condition*	Lighter touch mentoring programme *Control condition*
• Music Programme and mentoring support lasts for 10 weeks. • Each session lasts around 2 hours. • Sessions take place up to twice a week. • Emergency intervention to support CYP If needed.	• No Music Programme. • Mentoring programme runs for 6 weeks. • Weekly sessions which last around 1 hour. • No Emergency intervention. • Sessions can take place in on the UB bus or in a different location i.e. in School. • 1:1 sessions only
• Soft engagement set up phase including families.	• Limited engagement with families to seek consent.
• Wrap around parental, sibling and peer friends support.	• No wrap around support, CYP focused intervention only.
• YP are matched with an appropriate mentor	• Individual mentor assigned.
• Support to CYP outside of the sessions. This includes a minimum of four 1:1 mentoring sessions (as needed on needs / issues arising from the CYP, a hands-on approach rather than just advising) as well as work with other professionals involved with the CYP e.g. attending meetings / court cases, referral to other services	• No such support – updates to the referrer on the progress of the CYP only
• Ongoing support to families during the period of the programme on issues which arise during it (this can involve attending multi-agency meetings, liaising with practitioners involved in the CYP life and sometimes acting as an advocate for the family).	• No family support
• Graduation ceremony at the end of the programme	• No graduation ceremony

CYP would be randomised by the research team into these two interventions, both provided by the UB team.

This design would retain the current UB music mentoring B.U.S intervention for the treatment group. This provides a bespoke intervention to CYP regarding dosage in response to risk/need. CYP have differing needs and the customisation is part of the appeal of the UB programme. The control intervention will have a standard dose, as outlined above. We do not expect adherence to the standardised dose in the control group being an issue. All CYP visiting the bus have to book a visit with a mentor and book in on arrival – this will prevent this ongoing support and/or contamination from occurring in the control group.

Research questions and/or objectives

The overarching objective of the pilot trial is to test the programme's evidence of promise for improving young people's outcomes and assess the feasibility of progressing to a full efficacy study.

Objectives of the pilot trial:

1) Test the programme's evidence of promise for improving young people's outcomes
   a) Assess the fidelity of the delivery of the treatment and control interventions
   b) Further understand the theory of change and relevant mechanisms for the programme
2) Assess the feasibility of progressing to a full efficacy study
   a) Assess the feasibility and acceptability of the randomisation processes for referrers, CYP and UB staff.
   b) Establish sufficient target population - assess if there is a sufficient enrolment of the target population, including the referral routes, and review levels of attrition.
   c) Estimate the sample size required for an efficacy study and a timeline to achieve this.
   d) Understand whether the programme is scalable.
3) Understand how the treatment and control interventions are experienced by all stakeholder groups (CYP, UB staff and referring organisations).
   a) Understanding the differences between the treatment and control interventions
   b) Assess whether 'resentful demoralisation is occurring for those CYP in the control group.
4) Establish a feasible way to measure the outcomes of interest.
   a) This study provides the opportunity to trial an alternative to the Self-Report Delinquency Scale (SRDS). This was trialled during the feasibility study and found not

to be workable with CYP UB work with. Working with UB the research team propose trialling the questions used in the International Self-Report Delinquency (ISRD) Study.

b) Establish whether administrative data from the Metropolitan Police can be successfully matched with UB case management data and used to measure levels of contact with the police by the CYP.

c) Establish the means, standard deviations (SDs), effect sizes and confidence intervals (CIs) for the outcomes of interest.

5) Consider the possibility of unexpected adverse outcomes.

YEF contributed and agreed to all aspects of this study's design. It will not have any role in the collection, analyses, or interpretation of the data, or in the decision to submit results.

We will be required to provide monitoring information to the funder quarterly on the progress of the study.

Any changes to the protocol will be logged in a change log following discussion with the provider and funder.

Success criteria and/or targets

Table 2 below outlines the success criteria defined for this pilot study, and the indicators for defining these criteria as red, amber or green.

Table 2: UB Pilot study success criteria and targets

Category	Outcome/criteria	Green	Amber	Red
Project implementation	*Fidelity* UB staff implement the treatment and control interventions as planned. UB staff will complete a fidelity checklist for each CYP accepted onto the trial and will complete records of CYP's journey through it on the case management system. RAG Criteria: Proportion of CYP for whom a fidelity checklist have been completed	>75%	50-74%	<50%
	Eligibility and referral There is a clear understanding of the referral routes into the programme. CYP accepted on to the UB programmes meet the eligibility criteria (as assessed by referral form and eligibility criteria). RAG criteria: Proportion of CYP accepted on to the programmes who meet the eligibility criteria,	>90%	50-89%	<50%
	Dosage CYP receive the expected minimum level of contact from UB.	>75%	50-74%	<50%

RAG criteria: Proportion of CYP receiving the expected minimum level of contact,			
Practitioner Supervision UB mentors receive agreed supervision and support. Assessed by number of support/supervision sessions which are meant to be held weekly RAG criteria: Number of supervision meetings held	>75% 22 supervision sessions	60-74% 18-21 supervision sessions	<60% Fewer than 18 sessions
Evaluation Measurement Overall recruitment to the trial - Expected numbers of CYP are recruited on to the trial. RAG criteria: Proportion of CYP recruited as a percentage of target numbers	>75% 60 CYP	50-74% 40-59 CYP	<50% Fewer than 40 CYP
Attrition from the program Proportion of CYP recruited, that go on to complete the full programme. RAG criteria: Completion percentages	>75%	50-74%	<50%
Attrition from the study Proportion of CYP who consent to the study who complete the second set of SDQ / ISRD questionnaires.	>75%	50-74%	<50%

|	RAG criteria: Questionnaire completion percentages			
Measurement and Findings	*Randomisation* Assess whether UB and their referral partners are content with the randomisation into the two conditions and if it is having an effect on recruitment to the trial RAG: Target numbers of people consent to randomization	>75% of CYP referrals consent to randomisation so is not found to have an effect on the operation of the trial	50-74% of CYP consent. Randomisation is found to be having a minor effect on the operation of the trial	Less than 50% of CYP consent. Randomisation is found to be having a major effect on the operation of the trial
	Police administrative data Whether to which data has been provided. It will be important to see how easily data can be matched between Metropolitan police and UB records. RAG criteria: Percentage of matches to police records	80%	60-79%	60%
	Core measures Completion rate for pre and post SDQ and ISRD surveys. RAG criteria: completion rates of surveys	>75%	50-74%	<50%

Methods

Pilot trial design

The pilot will be a two-armed individually randomised controlled trial. Upon referral to UB, eligible CYP will be randomly assigned to the B.U.S intervention (the treatment group) or the lighter touch mentoring intervention (the control group) on a 1:1 basis. Outcomes will be measured at the individual level using administrative data and through the use of questionnaires. Measures will be obtained at the start and end of the interventions. Additionally, one month before the end of the pilot, police administrative data on CYP contact with the police will be collected. The full process appears in the table and diagram below.

