EVALUATION PROTOCOL

Strengthening Families, Strengthening Communities: Safer Lives (SFSC:SL) Efficacy Trial

University of Greenwich, University of Manchester, City St George's, University of London

Principal investigator: Sajid Humayun

YOUTH ENDOWMENT FUND

SFSC:SL Efficacy Trial

Evaluation protocol

Evaluating institution: Universities of Greenwich, Manchester, City St George's University of London

Principal investigator(s): Sajid Humayun

Project title[1]	Strengthening Families, Strengthening Communities: Safer Lives (SFSC:SL) Efficacy Trial
Developer (Institution)	Race Equality Foundation (REF)
Evaluator (Institution)	University of Greenwich, University of Manchester, City St George's, University of London
Principal investigator(s)	Sajid Humayun
Protocol author(s)	Sajid Humayun, Charlotte Lennox, Anita Mehay, Lesley-Anne Carter
Trial design	Two-arm individually randomised (1:1) superiority randomised controlled trial (RCT) of SFSC:SL plus Business as Usual (BAU) vs BAU alone.
Trial type	Efficacy
Evaluation setting	Youth justice and associated agencies; Family, delivered to primary caregivers (PCG)
Target group	Children and Young People (CYP) Aged 11-18 engaged in or at high risk of crime and violence

[1] Please make sure the title matches that in the header and that it is identified as a randomised trial as per the CONSORT requirements (CONSORT 1a).

Number of participants	600 CYP and PCG
Primary outcome and data source	Offending**:** Self-reported delinquency - International Self-Report Delinquency Study 4 survey offending scale (ISRD4; Marshall et al., 2022).
Secondary outcome and data source	1. Child criminal exploitation 2. Parenting behaviours 3. Quality of parent-child relationships 4. Parental supervision, monitoring and child disclosure 5. Parent Wellbeing 6. YP wellbeing and prosocial behaviours 7. Temperamental irritability 8. Callous-Unemotional Traits 9. Parental self-efficacy 10. Parent self-efficacy 11. YP self-efficacy 12. Sense of belonging 13. Community cohesion 1. ISRD 4 (Marshall et al., 2022) questions with follow on questions used in YEF Functional Family Therapy RCT (Humayun et al., 2023); YP report 2. Alabama Parenting Questionnaire 15 item short form (Scott et al., 2011); parent and YP report 3. Child-Parent Relationship Scale short form (Driscoll & Pianta, 2011); parent report 4. ISRD 3 parenting scale (Marshall et al., 2019) 5. Warwick-Edinburgh Mental Wellbeing Scale (WEMBS) (Tennant et. al., 2007); parent report 6. Strengths and Difficulties Questionnaire (Goodman, 1997); YP and parent report 7. ODD subtyping items (Stringaris & Goodman, 2009) 8. ABCD CU Traits Scale (Hawes et al., 2019); YP and parent report 9. Brief Parental Self-Efficacy Scale – short form (Woolgar, M., Humayun, S., Scott, S., & Dadds, M. R., 2023) 10. Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1965) 11. General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) 12. The General Belongingness Scale (GBS) (Malone et. al., 2012); YP and parent report 13. The Social Cohesion and Trust Scale (Sampson et. al., 1997); YP and parent report

Protocol version history

Version	Date	Reason for revision
1.4	29/1/2026	Revised following peer review
1.3	11/12/2025	Revised with secondary outcomes for peer review
1.2*[latest]*	29/8/2025	Revised in response to YEF feedback
1.1	11/8/2025	YEF request for additional sections to be completed
1.0 [*original*]	28/7/25	*[leave blank for the original version]*

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Study rationale and background

Youth violence can have a devastating impact on individuals, families and communities. In England and Wales, there has been a significant increase in serious violence committed by young people, which has inevitably led to a rise in the number of victims as well (Youth Endowment Fund, 2024). Serious violence affecting young people is higher compared with a decade ago, particularly those relating to knife crime (Youth Endowment Fund, 2024). In 2022/23, 99 young people aged 16-24 were victims of homicide compared to 87 in 2012/13. In 2022/23, 467 young people were treated in hospital for knife or sharp object injuries – a 47% increase from the 318 instances in 2012/13. Recent findings from a large survey of 7,574 young people report that 16% had been a victim of violence and 44% had witnessed violence in the past 12 months – with 47% reporting being both victims and perpetrators of violence (Youth Endowment Fund, 2023).

Some young people are disproportionately affected by youth violence. Boys account for 83% of young people cautioned or convicted for violent offences, 91% of all hospital admissions for knife assaults and 87% of victims of homicide aged 16-24 (Youth Endowment Fund, 2024). Boys from Black backgrounds are overrepresented at all levels of the justice system, despite White young people having the most interaction with the police and justice system – with 73% of young people arrested in 2022/23 being White (Youth Endowment Fund, 2024). Black young people are also, on average, more likely to report being vulnerable as both victims (21%) and perpetrators (22%) compared to White young people (16% and 14%, respectively) (Youth Endowment Fund, 2023). Violence also tends to be concentrated in the most deprived areas and in large cities, including London, the West Midlands and West Yorkshire (although,

when looking at the rate of violence per head, children in other areas such as Nottinghamshire, West Yorkshire and North Wales are also at greater risk). Children living in the most deprived police force areas (10% highest rates of absolute poverty: West Midlands, Greater Manchester, Merseyside, Cleveland, and Lancashire) are 2.5 times more likely to be exposed to violent crime than those in the bottom 10% (Youth Endowment Fund, 2024). Violence is not just about boys, though, as it has a serious impact on women and girls as well. A major report from the National Police Chiefs' Council (NPCC) states that violence against women and girls has reached 'epidemic levels' in terms of its scale, complexity and impact on victims (NPCC, 2024). The NPCC reports a 435% increase in child sexual abuse and exploitation, with more than half of these cases being committed by children (NPCC, 2024).

Violence against young people is recognised as a public health issue by various organisations, including the World Health Organization, which highlights the importance of addressing both risk and protective factors (Gardner et al., 2023). The causes and drivers of youth violence are complex, but there are several risk factors that can increase the chances of a young person becoming involved in violence. These risk factors operate at the individual, family and community levels, with wider social and economic injustices relating to poverty and racism being important drivers (White et al., 2021). Family factors are important where exposure to conflict and violence at home increases the risk of young people becoming involved in crime within their communities (Local Government Association, 2018).

Parenting interventions are considered a promising evidence-based strategy for reducing the risk of violence involving young people. Parents/carers play a crucial role in their children's wellbeing, with parental mental health significantly influencing family dynamics, relationships and parenting practices. Parenting programmes seek to help parents/carers and their children to develop positive behaviours and relationships. They help parents/carers to develop a caring and responsive relationship with their child; develop awareness of their child's behaviours; respond in a positive, consistent, non-violent way; and support the child in developing social and emotional skills. These approaches to parenting can help young people to manage their emotions and support positive behaviour, which are linked to reduced involvement in youth violence. This is not to say that parents/carers and parenting are the causes of youth violence, but consistent parenting and positive family relationships can be an important protective factor, particularly for families living in areas of high crime. Other protective factors, such as positive friendships, participation in sports and hobbies and supportive social relationships, can also mitigate these risks; parents/carers can have a positive influence over all of these factors (Early Intervention Foundation, 2015).

The YEF funded a feasibility study to consider the Strengthening Families, Strengthening Communities: Safer Lives (SFSC:SL) parenting programme to address youth violence and the feasibility study looked to explore the optimal design for a future evaluation. The feasibility study ran from August 2023 to June 2024. The REF adapted the original universal

Strengthening Families, Strengthening Communities (SFSC) to include content explicitly focused on the drivers of violence involving young people. Facilitators received an additional day of training on this content (in addition to 5-days SFSC training). The feasibility study team worked closely with the REF to reach parents/carers and young people engaged in three Youth Offending Teams (YOTs) to deliver two parenting programmes. The feasibility study included a range of qualitative methods including focus groups with seven parents and carers and interviews with all three facilitators. The team also analysed process data and children were asked to complete a questionnaire featuring potential outcome measures (including the International Self-Report Delinquency (ISRD-3) measure, and the Self-report Early Delinquency (SRED) instrument).

Twelve parents were recruited to SFSC:SL and two programmes were delivered (each with six parents/carers). This met the minimum acceptable target for reach (although the desired initial target was higher at 16-20). Challenges to recruitment included lower-than-expected referrals from YOTs (with local YOTs referring 30 parents compared to an initially expected 40), and the short timeframe given to recruit. The REF also reported that it faced challenges converting referrals to recruitment since some referrals had incomplete contact details or other referrals were out of date (as parents/carers were no longer in contact with the YOT). Only 40% of referrals were converted into recruited participants (lower than the anticipated 50%). Recruitment was facilitated by good relationships between parents/carers and YOTs, and meaningful, personalised early conversations between the SFSC:SL facilitators and parents/carers. Facilitators were part of the community and resided in the programme's target areas which also supported the building of trust and relationships.

Parents/carers attended an average of 7.5 sessions out of a possible 13 (54%) and out of a target of 9. Of the 12 parents who started SFSC:SL, seven attended eight or more sessions. Reasons for non-attendance often related to challenges in parents'/carers' lives, such as shift work and working multiple roles. Nonattendance of parents may have impacted how quickly the groups were able to form bonds. Creche facilities were provided and were important to allow parents/carers with young children to engage. One of the venues was more conducive to delivery; the size of the room and effective audiovisual resources supported group work. The other community venue was still appropriate but lacked a sufficient enough private space.

Parents/carers and facilitators perceived that the programmes during the feasibility study increased parents/carers' knowledge about their children's lives, and allowed them to feel supported and gain confidence in parenting. They also perceived early improvements in parent/carer-child relationships and noted that this was supported by better communication techniques. The programme was perceived to be particularly helpful in supporting parents/carers to understand the context in which their children live. Participants also appreciated how well facilitators listened to their problems and challenges, before providing practical solutions.

11 out of 12 children completed the baseline questionnaire; 8 completed the follow up. There were some initial data collection challenges when contacting and collecting baseline self-report data from young people. These included a lack of time between recruitment and delivery and limited access to mobile phones for some young people. Some young people also challenged the acceptability of some of the questions posed (with some questioning their relevance and disliking being asked direct questions about offending behaviours through short, closed questions). Parents also noted that it may be challenging to get children to accurately complete questionnaires due to their length. Once engaged, young people did complete most of the questionnaires.

The feasibility study had a relatively small sample size, meaning there are limits in drawing conclusive and generalisable findings. However, the feasibility study concluded that the SFSC:SL programme is feasible for this population group and context, as demonstrated by the ability to deliver the intended two parenting programmes across three geographical areas (Lambeth, Southwark and Hackney) to groups of parents/carers and their children who are involved in offending and youth violence. The findings also indicated that uptake of the intervention was around 40%, which was slightly lower than expected but still within range, and once the parents/carers were engaged in the SFSC:SL programme, the intervention was highly accepted and valued. Insights from parents/carers and facilitators delivering the programme provided initial indications that the mechanisms and outcomes anticipated in the logic model were activated, suggesting the programme could have the desired impact.

We have now closely considered the findings and issues raised during the feasibility study in this protocol. In particular, we have closely considered (but not limited to) the following:

- Reviewed recruitment timelines to ensure appropriate lead in to engage services, parents and young people.
- Widened referral agencies with appropriate eligibility criteria and checks to reach our target group.
- Set realistic expectations of referral numbers and conversion to recruitment rates.
- Set realistic SFSC:SL group size estimates.
- Considered the appropriate research capacity and delivery staffing needs to ensure good relational and inclusive data collection with young people.
- Reviewed options for collection self-report offending behaviours in ways to avoid stigma and encourage honesty.
- Updated the logic model and identified and prioritising secondary outcomes in collaboration with the REF.

