EVALUATION REPORT

STEER: a mentoring, coaching, family support and case management programme

Pilot trial report

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CordisBright

YOUTH ENDOWMENT FUND

About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people from becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

Children and young people at risk of becoming involved in violence deserve services that give them the best chance for a positive future. To make sure that happens, we'll fund promising projects and then use the very best evaluation to find out what works. Just as we benefit from robust trials in medicine, young people deserve support grounded in the evidence. We'll build that knowledge through our various grant rounds and funding activities.

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

Together, we need to look at the evidence and agree on what works, then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we'll do it. At its heart, it says that we will fund good work, find what works and work for change. You can read it here.

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About the evaluator

Cordis Bright was commissioned to undertake an evaluation of Salford Foundation's STEER project as part of the Youth Endowment Fund's 'Another Chance'–themed grant round.

Cordis Bright (www.cordisbright.co.uk) believes that public sector services can change lives for the better. We work collaboratively with our clients to deliver improved outcomes for service users and their families. We provide research, evaluation, consultancy and advice aimed at improving public services. Our team has a unique combination of consultancy, research and evaluation skills, with previous experience in practice, management, leadership and inspection. Cordis Bright offers a range of research and evaluation services which aim to improve the evidence base from which public services are delivered.

The evaluation team included Suzie Clements (Senior Consultant), Dr Stephen Boxford (Director and Head of Research), Professor Darrick Joliffe (Associate), Kam Kaur (Director and Head of Safeguarding) and Madeleine Morrison (Researcher).

Executive summary

The project

STEER is a six-month mentoring, coaching, family support and case management programme that aims to reduce offending among young people at risk of involvement in violence. Delivered by Salford Foundation, STEER targets 10–17 year-olds who are at risk of involvement in crime because they have an association with a peer or family member(s) involved in serious violence, organised crime, or gangs. Alongside this association, young people must also have demonstrated certain risk factors such as exhibiting violent behaviour, have disengaged from education, or carrying weapons. A multi-agency meeting identifies young people with these risks, and refers them to STEER. Delivered by trained youth workers, the programme involves four weeks of initial interactions and assessment, followed by 24 weeks of weekly face-to-face, one-to-one, one-hour mentoring and coaching sessions. Young people also receive an additional one hour of weekly casework support. The face-to-face sessions include mandatory and optional content (such as goal setting, safety planning, emotional literacy and family relationships), and sessions aim to support social and emotional learning and help young people make informed, positive choices. They also aim to give young people access to a positive role model with whom they can identify and who can model positive behaviour. All parents and carers are also offered 14 hours of support from a Family Support Worker across the six months. Family-focused support aims to improve parenting skills, and support parents to better manage boundaries with young people. In the first year of YEF-funded delivery, the programme was delivered in Wigan and Trafford.

The YEF funded a pilot evaluation of STEER, that aimed to ascertain whether the programme should progress to be evaluated in a larger, efficacy, randomised controlled trial (RCT). The evaluation explored whether recruitment, randomisation, retention, and data collection worked in practice, whether the evaluation tools used in the pilot were appropriate, what sample size may be required for a future study, and whether the programme was implemented with fidelity. The evaluation used a pilot, two-armed, RCT. Following referral, young people were randomly assigned either to a treatment group or a control group. The treatment group received STEER, while young people in the control group attended two meetings with a STEER practitioner (one after randomisation and another one six months later) where they received signposting to existing services and had any safeguarding needs identified and addressed. Participants completed a questionnaire prior to randomisation and six months later. The questionnaires included the Strengths and Difficulties Questionnaire (SDQ) and the Self-Reported Delinquency Scale (SRDS), and the six-month questionnaire also included the Social Support and Rejection Scale (SSRS). By the end of the pilot, 50 young people had been recruited to the treatment group and 51 to the control group. Baseline outcomes measures for 97 young people were received. The findings were also informed by monitoring data on delivery collected by Salford Foundation which included background data on participants. Additionally, interviews were conducted with nine young people, nine STEER staff, and eight wider programme stakeholders. The pilot ran from January 2022 to May 2023.

Key conclusions
Recruitment, randomisation, and retention processes were successfully delivered. 168 young people were referred and 73% of those eligible consented to participate. 91% of the young people who started STEER continued to engage with STEER at the time of report writing. Take-up of the family support element was lower than anticipated (10%).
The questionnaires were effectively administered, appeared to be reliable, valid, and practical, and outcome data collection rates were high. For example, all items in the SDQ had an 89% completion rate or higher at baseline and a 95% completion rate or higher at after six months.
STEER was delivered in line with the Theory of Change. Across the cohort, all mandatory and optional topics were covered in one-to-one sessions (as reported by STEER staff and demonstrated in monitoring data).
The RCT design was generally acceptable to stakeholders. This was supported by the level of trust that stakeholders had in Salford Foundation, and the demand for support for the target cohort. A small number of wider stakeholders had concerns regarding randomisation.
STEER is ready to move to an efficacy RCT. The project met each of the progression criteria and does not require significant change ahead of larger scale evaluation.

Interpretation

Recruitment, randomisation, and retention processes were successfully delivered. 168 young people were referred to STEER, and 73% of those who were eligible for the programme provided consent to participate. 91% of the young people who started STEER continued to engage with the programme at the time of report writing. There were no reported challenges with randomisation, and all young people were successfully allocated to either the intervention or control group.

Although caution should be applied when interpreting data due to the small numbers involved, demographic data suggested that there were slightly smaller proportions of young people from ethnic minority backgrounds in STEER compared to the local 10-17 year-old population. Key programme stakeholders reported that this is mostly linked to under-representation in identification and referrals, and that during the efficacy study they will continue to explore and address this with partners.

Take-up of the family support element has been lower than anticipated (five families out of a possible 50) but STEER staff have started to introduce new approaches to engage parents/carers. This includes clearly explaining to parents the support Salford Foundation staff can offer and reassuring them that Salford Foundation staff are not statutory social workers.

The evaluation questionnaires were effectively administered, and outcome data collection rates were high. For example, all items in the SDQ had an 89% completion rate or higher at baseline and a 95% completion rate or higher at six months. Supporting factors for successful completion of questionnaires included staff training around the importance of gathering high quality data and using tablets to administer questionnaires rather than paper copies. STEER staff have also made good progress in recording monitoring data and report that the data collection system is easy to understand, user-friendly, and not too time consuming.