Table 3: Pilot trial protocol

Step 1:	CYP is referred to UB, they are told general details about the offer of mentoring support (relevant for both programmes).
Step 2:	UB assesses eligibility. Ineligible cases are excluded, but recorded along with the reason for exclusion.
Step 3:	Informed consent/assent is provided by eligible CYP and parents/carers.
Step 4:	UB will contact UoB to request the randomization outcome. UoB will conduct the randomization and UB will provide the outcome to the CYP and parents/carers at this point. CYP is assigned to B.U.S or control intervention.
Step 5:	Baseline data on CYP are collected (SDQ, ISRD questionnaire).
Step 6:	CYP receives B.U.S or control intervention.
Step 7:	Right after the intervention is completed, data on CYP are collected (SDQ, ISRD questionnaire) for short-term outcomes.
Step 8:	One month before the pilot ends, police administrative data are provided from the Metropolitan Police.

Figure 1. Intervention and control intervention process summary
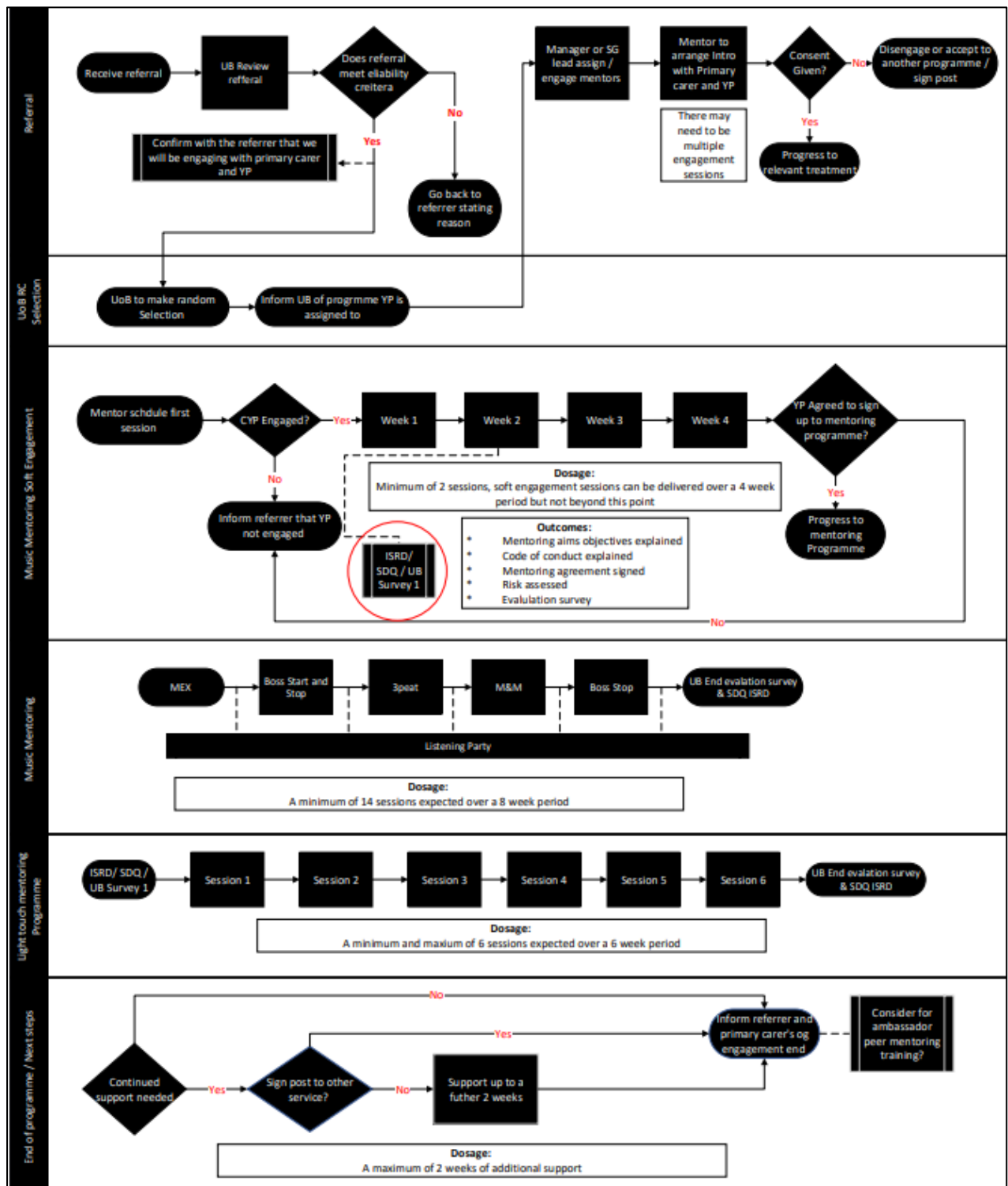
Randomisation

The "simple" randomisation method (Suresh, 2011) will be used, which is a robust method against selection and accidental biases. We will use the statistical software package Matlab to implement the randomisation. Automated randomisation will ensure that the process is transparent and reproducible. Allocation concealment will be ensured because Matlab will be operated by the research team, who will not release the randomisation outcome until the CYP has been recruited into the trial (see Table 1). Central randomisation will be used as the UB staff, who are involved in CYP recruitment, will have to contact the research team to receive the allocation of the CYP. Participants and mentors will be blind to the randomisation procedure, while the research team responsible for the randomisation will be blind to the questionnaire answers in Step 5 of Table 3.

Because several of the evaluation outcomes are self-report and may be susceptible to bias, (for example SDQ and ISRD), we will blind participants with respect to the true hypothesis of the study. We will only let them know that we are interested in testing two different types of interventions.