The evaluation design is a parallel two-armed RCT with an internal pilot. The pilot RCT will aim to test referral pathways and assess whether the evaluation should move to a full efficacy trial based on specified progression criteria (see p.19 below). The primary aim of the efficacy trial is to assess the efficacy of SFSC:SL on self-reported offending in YP compared to BAU. We will also assess the impact of the programme on YP and parent/carer secondary outcomes,

test what mediates any potential effect on the primary outcome and conduct subgroup analyses to assess whether subgroups benefit most from the intervention. The IPPE will run through the pilot and efficacy trials.

Intervention

The SFSC:SL parenting programme will be delivered between April 2026 and February 2028. We describe the intervention in more detail, using the TIDieR framework.

Brief name: Strengthening Families, Strengthening Communities: Safer Lives (SFSC: SL) parenting programme

Why - rationale and theoretical basis: The SFSC:SL programme is grounded in the understanding that parents and carers play a central role in shaping their children's wellbeing, behaviour, and resilience, particularly in high-risk environments. While parenting alone is not the cause of youth violence, strong, responsive and informed parenting can act as a key protective factor—buffering children and young people against the risks they may face in their communities. The programme was developed through the REF's prior work on violence prevention (including gangs and knife crime) and through co-design workshops with practitioners and community stakeholders. The programme supports parents to build caring and consistent relationships, respond to challenging behaviour non-violently, and promote children's emotional and social skills, which are linked to lower rates of risk-taking and youth offending. The SFSC:SL programme is also based on social learning theory, using interactive, practical methods to support parents to reflect, learn and apply new approaches. It incorporates core components of the universal SFSC programme—focusing on building parent–child relationships, setting boundaries, and community engagement—alongside an added supplement addressing the specific drivers of youth violence. The programme centres on identity, ethnic, spiritual, faith and cultural roots, and social context, supporting parents to reflect on their own experiences and how these shape family life and parenting.

What – procedures, activities and materials: SFSC:SL includes the full curriculum of the core SFSC parenting programme, with a supplement focused on reducing youth violence. The curriculum is structured across five thematic components: cultural/spiritual identity, rites of passage, enhancing relationships, discipline, and community involvement. Topics within these components include understanding children's developmental stages, building positive discipline strategies, enhancing parent–child relationships, and supporting community participation. The supplement adds content on the individual, family and societal drivers of violence; the teenage brain and risk-taking; and the influence of technology and social media. The programme is culturally responsive and inclusive by design, with a focus on ensuring accessibility for parents from diverse ethnic, social and learning backgrounds. In practice, this means that facilitators are recruited from the same/similar local communities as participants and are trained to reflect and respect the cultural and social diversity of families. Sessions

encourage parents to draw on and share their own cultural traditions, values and lived experiences, making the content relevant and relatable. Materials are provided in over 20 languages and alternative formats to meet different literacy and accessibility needs, with sessions delivered verbally, supported by visual aids and interactive activities to engage a wide range of learning styles. The provision of food at sessions is also an intentional design choice, recognising its importance in many cultures for fostering hospitality, building social bonds and creating an inclusive group environment. Sessions are highly interactive and participatory. Activities include information-sharing, group discussion, role-play, paired work, and reflection. Parents are encouraged to test out strategies at home and share their experiences in group sessions. All parents/carers receive a manual in their preferred language or format, available in over 20 languages and accessible formats. Literacy is not required, with information presented verbally and supported by visual aids. Provision of usually hot food and refreshments is a core element of the programme to support group bonds, sharing of culture and sustenance to engage in the session.

Who providing - programme facilitators: Each programme is delivered by two trained facilitators who have completed the REF's five-day SFSC training, and an additional one-day module focused on the SFSC:SL content. Facilitators typically have a background in youth work, family support, social care, or community development, and often reflect the demographic and cultural backgrounds of the communities they serve. Many are embedded in local services or community organisations. Their lived experience and understanding of community dynamics are central to their ability to build trust and engage participants. Facilitators are supported through structured one-to-one supervision and are subject to quality assurance monitoring. Peer co-facilitation is also encouraged—some programmes are led by individuals who previously participated in SFSC, supporting a model of community co-production and sustained engagement.

How - mode of delivery: The programme is delivered in person, in group-based setting, using a manualised structure and interactive learning methods (as outlined).

Where - settings and locations: The programme primarily engages parents and carers of young people aged 11–18 in contact with YOTs, or those involved in crime. The programme itself is delivered in a range of accessible, community-based settings including family hubs, libraries, youth centres, schools, and other local venues. All delivery venues are assessed for suitability, considering privacy, comfort, transport access, safety, and the potential for on-site childcare.

How much - frequency, duration and dose: The programme runs over 13 weeks, with weekly group sessions lasting three hours each. Each group typically consists of 6–10 parents or carers. There are no incentives offered to parents for attending the intervention itself but participants who attend nine or more sessions are considered to have completed the programme and receive a completion certificate. Those who attend four to eight sessions

receive a participation certificate. Programmes are usually scheduled to align with school terms and breaks.

Tailoring: The SFSC:SL programme is adapted from the universal SFSC curriculum, with the addition of a targeted violence prevention supplement. See Table 1 of the core differences between SFSC and the SFSC:SL parenting programmes. While the core structure and manualised format ensure fidelity, the programme is designed to be flexible and culturally relevant, with delivery adapted to reflect participants lived experiences, language needs and community contexts. Facilitators are encouraged to use local examples and draw on participants insights to strengthen relevance.

Modifications: No major modifications were made to the programme during the feasibility study. However, insights from ongoing stakeholder engagement were used to inform facilitator practice, venue selection, and contextual framing of discussions.

How well - fidelity monitoring: Fidelity is supported by a structured facilitator manual and ongoing quality assurance procedures. All sessions follow a prescribed sequence. New facilitators are observed during their initial programmes, and facilitators will receive supervision and support from the REF.

How well – adherence and acceptability: an embedded implementation and process evaluation is planned to assess the extent to which the SFSC:SL programme is delivered as intended and received as acceptable by participants and facilitators. This will include monitoring session attendance, facilitator adherence to the manualised curriculum, and levels of participant engagement.

Table 1: Comparison of the Strengthening Families, Strengthening Communities and SFSC:SL

	Strengthening Families, Strengthening Communities (SFSC)	Strengthening Families, Strengthening Communities: Safer Lives (SFSC:SL)
Target parents and families	Largely a universal programme and open to all parents. Inclusive and delivered in a range of languages to reach families who might need and benefit from it the most.	Inclusive and delivered in a range of language but a more targeted programme specifically for families where there are significant concerns about engagement in youth violence.
Number of sessions	Thirteen weekly sessions (term time), each lasting three hours.	The same as SFSC.

Group size	Usually around 10-12 parents/carers consistently attending a programme.	Smaller groups of around 6-10 parents/carers.
Content	Curriculum covers parental strategies to enhance relationships, manage behaviours, understand development stages and meet a child's needs through childhood and adolescence, as well as to support participants to understand and access support in their communities. Focus is on supporting parents/carers to understand their own ethnic, cultural, and family contexts; the role these play; and the impact of family and community violence on outcomes for young people.	The same as SFSC but with an additional supplement that is embedded in the programme with notable amendments in its content, including a focus on drivers of youth violence at individual, family and societal levels; on child development, the teenage brain and risk-taking behaviours etc.; and on the influence of technology and social media on young people.
Facilitators	The programme is run by two trained facilitators, usually from a range of professional services with experience of group work with individuals from diverse ethnic and socio-economic backgrounds. It can also be co-facilitated by peers who have lived experience and who have attended the programme.	The same as SFSC but with a focus on facilitators working in criminal justice services and community settings concerned with community safety, school exclusions and youth services.
Training requirements	All facilitators must have attended a five-day training programme delivered by the REF and have had at least two programmes with sessions observed by a REF quality assurance officer. There is a two-day refresher course for trained	Facilitators must be SFSC-trained already and have completed an additional one-day of advanced training on the youth violence supplement.

	facilitators who have not delivered the programme for a while.	

Logic Model and causal pathways ('mechanisms') to improved outcomes

The logic model for SFSC:SL programme was developed during the feasibility study and has been updated during the co-design phase of this efficacy trial (see Figure 1). The logic model has been developed in collaboration with REF and articulates the hypothesised causal pathways linking programme components to intended short, medium and long-term outcomes. The intervention is delivered exclusively to parents and carers with the primary outcome focused on the young person, who do not participate in the intervention themselves. It is therefore anticipated that any change is likely to begin with the parent or carer which then links to improved outcomes for young people.

The SFSC:SL parenting programme is hypothesised to work through four key pathways or 'mechanisms of action' at the individual, interpersonal, ethnocultural and social/community level. These include:

1. Individual level: an individual process of learning, self-reflection, and emotional growth in parents during the programme sessions (and beyond) to understand their past and build agency in themselves and their family moving forward.
2. Interpersonal level: relational changes in the parent-child relationship, including more healthy communication, increased trust, greater boundaries and setting consequences/expectations, and promoting young people's emotional and social skills.
3. Ethnocultural level: building shared family values and belief systems which are strongly rooted at the intersection of ethnicity, culture, spirituality, and faith.
4. Social and community level: parents and young people more connected to their community with confidence to identify their needs, actively seek support and advocate for what will help their family.

These four mechanisms are expected to interact and reinforce each other throughout the delivery of the programme, contributing to a range of short-term outcomes for both parents and young people.

- Parents learn about a range of parenting approaches, including how to respond rather than react, use less controlling and punitive methods, and use more positive approaches such as prioritising quality 'special' time with their child, having clear communication around boundaries and consequences, and promoting their child's emotional and social wellbeing. Parents also consider and make changes in their own risky behaviours and networks.

- Parents reflect on their past histories to develop an increased awareness of how they may have experienced parenting and are encouraged to develop agency and confidence around their own practices, as well as forming values and belief systems of importance for their family.
- Parents connect with other parents and families and services, which reduces isolation and increased engagement with support.
- Young people start feeling more seen, heard, and supported at home. They feel emotionally safer with fewer conflicts with their parents and feel closer in these relationships.

As these changes are sustained, we expect to see medium-term outcomes for parents and young people, which are linked to lower rates of risk-taking and youth offending:

- Parents continue to sustain changes in their parenting practices and own behaviours which is reinforced by response and outcomes in young people. Parents continue to connect with peers and services and develop a sense of belonging and accountability to their family and community.
- Young people start seeing improvements in 'self-esteem, self-discipline and social competence (commonly referred to as the *'3 S's'* by the REF). These changes are supported by strengthened parent–child relationships, where greater trust, security and warmth raise young people's self-esteem and improve their mental wellbeing. As self-discipline develops, they are better able to regulate their behaviour, reducing impulsive or risky actions. Increased social competence helps them to engage more fully in prosocial activities and networks, such as education, sports and positive peer groups. Taken together, these improvements also reinforce a stronger sense of identity within their family and community, underpinned by their ethnocultural roots.