Evidence suggests that STEER was generally delivered in line with the Theory of Change. Across the cohort, all mandatory and optional topics were covered in one-to-one sessions (as reported by STEER staff and demonstrated in monitoring data). Programme staff reported a key enabler for this has been recruiting and training a team of delivery staff specifically for this pilot phase of STEER, which has meant that staff have not seen any previous iterations of the model and have subsequently delivered STEER in line with the current model. Further work on improving how activity and dosage data is collected and recorded consistently will enable fidelity of delivery to be assessed in more detail in larger evaluations. Specific elements of STEER that participants and STEER staff identified as potential mechanisms for change included the one-to-one approach (that could support the development of a trusted relationship), targeted content in sessions (that may ensure they are relevant to young people's needs), and multi-agency partnership working (which may allow for information to be shared between partners and ensure messages are reinforced).

The RCT design was generally accepted, and stakeholders understand its value and importance. This was supported by the level of trust that stakeholders had in Salford Foundation, and the demand for support for the target cohort. A small number of wider programme stakeholders expressed concerns about randomisation, mainly related to the ethics of not delivering STEER to young people who might benefit from it, and around whether the control group really represents business as usual. Further communication about the evaluation's potential to contribute to the evidence base about 'what works' in reducing serious youth violence and reassurance around the ethics and safeguarding protocols in place for the control group will be important to address these concerns in future evaluations.

The evidence in the pilot shows that STEER is ready to move to an efficacy RCT. The project met each of the co-designed progression criteria set at the outset of the evaluation and does not require significant change ahead of larger scale evaluation. Based on power calculations, a sample size of 654 (327 young people in each group) is estimated to be required. Following these findings, the YEF is proceeding to a further evaluation of STEER with an efficacy RCT.

1. Introduction

This report presents the findings of an internal pilot randomised controlled trial (RCT) and implementation and process evaluation (IPE) of Salford Foundation's STEER programme. The internal pilot was conducted to assess the feasibility of the STEER programme progressing to an efficacy study evaluation.

The STEER programme (STEER) is a six-month mentoring, coaching, family support and case management programme that works with young people aged 10–17 who are at risk of involvement in violent crime because they have an association with a peer or family member(s) involved in serious violence, organised crime or gangs and who consent to participate in the programme. It was delivered in Trafford and Wigan throughout the pilot trial period.

The pilot trial and IPE that this report is based on took place between January 2022 and May 2023. The fieldwork took place between May 2022 and April 2023.

This section presents information about:

- The policy context, evidence and theoretical and scientific background for STEER

- The rationale for evaluating STEER taking an RCT approach

1.1. Background

National context

Nationally, STEER is being delivered in a context where the Government's Serious Violence Strategy (Home Office, 2018) recognises that *'tackling serious violence is not a law enforcement issue alone. It requires a multiple strand approach involving a range of partners'.* It is also being delivered against a backdrop of the need for evidence about 'what works' in preventing and/or reducing young people's involvement in offending and violence. This is exemplified by the creation of the What Works Centres Network, including the Youth Endowment Fund (YEF), which is funding the STEER programme and its evaluation.

The YEF toolkit suggests that, on average, mentoring programmes similar to STEER are likely to have a **moderate** impact on violent crime. It states that mentoring is effective in both reducing crime and the behaviours associated with crime and violence, with research suggesting that, on average, mentoring reduces violence by 21%, all offending by 14% and reoffending by 19%.

The YEF toolkit suggests that we can be moderately confident in the estimates of the average impact on violent crime, which suggests that the evidence base needs further development. In line with the YEF Toolkit, there is emerging evidence that programmes that include mentoring approaches may support young people to stay out of crime, but more research is needed in this area (Jolliffe and Farrington, 2008).

Why was the STEER programme needed?

In the above national context, STEER was developed locally by Salford Foundation to address:

- An increase in the number of children and young people involved in serious youth violence, organised crime and gangs in Greater Manchester. For example, the number of serious youth violent offences in Manchester increased by over 200% between 2016 and 2019. Between 2019 and 2022, the number of knife crime offences in schools increased by 108%, and data and intelligence held by the

Greater Manchester Police (GMP) show that 22% of serious violence offenders in Greater Manchester are aged between 15 and 19 (Gray, Smithson, and Jump, 2021; Greater Manchester Serious Violence Action Plan, 2020)

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

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

- A belief among local stakeholders in the need to take an asset-based, trauma-informed approach to working with young people on a voluntary basis, which may work more effectively than other statutory responses to prevent involvement in serious youth violence, organised crime and gangs

- An understanding that progress for young people in desisting from serious youth violence, organised gangs and crime occurs differentially for young people and is influenced by multiple factors and processes (Mulvey et al., 2004)

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

The STEER programme takes an evidence-based approach

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

- Having close relationships with peers, associates and family members who are involved in serious violence, organised crime and gangs (Murray and Farrington, 2008)

- Low levels of aspiration (Mahler et al., 2017)

- Risk-taking attitudes and behaviours, such as carrying weapons (Boxford, 2006)

- Poor emotional control (Salinas and Venta, 2021)

- Low levels of pro-social values (Boxford, 2006)

The STEER programme, therefore, aims to address these risk factors through intensive mentoring, case management, coaching and family support.

The programme focuses on mentoring because:

- Mentoring has been shown to reduce the propensity to offend, especially if it is frequent and intensive (College of Policing What Works Toolkit, 2016)

- Having a mentor can also reduce the likelihood of offending through the provision of a positive role model (College of Policing What Works Toolkit, 2016)

In addition, the STEER programme takes a trauma-informed and voluntary approach, as evidence suggests these encourage better engagement by young people with services than statutory interventions for this cohort (National Lottery Fund, 2018).

The STEER Family Support offer was developed in recognition that providing parents and carers with skills and understanding to manage risk factors and enhance protective factors can reduce serious violence and involvement in gangs (National Lottery Fund, 2018; H.M. Government, 2010). This support is also available to non-biological carers of young people. The National Institute for Health and Care Excellence (NICE) guidance (2021) suggests that it is important that the care network around a looked-after child or young person consists of positive relationships and that carers are provided with support services.

Rationale for a pilot trial of the STEER programme

The rationale for a pilot RCT of STEER is supported by the emerging evidence outlined above that mentoring approaches can be moderately effective in preventing and/or reducing young people's involvement in crime and violence. Conducting a pilot trial to see if STEER can progress to an RCT efficacy study is important to potentially add to the limited robust evidence for what works to reduce offending among young people in the UK.

1.2. Intervention

This section provides an overview of the Salford Foundation STEER programme. It outlines:

- Who does the programme aim to work with?

- What does the programme do, and how does it do it to achieve its desired impact?