Participants

The intervention will be offered to CYP who meet the following inclusion criteria.

- CYP aged between 10-17 years
- Geographic Area: London
- Referral agencies: Police, Local Authority (Children's Services, Youth Offending Service), Schools and alternative education providers.
- Key Identifiers:
  - CYP who have been charged for an offence and given an out of court disposal[7] qualify for this programme.
  - Violence: Young People impacted by violence as victims or perpetrators, interpersonal, Domestic, Social media threats or displaying aggressive behaviour
  - CYP Associations: Young People associated with other Young People who have criminal or gang affiliations.

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[7] The range of options include: No Further Action, Community Resolution, Youth Caution, Youth Conditional Caution.

- o CYP referred from schools, who are not known to other statutory organisations, should have one of the following indicators: high level of disruptive behaviour, exclusion(s) (internal / external), under a managed move, truancy <u>and</u> one of the key identifiers above.

Relevant referring agencies, including the Metropolitan Police, local authority agencies, such as Children's Services and Youth Justice services and schools and other education provider will identify and refer CYP cases satisfying the above criteria to UB.

We will request both CYP assent and their parents/carers' consent. The only exception to this would be 17-year-olds living independently.

Trained UB staff will introduce the trial to CYP and their parents/carers through information sheets[8] and discuss the requirements with them. UB staff will obtain written assent (and consent where applicable) from CYP and written consent from parents/carers willing to participate in the trial.

Other participant groups for the pilot study include:

United Borders Staff

The research team will speak again with UB staff and mentors to discuss the operation of the two interventions. These will take place on the UB bus.

Referrers and Partners

The research team will seek to speak with practitioners who refer CYP to UB or who work with the organisation in other ways. The research team spoke with a number of referrers and partners during the feasibility study and would seek to speak with new participants during the pilot study. We would ask for recommendations of interviewees from UB. These will most likely be conducted remotely at the interviewee's place of work.

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[8] Please see Appendix B for information sheets and consent statements for all groups.

Sample size

The planned number of pilot study participants is 80 CYP, i.e. an expected number of 40 in the treatment group and 40 in the control group. This sample size is based on the level of recruitment achieved by UB during the feasibility study as well as the need to gather information about the operation and effect of the interventions. During the feasibility study 62 CYP started the established programme from 116 referrals across 6 months. UB expect this number to be lower during the pilot study as they will not be able to advertise the intervention as involving music mentoring, because of the nature of the control group intervention (which offers only mentoring). UB expect this will somewhat reduce interest from CYP, although not from referring organisations who will continue to value the offer of a free mentoring intervention. Despite this, the research team expect there will be a sufficient available sample of CYP to test the differences between the treatment and the control groups.

Methods, data collection and outcome measures

Our data will be a mixture of those generated from the pilot itself, those from administrative sources (police/source of referral), as well as those gathered as a result of the process and implementation evaluation.

1. Project implementation – qualitative and quantitative data

- Interviews / focus groups with UB staff and mentors on the implementation and delivery of the pilot trial. The topics will cover intervention delivery and ongoing support, understanding of the project fidelity, and session quality, facilitators and barriers/challenges to delivery. We will seek to conduct these around half way into the delivery period.
- Interviews with referring organisations. Topics will include views of the intervention, expected benefits as well as any barriers or areas for improvement. We will seek to conduct these around half way into the delivery period.
- Interviews / group interviews with CYPs who experienced both the treatment and control interventions. We will explore their perception of their mentor and the intervention, barriers and enablers to their participation, ways in which the intervention could be improved. We will also consider spillover effects and resentful demoralization amongst the CYP in the control programme. As in the feasibility study the peer researcher will speak with CYP at the start and end of the programme and will speak with CYP on both the treatment and control interventions. A purposive

sample of CYP will be made to represent the breadth of those supported. Participation incentives (£20 vouchers) will be offered to participating CYPs.

- Observations of the operation of both the intervention and control interventions, including programme sessions and the graduation ceremony to allow a fuller understanding of the intervention. These will be undertaken by the peer researcher.[9]

- UB will complete a fidelity checklist for each CYP accepted on to the treatment or control intervention to ensure the key steps of the intervention are completed. The checklist was developed with the research team to capture the activities laid out in the logic model and theory of change.[10]

- UB will share with the research team data on the costs of providing the intervention as laid out in the cost data section in this protocol.

2. Recruitment and retention - quantitative data

- Data from the UB case management system (CMS). This includes data on the journey of a CYP through the UB interventions, including the number and type of contacts made, whether CYP complete the interventions, and other support is in place. It also includes data captured on UB referral forms, such as reasons for referral and demographic information, responses to the Getting to Know You questionnaire[11] that UB complete with CYP at the start of their work and the surveys UB complete with CYP at the start and end of programmes. These gather background information as well as an assessment of how the CYP see themselves and their expectations of the programme. These data are detailed below:

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[9] Please see Appendix C for topic guides for all groups of interviewees and the observation guide.

[10] Please see Appendix E for the checklists.

[11] Please see Appendix A for full questions.

Table 4: Referral data captured

Referral data
Case Management ID No.
Referral Organisation
Young person's age
Gender Identity and sex
Ethnic background
Religious Background
Living Arrangements
Family Structure
Area Association (if applicable)
Interests
Is the young person in education
Name of educational institution
Is the young under 18?
Does the young person have any disabilities?
Name of Disability
Has the Young person been impacted by violence
What was the impact?
Is this young person undergoing any criminal proceedings?
Has the young person had any past arrests or convictions?
Is the young person receiving support from other services/agencies?
What support is the young person receiving?
Case work status (If applicable)
Has the Young person had any other interventions?
Reason For Referral

Table 5: Interaction data

Category	Description
Type of interaction	Core Programme, Mentoring, Early engagement, Cool-off session
Where	Where the interaction took place
Who	Who the interaction took place with
Number	Number of each type of interactions
Outcome	Whether CYP started the intervention, if they disengaged (with reason) and whether they completed

These data will be shared by UB at the end of programme delivery in January 2024.