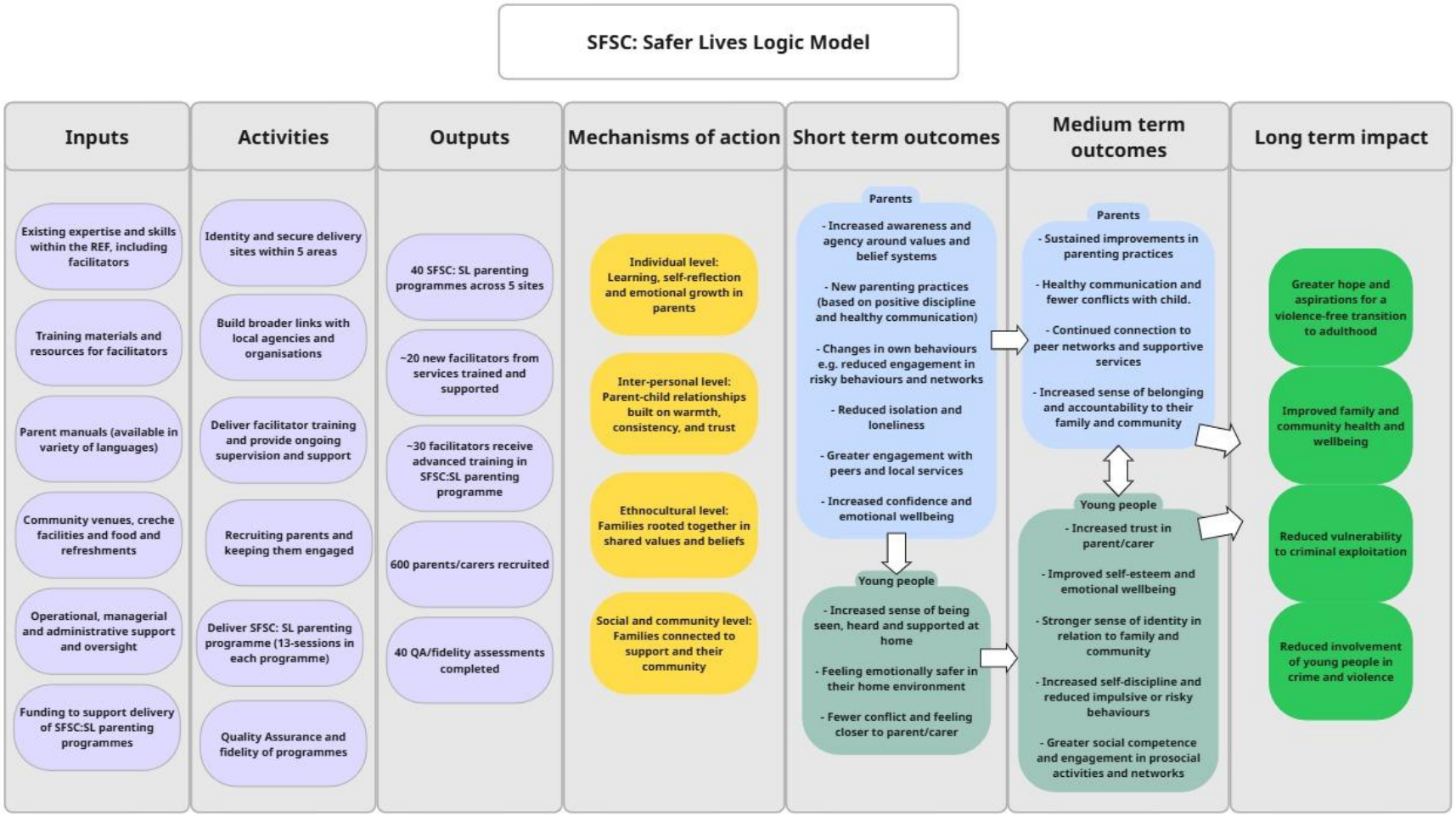
These medium-term changes lay the foundation for longer-term impacts. As parent–child relationships strengthen and young people develop greater self-esteem, self-discipline and social competence, they begin to experience more hope and aspiration for their future and a stronger sense of belonging in their families and communities. Together, these shifts support a more positive and violence-free transition to adulthood. Over time, this is expected to contribute to reduced involvement in crime and violence, decreased vulnerability to criminal exploitation, and improved wellbeing for families and communities.

The intervention rests on several key assumptions across these pathways, as follows:

- Parents and carers are willing and able to engage in reflective, group-based learning and that the programme environment—facilitated by relatable, trained practitioners—offers sufficient psychological safety to support emotional growth.

- Changes in parenting behaviours and relational dynamics can occur without direct intervention with the young person, and that these changes are meaningful enough to influence the child's emotional security and behaviour over time.
- A strengths-based approach focused on ethnicity, culture, spirituality, and faith can foster belonging and pride without stigmatisation.
- Community connection and peer support will be sustained beyond the life of the programme.
- Improvements in individual, family, and community relationships can collectively contribute to reductions in youth violence and long-term wellbeing.
- No major external disruptions—such as significant changes to the cost of living, political climate, or local service provision—that would overwhelm families' capacity to engage with the programme or undermine its potential effectiveness.

Figure 1: SFSC:SL parenting programme logic model



Business as usual (BAU)

All parents and young people in both trial arms will receive BAU but parents will be asked not to attend any other group-based parenting programme during the study. Parents and young people will continue to access all services available including those through YOT's, family services, and NHS and care services or any other youth-based services and programme. The randomisation stratified by site will balance out any BAU differences. Interviews as part of the implementation process evaluation (IPE) will help describe what BAU looks like in each area.

Impact evaluation

Research questions or study objectives

1. Primary research question: What is the difference in the volume of total offending between YP randomised to receive SFSC:SL and those randomised to receive BAU?
2. What is the difference in secondary outcomes between YP and PCG randomised to receive SFSC:SL and those randomised to receive BAU?
3. Do any proposed variables mediate the relationship between intervention arm and self-reported delinquency? Potential mediators include parental supervision and monitoring, warmth and involvement, parental and YP self-esteem, self-confidence and self-discipline and YP attachment representations.
4. Do any proposed variables moderate the effect of treatment? Specific moderators include callous-unemotional traits, temperamental irritability, ethnicity.
5. What are the barriers to a successful implementation and efficacy trial of SFSC:SL in this setting?[2]

Design

Table 2: Trial design

Trial design, including number of arms	Two-arm individually randomised (1:1) superiority randomised controlled trial (RCT) of SFSC:SL plus Business as Usual (BAU) vs BAU alone.
Unit of randomisation	Individual: YP plus PCG randomised as a single family unit.

[2] Whilst implementation issues were explored in the feasibility study, we will assess any ongoing barriers to implementation.

Stratification variables (if applicable)		Referral pathway Site
Primary outcome	variable	Offending
	measure (instrument, scale, source)	ISRD 4 offending scale
Secondary outcome(s)	variable(s)	14. Child criminal exploitation 15. Parenting behaviours 16. Quality of parent-child relationships 17. Parental supervision, monitoring and child disclosure 18. Parent Wellbeing 19. YP wellbeing and prosocial behaviours 20. Temperamental irritability 21. Callous-Unemotional Traits 22. Parental self-efficacy 23. Parent self-efficacy 24. YP self-efficacy 25. Sense of belonging 26. Community cohesion
	measure(s) (instrument, scale, source)	14. ISRD 4 (Marshall et al., 2022) questions with follow on questions used in YEF Functional Family Therapy RCT (Humayun et al., 2023); YP report 15. Alabama Parenting Questionnaire 15 item short form (Scott et al., 2011); parent and YP report 16. Child-Parent Relationship Scale short form (Driscoll & Pianta, 2011); parent report 17. ISRD 3 parenting scale (Marshall et al., 2019) 18. Warwick-Edinburgh Mental Wellbeing Scale (WEMBS) (Tennant et. al., 2007); parent report 19. Strengths and Difficulties Questionnaire (Goodman, 1997); YP and parent report 20. ODD subtyping items (Stringaris & Goodman, 2009) 21. ABCD CU Traits Scale (Hawes et al., 2019); YP and parent report 22. Brief Parental Self-Efficacy Scale – short form (Woolgar, M., Humayun, S., Scott, S., & Dadds, M. R., 2023) 23. Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1965) 24. General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995)

		25. The General Belongingness Scale (GBS) (Malone et. al., 2012); YP and parent report 26. The Social Cohesion and Trust Scale (Sampson et. al., 1997); YP and parent report
Baseline for primary outcome	variable	Offending
	measure (instrument, scale, source)	Measured by YP report: International Self-Report Delinquency Study 4 survey offending scale (ISRD4; Marshall et al., 2022)
Baseline for secondary outcome	variable	1. Child criminal exploitation 2. Parenting behaviours 3. Quality of parent-child relationships 4. Parental supervision, monitoring and child disclosure 5. Parent Wellbeing 6. YP wellbeing and prosocial behaviours 7. Temperamental irritability 8. Callous-Unemotional Traits 9. Parental self-efficacy 10. Parent self-efficacy 11. YP self-efficacy 12. Sense of belonging 13. Community cohesion
	measure (instrument, scale, source)	1. ISRD 4 (Marshall et al., 2022) questions with follow on questions used in YEF Functional Family Therapy RCT (Humayun et al., 2023); YP report 2. Alabama Parenting Questionnaire 15 item short form (Scott et al., 2011); parent and YP report 3. Child-Parent Relationship Scale short form (Driscoll & Pianta, 2011); parent report 4. ISRD 3 parenting scale (Marshall et al., 2019) 5. Warwick-Edinburgh Mental Wellbeing Scale (WEMBS) (Tennant et. al., 2007); parent report 6. Strengths and Difficulties Questionnaire (Goodman, 1997); YP and parent report 7. ODD subtyping items (Stringaris & Goodman, 2009) 8. ABCD CU Traits Scale (Hawes et al., 2019); YP and parent report 9. Brief Parental Self-Efficacy Scale – short form (Woolgar, M., Humayun, S., Scott, S., & Dadds, M. R., 2023) 10. Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1965)

		11. General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) 12. The General Belongingness Scale (GBS) (Malone et. al., 2012); YP and parent report 13. The Social Cohesion and Trust Scale (Sampson et. al., 1997); YP and parent report

Design

This will be a parallel, two-armed, multi-site, efficacy individually randomised controlled trial of SFSC:SL compared to Business as Usual (BAU) interventions, in youth offending and associated agencies. The family unit (YP and PCG) will be the unit of randomisation with an allocation ratio of 1:1, stratified by recruiting site and referral pathway (see Participants below). The intervention arm will receive SFSC:SL and the BAU arm will receive signposting to local services.

Internal Pilot RCT

The trial will include an internal pilot RCT (March-August 2026) using the methods outlined for the main efficacy trial (N=80). The pilot will aim to assess whether the project should progress to the main efficacy trial using the following progression criteria:

1. Recruitment 1: proportion of referred families who are deemed eligible, consent to the study, complete baseline assessment and are randomised
    a. RED: below 35%
    b. AMBER: 35-49%
    c. GREEN: 50%+
2. Recruitment 2: number of eligible families who consent to the study, complete baseline assessment and are randomised
    a. RED: 0-40
    b. AMBER: 41-59
    c. GREEN: 60+
3. Critical dose of SFSC:SL: proportion of families randomised to SFSC arm who receive at least the critical dose of intervention defined as 7 sessions by the REF
    a. RED: 0-50%
    b. AMBER: 50-74%
    c. GREEN: 75-100%
4. Fidelity of SFSC:SL: proportion of parenting groups delivering SFSC rated at a satisfactory level of fidelity (SFSC internal fidelity rating)
    a. RED: 2 out of 5
    b. AMBER: 3 out of 5
    c. GREEN: 4 out of 5

5. Study attrition: proportion of PCG who complete post-treatment assessment
    a. RED: below 50%
    b. AMBER: 50-74%
    c. GREEN: 75-100%

We will also report on onboarding of the five sites and levels of baseline offending data.

Randomisation

Randomisation will be undertaken by the North Wales Clinical Trials Unit (NWORTHCTU) after baseline assessment is complete. This will use a dynamic adaptive algorithm (Hoare et al., 2013; Russell et al., 2011) to compute block sizes with equal allocation ratio in order to ensure allocation concealment. Randomisation will be stratified by site and referral pathway (Youth offending team (YOT) vs. non YOT) and undertaken by REF Parenting Programme Officers (PPOs) using the NWORTHCTU randomisation system. The PPOs will notify families and referrers of the outcome of randomisation. We aim for the research team to be blind to allocation.

Participants

Trial Sites. The trial will run in five trial sites across London and Greater Manchester:

1. North London: Hackney, Camden, Islington
2. South London: Southwark, Lambeth, Wandsworth (possibly Lewisham)
3. East London: Newham, Tower Hamlets, Barking and Dagenham
4. West London: Kensington and Chelsea, Hammersmith and Fulham, Ealing (or Westminster)
5. NW: Greater Manchester

Each cluster will have an appointed REF PPO responsible for establishing referral pathways, recruitment and baseline assessment with support from peer researchers. Evaluators will oversee recruitment and baseline assessment, provide training to PPOs and peer researchers and monitor recruitment and baseline assessment via shared systems and weekly meetings.