- What inputs are required to deliver the programme?

- What is the Theory of Change of the programme?

Who does the programme aim to work with?

The target group for the STEER programme and, therefore, the pilot RCT are young people aged 10–17 who are at risk of involvement in violent crime because they have an association with peers or family member(s) involved in serious violence, organised crime or gangs <u>and</u> who consent to participate in the programme. See Section 2.2 for more information about how participants are judged to be eligible for the programme.

Young people must <u>also</u> meet one of the following criteria, which evidence suggests are risk factors for involvement in serious violence organised crimes and/or gangs; young people must be:

a) Experiencing violence in the family (Cordis Bright, 2015)

b) Exhibiting overt coercion or violent behaviour (Cordis Bright, 2015)

c) Regularly carrying weapons such as knives (Emmert, Hall, and Lizotte, 2018)

d) Disengaged from mainstream education (Cordis Bright, 2015; H.M. Government, 2018; H.M. Government, 202; Home Office, 2018)

e) Missing from home or staying out unusually late or on a regular basis (H.M. Government, 2020)

Although there are lots of things in a young person's life that can influence the likelihood of their involvement in offending, evidence shows that addressing some of the family, school, community and societal influences and factors outlined above has the potential to decrease young people's likelihood of becoming involved in crime and violence.[1]

Young people are not eligible for participation in STEER or the pilot RCT if they have already received interventions from multiple other services and/or have received multiple custodial sentences. This is because if a young person is receiving interventions from multiple other services, it will be more challenging to attribute any impact to STEER alone. There is also a risk that the young person and their family will be overwhelmed by professional input, which may lead to disengagement.

STEER will not work with young people who have received multiple custodial sentences because the project aims to intervene at an earlier stage of criminal activity to prevent young people from entering the criminal justice system.

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

These eligibility criteria are based on evidence of risk/protective factors for offending behaviour researched by Cordis Bright and agreed by Salford Foundation and the YEF.

What does the programme do, and how does it do it to achieve its desired impact?

STEER is a documented intervention which uses a toolkit approach. The toolkit sets out the activities that the programme aims to deliver to achieve its intended outcomes. The following summarises the key activities:

1) **Screening and referral.** Young people are screened using a referral form during a multi-agency meeting before referral to the STEER programme. If accepted by the programme, they proceed to the step below.
2) **STEER programme familiarisation and assessment planning.** Young people allocated to the STEER programme receive initial interactions over four weeks, which allow STEER youth workers to assess and build an understanding of the young person's strengths and needs. They also use this time to carry out full risk assessments, using conversations to build a picture of the family context, supplemented by information shared between agencies. Co-design is a fundamental part of this process, taking on board the young person's thoughts, ideas, hopes and concerns – in particular, to inform the optional and diversionary activities (see point 3 below).
3) **Weekly one-hour, one-to-one mentoring sessions plus an additional one hour a week of support over a period of 24 weeks (six months) on average.** The young person and their STEER worker agree on an individual action plan based on their needs/risk assessments. They then begin weekly one-to-one sessions, including one-to-one activities and opportunities, signposting, and

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[1]These criteria are linked to the primary outcomes, secondary outcomes, and contextual factors outlined in the YEF Outcomes Framework. See: www.youthendowmentfund.org.uk/outcomes/ Last accessed 30 August 2023.

information-sharing, plus an additional hour of wraparound support each week for young people. This support aims to give young people access to a positive role model with whom they can identify and who can model positive behaviour. The quality of the relationship between the youth worker (mentor) and the young person (mentee) is a key mechanism of change. As part of this, the mentor:

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

- Provides sessions on social and emotional learning

- Gives the young person knowledge about how to understand and control their emotions

- Gives the young person knowledge of the implications on their lives of committing crime

- Encourages the young person to consider options for their future and supports them to make informed positive choices

- Helps the young person develop skills to sustain healthy, positive relationships

- Gives the young person strategies to disengage from contextual factors that might carry risk (such as spending time with peers engaging in criminal activity or peer pressure to miss school or stay out late)2

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

The face-to-face sessions use a toolkit of mandatory and optional themed interventions.

- **Mandatory interventions** include sessions on aspirations and goal setting; relationship mapping; safety planning; thinking, attitudes and behaviours; criminal exploitation; and emotional control and anger management. Young people will undertake around three hours of work on each topic.

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

- **Fourteen hours of family support work spread across the duration of the six-month intervention**. Recognising that young people on STEER live in a wide variety of family and caregiving models, the STEER youth worker will help the young person identify which adult or adults are most significant to their nurturing and flourishing. The family support will then be targeted at this individual or individuals. In line with NICE guidance (2021), this support will also be offered to those undertaking

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2 The strategies used vary dependent on the individuals' circumstances and needs.

caregiving roles for STEER young people who are looked-after children and care experienced. The Family Support Worker element aims to:

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

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

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

- Help parents/carers interact more effectively with professionals

What inputs are required to deliver the programme?

To deliver the programme, STEER requires the following inputs:

- **Funding.** £222,793 in Year 1, £362,479 in Year 2 and £363,752 in Year 3. This is a total of £949,024. The pilot RCT focuses on Year 1 funding. If the trial progresses to the efficacy study, Years 2 and 3 funding will be confirmed, and the study will focus on all the years, i.e. including Years 1, 2 and 3.

- **Personnel.** The funding supported the following full-time equivalent (FTE) roles in Year 1:

    o Operations Manager (0.4 FTE)

    o Project Manager

    o Youth Workers (Mentors) (2.6 FTE)

    o Referral and Assessment Coordinators (1 FTE)

    o Family support worker (0.8 FTE)

- **Facilities.** This includes office space for workers at Salford Foundation House and co-located with partner agencies, including the Youth Offending Team, Early Help Hubs, and partner charity offices. The mentoring takes place in the location that is most appropriate for the young people. This includes at home, school or Salford Foundation offices or in the community.

- **Workforce training and support.** STEER youth workers are directly employed by Salford Foundation. Workers who have proven experience in supporting young people with complex needs, typically with a background in education, the voluntary sector or social care, are appointed.

    STEER youth workers complete comprehensive induction training before they commence work with young people. This includes safeguarding, trauma-informed practice, trusted relationships, adverse childhood experiences, risk management and safety planning.

    In addition to comprehensive induction training, workers have a weekly team meeting to discuss cases, good practice, etc. They have (1) daily contact with their immediate colleagues and line manager and (2) formal performance reviews/management supervision on a six-weekly basis. All workers receive support from a psychologist in the Trusted Relationships team at North Pennine

Mental Health Trust. The psychologist works in the team one day per week and provides case formulation and consultation, non-management supervision and bespoke training.[3]

What is the programme's Theory of Change?