3. Measurement and findings - quantitative data

- Police administrative data regarding arrest, offending and other contact with the police as a perpetrator, victim or witness. These data will be sought in December 2023.
- YEF core measure questionnaires –
  - Strengths and Difficulties Questionnaire (SDQ) a brief emotional and behavioural screening questionnaire for children and young people
  - International Self-Reported Delinquency (ISRD) study questionnaire to capture data on involvement in offending and disorder. To limit the number of questions asked to CYP and building on learning from the feasibility study, we will use Modules 2-7 from the fixed part (part 1) of the questionnaire:
    - Module 2 – family
    - Module 3 - school
    - Module 4) - victimization
    - Module 5 - leisure and peers
    - Module 6 - values and attitudes
    - Module 7 - offending.[12]

These data will be shared by UB at the end of programme delivery in January 2024.

To reduce the possibility of bias, data collection for the quantitative phase will be blinded for the analyst.

Engaging with Peer-researchers

Following the success of working with a peer researcher during the feasibility study, we intend to repeat this approach during the pilot study, working with the same peer researcher, a graduate of UB and still in touch with the organisation. In addition, we intend to work with a second peer researcher, also a graduate from the UB programme. This will provide our initial peer researcher the opportunity to work alongside and support a colleague and provide further resource to the pilot trial.[13] They will be involved in data collection with the CYP, including interviews and observations. This will also involve developing research tools,

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[12] Please see Appendix D for the full question set.

[13] United Borders ensure the peer researchers have a DBS check in advance of the start of their work on the project.

analysing data and writing up the findings. As in the feasibility study we will provide a summary of the work they will have done for inclusion in a CV. The research team will ensure training provided during the feasibility study is refreshed, including ethical and safety considerations and methods for data collection and analysis. Regular supervision and support will be provided by the same team as in the feasibility study (Professor Bradbury-Jones, Lorraine Khan and Professor Eddie Kane).

Peer-research has become a well-established and valuable part of the research landscape investigating people's lives, views and needs and the associated literature is plentiful (Bradbury-Jones, Isham & Taylor, 2018). Peer-researchers are purposively recruited to work as part of a research team because they share similar demographic characteristics and/or experiences as the study participants. In research with CYP, adopting a peer-research methodology can help overcome the problem of protectionism whereby CYP are regarded as being too vulnerable to participate in research and are therefore excluded. This can in fact make CYP more vulnerable by their exclusion, and co-research is one way to bring about meaningful participation for them. Members of the research team have undertaken a number of studies with child and adult peer-researchers and published widely on the issue (Bradbury-Jones & Taylor, 2015; Bradbury-Jones, 2014; Taylor et al., 2014). Benefits of such research can include: voices of CYP are heard; rich insights are gained; and empowerment and development of new skills among peer-researchers. Peer-researchers have helped us navigate the cultural and ethical terrain (particularly relevant to the UB project), providing solutions to ethical dilemmas and helping us respond to and, at times, transform understandings of what it means to be ethical and safe in their context.

A fundamental advantage of engaging with CYP as peer-researchers is the insider perspectives that they bring to the research. Peer research encourages closer intimacy and fuller discussion between researchers and those researched because of the mutual understanding of their worlds and sub-cultures (Bradbury-Jones and Taylor, 2015).

However, the risk of bias that the use of peer-researchers can bring is a noted issue in the literature. There is a need for peer-researchers to balance their insider peer knowledge along with the need to have the enquiring nature of an outsider or researcher.

These are issues that will form part of the ongoing support and guidance we will provide during the period of the study. Regular de-brief and reflexive sessions with the peer-researcher during data collection and analysis will help mitigate any potential unchecked bias and assumptions that can be an inherent part of qualitative research per se and with peer-research specifically.

There are ethical issues associated with all research, particularly when it involves CYP. We have designed the study to meet the ethical imperative that peer-researchers are adequately trained, supported and remunerated and not over-burdened. Payment for the peer-researchers is informed by the INVOLVE guidelines (2016) and for the young people who engage as peer-researchers, a daily rate of £125 is deemed an appropriate remuneration. Peer-researcher involvement in the project will be reviewed regularly to ensure it meets best practice guidance in line with GRIPP2 guidelines (Staniszewska, Brett, Mockford & Barber, 2011).

Stopping criteria

We will use the monitoring data UB collect and provide to YEF to judge whether there is a need to stop the study, because it becomes a source of harm to participants. These data will be monitored during the life of the project to ensure this decision is made in a timely fashion. These criteria are separate and distinct from the success criteria defined previously. As such we will base our decision on an assessment of those safeguarding incidents categories which concern harm to participants created by the intervention. These are as follows:

Level 1 Incidents

- Allegation of Sexual Assault (by staff of YP)
- Allegation of Physical Assault (by staff of YP)
- Staff or volunteer computer or device is found to contain images of child pornography

Level 2 Incidents

- Safeguarding Allegation (Against staff or volunteer)
- Allegation of Sexual Assault (YP on YP)
- Allegation that a trustee, staff member or volunteer has been abused by another trustee/s, staff member/s or volunteer/s
- Funded organisation discovers that an employee or volunteer coming into contact with children is on the sex offenders register.

Level 3 Incidents by Broad Example Categories

- Sharing Personal Contact Details with children or young people.
- Failure to Carry Out DBS Check which would have identified that a member of staff, volunteer or trustee was disqualified in law (under safeguarding legislation) from holding that position.

Methods overview

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed
Quantitative	Metropolitan Police administrative data Questionnaires (SDQ/ISRD) UB case management system / monitoring returns to YEF	CYP (N=80)	Descriptive - comparisons pre and post intervention for intervention and control group	2) a) and b) Establish a feasible way to measure the outcomes of interest or their proxies. 4) Establish sufficient target population
Qualitative	Observations Interviews / Focus groups	CYP (N=5, peer researcher) CYP (N=10-15, peer researcher) UB staff, mentors (N=6) Referring organisations (N=5)	Thematic	1) Understand how the treatment and control interventions are experienced by all stakeholder groups 3) Consider the possibility of unexpected adverse outcomes

Data analysis

This pilot study will test the feasibility of implementing an RCT in this context as well as assessing evidence of promise. No power calculation for the pilot has been performed and the data will not be used for frequentist analyses.

The primary outcome will be subsequent contact with the police (taken from administrative and self-report data). This will be defined as arrest, offending and other contact with the police as a perpetrator, victim or witness. The secondary outcome will be the CYP's internalizing and externalizing problems scores, derived from the SDQ test, and measures of self-reported anti-social behaviour and offending captured from the ISRD questionnaire.