Target Population. YP aged 11-18 engaged in or at risk of violence and offending and their parents/carers.

Sampling. Recruitment will be from YOTs, Pupil Referral Units (PRUs), other alternate provision and Liaison and Diversion services. We will also take referrals from community organisations engaged with YP involved in offending and violence.

Eligibility Criteria.

Child/young person aged between 11–18 years

AND EITHER

- Being seen by Youth Justice Services (YJS) or having been seen for an order that finished in the last 6 months.

OR

- On out of court disposal or having been so in the last 6 months.

OR

REFERRED BY SCHOOL, PUPIL REFERRAL UNIT OR COMMUNITY ORGANISATION AND ONE OR MORE OF THE FOLLOWING:

- Police contact.
- Gang or County Lines Drug Network (CLDN) affiliation as identified by police or other statutory service.
- Evidence of one or more of the following offending behaviours:
    - Graffiti
    - Vandalism
    - Shoplifting
    - Burglary
    - Vehicle theft
    - Weapon carrying
    - Robbery
    - Group fight
    - Assault
    - Drug sales
    - Intimate postings
    - Online hate speech
    - Hacking
    - Cyber deception

AND EITHER

- Young person is living at home 50% or more each week.

OR

- Index child/young person is currently in an out of home placement, but with a clear return home plan (discussed on a case by case basis).

Exclusion criteria – YP and families:

- Index child/young person is actively homicidal, suicidal or psychotic.
- Problem sexual behaviour is the central concern.
- Parents/carers unable or unwilling to provide consent.
- Parents/carers unwilling to participate in a parenting programme.
- Parents/carers are mandated to participate in a parenting programme.
- Parents/carers unwilling to consent for the YP to be contacted for recruitment.
- Parents/carers already participating in another related research study.
- Parents/carers taking part or having taken part in another parenting intervention in the previous 6 months.
- Significant child protection concerns: basic needs of children are not being met.
- Family have plans to move out of area, thereby making attendance at classes unfeasible

Screening for eligibility

REF PPOs will determine eligibility using a standardised screening form based on the eligibility criteria in a consultation meeting with referrers.

Consent and assessment

The REF PPO (or peer researcher) meets the YP and PCG either via a Microsoft Teams video call, on the telephone or in a face-to-face meeting (in the family home or neutral venue), and explains the study to the family (PCG and YP) and obtains consent[3]. Typically, this will take place over a number of calls/meetings. If consent is given, the PPO/peer researcher will then conduct the baseline research assessment with the YP and their PCG separately. This will be in the form of an interview for the majority of cases. If the participants wish to complete the measures online on their own, then the link to a survey is provided (please also see description of primary outcome below). Translated study materials and/or interpreters will be used when required to enable informed consent and to complete the research tools. Participants will be provided with a £30 shopping voucher at each assessment timepoint to compensate them for their time.

The Peer Researcher (PR) and Parent Practitioner Officer (PPO) will be directly employed by the REF where they will work collaboratively to secure consent and conduct baseline assessments, each with a defined focus. We outline each of the roles:

[3] When it is only possible to obtain verbal consent, participants will subsequently be contacted to attempt to obtain written consent.

PPO's: hold significant experience in working with families and parenting programmes like SFSC. Some of them will already have been trained facilitators of the SFSC programme so have a deep understanding of the intervention and issues facing parents. They will bring this expertise and lead on reaching and recruiting parents and collecting all baseline assessment data (from both parents and young people). PPO's will also support programme delivery and monitoring. They will be trained and supported by the evaluation team to collect baseline data (with overall responsibility for completion with the evaluation team). The evaluation team will hold a number of training sessions prior to recruitment and baseline data collection on informed consent, conducting robust and reliable data collection, and randomisation. All PPO's will be observed by a researcher at the first two baseline assessments and only approved to conduct independently once the evaluation team are satisfised that good research practices are followed. The PPOs will not collect any follow-up data.

Peer researchers: will focus solely on reaching and engaging young people as participants. The peer researchers will typically be drawn from the same or similar racial, cultural, and community backgrounds as the young people participating in the study. They are likely to be less experienced than PPO's due to their age and will therefore work under close supervision of PPO's. Peer researchers will initially engage young people and organise baseline data collection appointments with PPO's. They may also attend these appointments with PPO's and the young person where relevant and feasible (but not essential to avoid the issues raised around reducing complexity). If a potential young person participant insists, they wish the peer researcher to be present then this will be accommodated where possible. They will attend the same research training as the PPOs.

During the research, each peer researcher will continue to hold a 'caseload' of young people with a set process to engage them during the study. For instance, regularly check-in points and messages/newsletters updating them about the study and signposting to services. They will support PPOs (baseline) and researchers, who will conduct post-intervention assessments, to engage young people. The approach to engaging young people will be codeveloped with peer researchers and a lived experience advisory group to ensure it is effective, meaningful and inclusive. Through providing this continuity with a peer researcher, we expect participants to build trust and rapport which is vital for retention and offering a positive experience in the research. This is particularly valuable since PPOs alone may struggle to sustain contact over a 9-month research phase—especially with highly mobile young people. Peer researchers are better placed to focus on engaging young people and engaging in ways which are professional, non-hierarchical, trusted, and flexible. Engagement between peer researchers and young people can happen in a language and tone that feels more accessible, affirming and respectful, particularly for young people from racially minoritised and marginalised backgrounds.

Sample size calculations

This study has a partially nested study design, where there is clustering due to the group-delivered intervention in the SFSC:SL arm only. The sample size calculation has accounted for this design as follows.

For 80% power to detect a minimally important effect of 0.24, 600 family units will need to be randomised. This sample size calculation is based on the following assumption:

- The intervention can be delivered in groups of approximately 8 individuals. We have therefore assumed a mean cluster size of 8 in the SCSF:SL arm, allowing for variation in line with a Poisson distribution.
- Each site can accommodate three intervention cycles per year, equating to one cycle per school term. Multiple groups can be delivered concurrently at each site. Approximately 40 groups will need to be run in the intervention arm, which over the eight cycles equates to 7-8 groups to be run each term.
- There will be a small group effect and so the SCSF:SL arm is given an ICC=0.01. Individuals in the BAU arm are treated as clusters of size 1 with an ICC=0.
- We assume a baseline-follow up correlation of 0.4 based on estimates from the FFT-G pilot and the first FFT RCT. This is included in the sample size calculation as an adjustment to the standard deviation (SD=0.917) to reflect the relative efficiency gained from an ANCOVA analysis. This value is derived using the Stata command 'sampsi 0 .24, sd(1) power(0.8) pre(1) r01(0.4)'.
- There will be 20% attrition.

The sample size calculation was performed in Stata using the command 'clsampsi 0 0.24, alpha(0.05) sd(0.917) k1(30) m1(8) varm1(8) k2(240) m2(1) varm2(0) rho1(0.01) rho2(0)', which results in a sample size required for analysis of 480. This is then inflated for the expected 20% attrition to reach the 600 needed for randomisation.

In terms of the primary outcome, an effect of 0.24 relates to a 22% reduction in volume of youth offending. This is based on data from a study of a very similar population – young people recruited from YOTs for a family therapy[1] – which observed an average of 7.3 offences at baseline (SD 6.8).

Whilst evidence for parenting programmes in adolescence is strong, with pooled effect sizes of d = 0.47[20], almost all the evidence is on parent-reported behavioural problems. There are very few trials that have tested the effect of these interventions on self-reported offending and these have found much smaller effects (Beelman et al., 2023). Therefore, we have chosen a MDES of 0.24 which, whilst much more conservative, still equates to a clinically significant improvement.

Table 3: Sample size calculations

		PARAMETER
Minimum Detectable Effect Size (MDES)		0.24
Pre-test/ post-test correlations	level 1 (participant)	0.4
	level 2 (cluster)	--
Intracluster correlations (ICCs)	level 1 (participant)	--
	level 2 (cluster)	0.01 in the SCSF:SL arm, 0 in the BAU arm.
Alpha[4]		0.05
Power		0.8
One-sided or two-sided?		Two-sided
Average cluster size (if clustered)		8
Number of clusters[5]	Intervention	38
	Control	300
	Total	338
Number of participants	Intervention	300
	Control	300
	Total	600

Outcome measures

Baseline measures will be collected prior to randomisation. Post-intervention parent assessments will be conducted directly after intervention completion, 3 months post-randomisation. YP post-intervention assessments will be conducted 6 months after intervention completion, 9 months post-randomisation.

Follow up assessments will be conducted in 6-8 week windows. REF PPOs will collect baseline data, supported by peer researchers. Evaluation team researchers will collect all post-intervention data, supported by peer researchers.

Baseline measures

Primary outcome

Offending: YP report: Self-reported delinquency (SRD) - International Self-Report Delinquency Study 4 survey offending scale[30], measuring total offending over the previous 6 months.

We will ensure that we administer the ISRD to minimise stigmatisation of YP and to ensure low attrition and missing data rates. We will draw on transparent approaches and material used in the New Chapters evaluation. This will be supported by peer researchers. We will also follow the approach for anonymity used in the YEF-funded efficacy RCT of FFT. Baseline assessment will be conducted prior to randomisation so assessors will be blind to treatment allocation. Researchers conducting post-intervention assessments will also be blind to treatment allocation.

We will keep primary outcome data and some secondary outcome data (e.g., on exploitation) entirely anonymous until the end of the study. We will do this by explaining to YP that we will not look at the data until October 2028 and will facilitate this by having these data stored on a separate system to other outcome data. The study team will not have access to these data and they will stored by another research team at the University of Greenwich, who will not have access to identifiable information. That study team will check for completeness of data and levels of offending but will not be able to identify the YP from this data. Only at the end of the study will we link the two IDs.

Thus, YP will complete an online version of these outcome measures that will not be linked to any identifying information on our systems and will therefore be completely anonymous. Researchers/PPOs will provide support to YP in answering questions as requested without having full access to participant response. We will include a paragraph at the end of the measure saying that they can talk to the researcher or to their caseworker if they are being

hurt, criminally exploited or feel at risk of being so. We will then make a referral but the data for the primary outcome measure will remain anonymous.

Secondary outcomes

We adopted a structured and transparent approach to identify the mechanisms and outcomes of greatest importance and the most appropriate measures to capture them. This process is designed to ensure that the study remains robust by focusing only on outcomes and mechanism of most interest, recognises the priorities of our target groups, and use measures that are reliable and acceptable to participants. Particular attention has been given to inclusivity and race equity, to ensure that measures are culturally relevant, meaningful, and comprehensive. The process we have developed included the following four steps:

1) Mapping the logic model to key constructs
2) Identifying potential measures against those construsts
3) Consulting parents and young people to prioritise constructs and rank measures based on acceptability and comprehension
4) Final review of constructs and measures, with completion of the outcome–measure mapping table

We have identified a number of measures that we do plan to use. These are:

<u>Three parent outcomes captured by three measures (all parent reported):</u>

- Parental wellbeing: Warwick-Edinburgh Mental Wellbeing Scale (WEMBS) (Tennant et. al., 2007)
- Parenting practices: Multidimensional Assessment of Parenting Scale (MAPS) (Parent & Forehand, 2017)
- Parent-child relationships: Child-Parent Relationship Scale – Short Form (CPRS-SF) (Driscoll & Pianta, 2011)

<u>Four CYP outcomes captured through two measures:</u>

- CYP wellbeing, self-discipline, social competence: Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) – parent report AND CYP report
- Parent-child relationships: Parent–Child Communication Scale (Barnes & Olson, 1982)

However, we are continuing to complete step 2. The sections that follow provide a narrative of steps 1–2, and outline our planned approach for steps 3 and 4.