In line with the Early Intervention Foundation's 10 Steps for Evaluation Success, this section presents the STEER programme's Theory of Change. The Theory of Change was co-developed with STEER stakeholders, YEF representatives and Cordis Bright as part of the scoping phase of the pilot trial. The Theory of Change is presented in **Figure 1**.

The Theory of Change shows that the STEER programme aims to achieve the following outcomes.

Short-term outcomes:

- More young people report that they have a trusted relationship with a positive role model.

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

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

- Young people have improved skills in emotional regulation.

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

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

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

Medium-term outcomes

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

- Young people demonstrate pro-social values and behaviours.

- Young people have fewer contacts with the police.

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

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

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

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[3] This support is paid for through the YEF grant but the psychologist is not employed in the STEER team.

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

- Young people demonstrate pro-social values and behaviours.

Long-term outcomes:

Young people experience a reduction in or prevention of:

- Violent criminal offences

- Organised crime

- Gang membership

- Non-violent offences

Figure 1: Theory of Change for the STEER programme

Why: evidence-based observation	Why: evidence-based need	Who: participants	How: intervention	What: short-term outcome	What: medium-term outcome	What: long-term outcome
STEER has been developed to address: a) An increase in the number of children and young people (CYP) involved in serious youth violence, organised crime and gangs in Greater Manchester. b) An increased recognition among professionals of the complexity of issues displayed by CYP involved in serious youth violence, organised crime and gangs (e.g., the number of serious youth violence offences in Manchester increased by over 200% between 2016 and 2019. In the last three years, the number of knife crime offences in schools increased by 108%, and 22% of serious violence offenders in Greater Manchester were aged between 15 and 19) (Greater Manchester Serious Violence Action Plan, 2020; Gray, Smithson, and Jump, 2021). c) A recognition among local stakeholders that the available statutory responses on their own were not working effectively to reduce CYP involvement in serious youth violence,	CYP's propensity for involvement in serious youth violence, organised crime, violence and gangs is increased by: a) Having close relationships with peers, associates and family members who are involved in serious violence, organised crime and gangs (Murray and Farrington, 2008) b) Low levels of aspiration (Mahler et al., 2017) c) Risk-taking attitudes and behaviours (such as carrying weapons) (Boxford, 2006) d) Poor emotional control (Salinas and Venta, 2021) e) Low levels of pro-social values (Boxford, 2006) Mentoring has been shown to have a positive impact on the propensity to offend, especially if it is frequent and intensive (College of Policing What Works Toolkit, 2016). Having a mentor can reduce the likelihood of offending through the provision of a positive role model (College of Policing What Works Toolkit, 2016).	Young people aged 10–17 who are at risk of involvement in violent crime because they have an association with peers or family member(s) involved in serious violence, organised crime or gangs <u>and</u> who consent to participate in the programme. As part of this, CYP also have to meet one of the following criteria, which evidence shows are risk factors for serious violence, organised crimes and/or gangs. a) Experiencing violence in the family (Cordis Bright, 2015) b) Exhibiting overt coercion or violent behaviour (Cordis Bright, 2015) c) Regularly carrying weapons, such as knives (Emmert, Hall, and Lizotte, 2018). d) Disengaged from mainstream education (Cordis Bright, 2015; Home Office, 2018; H.M. Government, 2018; H.M. Government, 2020). e) Missing from home or staying out unusually late	**A minimum dose of weekly, one-hour sessions of one-to-one mentoring/coaching/casework around safety planning, relationship mapping, understanding healthy relationships, exploitation, weapon carrying, attitudes, behaviours and goal setting (also optional: cannabis use, anger and aggression control, family conflict and educational support). In addition, there will be another one hour of wraparound casework and support (e.g. phone calls, online support, advocacy with other agencies and attending multi-agency meetings).** **The weekly one-to-one sessions include one-to-one activities and opportunities, signposting and information-sharing. These sessions aim to** give CYP access to a positive role model with whom they can identify and who can model positive behaviour. This is the key mechanism of change. As part of this, the mentors: - Help CYP understand the level and dynamics of risk associated with their behaviours - Provide sessions on social and emotional learning - Give CYP knowledge about how to understand and control their emotions	An increased number of CYP report they have trusted relationships with a positive role model. CYP have an improved understanding of the risks and consequences associated with their behaviours. CYP have improved pro-social values and behaviours. CYP have improved skills in emotional regulation. CYP have coping mechanisms to disengage from contextual factors that may be encouraging serious violence and organised crime (such as factors in school, with peers and in families). CYP have an improved understanding of and motivation for	CYP engage with more positive role models and have more positive, trusted relationships. CYP demonstrate pro-social values and behaviours. CYP have fewer contacts with the police. CYP have improved engagement with training or employment opportunities (where appropriate). CYP report improved aspirations around career, employment, future life, etc. CYP report improved positive relationships with existing peers, associates and family members and/or a greater number of positive relationships with new peers and associates. CYP report improved positive engagement with school (where	There is a reduction in: a) Violent criminal offences b) Organised crime c) Gang membership d) Non-violent offences

Why: evidence-based observation	Why: evidence-based need	Who: participants	How: intervention	What: short-term outcome	What: medium-term outcome	What: long-term outcome
organised crime and gangs in Greater Manchester. d) A belief among local stakeholders of the need to take an asset-based, trauma-informed approach with CYP on a voluntary basis, which may work more effectively to prevent involvement in serious youth violence, organised crime and gangs. e) A belief that progress for CYP in desisting from serious youth violence, organised gangs and crime is not a linear process (Phillips, 2017).	Voluntary participation tailored to individual interests, taking a trauma-informed approach, encourages better engagement by CYP with services than statutory interventions for this cohort (National Lottery Fund, 2018). Providing parents and carers with skills and understanding to manage risk factors and enhance protective factors can reduce serious violence and gangs (Cordis Bright, 2015; H.M Government, 2010; National Lottery Fund, 2018). Not all of the STEER cohort will live with their biological parents, and recent NICE guidance suggests that it is important that the care network around a looked-after child or young person consists of positive relationships and that carers are provided with support services (NICE, 2021).	or on a regular basis (H.M. Government, 2020). CYP will not be eligible if they already receive interventions from multiple other services and/or have received multiple custodial sentences.[4] Parents/carers of CYP will be offered support from family support workers. This will be aimed at the adult/adults who are most significant to the young person's nurturing and flourishing. All young people's most significant primary caregivers will be offered this support. Participation of adults in this support will be on a voluntary basis.	- Give CYP knowledge of the implications for their lives of committing crime - Encourage CYP to consider options for their future and supports them to make informed, positive choices - Help CYP develop skills to sustain healthy, positive relationships - Give CYP strategies to disengage from contextual factors that might carry risk (such as spending time with peers engaging in criminal activity or peer pressure to miss school or stay out late)[5] - Encourage CYP to access positive activities that divert them from offending and from high-risk peers and associates **Family support worker: 14 hours over six months) for families or caregivers of the STEER cohort:** - Improves parenting skills of parent(s)/carer(s) of CYP - Gives parent(s)/carer(s) strategies to manage boundaries with CYP - Gives parent(s)/carer(s) and CYP strategies to communicate more effectively with each other - Helps parents/carers interact more effectively with professionals	the opportunities available to them (such as employment/training opportunities, educational opportunities and opportunities in the community). CYP have improved communication with parent(s)/carer(s).	appropriate) and other conventional societal interventions.	