Descriptive statistics such as means and percentages will be reported for all variables collected from the sample. Such variables include both demographic data such as age, gender

and race and primary outcome data mentioned above. Cross-tabulations will be used to the show outcomes across age, gender and other demographic variables. Missing data will not be dealt with as that would require statistical analysis. Given that this is a pilot, the reported descriptive statistics will only be based on complete cases.

For the qualitative data, all interviews and focus groups will be audio-recorded with permission and transcribed. Data will be analysed using Braun and Clarke's (2021) thematic techniques. Nvivo will aid data analysis and interpretation. We recognise that some individuals may be reluctant to be recorded and, in those cases, a written record will be made and these notes will be analysed in the same way. Collection and analysis of qualitative data will be an iterative process, with both occurring in parallel – enabling emerging themes to be investigated in later interviews.

Outputs

The key output of the pilot trial will be an evaluation report fully summarising the study and its findings. It will include details on CYP recruitment, retention, outcomes and experiences of the interventions. Tables and figures will present the descriptive analysis comparing the different short-term outcomes between the treatment and the control group. Due to the small sample size the evaluation will avoid frequentist analysis of pre-post differences in outcomes (due to difficulties in interpreting these), but will focus on the differences between treatment and control group. The report will also outline findings on the progression criteria defined.

Additionally, we will offer a presentation to UB and YEF on the main findings of the pilot study.

Cost data reporting and collecting

There are several organisations involved in the delivery of the UB interventions. Various services will provide referrals to UB. UB will provide the interventions. Case referrals by the local agencies are part of their standard operation and therefore no further costs arise for these organisations. Therefore, costs will be considered from UB's point of view. These costs will be covered by YEF.

Our approach will involve: a) observe employees' work, b) request reports, c) employ self-monitoring tools, and d) review progress on a regular basis. The key employees in this intervention are the UB staff. They are a small team (fewer than 10 people) and so we will

gather data on all of them. The UB costs are based on their submitted bid to the funder for delivering the interventions. We will collect cost data using the principles articulated in the YEF guidance document, i.e. a bottom up approach estimating the different components of costs for the organisation concerned. We expect to collect the data from UB and include labour costs (these will be the main source of costs), material (including licensing) costs, training costs, venue costs where applicable (if this is a regular fixed rental to be paid where say mentoring takes place). There is certainty about some of these costs, such as labour because the staff have already been hired, and in the event of excess demand for the interventions, no new staff will be hired to meet this demand.

To understand the resources needed to deliver the intervention, we need to understand the number of CYP who go through the RCT and the associated costs. UB expect to work with 80 CYP across the two interventions during the pilot study.

Ethics and registration

Research into violence and criminality and with CYP has certain ethical and safeguarding challenges. We will ensure all issues like confidentiality, safeguarding, disclosure etc. are fully considered. We have a robust ethics framework in place. The UoB has an overarching Code of Ethics and ethical approval is a requirement of the Code of Practice for Research. All research projects go through the ethical review and approval process. The process includes completion of a self-assessment form. Then, for studies involving human participants such as the current evaluation, stage 2 is to secure ethical approval via the central research ethics committee.

Ethical approval was gained for the feasibility study undertaken with UB. For the pilot study we will seek an amendment to this approval updating the methodology to reflect the use of a RCT methodology and data collection from the Metropolitan Police.

Any modifications to the protocol which may impact on the conduct of the study, potential benefit of the CYP or may affect CYP safety, including changes of study objectives, study design, patient population, sample sizes, study procedures, or significant administrative aspects will require a formal amendment to the protocol. Such amendment will be agreed upon by the University of Birmingham, UB and YEF and approved by the University of Birmingham ethics committee prior to implementation. Administrative changes of the protocol are minor corrections and/or clarifications that have no effect on the way the study is to be conducted. These administrative changes will be agreed upon by the University of Birmingham, UB and YEF, and will be documented in a memorandum. The University of

Birmingham ethics committee may be notified of administrative changes at the discretion of the University of Birmingham research group.

The study will be registered on https://www.isrctn.com/.

Data protection

The six lawful bases for processing are set out in Article 6 of the UK GDPR (one of which must apply when data is processed). A relevant basis for processing personal data here is the **'public task'** basis. With regard to special category data, data regarding the racial / ethnic origin of the CYP who take part in the programme, the special category condition would be archiving, research and statistics. Regarding the administrative and self-reported data on involvement in anti-social and criminal acts the schedule 1 condition would be research.

Regarding **confidentiality**, participants will be informed prior to, and post the interview process that the information they provide will be kept strictly confidential and that no identifying information will be available to anyone external to the research team. Confidentiality will be preserved (for quantitative and qualitative data) through steps such as (1) assignment of participant numbers/pseudonyms, (2) deletion of audio files post-transcription, (3) transcripts / consent forms stored in a locked cabinet at the University, and (4) electronic data held on password protected spaces only accessible to researchers.

All study-related information will be stored securely in UB premises, the UB case management system and University of Birmingham computers. All participant information will be stored in locked file cabinets in areas with limited access. All reports, data collection, process, and administrative forms will be identified by a coded ID [identification] number only to maintain participant confidentiality. All records that contain names or other personal identifiers, such as locator forms and informed consent forms, will be stored separately from study records identified by a code number. All local databases will be secured with password -protected access systems. Forms, lists, logbooks, appointment books, and any other listings that link participant ID numbers to other identifying information will be stored in a separate, locked file in an area with limited access. The final trial dataset will be accessed by the University of Birmingham researchers. They can access the data for a period of 10 years after the conclusion of the trial.

Following the conclusion of the pilot, we will deliver the following for sharing purposes:

1. A dataset to the DfE containing only the personally identifying data (i.e. name, address etc.) for the CYP in the treatment and control groups, with a list of random references numbers.

2. The evaluation data set and random references numbers to ONS (no directly identifying data will be included)

Data Management Plan

Assessment and use of existing data and creating new data

We will analyse existing routinely collected police data and may produce new quantitative and qualitative data alongside the more sensitive individual level data. Ethics approvals will be obtained from the UoB that will set out the usage, storage and governance of data. The research team will respect any conditions of usage set forward by the data owners and the informed consent sheets will set out how data that is collected will be used.