Steps 1: Mapping logic model to constructs

The logic model has been developed collaboratively with the REF, drawing on their expertise and incorporating initial input from parents and young people to ensure relevance (see earlier section). We have mapped the mechanisms and outcomes from the logic model to specific constructs (see Table 1). We have developed a clear narrative linking each logic model outcome to its corresponding construct (see Table 2).

Table 4: Mapped logic model outcomes/mechanisms to constructs

Logic model outcome		Mapping against constructs									
		Parenting practices	Parent-child relationships	Self-efficacy	Self-esteem	Self-discipline	Social competence	Ethnic group identity	Community belonging	Mental wellbeing	Child Criminal Exploitation
Parent – short term	Awareness and agency around values and belief systems							x			
	New parenting practices	x	x								
	Changes in own behaviour	x					x				
	Reduced isolation and loneliness							x	x		
	Greater engagement with peers and local services						x		x		
	Increased confidence and emotional wellbeing			x						x	
Young people – short term	Increased sense of being seen, heard and supported at home		x							x	
	Feeling emotionally safer in the home environment		x							x	
	Fewer conflict and feeling closer to parent		x							x	
Parent – medium term	Sustained improvements in parenting practices	x	x								
	Healthy communication and few conflicts with child		x								
	Continued connection to peer networks and supportive services						x		x		
	Increased sense of belonging and accountability to their family and community							x	x	x	

Young people – medium term	Increased trust in parent		x								
	Improved self-esteem and emotional wellbeing				x					x	
	Stronger sense of identity and relation to family and community							x	x		
	Increased self-discipline and reduced impulsive or risky behaviours					x	x				
	Greater social competence and engagement in prosocial activities and networks						x				
Long term - both	Greater hope and aspirations for a violence-free transition to adulthood									x	
	Improved family and community health and wellbeing									x	
	Reduced vulnerability to criminal exploitation										x
	Reduced involvement of young people in crime and violence	n/a – primary outcome									

Step 2: Identify potential measures against constructs

In Step 2, we reviewed the literature to identify potential measures aligned with each construct. This included gathering detailed information on measure use, number of items, variable type, scoring range, and psychometric properties.

Table 5: Potential secondary outcome measures

Construct	Description	Parent and/or young person related outcomes	Potential measures
Parenting practices	Multidimensional set of behaviours through which parents guide, discipline, and support their children. Should include both positive and potentially harmful aspects of parenting including warmth and reinforcement, approaches to discipline and limit-setting, and broader patterns of responsiveness and control that define parenting style.	Parent	• **Multidimensional Assessment of Parenting Scale (MAPS)** (Parent & Forehand, 2017) – assesses positive and negative dimensions of warmth/hostility and behavioural control (34 items). • **The Parenting Scale** (Arnold et. al., 1993) - well-established measure of dysfunctional discipline practices including laxness, over-reactivity, and verbosity (30 items). • **Parenting Styles Questionnaire** (Robinson et. al., 1995) – based on Baumrind's parenting styles (authoritative, authoritarian, permissive). Covers areas such as warmth, involvement, reasoning/induction, democratic participation, and harsh discipline (32 items)
Parent-child relationships	Emotional quality and the affective and relational bond that defines parent–child relationships.	Parent and young person	• **Child-Parent Relationship Scale – Short Form** (CPRS-SF) (Driscoll & Pianta, 2011) – assesses parents' perceptions of their relationship with their child by closeness and conflict. (15 items) • **Parent–Child Communication Scale** (Barnes & Olson, 1982) - measures the quality of communication between parents and adolescents, highlighting openness and problematic aspects of interaction (20 items)
Self-efficacy	Confidence in their ability to manage challenges and apply new skills.	Parent	• **Brief Parental Self-Efficacy Scale – short form** (Woolgar et al., 2023) – measures parents' confidence in their ability to manage common parenting tasks and challenges (5 items)

			• **General Self-Efficacy Scale** (Schwarzer & Jerusalem ,1995) - assesses a broad and stable sense of personal competence to deal effectively with a wide range of stressful or challenging situations (10 items)
Self-esteem	A person's evaluation of self-worth — a broad, relatively stable sense of whether one feels good about oneself and considers oneself a person of value.	Young person	• **Rosenberg Self-Esteem** Scale (RSE) (Rosenberg, 1965) – measures global self-esteem, i.e. an individual's overall evaluation of their worth and self-acceptance (10 items).
Self-discipline	Multidimensional capacity for self-regulation including behaviours, emotional and moral/affective regulation. Relates to impulse control and regulating emotions and behaviours aligned with social and moral expectations, with some of these variables having been shown to moderate the effect of parenting interventions (Hawes & Dadds, 2005; Scott & O'Connor, 2012).	Young person	• **Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1997) - assesses both difficulties and strengths in social, emotional, and behavioural development (25 items) • **International Self-report Delinquency (ISRD4)** – items relating to self-control/impulsivity ((contextual items, not a psychometric scale). • **Oppositional Defiant Disorder (ODD) subscale** (DSM, 2013) – measures tendency to lose temper, be easily annoyed, and show frequent anger or resentment (3 items). • **Multidimensional Assessment of Psychopathy (MAP)** (Frick & Hare, 2001) – captures callous–unemotional traits as part of a multidimensional assessment of psychopathy in youth, focusing on empathy, guilt, and affective responsivity. (10 items)
Social competence	Ability to build positive peer relationships, communicate effectively, regulate behaviour in social contexts, and engage in prosocial activities. High	Parent and young person	• **Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1997) - assesses both difficulties and strengths in social, emotional, and behavioural development (25 items) • **International Self-report Delinquency (ISRD4)** – items relating to school attendance, time in structured vs.

	social competence is associated with better integration into families, schools, and communities; low social competence is linked with higher vulnerability to isolation or delinquent peer groups.		unstructured leisure, and involvement in prosocial activities (contextual items, not a psychometric scale).
Ethnic group identity	Sense of belonging, pride, and connection to their ethnic or cultural group, shaped through both exploration of heritage and commitment to group values and traditions.	Parent and young person	• **The Multigroup Ethnic Identity Measure-Revised (MEIM-R)** (Phinney, 1992) – assesses ethnic identity across diverse racial/ethnic groups, without being tied to one specific group. Captures exploration, the extent to which individuals seek to learn about and explore their ethnic group, and commitment, sense of pride, belonging and attachment to the group (12 items) • **International Self-report Delinquency (ISRD4)** – items relating to migration, language spoken, perceptions of belonging and discrimination (contextual items, not a psychometric scale).
Community belonging	An individual experience (feeling accepted), and a collective quality (trust, cohesion, support) rooted in relationships and shared community life.	Parent and young person	• **The General Belongingness Scale (GBS)** (Malone et. al., 2012) - assesses a person's general sense of belongingness — the feeling of being socially connected, accepted, and valued by others (12 items) • **The Social Cohesion and Trust Scale** (Sampson et. al., 1997) - measures social cohesion and trust within communities, reflecting the degree of connectedness, solidarity, and mutual support among neighbours (5 items). • **International Self-report Delinquency (ISRD4)** – items relating to trust in neighbours/community and safety and

			attachment to neighbourhood (contextual items, not a psychometric scale).
Mental wellbeing	Positive state that combines feeling good (experiencing happiness, optimism, and positive emotions) and functioning well (having purpose, coping effectively, maintaining positive relationships, and feeling competent and autonomous). It goes beyond the absence of mental illness, emphasising strengths such as resilience, connectedness, and the ability to think clearly and manage daily life.	Parent	• **Warwick-Edinburgh Mental Wellbeing Scale (WEMBS**) (Tennant et. al., 2007) – measures positive mental wellbeing (not just absence of mental illness), including both feeling good and functioning well. Covers positive affect, interpersonal relationships, functioning (14 items).
		Young person	• **Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1997) - assesses both difficulties and strengths in social, emotional, and behavioural development (25 items) • **International Self-report Delinquency (ISRD4)** – items relating to expectations and aspirations for the future as potential proxy indicators (not a psychometric scale).
Child criminal exploitation	Risk of young people being coerced, manipulated, or exploited by others for criminal activity.	Young person	• **International Self-report Delinquency (ISRD4)** – additional items added in FFT RCT relating to child criminal exploitation (contextual items, not a psychometric scale).

Step 3: Consultation with parents and young people

Once potential measures were identified which met our internal criteria for reliability and validity (based on psychometric properties and current useage), we consulted with parents and young people to review the logic model, mechanisms, constructs, and proposed measures. This consultation enabled prioritisation/ranking of outcomes and measures considered most relevant, important, and acceptable to participants.

Step 4: Final review and decisions on included secondary outcomes and measures

In the final step, the evaluation team, together with the REF, reviewed all inputs to collate the agreed list of secondary outcomes for inclusion in the protocol. Outcome selection continued to be guided by inclusivity and attention to race equity and parents and young people's ranking scores to ensure that measures are culturally relevant, acceptable, and comprehensive. Selection also prioritised measures that are most reliable and that best capture whether, how, and to what extent the four mechanisms of action contribute to changes in the primary outcome of reducing youth crime and offending. To reduce participant burden, the total assessment time at baseline and follow-ups will not exceed 45 minutes, to ensure feasibility and avoid the inclusion of measures that do not meaningfully advance understanding of causal mechanisms or add value to the wider evidence base.

The full list of secondary outcomes, including its definition, alignment with the logic model, timing of assessment, and detailed information on source instruments, number of items, type of variable, range, and psychometric properties can be found in Appendix C. All measures are captured at baseline and at post-intervention assessments.

We will also collect demographic data.

Longitudinal follow-ups

Given there is only a single point of follow up for the YP and parents, there are not any longitudinal follow ups for participants in this study. However, as previously defined, timing of these assessments differ: parent assessments will be conducted directly after the end of the intervention for that cohort, approximately 3 months post-randomisation, while YP assessments will be conducted 6 months post-intervention, approximately 9 months post-randomisation.

Compliance

Compliance with the SFSC:SL intervention will be measured at the **participant**, **practitioner**, and **programme** (setting) levels. The following describes how compliance will be monitored, defined, and reported:

Participant-Level Compliance (Parents/Carers)

The primary measure of participant compliance will be **session attendance**. Participants will be considered *compliant* if they attend at least **9 out of 13 sessions**, consistent with NICE guidance on effective dosing for parenting interventions (NICE CG158) and REF's internal criteria for programme completion.

- **Compliance threshold (participant-level):** ≥9 sessions attended
- **Participation certificates** are awarded at 4–8 sessions, but only those attending 9+ sessions will be recorded as "compliant" for analysis purposes
- **Data capture:** Session attendance is recorded by facilitators for each session and compiled into monitoring spreadsheets by the REF

This threshold represents the **minimum effective dose** believed necessary to deliver meaningful outcomes in line with the logic model.

Practitioner-Level Compliance (Facilitators)

Practitioner fidelity will be assessed through:

- **Direct session observation by REF quality assurance officers**, who assess adherence to the session manual.

- **Supervision notes and facilitator self-reports**, collected throughout delivery.
- **Pre-delivery training completion records**, confirming facilitators have received 5-day SFSC core training and an additional 1-day SFSC:SL training.

Facilitators are expected to deliver content **as prescribed in the manual**, using participatory methods such as role-play and group discussion. Observations assess fidelity using an internal REF checklist covering delivery quality, use of materials, adherence to session structure, and group management.

Setting-Level Fidelity (Programme Delivery Environment)

Programme setting compliance includes:

- Use of appropriate **community venues** with adequate privacy, space, and audiovisual resources.
- Provision of **crèche facilities**, where relevant, to enable attendance for participants with young children.
- Adherence to the **13-week schedule**, with sessions held weekly unless interrupted by local circumstances (e.g. holidays, venue issues).

Setting-level data is captured in session observation reports and facilitator feedback logs maintained by REF.

Analysis

The analysis will be based on an Intention to Treat (ITT) population where individuals will be analysed by treatment allocated. We will follow the CONSORT extension statement for non-pharmacological interventions.

All measures will be summarised by treatment arm using appropriate measures of central tendency and dispersion.