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[4] This is because it is challenging operationally to deliver interventions when multiple other services are involved.

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

1.3. Research questions

As set out in the Pilot Trial Protocol, the overarching research question that an efficacy study RCT of the STEER programme seeks to address is:

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

The pilot evaluation's **objective** is to assess the feasibility of progressing to a full efficacy study. As part of this, it will contribute to knowledge in understanding whether RCT approaches are feasible, practical and ethical for evaluating programmes like STEER and for addressing the above key evaluation question.

As such, the pilot trial focuses on addressing the following key questions:

1. Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?

2. Have data collection processes been established and embedded effectively?

3. Are the evaluation tools used during the pilot trial reliable, valid, accurate and practical for the project?

4. What sample size will be required for a future efficacy study, accounting for the utility of data collected during the pilot trial?

5. Is it likely that STEER will recruit and retain enough young people to meet the required sample size to progress to an efficacy study?

6. Has the STEER programme been implemented with fidelity with the co-designed Theory of Change, Logic Model and the STEER toolkit?

7. How acceptable is the RCT design to the key STEER programme stakeholders?

The STEER Pilot Trial Protocol is available here: https://youthendowmentfund.org.uk/wp-content/uploads/2022/09/YEF-STEER-Protocol-FINAL.pdf.

1.4. Success criteria and/or targets

We co-developed the following success criteria with Salford Foundation and the YEF to help guide whether the pilot RCT study should progress to a full efficacy study. The rationale for the criteria was to help understand:

- The extent to which the evaluation is on track to receive high-quality data for a sufficient sample size to draw robust conclusions, including assessing the pace of recruitment to both the treatment and control groups (see criteria 1, 2 and 3 below)

- Whether the STEER programme is being delivered in line with the co-designed Theory of Change, Logic Model and STEER toolkit and to ascertain that the intervention has not been iterated to such an extent that the overarching efficacy study RCT evaluation question is no longer valid (see criterion 4)

- Whether all local partners are still bought-in to the RCT and are happy to proceed on this basis (see criterion 5)

- Whether the STEER delivery team and Salford Foundation more broadly continue to have the capacity and interest to be involved in the evaluation (see criterion 6)

- Whether working relationships between Salford Foundation, the YEF and Cordis Bright are sufficiently developed to support the move to an efficacy RCT study (see criterion 7)

The success criteria are outlined below, and targets to inform decision-making are presented in **Figure 2**.

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

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

3. The completion rate of evaluation tools and monitoring data (i.e. the amount of missing data) and the quality of data for both the treatment and control groups, including (a) impact tools (Self-Reported Delinquency Scale [SRDS] and Strengths and Difficulties Questionnaire [SDQ]) and (b) monitoring data concerning activity received and dosage

4. Fidelity of delivery to the STEER model of delivery

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

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

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

Figure 2: Success criteria for progression to efficacy study RCT and associated targets

Criteria	Green (go)	Amber (pause and think)	Red (stop)
1. Numbers of young people recruited to the trial's treatment and control groups	30 plus in each group (total of 60)	10–29 in each group	Less than 10 in each group

Criteria	Green (go)	Amber (pause and think)	Red (stop)
2. The percentage of young people completing the STEER programme, measured by administered questionnaires at baseline and six months. The percentage of young people completing their involvement in the control group, measured by administered questionnaires at baseline and six months	70% or over	40–70%	Less than 40%
3. Overall completion rate of all evaluation tools and monitoring data (i.e. the amount of missing data) and quality of data for both the treatment and control groups, including (a) impact tools (SRDS, SDQ and Social Support and Rejection Scale [SSRS]) and (b) monitoring data concerning activity received and dosage	70% or over complete	40–70% complete	Less than 40% complete
4. Fidelity of delivery to the STEER model of delivery, achieved by benchmarking STEER with the co-designed Theory of Change, Logic Model and STEER toolkit	The majority of stakeholders interviewed in the IPE report that STEER is being delivered in line with the Theory of Change, Logic Model and toolkit.	The majority of stakeholders interviewed in the IPE are uncertain that STEER is being delivered in line with the Theory of Change, Logic Model and toolkit.	The majority of stakeholders interviewed in the IPE report that STEER is not being delivered in line with the Theory of Change, Logic Model and toolkit.
5. Realities of randomisation and the extent to which this continues to be acceptable to partners	The majority of stakeholders interviewed in the IPE accept the randomisation approach.	A minority of stakeholders interviewed in the IPE have some concerns about the randomisation approach.	The majority of stakeholders interviewed in the IPE have concerns about the randomisation approach.
6. Capacity within the STEER programme delivery team to support the evaluation alongside their day-to-day activities delivering STEER	The majority of stakeholders interviewed in the IPE report that the STEER team has the capacity to deliver the project.	A minority of stakeholders interviewed in the IPE have some concerns about the capacity of the STEER team to deliver the project.	The majority of stakeholders interviewed in the IPE report that the STEER team has no capacity to deliver the project.

Criteria	Green (go)	Amber (pause and think)	Red (stop)
7. Quality of working relationships between the STEER programme, the YEF and Cordis Bright.	The majority of stakeholders interviewed in the IPE report that the quality of working relationships is good or above.	A minority of stakeholders interviewed in the IPE report that the quality of working relationships could be improved.	The majority of stakeholders interviewed in the IPE report that the quality of working relationships is poor or below.

1.5. Ethical review

This section outlines:

- The ethical review that was undertaken before work on the pilot RCT started

- How agreement to participate in the study was obtained

Ethical review

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

Agreement to participate

In line with our ethics clearance and YEF guidance on participation, young people and their parents/carers were asked for their informed consent for young people to participate in the study. The process is explained in detail below.