For interviews, when prior consent is received, all interviews will be digitally audio recorded. The recorded data will be saved on password-protected and encrypted computers of the research co-ordinator and lead for the study and will be either transcribed in-house or sent electronically to a transcription agency that complies with the University's data protection policy and agreed security standards set by the funder. The transcripts will be stored on the computer of the research fellow in Word Format and will be thematically analysed by the study lead and research fellow.

Quantitative data will be stored anonymously. If any individual data is collected, participant names will be allocated a research ID number. A separate list detailing the participant name and research ID code will be stored in an encrypted file in the research co-ordinator's laptop, separate from the rest of the project files. All UoB laptops have secure encryption which satisfies the requirements of the Data Protection Act 2018. All work involving matching using names will be on UoB encrypted machines by researchers under the PI's supervision.

All data collected will be for the specific purpose of carrying out the different phases of the feasibility studies and will be GDPR compliant.

Quality assurance of data

Data collection will be designed and reviewed to ensure integrity and quality. This will be achieved by having regular project team meetings and consulting research participants on an ongoing basis. Quality assurance of data will form a standing agenda item at all team meetings.

The Project manager will have ultimate accountability and oversight for quality assurance of data; however, it will be emphasised to all team members that they have a personal responsibility to produce high quality data. In order to ensure 360-degree oversight, a selection of each lead's work will also be reviewed by the co-leads and research fellows.

Quality assurance in the merged and linked data files will be ensured via the use of clear, consistent coding that will be crosschecked by members of the research team. All provided coding will be clearly annotated so that the purpose of the code is understood by any potential user. Data will also be manually examined by more than one person, either using subsets of the data for complete examination against the original data or running frequencies of the original and newly created data, for inconsistencies and errors.

Back-up and security of data

Each study lead and research fellow will store the data on their encrypted laptop. Further data back-up will be provided by using the UoB's secure network. Backup copies of data are taken at least daily or immediately if needed.

The UoB's Information Security document can be provided upon request. The project team will be mindful of not carrying/ using devices that contain sensitive data (such as personal details of participants) in 'risky' situations e.g., all members of the project team will be made aware of the issues posed by the theft of laptops etc.

This evaluation will comply with YEF's Data Archive guidance, including the collection and long-term archiving of personal data. We have considered YEF's guidance on this and will abide by it.

Data Monitoring

A data monitoring committee (DMC) will be established, which will be independent of UB, the funder and the evaluation team. The DMC will consist of two people, one of which will act as a chair. The frequency of interim analyses will depend on the judgement of the Chair of the DMC, in consultation with the steering committee. However, we anticipate that there might be one interim analysis and one final analysis.

The DMC will have unblinded access to all data and can propose the stopping of the project. The steering committee decides on the continuation of the trial and will report to the central ethics committee.

An audit is planned after six months in the pilot, which will include site visits. The audit will be conducted by the DMC committee.

Stakeholders and interests

The UB team and their roles for this project are as follows:

- Justin Finlayson - Programme Management and deputy safeguarding lead
- Ceri Finlayson - Strategy Development, reporting, safeguarding lead
- Stephen Graham - Lead Facilitator / Mentor team lead
- Mentors – support for CYP
- Shae Love – administrative support
- Peer researcher – qualitative data gathering with CYP, data analysis.

The research team is as follows (unless otherwise stated, they are staff of the University of Birmingham):

Professor Siddhartha Bandyopadhyay (SB) is the Principal investigator and overall Project Manager and co-leads the impact study.

The quantitative data gathering and analysis is co-led by Dr Ioannis Karavias (IK).

The process and implementation work is led by Professor Eddie Kane (EK, University of Nottingham).

Professor Caroline Bradbury-Jones (CB-J) leads our work with the peer researchers.

Two University of Birmingham research fellows support the study:

- Dr Emily Evans (EE) supports the process and implementation and supports SB in project management.
- Dr Juste Abramovaite (JA) supports the impact work.

A small group of experts will advise the team and provide quality assurance;

- Professor Paul Montgomery (PM) provides expert input into the overall research design.
- Dr Mel Jordan (MJ) advises on trauma-informed care and practice.
- Lorraine Khan (LK) supports our work with the peer researcher as part of the process evaluation.
- Dr Kausik Chaudhuri (KC) provides quality assurance of the statistical analysis.
- Professor Anindya Banerjee (AB) provides quality assurance to the study.

Risks

To manage risk, we use a risk register and maintain an issues log. Our issues log will be used to collate key questions/issues and target the appropriate individual for a response which will be recorded in the log. Our risk register will identify, assess and control risks and uncertainties enabling us to improve the ability of the project to succeed. Our risk management is based on PRINCE2 principles. The issues log and risk register will be reviewed weekly by the research team. Any issues and/or risks will be shared at the earliest possible opportunity internally for mitigation and where necessary, if these are viewed as major risks, these will be escalated to 'named' project contacts within YEF and UB.

We have identified some potential risks and provided mitigation for these in the table below. We believe this is a low to medium risk project.

We have built a resilient team for this study. All the senior researchers supporting the overall project lead have the ability and experience in this area to step in to become overall lead in case of anything unexpected happening that makes the project manager unable to carry on leading the project.

Risk Register and Mitigation Plan

Description of Risk	Internal (I) External (E)	Impact Potential	Action To Mitigate Risk	Potential risk With Mitigation	Responsibility
Intervention is delivered differently from the way defined in the protocol	I	🟥	The project team have been briefed by the UoB team regarding the protocol and the research methodology being used. A fidelity checklist has been developed for mentors to complete for each CYP, to act as a reminder regarding the tasks required and their order. These will be checked regularly by the UoB team to check they are being completed and the tasks and order followed.	🟩	UoB in liaison with UB.
Stakeholders difficult to engage in evaluation	E	🟧	Work with YEF, UB and partners to devise a communication / engagement strategy directed at relevant stakeholders.	🟩	UoB in liaison with UB and senior SPOCs within external agencies
Issues of confidentiality could impair the extent of information or evidence, which could have an impact upon the quality of our outputs.	E/I	🟧	We will have data protection guidance in place which outlines how we will collect, store, use and shred data. We will share this guidance with stakeholders to ensure that they are willing to share data. For qualitative data collection such as interviews we will provide confidentiality statements to make sure that participants feel safe to share views and information.	🟩	University of Birmingham – all staff to uphold requirements. Overall responsibility Siddhartha Bandyopadhyay
Stakeholders not willing to share relevant data or data is not available, incomplete, inaccessible or not produced in a timely fashion.	E	🟧	Work with UB and stakeholders to identify the relevant data and agree sharing protocols. Consultation to take early action and modify project plan if necessary. Consider alternative data sources.	🟧	University of Birmingham in liaison with UB and senior SPOCs within external agencies
UB data quality too low for research requirement.	E/I	🟧	Data quality checks and cleaning techniques applied as standard. Potential use of missing data modelling if required.	🟩	University of Birmingham