This study has a partially nested design – the intervention arm receives a group-delivered intervention, while the control arm receives Business as Usual which is delivered at an individual level. As such, the analysis must take into account the clustering in intervention arm only. Treatment effects will therefore be estimated using mixed models with random effects for intervention group and treatment allocation (Roberts & Roberts, 2005). Models

will adjust for stratification factors and any available prognostic baseline variable to improve power. 95% confidence intervals will be presented for treatment effects. Standardised effect sizes will also be presented, calculated as the adjusted mean difference divided by the unadjusted, pooled total variance. Analysis will be performed on available data, under the assumption that data are missing at random (MAR). Baseline variables predictive of missingness will be identified using logistic regression. Any predictors of missingness will then be included as covariates to increase the plausibility of this assumption. Sensitivity analyses will investigate deviations from this assumption to assess the impact on treatment effects for the possibility of unobserved outcome data being Missing Not at Random.

Mechanisms for treatment effect on the offending outcome will be explored using causal mediation methods.

There are no planned interim analyses.

A statistical analysis plan including full details of all analyses will be developed and signed off prior to database lock and release of allocation codes.

Sub-group analyses

A small number of moderator analyses are planned. These analyses are to be considered purely exploratory as power to detect differential treatment effects will be very low.

We plan to estimate separate treatment effects for the referral route, gender, disability and ethnicity of the young person. We will also test for moderation by callous-unemotional traits and temperamental irritability as these have been found to respectively reduce (Hawes & Dadds, 2005) and increase (Scott & O'Connor, 2012) the effect of parenting interventions.

These moderators will be assessed in the statistical analysis using interaction terms with the treatment allocation variable to estimate subgroup effects.

Implementation and process evaluation

The design of the IPE follows the Medical Research Council (MRC) guidance on process evaluations of complex interventions and YEF guidance on IPEs. We will draw on a recognised implementation framework, the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2022). This mixed method IPE will draw on multiple sources of data to create a rich picture of implementation in practice, enabling us to understand both barriers and facilitators to delivery of the intervention, and to determine if and how implementation success or failure contributes to the RCT outcomes.

Data to inform the different elements of the process evaluation will be collected via semi-structured interviews, observations, documents and quantitatively regarding the level of implementation of SFSC:SL intervention. The strategy has been developed to enable the IPE research questions to be addressed, but sufficiently flexible to enable the IPE to adapt to the needs of the project. A key consideration for the data collection strategy is to ensure a balance is struck between capturing a representative breadth of data and views as well as the depth of information to understand participant journeys, but not to overburden.

1.2 Research questions

The IPE will aim to answer the following questions:

Question 1: To what extent has SFSC:SL been delivered in line with the logic model? (fidelity)

Question 2: How much of SFSC:SL has been delivered and how many parents completed 9 or more sessions? Is it possible to determine how much of SFSC:SL needs to be delivered to have a desirable impact? (dosage)

Question 3: How well have the different sessions of SFSC:SL been delivered? (quality)

Question 4: What does BAU look like? And is SFSC:SL sufficiently different? (intervention differentiation)

Question 5: Are any changes needed to accommodate different contexts? (adaptation)

Question 6: What are the facilitators and barriers to implementation of SFSC:SL?

Question 7: What are minoritised parents and young people's experiences of SFSC:CL?

2.2 Research methods

While the MRC Framework provides an established framework for guiding what process questions need to be addressed and the kinds of data relevant to providing answers, the CFIR constructs will be used to add analytical depth to the findings through suggesting how and why these factors were important to delivery, and how they work together to enable or constrain successful implementation. The constructs have been mapped onto the MRC Framework in the following ways (Table 6).

Table 6: Mapping of CFIR and MRC framework against IPE data collection

CFIR	MRC	Knowledge produced	Data Collection
Innovation	Intervention description	Collectively agreed model of how the intervention works, including understanding of benefit, clarity on how it will be	Logic Model

		delivered, agreement on observable results, local/user knowledge and evidence underpinning use	
Implementation Process	Implementation process	Understanding of the resources, training, supervision and support provided to deliver the intervention in practice, including adaptations or tailoring	Interviews with REF delivery staff and wider stakeholders Documentary analysis of intervention materials
Individuals	Mechanisms of impact - participant responses	Understanding of how both REF delivery staff and parents work within the intervention, such as their goals are achieved. Examination of differences in uptake or engagement across different profiles of parents.	Interviews with REF delivery staff, wider stakeholders, parents and young people Observations of sessions Quantitative process measures
Inner Setting	Context	Understanding of how the setting in which the intervention is carried out impacts on its delivery, for example relationships, priorities, culture. In particular understanding of how well the support has helped minoritised and racialised families overcome barriers,	Interviews with REF delivery staff, wider stakeholders and parents Observation of sessions
Outer Setting	Context	Understanding of how the system in which the intervention is carried out	Interviews with REF delivery staff, wider

		impacts on its delivery, for example relationships, priorities, culture. In particular, understanding of the wider contextual factors experienced by minoritised and racialised families.	stakeholders and parents Observation of sessions

The IPE will include a range of research methods. Table 7 provides a summary.

Table 7: IPE methods overview

Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
Data Analysis	300 parents' attendance records 300 parents' data on secondary outcomes	Descriptive statistics of basic measures of dosage and compliance	Question 1 & 2	Adherence to the delivery model leads to better outcomes
Semi-structured interviews	5 REF delivery staff 15 wider stakeholders 20 parents 10 young people	Thematic analysis	Question 3, 4, 5, 6 & 7	Understanding acceptability, barriers and facilitators, differentiation to BAU, can modifications be identified to be made
Observations	1 session in each group per site (n = 38)	Thematic analysis	Question 1, 3 & 6	Adherence to the delivery model leads to better outcomes.

				Understanding barriers and facilitators

Semi-structured interviews

Individual semi-structured interviews will be conducted with REF delivery staff, wider stakeholders and parents receiving SFSC:SL.

REF Delivery Staff & Wider Stakeholders

REF delivery staff directly involved in delivering SFSC:SL (n = 5) will be invited to take part in semi-structured interviews. To capture any early implementation challenges for SFSC:SL in the internal pilot, as well as obtaining a good understanding of how such challenges are resolved or persist throughout the life of the trial, we plan to interview each REF delivery staff member approximately every six-nine months, up to a maximum of four interviews over the trial.

Wider stakeholders (n = 15; n = 3 from each site) will be identified from staff involved in key roles related to SFSC:SL delivery. Individuals working in these roles will be contacted, on behalf of the research team, by an appropriate person in the local service. Potential participants will be provided with a copy of the relevant participant information sheet and invited to contact the researcher if they are interested in taking part. Written informed consent will be taken by a trained researcher prior to participation in the interviews. Interviews will take place in a suitable location that is convenient for the staff member, telephone or MS Teams will be utilised, if preferred by the participant . It is anticipated that interviews will last for approximately one hour and that each participant will be interviewed once (except for the REF delivery staff), although some may be interviewed again to clarify or expand on particular aspects of the interview. Similarly, if an interview is terminated early (e.g. due to operational reasons) an additional interview session will be arranged to compensate for this.

Parents

For parent participants, across the five sites, we plan to recruit up to 20 parents (n = 4 from each site) who are receiving SFSC:SL. Of these 20, up to 10 will be interviewed once (breadth) and up to 10 will be a longitudinal case study (depth). The rationale for interviewing some parents twice is to take a longitudinal multiple case study approach, this will better enable us to unpick 'how' the intervention is working over time, and if it is working in the way we think

it is based on the logic model, for example, are the key mechanisms being activated? In addition, it allows us to more deeply assess how the intervention works for different parents, and if the intervention would require modification. This depth of analysis and understanding of the intervention cannot be obtained if parents are only interviewed at one time point as this only provides a snapshot. There will be some prioritisation to interview participants during the internal pilot stage to identify any early implementation issues.

Parents will be a purposively sampled by the research team to obtain a subsample of participants, which represents our approach to assess intersectionality and process issues. We will use a sampling framework to ensure that we capture a range experiences. Sampling by individual characteristics will include age and those who identify from racially marginalised groups. We will also capture parents at different points of delivery (pilot, main trial), at different sites, in groups of different sizes and with different REF delivery staff and with a range of engagement in SFSC:SL. However, we will also be flexible to sample by other criteria should that emerge from the data.

In the consent form for the trial, parents will provide consent to be approached to take part in the process evaluation interviews. Potential parents for the process evaluation interviews will be approached by a member of the research team and invited to take part. All potential participants will be offered a minimum of 24 hours after provision of the study information to consider whether they would like to take part.

Each parent will be invited to participate in two semi-structured interviews to provide information about their experience. Topic guides for these semi-structured interviews have been developed and it is anticipated that interviews will last for approximately 30 minutes. The interviews will take place in a suitable community location, such as in the premises of a service that the participant is engaging with.

For those participants that we intend to interview twice, the first interview will focus upon participants early expectations of SFSC:SL and the second interview will be conducted towards the end (session 9) or just after the participant has completed SFSC:SL. These two time point interviews will allow us to scrutinise how intervention component delivery led to outcomes by examining underlying mechanisms that promoted or hindered progress. This is important for understanding if the mechanisms are promoted or hindered differently for different parents.

Young People

For young people participants, across the five sites, we plan to recruit up to 10 young people, whose parents are depth case studies. This allows for triangulation of the data from parents. The rationale for interviewing only the depth case study young people is to better enable us to unpick 'how' the intervention is working overtime, and if it is working in the way we think it is based on the logic model. This depth of analysis and understanding of the intervention

cannot be obtained if young people and parent pairs are not interviewed and if parents are only interviewed at one time point as this only provides a snapshot.

Young people will be approached whose parents are depth case studies. In the consent form for the trial, young people will provide consent to be approached to take part in the process evaluation interviews. Potential young people for the process evaluation interviews will be approached by a member of the research team and invited to take part. All potential participants will be offered a minimum of 24 hours after provision of the study information to consider whether they would like to take part.

Each young person will be invited to participate in one semi-structured interviews to provide information about their experience. Topic guides for these semi-structured interviews have been developed and it is anticipated that interviews will last for approximately 30 minutes. The interviews will take place in a private room and take place in a suitable location, such as in the premises of a service that the participant is engaging with.

Observations

Across the five sites, we will observe at least one session of each group. In the internal pilot this will be focused on those sessions core to the logic model. Data will be collected in the form of researcher field notes using a template containing the core components of the logic model , the researcher will be observing and reflecting on whether the logic model can be observed in action. These field notes will be anonymous and contain no identifiable information.

11.3 Analysis

We will produce descriptive statistics for the quantitative outcomes. For the qualitative data, we will combine interview transcripts and field notes recorded from the observation case studies in Nvivo. We will use thematic analysis, guided by the CFIR framework, to create higher order themes. The initial qualitative analysis will be completed blind to the trial outcome to enable open exploration of the themes.

We will use a convergence coding matrix to synthesise the different data sources (Tonkin-Crine et al., 2015), with the sampling framework. The synthesis will be interpretative rather than aggregative (as the qualitative and quantitative data cannot be formally combined). We will tabulate the data from each part of the evaluation according to the MRC framework (see Table 6). This will be in the form of summary statistics for the quantitative data, higher order themes and selectively coded exemplar text from the qualitative data. We will organise data corresponding to each site and intersectionality, to enable us to check for differences and similarities across settings and aspects of intersectionality.

We will iteratively review within and across the organised data to identify patterns, guided by the CFIR framework and reflecting back on the logic model. At the end of this analytical

process, the model may require revision. If the main trial does not demonstrate efficacy of the intervention, additional analysis of the qualitative data may be conducted using the same analytical approach as above, with additional deductive and inductive coding to explore possible explanations for this and to glean any additional learning that may have application to other studies.