The STEER Referral and Assessment Coordinator arranges a meeting with the young person and their parent/carer at the most appropriate venue (i.e. school, home or in the community) and explains the research and the project to them using a script and drawing on information from training provided by Cordis Bright.

This meeting aims to occur within one week of the initial referral received by the STEER programme. The STEER referral and assessment coordinator uses the evaluation information sheets and privacy notice and explains:

- The evaluation

- What an RCT is and why it is important – explaining that, should they consent, young people will be randomly allocated to one of two groups

- What the two groups will receive – explaining that one will receive a new programme we are trialling to see if it works (the STEER programme) and that one will receive signposting to other services that they might need, as well as ensuring any safeguarding issues can be identified and addressed. This is to ensure the safety of young people in the treatment group.

- That their participation in the programme and evaluation is entirely voluntary

- That they can only participate in STEER if they also consent to be a part of the evaluation. However, following consenting to be involved, they can change their mind at any time.

- What the young people in both groups will be asked to do, i.e. to complete the SRDS and the SDQ immediately and prior to randomisation, then at six months, alongside the SSRS, and explaining that this will be used to see whether the support they get has an impact on their behaviours, relationships and feelings

- That these measures will then be linked to police data on offending and also their background data to see what impact the programme has had on offending and whether it works better for different groups of young people. This will only be used if the trial progresses to an efficacy study, but we will explain this to young people who will also be involved in the pilot trial.

- That any information they provide to the research team will not be shared with anyone else, with the exception of the YEF data archiving process

- That after the study, this data will then be stored in the YEF data archive in pseudonymised form (so they can't be identified) and linked to education and offending data to track the long-term impacts of the programme for people

- That they can withdraw their consent to be a part of the evaluation at any time

- That withdrawal from the evaluation will not affect any services they receive and that if they are in the treatment arm, withdrawal from the evaluation will not affect receipt of STEER once the intervention has begun

Young people and parents/carers are also given a participant information sheet, and the STEER referral and assessment coordinator is able to clarify any issues that are not clear and read out the information if required. Young people and parents/carers will then be given the consent form to read and sign, and the practitioner will read out the consent form if required.

Information and consent forms and a privacy notice are presented in Appendices 1 and 2 in section 6.1.

1.6. Data protection

This section outlines our approach to data protection for the study.

For this study, we (Cordis Bright, the evaluator) are the controller of personal data throughout, as well as a processor of data, as specified in YEF data guidance (available here: https://res.cloudinary.com/yef/images/v1625734275/cdn/YEF-Data-Guidance-Projects-and-Evaluators/YEF-Data-Guidance-Projects-and-Evaluators.pdf). We have delivered the evaluation in line with our Data Protection and Information Governance Policy (see:

https://www.cordisbright.co.uk/news/information-governance-and-data-protection), which sets out our approach to storing and handling personal data for the evaluation.

We have also conducted a data protection impact assessment and developed a signed Information Sharing Agreement with Salford Foundation. These are available in Appendices 3 (Section 6.3) and 4 (Section 6.4).

For this evaluation, we have used:

- A clear legal basis for sharing data with us, e.g. informed consent/public interest

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

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

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

- Secure deletion of project data. We will delete the names and other personal data from the datasets we hold after we give the data for data archiving, in line with YEF guidance.

Information sheets, consent forms, privacy notices, the Data Protection Impact Assessment and the Information Sharing Agreement are presented in the Appendices.

In addition to the above, the following processes were implemented to comply with General Data Protection Regulation (GDPR) requirements:

- **Informed consent.** Participants were informed of their data protection rights through the privacy notice. Service users accessing STEER consented to having their data shared with the evaluator. This consent is recorded in informed consent forms held by the STEER project and uploaded to the secure case management system. Paper copies of these forms are stored in a secure locked cabinet at the Salford Foundation premises and are destroyed by secure methods once they have been shared securely with Cordis Bright for their records.

- **Anonymisation and pseudo-anonymisation.** All participants were assigned a unique ID number, and pseudonyms were used for interview notes.

- **A robust process to transfer data.** Salford Foundation transferred monitoring data, scanned versions of paper copies of outcomes measures and consent forms to Cordis Bright by secure email using Switch Egress. All questionnaires were completed anonymously on Microsoft Forms using the ID number. Only the evaluation team had access to the responses.

- **Secure storage of data.** Data was saved on Cordis Bright's secure cloud-based Microsoft 365 servers using the unique ID number. Personal or sensitive data has additional encryption, with access only to a designated/authorised member of the evaluation team. Participants were informed that all

information about them was stored in this way (see Appendix 2 Section 6.2). Personal data was stored separately from questionnaire data.

- **Retention.** Once the final evaluation report has been signed off with the YEF archive, we will anonymise all data and hold it on the Cordis Bright server until six years after the final report is submitted to the YEF.

Delivery of the STEER programme and the associated evaluation were funded by the YEF. There are no known conflicts of interest.

1.7.   Project team/stakeholders

This section provides information about the STEER project delivery team and the evaluation team from Cordis Bright.

The approach to the evaluation was led by Cordis Bright, taking a collaborative approach with input from Salford Foundation and the YEF.

The STEER programme was designed by Salford Foundation. During the set-up phase of the evaluation, Cordis Bright provided support to the programme through (a) supporting the refinement of the Theory of Change and Logic Model, (b) conducting an evidence review to support the refinement of the STEER toolkit and (c) supporting the redesign of the STEER referral form to support screening.

Details of key STEER delivery and Cordis Bright evaluation team members are presented below.

STEER delivery team

- **Phil East (CEO, Salford Foundation)** is the senior relationship manager in charge of managing interactions between Salford Foundation, the YEF and Cordis Bright. He has responsibility for overarching implementation design and delivery with Greater Manchester public sector partners, including key partners such as the Violence Reduction Unit (VRU), the Deputy Mayor and Greater Manchester Combined Authority (GMCA), and reporting to strategic boards. He chairs the project's Strategic Steering Group made up of senior multi-agency partners.

- **Sophie Sheehy (Operations Manager)** has overarching responsibility for project delivery and for the effective implementation of the evaluation from the Salford Foundation side. She leads data sharing and the relationship with GMP data analysts, ensuring all processes are GDPR compliant. She is responsible for project learning and dissemination across Greater Manchester and beyond. She leads the advance mobilisation plan into further local authority areas. She line manages the Project Manager and has overall responsibility for budgetary control and reporting to the YEF. She has senior responsibility for safeguarding and risk management.