Research participants (interviewees) unavailable due to time pressures	E	🟩	We will gather a pool of potential participants - larger than required to allow for sample attrition. We will work with the funder and intervention lead to convince the participants of value of the evaluation. Where appropriate we will use remote means to conduct interviews and meetings to facilitate the involvement of stakeholders.	🟩	University of Birmingham
Delays in data sharing with the Metropolitan Police	E	🟧	UoB to maintain communication with the Metropolitan Police and make clear the timescales for the study.	🟩	University of Birmingham
Metropolitan Police data quality too low for research requirement.	E/I	🟥	UoB to discuss the data needs with the Metropolitan Police in advance of the data share. Data quality checks and cleaning techniques applied as standard. Potential use of missing data modelling if required.	🟩	University of Birmingham
Loss of key evaluation team staff (possibly because of illness)	I	🟩	Use of back up researchers to strengthen resilience. As indicated, a particularly resilient team has been built.	🟩	University of Birmingham
Archiving - incomplete or incorrectly formatted dataset for archive	E/I	🟥	Clear remit from YEF about specific information (e.g. variable list) and format needed for the archive. Data gathering tools to include these variables to facilitate gathering this in the correct format.	🟧	YEF and University of Birmingham

Timeline

Dates	Activity	Staff responsible/ leading
Dec 2022 –Feb 2023	Project set up –, define referral pathways, update record management processes Evaluation set up – information sharing agreements, finalise evaluation materials, gain ethics approval	UB: JF/CF/SL UoB: SB/EE
Mar 2023	YEF make decision whether to approve pilot study	YEF
April/May 2023	Project go live – staff recruitment, recruitment of CYP into intervention and control group, begin collecting case monitoring data Begin collecting SDQ/ISRD outcome measures	UB: JF/CF/SL UoB: SB (lead) and IK
May-Dec 2023	Project operation Gather quantitative data (outcome measures, case monitoring data, administrative outcome data) Gather qualitative data (interviews with staff, referrers, CYP, observations)	UB: JF/CF/SL/ mentor team UoB: SB (lead) and IK UoB: EK (lead), CB-J, EE and peer researcher
Jan-Feb 2024	Data sharing Data cleaning, checking, analysis	UB: JF/CF/SL UoB: Quants: SB (lead) and IK Qual: EK (lead), CB-J, EE and peer researcher
Mar 2024	Draft interim evaluation report	UoB team
Apr-May 2024	Peer-review process and submission of final pilot evaluation report	UoB team
Jun 2024	Evaluator support for YEF publication process and data archiving	UoB team

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SPIRIT 2013 Checklist: Recommended items to address in a clinical trial protocol and related documents

Section/item	Item No	Description	Addressed on page number
Administrative information			
Title	1	Descriptive title identifying the study design, population, interventions, and, if applicable, trial acronym	1
Trial registration	2a	Trial identifier and registry name. If not yet registered, name of intended registry	33
	2b	All items from the World Health Organization Trial Registration Data Set	51
Protocol version	3	Date and version identifier	1
Funding	4	Sources and types of financial, material, and other support	32
Roles and responsibilities	5a	Names, affiliations, and roles of protocol contributors	1
	5b	Name and contact information for the trial sponsor	2
	5c	Role of study sponsor and funders, if any, in study design; collection, management, analysis, and interpretation of data; writing of the report; and the decision to submit the report for publication, including whether they will have ultimate authority over any of these activities	19
	5d	Composition, roles, and responsibilities of the coordinating centre, steering committee, endpoint adjudication committee, data management team, and other individuals or groups overseeing the trial, if applicable (see Item 21a for data monitoring committee)	36-37
Introduction			
Background and rationale	6a	Description of research question and justification for undertaking the trial, including summary of relevant studies (published and unpublished) examining benefits and harms for each intervention	19 & 4
	6b	Explanation for choice of comparators	18
Objectives	7	Specific objectives or hypotheses	19

| Trial design | 8 | Description of trial design including type of trial (eg, parallel group, crossover, factorial, single group), allocation ratio, and framework (eg, superiority, equivalence, noninferiority, exploratory) | 21 |

Methods: Participants, interventions, and outcomes

Study setting	9	Description of study settings (eg, community clinic, academic hospital) and list of countries where data will be collected. Reference to where list of study sites can be obtained	1
Eligibility criteria	10	Inclusion and exclusion criteria for participants. If applicable, eligibility criteria for study centres and individuals who will perform the interventions (eg, surgeons, psychotherapists)	23
Interventions	11a	Interventions for each group with sufficient detail to allow replication, including how and when they will be administered	9
	11b	Criteria for discontinuing or modifying allocated interventions for a given trial participant (eg, drug dose change in response to harms, participant request, or improving/worsening disease)	19
	11c	Strategies to improve adherence to intervention protocols, and any procedures for monitoring adherence (eg, drug tablet return, laboratory tests)	NA
	11d	Relevant concomitant care and interventions that are permitted or prohibited during the trial	18
Outcomes	12	Primary, secondary, and other outcomes, including the specific measurement variable (eg, systolic blood pressure), analysis metric (eg, change from baseline, final value, time to event), method of aggregation (eg, median, proportion), and time point for each outcome. Explanation of the clinical relevance of chosen efficacy and harm outcomes is strongly recommended	31
Participant timeline	13	Time schedule of enrolment, interventions (including any run-ins and washouts), assessments, and visits for participants. A schematic diagram is highly recommended	22
Sample size	14	Estimated number of participants needed to achieve study objectives and how it was determined, including clinical and statistical assumptions supporting any sample size calculations	25
Recruitment	15	Strategies for achieving adequate participant enrolment to reach target sample size	NA

Methods: Assignment of interventions (for controlled trials)

Allocation:

Sequence generation	16a	Method of generating the allocation sequence (eg, computer-generated random numbers), and list of any factors for stratification. To reduce predictability of a random sequence, details of any planned restriction (eg, blocking) should be provided in a separate document that is unavailable to those who enrol participants or assign interventions	23
Allocation concealment mechanism	16b	Mechanism of implementing the allocation sequence (eg, central telephone; sequentially numbered, opaque, sealed envelopes), describing any steps to conceal the sequence until interventions are assigned	23
Implementation	16c	Who will generate the allocation sequence, who will enrol participants, and who will assign participants to interventions	23
Blinding (masking)	17a	Who will be blinded after assignment to interventions (eg, trial participants, care providers, outcome assessors, data analysts), and how	23
	17b	If blinded, circumstances under which unblinding is permissible, and procedure for revealing a participant's allocated intervention during the trial	NA

Methods: Data collection, management, and analysis

Data collection methods	18a	Plans for assessment and collection of outcome, baseline, and other trial data, including any related processes to promote data quality (eg, duplicate measurements, training of assessors) and a description of study instruments (eg, questionnaires, laboratory tests) along with their reliability and validity, if known. Reference to where data collection forms can be found, if not in the protocol	25
	18b	Plans to promote participant retention and complete follow-up, including list of any outcome data to be collected for participants who discontinue or deviate from intervention protocols	27
Data management	19	Plans for data entry, coding, security, and storage, including any related processes to promote data quality (eg, double data entry; range checks for data values). Reference to where details of data management procedures can be found, if not in the protocol	31

Statistical methods	20a	Statistical methods for analysing primary and secondary outcomes. Reference to where other details of the statistical analysis plan can be found, if not in the protocol	31
	20b	Methods for any additional analyses (eg, subgroup and adjusted analyses)	31
	20c	Definition of analysis population relating to protocol non-adherence (eg, as randomised analysis), and any statistical methods to handle missing data (eg, multiple imputation)	31
Methods: Monitoring			
Data monitoring	21a	Composition of data monitoring committee (DMC); summary of its role and reporting structure; statement of whether it is independent from the sponsor and competing interests; and reference to where further details about its charter can be found, if not in the protocol. Alternatively, an explanation of why a DMC is not needed	36
	21b	Description of any interim analyses and stopping guidelines, including who will have access to these interim results and make the final decision to terminate the trial	29
Harms	22	Plans for collecting, assessing, reporting, and managing solicited and spontaneously reported adverse events and other unintended effects of trial interventions or trial conduct	29
Auditing	23	Frequency and procedures for auditing trial conduct, if any, and whether the process will be independent from investigators and the sponsor	26
Ethics and dissemination			
Research ethics approval	24	Plans for seeking research ethics committee/institutional review board (REC/IRB) approval	33
Protocol amendments	25	Plans for communicating important protocol modifications (eg, changes to eligibility criteria, outcomes, analyses) to relevant parties (eg, investigators, REC/IRBs, trial participants, trial registries, journals, regulators)	33
Consent or assent	26a	Who will obtain informed consent or assent from potential trial participants or authorised surrogates, and how (see Item 32)	24
	26b	Additional consent provisions for collection and use of participant data and biological specimens in ancillary studies, if applicable	NA

Confidentiality	27	How personal information about potential and enrolled participants will be collected, shared, and maintained in order to protect confidentiality before, during, and after the trial	34
Declaration of interests	28	Financial and other competing interests for principal investigators for the overall trial and each study site	NA
Access to data	29	Statement of who will have access to the final trial dataset, and disclosure of contractual agreements that limit such access for investigators	34
Ancillary and post-trial care	30	Provisions, if any, for ancillary and post-trial care, and for compensation to those who suffer harm from trial participation	NA
Dissemination policy	31a	Plans for investigators and sponsor to communicate trial results to participants, healthcare professionals, the public, and other relevant groups (eg, via publication, reporting in results databases, or other data sharing arrangements), including any publication restrictions	32
	31b	Authorship eligibility guidelines and any intended use of professional writers	NA
	31c	Plans, if any, for granting public access to the full protocol, participant-level dataset, and statistical code	NA

Appendices

Informed consent materials	32	Model consent form and other related documentation given to participants and authorised surrogates	Separate documents
Biological specimens	33	Plans for collection, laboratory evaluation, and storage of biological specimens for genetic or molecular analysis in the current trial and for future use in ancillary studies, if applicable	NA

All items from the World Health Organization Trial Registration Data Set

Primary registry and trial identifying number: N/A

Date of registration in primary registry: NA

Secondary identifying numbers: NA

Source(s) of monetary or material support: Youth Endowment Fund

Primary sponsor: Youth Endowment Fund

Secondary sponsor(s): None

Contact for public queries: Chanel Hayre, chanel.hayre@youthendowmentfund.org.uk

Contact for scientific queries: Professor Siddhartha Bandyopadhyay, s.bandyopadhyay@bham.ac.uk

Public title: United Borders music mentoring programme; a pilot for a randomised controlled study

Scientific title: United Borders music mentoring programme; a pilot for a randomised controlled study

Countries of recruitment: UK

Health condition(s) or problem(s) studied: Youth violent behaviour

Intervention(s): Active comparator: B.U.S music mentoring programme. Placebo comparator: mentoring only intervention

Key inclusion and exclusion criteria: Ages eligible for study: 10-17 years; Sexes eligible for study: both;

Inclusion criteria:

- CYP aged between 10-17 years
- Geographic Area: London
- Referral agencies: Police, Local Authority (Children's Services, Youth Offending Service), Schools and alternative education providers.
- Key Identifiers:
  - Violence: Young People impacted by violence as victims or perpetrators, interpersonal, Domestic, Social media threats or displaying aggressive behaviour
  - CYP referred from schools, who are not known to other statutory orgs, should have one of the following indicators: high level of disruptive behaviour, exclusion(s) internal / external, under a managed move, truancy and one of the key identifiers below.
  - CYP Associations: Young People associated with other Young People who have criminal or gang affiliations.
  - CYP who have been charged for an offence and given an out of court disposal qualify for this programme.

Study type: Allocation: randomized; Intervention model: parallel assignment. Primary purpose: Reduced contact with police.

Date of first enrolment: April 2023

Target sample size: 80 (intervention 40, control 40)

Recruitment status: recruiting

Primary outcome(s): Reduced contact with the police

Key secondary outcomes: changes in SDQ and ISRD measures

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