Cost data reporting and collecting

Costs associated with delivering SFSC:SL will be calculated based on YEF costing guidance https://youthendowmentfund.org.uk/wp-content/uploads/2022/01/21.-YEF-Cost-reporting-guidance.pdf using a micro-costing approach accounting for the actual local costs and resources used in delivering SFSC:SL and associated training and supervision. This will include salaries, resources, facilities, overheads, and management costs (but not costs for peer researchers). The cost perspective will be that of REF. We will include costs associated with supervision and any additional training and account for staff turnover. We will estimate the cost of delivering the intervention in real practice rather than the cost of delivering the intervention in the trial. The cost data will be reported as average cost estimates for a single group receiving the intervention. Data will be collected using the REF fidelity checklist, highlighting all activity associated with a single parent and per group. The main uncertainty is assumptions regarding time and costs associated with non-attendance or non-delivery due to setting level fidelity. Results will be presented as a table including a full list and description of the items included in the cost; and a detailed breakdown of cost estimates by item.

Diversity, equity and inclusion

In the development of this study, the evaluation team and the REF have worked in collaboration with YEF Race Equality Associate, to actively consider issues of diversity, equity, and inclusion. An ongoing, collaborative dialogue will allow us to engage with these crucial elements throughout the project, to ensure an equitable approach. Our approach incorporates and adapts the principles of an embedded racial and ethnic equity perspective in research, set out by Child Trends (2019).

The evaluation will take an intersectional approach by recognising that individuals may experience multiple forms of marginalisation simultaneously based on factors such as ethnicity and race, gender, education and disability. Intersectionality has been considered in the design and implementation of the evaluation, acknowledging that individuals'

experiences and needs are shaped by the complex interplay of various social identities. Within the IPE, we aim to capture different intersections of experience by considering various aspects of intersectionality such as age, ethnicity, literacy and education levels.

This approach will inform the analysis and interpretation of the data, ensuring a nuanced understanding of the impact of the intervention across different intersecting identities. Our co-design ensures that the evaluation is accessible to all participants.

Inclusive communication: The evaluation and intervention will strive to be welcoming and inclusive, fostering an environment where all participants feel comfortable and empowered to engage fully, using plain language and being mindful of potential barriers (such as formal or technical language) that may hinder participants' understanding or engagement. We will provide information and materials in formats that cater to different learning styles and abilities, such as visual alternatives to written materials. Information for young people and parents and the questionnaire for the data collection will be read out to them when required. We will use interpreters when these are required. All interview wording will be reviewed for inclusive language and adapted where necessary. Our information sheets for young people are picture and image based and this includes images of diverse races and ethnicities.

Culturally Responsive Data Collection: We will employ culturally responsive data collection methods to capture a comprehensive understanding of the participants' experiences. This includes using narrative interviews as part of the IPE that allow participants to express their perspectives in meaningful ways. PPO's and peer researchers will be a core part of our engagement and approach to data collection to ensure culturally responsive data collection. PPO's and peer researchers will reflect the diversity of our target sample group in terms of ethnicity and age and will be employed by the REF. Notably, peer researchers will strengthen and support our approach to effective, meaningful and ethical engagement with parents and young people from racially diverse groups. Our young people lived experience advisory group will also provide important advice, steer and guidance to ensure our approach and practices are effective, meaningful and supportive of inclusion and equity.

YP and parent data pertaining to their ethnicity will be collected at baseline and incorporated into analyses. The Ethnicity categories used here are those proposed in YEF documentation and taken from the 2021 Census of England and Wales. The overall categories are: Asian or Asian British ethnicity; Black, Caribbean, or African ethnicity; Mixed or multiple ethnic groups; White; Other ethnic group. In addition to identifying their ethnicity within those set out in the Census, participants will be invited to self-identify within their own definitions of ethnicity and race. This will capture wider definitions of identity potentially incorporating race, ethnicity, religion, and other cultural indicators. Cultural indicators refer to various aspects or factors that reflect the cultural characteristics, values, beliefs, or practices that influence young people, such as language, customs, traditions, social norms, religious practices, artistic expressions, and historical context. These indicators can help assess and understand the

influence of culture on young people's life stories and, more specifically, their responses to the intervention.

By considering cultural indicators, we aim to acknowledge and account for the cultural diversity and specificities of the YP and parents involved and their range of lived experiences, including experiences of trauma. It will involve understanding and empathy on the part of the researchers. This will be addressed in their training ahead of fieldwork.

The evaluation team are experienced in culturally responsive data collection and will approach the interviews with cultural sensitivity, adapting key features to accommodate diverse communication styles and cultural norms. We will hold in-house training to ensure the research team understand our approach to equity, in particular: understanding categorisation and self-identification of ethnicity and race; the various histories of offending and sentencing involving discrimination and deprivation that young people may have experienced; an awareness of unequal power relations; and how to manage disclosures of racism or other forms of discrimination.

Data Analysis: We will employ an intersectional lens when analysing the data gathered for the IPE to identify themes across different demographic groups based on the sampling framework. The findings will be reported in a way that respects the diversity of the participants. The trial will include detailed subgroup analysis and test for difference in effect in terms of ethnicity.

Dissemination and Knowledge Exchange: The evaluation will prioritise the dissemination of findings and knowledge exchange to promote learning and inform future inclusive evaluation designs. The evaluation report will be accessible and disseminated through various channels to reach diverse audiences, including policymakers, practitioners, and stakeholders. We will actively seek opportunities to present the methods and findings of the research at conferences, publish research articles, and collaborate with relevant stakeholders to ensure that the knowledge generated from the evaluation has a meaningful impact on research methods, policy and practice.

The evaluation will actively promote sensitivity and inclusion by addressing the needs of groups that are disproportionately affected and underserved by existing services or delivery. This will involve tailoring the interviews to account for the unique circumstances and challenges faced by these groups and identify any anomalies, inconsistencies, or gaps in the delivery of SFSC:SL.

All activities, materials, and surveys used in the evaluation and intervention will be designed to be accessible, inclusive, and culturally sensitive. This includes using clear and plain language, avoiding jargon, and considering the literacy levels and language preferences of the participants. Culturally sensitive approaches will be employed, including incorporating

culturally relevant examples, images, and scenarios in the research tools, recognizing the importance of diverse cultural backgrounds and experiences (see Inclusive Communication above).

The use of appropriate language and terminology will be carefully considered to avoid cultural insensitivity or misunderstandings. The evaluation team will engage in ongoing dialogue with the REF and the YEF Race Equity Associate to ensure that the materials are respectful, accurate, and relevant to the cultural contexts of the participants. The IPE will have the flexibility to adapt and respond to cultural indicators.

The REF have used a participatory approach to actively seek input (through co-design sessions, interviews and focus groups; see stakeholder section below) from young people and parents. Their involvement in the design and implementation of the intervention will ensure that the evaluation is informed by the voices of those directly impacted by the intervention and the wider issues being addressed. Their insights and perspectives will ensure that the study is relevant, responsive, and respectful of their experiences. Engaging participants as active partners in the research process will enhance researchers' understanding of the issues young people face and strengthen the validity and impact of the data.

Our design recognises and explores the racialised impact of a young person's life experience on their response to the intervention by purposefully and creatively incorporating a racial equity perspective at all stages. This ensures that the research produces findings that reflect the diverse lived experiences of racially minoritised young people and other intersectionality. The intervention and evaluation will prioritise key racial, diversity, and inclusion considerations. This includes recognising and addressing systemic biases, discrimination, and disparities that may exist within the CJS and broader services. Efforts will be made to ensure that the evaluation process does not perpetuate any inequities and actively works towards promoting fairness and justice. The evaluation team will be attentive to issues of racial justice and equity, aiming to identify and mitigate any potential biases in the evaluation process.

The research sits on a foundation of knowledge about race and racism within a youth offending context. Our research draws on the current evidence base that underpins effective interventions with young people of diverse backgrounds, specifically in the area of violence reduction. Our team has expertise in this area, ensuring a deep understanding of the historical and political context in which youth justice operates. The intervention sits within a justice system that has seen a dramatic fall (80%) in young people receiving sentences over the last 20 years but a year-on-year rise in the proportion of those young people that come from racially minoritised communities. In addition, within the youth justice system, racially minoritised young people experience unequal treatment at every stage. More broadly disproportionality in sentencing and experiences of justice reflect disparities in social, educational and health opportunities prior to justice system experiences. Due to racial disparities, racially minoritised young people are more likely to be justice experienced and

face more disadvantage and vulnerabilities. Our methods explore participants perceptions of their experiences with this context in mind.

Demographic data on age and ethnicity will be recorded in relation to numbers: referred to the programme; recruited to the evaluation; dropped out. We will also consider Refugee status; English native/first language; SEND/EHCP.

As well as responding to the usual ethical guidelines and regulations (gaining informed consent, building trust, protecting participant confidentiality where possible, and addressing potential power imbalances), the evaluation design will account for specific requirements and support needs of the participants. For instance, the information sheets and consent forms are designed to respond to the needs of the population (as mentioned in Inclusive Communication, above).

We will work closely with participants to identify and address any potential barriers that may impede their engagement or affect the accuracy and reliability of the data collected.

All researchers will have received mandatory training to gain an understanding of the broader issues of equality and diversity, enhancing understanding of the unique needs and experiences of diverse populations, creating a supportive and inclusive research environment that values diversity, encouraging continuous learning, and promoting culturally sensitive research practices.

A reflexive research process including research team analysis and debrief sessions will help to position the researchers and participants within the research. The PI and CoIs will support researchers throughout the evaluation to engage in self-reflection, critically examining their own biases, assumptions, positions of privilege and sensitivity to the cultural contexts and power dynamics inherent in studying ethnicity. Regular mentoring and debriefs will be in place to support the research team to engage sensitively with participants, foster a respectful and inclusive environment and navigate the potential cultural or social challenges that may arise during the evaluation process. This will also help the team to examine their own biases and backgrounds and ensure that they approach the study with an inclusive mindset.

The approach set out here emphasises our commitment to an inclusive, fair, and equitable evaluation design and process that acknowledges the unique needs and experiences of young people and parents. By incorporating these measures, the evaluation seeks to ensure that every participant's voice is heard, their experiences are respected, and the outcomes of the trial are representative and meaningful for all those involved.

Ethics and registration

Ethical approval will be obtained from University of Greenwich Research Ethics Committee (EC) and secondary approval from University of Manchester Research EC. We describe plans for ongoing monitoring of the trial below.

The trial will be registered on ISRCTN and both the protocol and SAP will be uploaded to the trial registry.

1. Safety reporting

Table 8: Safety reporting terms and definitions

Term	Definition
Adverse Event (AE)	Any untoward medical occurrence in a participant to whom the intervention and/or assessment has been administered.
Adverse Reaction (AR)	An untoward and unintended response in a participant to the intervention/assessment. The phrase "response to the intervention /assessment" means that a causal relationship between a trial intervention/assessment and an AE is at least a reasonable possibility, i.e. the relationship cannot be ruled out. All cases judged by the PI (acting on behalf of the Sponsor) as having a reasonable suspected causal relationship to the intervention /assessment qualify as adverse reactions.
Serious Adverse Event (SAE)	A serious adverse event is any untoward medical occurrence that: • results in death • is life-threatening • requires inpatient hospitalisation or prolongation of existing hospitalisation • results in persistent or significant disability/incapacity • consists of a congenital anomaly or birth defect Other 'important events' may also be considered serious if they jeopardise the participant or require an intervention to prevent one of the above consequences. NOTE: The term "life-threatening" in the definition of "serious" refers to an event in which the participant was at risk of death at the time of the event; it does not refer to an event which hypothetically might have caused death if it were more severe.
Serious Adverse Reaction (SAR)	An adverse event that is both serious and, in the opinion of the reporting Investigator, believed with reasonable probability to be due to the intervention / assessment, based on the information provided.
Suspected Unexpected Serious Adverse Reaction (SUSAR)	A serious adverse reaction, the nature and severity of which is not consistent with the effects or consequences of the intervention.