- **Jack Ward (Project Manager)** is responsible for the mobilisation of the project in each local authority area, including liaising with key public sector partner managers. He is responsible for ensuring the project is set up and implemented with fidelity to the agreed model. He oversees referrals, randomisation and caseload allocations and is responsible for management information, data entry and quality assurance. He is responsible for recruitment, induction, line management, supervision, training and support for Youth Workers and Family Support Workers. He is responsible for the further development and implementation of project resources, the toolkit and evaluation questionnaires.

- **Youth Workers (Mentors)**. Youth Workers (2.6 FTE) provide support to young people in the STEER programme (treatment group) and are also responsible for the initial meetings and subsequent administration of outcome measures tools with the control group or young people in the intervention group who are not subsequently allocated to them as a mentee. They ensure that the project tools, questions and methodology are implemented consistently and effectively.

- **Referral and Assessment Coordinators**. Referral and Assessment Coordinators (1 FTE) are responsible for the initial meetings and subsequent administration of the outcome measures tools with young people (in both the treatment and control groups) and for the signposting and safeguarding check-ins at six months for young people in the control group. They ensure that the project tools, questions and methodology are implemented consistently and effectively.

- **Family Support Workers.** Family Support Workers (0.8 FTE) provide assistance and support to families of young people on the programme, working with significant adult caregivers in the lives of the young people. They aim to provide 14 hours of support to parents/carers of young people involved in STEER across the six-month STEER intervention timescale.

Evaluation team

- **Dr Stephen Boxford, Principal Investigator and Project Director,** has responsibility for ensuring the evaluation is delivered to a high standard and specification.

- **Professor Darrick Jolliffe, Royal Holloway, University of London, Senior Adviser Quantitative Methods**, has responsibilities that include designing evaluations, shaping approaches, designing tools, conducting analyses and assuring the quality of evaluation outputs.

- **Suzie Clements, Project Manager**, oversees day-to-day project delivery and is the main point of contact for the YEF and the project delivery team.

- **Kam Kaur, Head of Safeguarding,** provides expert input on safeguarding and consultation with young people.

- **Madeleine Morrison, Researcher,** provides ongoing support to STEER practitioners regarding administering the evaluation tools, conducting fieldwork, drafting analyses, analysing quantitative data and report drafting.

Delivery of STEER and the evaluation were funded by the YEF. There are no known conflicts of interest.

2. Methods

2.1. Trial design

The STEER programme internal pilot trial is a two-arm, parallel RCT. The trial design is summarised in **Figure 3.** The internal pilot trial was conducted to assess the feasibility of the STEER programme progressing to an efficacy study. All young people referred to the project who met the eligibility criteria and who consented to be part of the evaluation were allocated at random to a treatment or control group on a one-to-one basis. The rationale for this was so that an equal proportion of participants got treatment and signposting. This one-to-one allocation ratio was decided upon, as it was the simplest to implement practically, plus it is the most efficient from a statistical perspective, since it requires the fewest number of treatment group participants to achieve a given level of statistical power (Hutchinson and Styles, 2010).

For the pilot trial, outcome data was measured at the level of the individual young person through the administration of questionnaires, with measures obtained at:

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

- **Six months:** for both the treatment (on exit from the programme) and control groups[6]

Questionnaires included the YEF core measures: SDQ and SRDS. Questionnaires also included the SSRS (at six months only) to measure the quality of the relationship with a mentor for those in the treatment group or a significant adult for those in the control group.

Those in the treatment group received the STEER programme. Those in the control group attended a meeting with a STEER practitioner after randomisation, where they received signposting to existing services and had any safeguarding needs identified and addressed by the STEER practitioner. They received this support again at six months, at which time they completed an outcomes measures questionnaire.[7] The STEER practitioner assessed their needs, signposted the young person to existing services and identified any safeguarding concerns. If any safeguarding needs were identified during these meetings, STEER practitioners would refer them to the relevant authorities.

No important changes have been made to the pilot trial design since the Pilot Trial Protocol was published. **Figure 3** summarises the design, including consent pathways, in more detail.

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

[7] There will also be another similar meeting at 12 months should STEER progress to an efficacy trial study.

Figure 3: Pilot trial RCT design

Key:
- Green = consent
- Red = no consent/attrition
- Orange = treatment group
- Blue = control group
- Pink = evaluation activity

Referrals from a range of agencies, mainly children's social care and Greater Manchester Police. Referring partners ask for consent from child or young person before referral is made → Consent not given

Consent for referral confirmed → No further contact

Local multi-agency partnership board meeting to discuss referral process and monitor project, screening tools used to direct referrals

Information gathering by STEER colleagues from partner agencies → Consent from child or young person not given

Meeting 1 between coordinator and child/young person and parent/carer at most appropriate venue to introduce project, evaluation, data archive and gain consent → Visit to child/young person and parent/carer not present → Informed and written consent from child/young person confirmed

Consent from child/young person or parent/carer not given

No further contact

Informed and written consent from child/young person and parent/carer confirmed ← Second visit to parent/carer ←

Meeting 2 to administer SDQs and SPDS

Consent from parent/carer not given → No further contact

Treatment - Receive start date for STEER ← Randomisation → Control - Signposted to other agencies to receive mainstream support

'Get to know you stage' and plan created

Difference in baseline need between treatment and control assessed to ensure comparability

Don't receive STEER

Young people and families receive support from STEER

STEER maintains light touch contact at 6 months (including catch up, assessment of need, signposting to services, and safeguarding)

Do not complete support package ← ← Characteristics of attrition identified ← Complete support package

Dosage monitored. As a minimum yes/no to different elements

Differences between full and partial packages of support assessed

Dosage and content of sessions monitored by STEER (As a minimum yes/no to different elements)

Dosage monitored (contact with STEER and referrals to BAU). As a minimum yes/no to different elements

Questionnaire (including SSRS) administered at exit (6 months)

Questionnaire (including SSRS) administered at exit (6 months)

Differences in impact and dosage between treatment and control assessed at baseline and 6 months

Questionnaire (including SSRS) administered at 6 months

2.2. Participant selection

The target group of young people and associated eligibility and inclusion criteria are presented in Section 1.2 of this report. This section outlines:

- How young people were identified and referred for STEER

- How young people were recruited to the trial

- How samples were calculated for the trial

How young people were identified and referred to STEER

Referral partners identified young people with risk factors in line with STEER's eligibility and inclusion criteria and referred them to the STEER programme. They used the STEER referral form to help screen young people for STEER. STEER staff also attended multi-agency panels to identify young people who might be suitable for STEER. In Wigan, STEER staff attended the Prevention Through Prosecution, Intervention, Education and Diversion (PPIED) multi-agency panel to identify and screen referrals, and in Trafford, they attended the Youth Network and Trafford Teams Together (complex safeguarding) multi-agency meetings. These panels included representatives from education, complex safeguarding teams, the police and the youth justice team.