Charity Commission Serious Incident	A serious incident is an adverse event, whether actual or alleged, which results in or risks significant: • harm to an organisation's beneficiaries, staff, volunteers to others who come into contact with the organisation through its work • loss of an organisation's money or assets • damage to an organisation's property • harm to an organisation's work or reputation

1.1 Operational definitions for (S)AEs

AEs

Young people may disclose suicidal ideation, self-harm, harm to others and property during the trial. These could include: ideation alone with no behaviour (suicidal ideation or self-harm ideation), self-harm or suicidal behaviour, violence towards an inanimate object (e.g. a wall or door), events involving others (threats to harm others / violence, actual harm to others / violence). It should be noted that these may be SAEs depending on the severity of injuries and outcomes of the behaviour. Each event should be recorded from consent until 30 days after the final follow-up assessment is completed. .

AEs that do not require reporting:

any untoward medical occurrence that is not included in the definition above.

SAEs

All SAEs occurring from the time of consent until 30 days after the final follow-up assessment completion must be recorded on the SAE report form and emailed to the PI (as sponsor's representative) immediately and within 24 hours of the research staff becoming aware of the event. Refer to the SAE form for the information that will be collected for all SAEs.

Any change of condition or other follow-up information should be emailed to the PI as soon as it is available or at least within 24 hours of the information becoming available. Events will be followed up until the event has resolved or a final outcome has been reached.

Email completed SAE Report Forms FAO:
s.humayun@greenwich.ac.uk/charlotte.lennox@manchester.ac.uk

SAEs must be followed-up until resolution and sites must provide follow-up SAE reports if the SAE had not resolved at the time the initial report was submitted.

On receipt of the SAE Report Form, the PI will send an acknowledgement of the SAE to the participating site. This acknowledgement will include an SAE reference number which should be included on all future correspondence regarding the SAE.

Sites should respond as soon as possible to requests from the PI for further information that may be required for assessment of the SAE.

The PI will review for assessment of causality. If the SAE is related to the intervention/assessment, the PI will review the expectedness in relation to the nature or severity of which is not consistent with the effects or consequences of a psychological intervention. In the case that the SAE is related and unexpected, the PI will submit a report to the University of Greenwich and, if pertaining to the Greater Manchester site, University of Manchester Ethics Committee (UoM EC) within the expedited timeframes.

Monitoring of adverse events

All adverse events that are research related will be reported by the PI to the REF (if in the SFSC arm) and funder on a regular basis and in an expedited fashion. Fatal or life-threatening events will be reported to the ECs within seven days of knowledge of such cases.

All adverse events meeting the Charity Commission definition will be reported to the funder within 48 hours via serious.incident@youthendownmentfund.or.uk

Any safeguarding concerns will be reported to the funder on a quarterly basis.

Reporting urgent safety measures

The Sponsor or PI may take appropriate Urgent Safety Measures (USMs) in order to protect the participant of a trial against any immediate hazard to their health or safety without prior authorisation from the UoM EC.

Where the PI takes urgent action that is not consistent with the protocol to prevent harm to a young person in the trial, the PI must immediately inform the wider evaluation team by email and give full details of the measures taken and the decision making process surrounding the action(s) taken.

The PI will inform the UoM EC of these measures immediately, but no later than 3 days from the date the actions were taken.

Data protection

After participants have agreed to participate, they will be allotted identification numbers (and pseudonyms will be used for interview recordings and transcripts). Data and contact information will be securely stored, in accordance with GDPR, using the identification numbers, with access limited to the delivery and research teams only (except for the purposes of data archive; see below). Participants will be informed that all information about them will be stored in this way. Data obtained from participants through questionnaires and interviews

will be kept separate from identifying information and available only to the trial team. All identifying information will be stored securely and in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, for the purpose of correspondence with participants and only members of the delivery and research team will have access to it (other than for archiving). Published reports will not identify the research participant at any time. All data will be encrypted and stored securely in password protected files on password protected computers using REF and University OneDrive and Microsoft Teams storage systems and using a minimum of two factor authentication and only members of the delivery and research teams will have access to it. REF access will be limited to data for recruitment and baseline assessment only.

At the end of the study, all study data as well as limited identifiable information on YP and families will be provided to the ONS and DfE to facilitate data archiving and assessment of long-term effectiveness of the intervention.

If we require access to data held on other agency systems, this will be facilitated by Information Sharing Agreements.

See appendix A for draft data protection statement.

Stakeholders and interests

The key stakeholders include the REF as the developer of the SFSC:SL parenting programme and lead of delivery in the study; evaluation team; and parents, young people and statutory and voluntary agencies working in youth justice.

The key members of the REF delivery team include:

- Leandra Box, Deputy CEO: will take overall lead of the delivery of the intervention with responsibility for ensuring milestones are met and official reporting of progress.
- Bernadette Rhoden, Head of Training and Curriculum: will take the lead in internal quality assurance, fidelity and monitoring of all SFSC:SL parenting programmes.
- Jade Briant, Senior Parent Programme Officer: will line managing all programme officers and provide day to day support for programme delivery.
- Five Programme Officers - Chantel Antoine; Antoinette Wood and 3 others (tbc): they will manage relationships with sites and referral partners, recruit parents, collect baselines data and deliver the programmes across the sites.
- Three peer researchers (tbc): they will act as a trusted point of contact for young people and lead on making initial contact and ongoing engagement to support informed consent and positive experience in taking part.

- Project Manager and Administrator (tbc): these two posts will support the management and logistic of delivering the programme across multiple sites. This will include competing monitoring forms, checking and liaising with local sites, completing contracts, payments and invoices. They will also be the main link with evaluation team.

The key members of the evaluation team include:

- Dr Sajid Humayun, Associate Professor of Developmental Psychopathology (University of Greenwich): provide overall leadership for the trial and be responsible for coordination and management across the sites and ensure the trial completes within time and budget. He will line manage the London research team and ensure systems are in place with the Clinical Trials Unit for randomisation.
- Dr Anita Mehay, Senor Research Fellow (City St George's, University of London): will support the co-design phase and developing protocol and evaluation processes and materials and will provide ongoing expertise and strategic guidance throughout the study, supporting data analysis, interpretation, report writing, and dissemination.
- Dr Charlotte Lennox, Senior Lecturer in Forensic Psychology and Mental Health (University of Manchester): will oversee the Greater Manchester site and line manage the Manchester research team. She will contribute to design, measurement and other methodology, and to dissemination and report writing and lead on the IPE.
- Dr Lesley-Anne Carter, Senior Lecturer in Biostatistics (University of Manchester): lead statistician and will provide methodological oversight of the study. She will supervise the trial statistician and contribute to the development the Statistical Analysis Plan (SAP), Case Record Forms (CRFs), and preparation of monitoring reports.
- Trial Manager/Post-Doctoral Research Fellow (tbc – based University of Greenwich): responsible for day-to-day conduct of the trial, managing datasets and data flow between the evaluation team and stakeholders, regular liaison with the REF and project sites, and have oversight of a team of research assistants assessing participants.
- 3 Research Assistants (tbc – based at University of Greenwich and University of Manchester): responsible for data collection, data cleaning and transcription.

We also plan to engage and involve parents, young people and statutory and voluntary agencies working in youth justice within the research study (not just as participants but as stakeholders and collaborators). The REF have already started to engage and involve these stakeholders in developing this protocol through a series of six engagement events. These events have included:

- Two workshops with young people: one attended by 8 young people aged 15–19-year-olds and another is planned in August with young people aged 11–14-year-olds.
- One workshop with 6 parents.

- One workshop with 14 stakeholders from statutory and voluntary agencies working in youth justice.
- One online workshop with 6 parents and stakeholders from statutory and voluntary agencies working in youth justice based in Manchester.
- One workshop with 4 SFSC facilitators.

These events provided an important and valuable opportunity to discuss the optimum ways to deliver the programme and evaluation which have informed this protocol. Key issues have included the acceptability of randomisation and data archive, planned engagement and recruitment strategies, acceptability of offending measure, and implementation support for delivery agencies. We plan to formally convene two stakeholder groups of parents and young people to meet with regularly during the study where they will provide advice and guidance on recruitment, retention, engagement and inclusive practice (dependent on securing funding).

Risks

See Appendix B: Risk Register.

Timeline

Table 9: Study Timeline

Dates	Activity	Staff responsible/ leading
Oct 2025-Mar 2026	Mobilisation	REF
Feb 2026	Ethical approval obtained	Evaluators
Jan 2026	Protocol finalised	Evaluators
Oct 2025-Apr 2026	Recruitment, vetting, training of staff for project delivery and recruitment and baseline assessment	REF
May 2026	SAP finalised	Evaluators

Feb-Aug 2026	Pilot study	Evaluators, REF
Feb 2026	Referrals start	REF
Mar 2026	Randomisation and baseline data collection	REF
Apr 2026	Delivery of pilot intervention	REF
Jul 2026-Mar 2028	Post-intervention parent assessments	Evaluators
Oct 26	YEF decision on transition to efficacy	YEF
Nov 2026-Sep 2028	Efficacy trial	Evaluators, REF
Jan 2027-Sep 2028	Post-intervention YP assessments	Evaluators
Nov 2027	Update SAP	Evaluators
Oct 2028-Feb 2029	Data cleaning, analysis and write-up	Evaluators
Feb 2029	Data archiving	Evaluators

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Appendix A

Data protection statement

What will happen to the information collected?

The information you give us and that we collect is confidential and we will not share it with anybody during the study but if you tell us something that makes us worried for you or someone else, we might have to tell someone.

- We will write a report about what we find out for Youth Endowment Fund and articles in academic journals. We will not use your name or any information that could identify you.
- After the study is finished, all the questionnaire/interview answers and information about who took part will be given to the Youth Endowment Fund and stored indefinitely for

future research. The Youth Endowment Fund have provided additional information that you can access here.

- The data may also be linked to government datasets, including education, criminal justice and other systems to research the long-term outcomes of the SFSC: Safer Lives intervention. This data will be used for research purposes only and it illegal for it to be used to identify you. Only approved researchers will be able to access this data and the identities of young people will not be known by anyone accessing this data in future.
- Any information the University of Greenwich keeps will be destroyed 10 years following the date of publication of the final report.

Under the General Data Protection Regulation (GDPR), we have to explain to you which lawful basis we rely on for processing your personal data. This is:

We need it to perform a public task, in the area of research.

The research is for scientific and statistical purposes in the public interest and will be subject to technical and organisational safeguards. The information we collect from you will be stored securely in accordance with the General Data Protection Regulation (GDPR) the Data Protection Act (2018). This means that that the information you give us will be stored under an identification code number only – it will be kept completely separate from any identifying information (names, addresses etc.). In addition, we wish to collect special category data e.g. ethnicity under Article 9(2). We will do this as we will ask for your explicit consent, there is substantial public interest and for research. If you have any questions, would like to know more, you can call [RF] on 0208 331 [RF extension] or email him/her (RF email@greenwich.ac.uk) for further advice and information.

Your data protection rights

Under data protection law, you have rights including:

Your right of access - You have the right to ask us for copies of your personal information.

Your right to rectification - You have the right to ask us to rectify personal information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete.

Your right to erasure - You have the right to ask us to erase your personal information in certain circumstances.

All will be responded to within one calendar month of receiving the request.

Your right to restriction of processing - You have the right to ask us to restrict the processing of your personal information in certain circumstances.

Your right to object to processing - You have the the right to object to the processing of your personal information in certain circumstances.

You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you.

Please contact us at compliance@gre.ac.uk if you wish to make a request.

How to complain

If you have any concerns about our use of your personal information, you can make a complaint to us at

Name: Peter Garrod, Data Protection Officer

Address: University of Greenwich, Old Royal Naval Campus, 30 Park Row, London SE10 9LS

Email: compliance@gre.ac.uk.

You can also complain to the ICO if you are unhappy with how we have used your data.

The ICO's address:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Helpline number: 0303 123 1113
ICO website: https://www.ico.org.uk

YOUTH ENDOWMENT FUND

Impetus

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The Youth Endowment Fund Charitable Trust

Registered Charity Number: 1185413