STEER staff reported that key referral partners included education, complex safeguarding and the police. The referral partner gained verbal consent from the young person and their parent/carer to make a referral to STEER.

We conducted a rapid evidence assessment of good practices for screening tools in youth justice and reviewed the STEER screening tool based on the good practice principles identified. Following this review, we made a series of improvement recommendations and updated the STEER screening tool. The STEER Project Manager reviewed all referrals against the STEER screening tool to identify which young people were eligible for STEER and who would be accepted into the programme and the evaluation. STEER colleagues gathered information about each young person from partner agencies to inform this screening process.

Recruitment

STEER practitioners conducted an introductory visit after a young person had been referred to STEER and screened and assessed as suitable for the project. This took place in the most appropriate venue (i.e. school, home or in the community). During this visit, they introduced the project and the evaluation research and gained written consent from the young person.

If consent was received, STEER practitioners conducted a second visit with the young person to administer evaluation baseline tools before randomly allocating the young person into either the treatment or control group using the sequentially numbered, opaque, sealed envelope method (see Section 2.4 for more information). The STEER practitioner communicated the result to the young person and their parent/carer.

Settings and location of data collection

Baseline evaluation tools were administered by STEER practitioners during the second introductory visit with the young person.

At the six-month follow-up point, STEER practitioners administered the evaluation tools where mentoring usually took place, in the setting most convenient and appropriate for the young person, such as the Salford Foundation Offices, school, home or in the community.

STEER practitioners remained with the young person throughout the data collection process to provide support as appropriate. Young people completed the questionnaire online using a tablet provided by STEER practitioners. Details of how our approach helped to ensure that young people were not influenced by STEER practitioners when completing questionnaires are available in Section 2.3.

Rationale for the planned number of participants

In the pilot trial, the planned number of participants the STEER programme aimed to work with was 132 young people – 66 in both the control and treatment groups. This was based on helping to demonstrate that the programme could recruit and maintain a flow of participants to achieve an efficacy study. This target number was agreed taking into account that during the pilot phase, STEER would work in two local authorities but increase delivery into four to five local authorities in total in Years 2 and 3 of the suggested funding period.

During the pilot trial, we re-calculated power calculations in line with YEF guidance to assess the sample size needed for an efficacy study. Our approach has been conservative and is in line with Lipsey and Wilson (2001), who state that ½ d = r, which is, in turn, equivalent to the difference in proportions. These revised calculations (see **Figure 4**) show that a total sample of 654 (327 in each group) would be needed to detect a statistically significant result (power = 0.80) in a two-tailed test ($p < 0.05$) if we suggest that 30% of the young people that STEER does not work with offend compared to 20.5% of the young people that STEER does work with offending (equivalent to a Cohen's d = 0.19). This level of Cohen's d was selected because it is conservative and is about equivalent to a 10–11% difference, which is in line with a weighted average effect size of mentoring programmes based on comparisons of 18 studies in a meta-analysis using a random effects model (d = 0.21, 95% confidence interval = 0.07 to 34) presented by Jolliffe and Farrington (2008).[8]

Please note that in **Figure 4,** we have suggested a pre-test/post-test correlation of 0. This is because we have no reason to believe, including based on data collected during this pilot, that the variance would be different between the treatment and control groups. However, the inclusion of a pre-test as a covariate in impact analyses helps to explain (error) variance in the post-test and improves the likelihood of uncovering programme impacts by reducing the standard error of the impact estimate. It is difficult to estimate what the pre-test/post-test correlation will be, as this depends on unknown sample characteristics and the

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[8] Please note that this rapid evidence assessment found that mentoring was more effective at reducing reoffending when contact between the mentor and mentee was greater, in smaller scale studies and when mentoring was combined with other interventions. Studies of higher methodological quality also found little evidence that mentoring reduced reoffending. This suggested that mentoring may have a positive impact on reoffending, but more high-quality mentoring programmes and evaluations are required to develop the evidence base.

characteristics of the measure under investigation (the SRDS when used in a sample similar to STEER, i.e. those who are known to have peers or family members involved in offending behaviours). The greater the estimated pre-test/post-test correlation, the lower the minimum detectable effect size (MDES) and the smaller the sample needed to detect this. In practice, however, if the pre-test/post-test correlation changes from 0.0 to 0.4, the MDES for a sample size of 500 decreases from 0.25 to 0.23.

It is likely that there will be a pre-test/post-test correlation between the SRDS at baseline (T1) and SRDS after six months (T2), for example, but we do not have a way of reliably estimating this. Having the pre-test/post-test correlation set at 0 means that we have more of a buffer to detect a significant impact if it exists, if STEER does not recruit the numbers anticipated, if questionnaires are spoiled, etc.

SPSS 25 was used for these power calculations.

Figure 4: Power calculation summary table

		Protocol	Randomisation
MDES		0.19	
Pre-test/post-test correlations	Level 1 (participant)	0.0	
	Level 2 (cluster)	N/A	
Intracluster correlations	Level 1 (participant)	N/A	
	Level 3 (cluster)	N/A	
Alpha		0.05	0.05
Power		0.8	0.8
One-sided or two-sided?		Two-sided	
Number of participants	Intervention	327	
	Control	327	
	Total	654	

2.3. Data collection

As described earlier in this report, the Theory of Change and Logic Model for the STEER programme were collaboratively developed by Salford Foundation, Cordis Bright and the YEF during the evaluation set-up phase. Key elements of developing and refining the Theory of Change and Logic Model included (a) a review of Salford Foundation documentation, including the STEER toolkit, (b) an evidence review to root the Theory

of Change and Logic Model to the existing evidence base and (c) a series of development workshops. No major changes to the Theory of Change and Logic Model were made during the pilot trial study.

This section outlines:

- An overview of the methods used in the pilot trial and IPE

- An overview of quantitative methods used in the pilot trial

- An overview of qualitative methods used in the IPE

Overview of methods

Figure 5 outlines the methods used as part of the pilot trial.

Figure 5: Methods overview and the pilot trial research questions that they were designed to address

Research methods	Data collection methods	Participants/data sources	Data analysis method	Research questions addressed	Theory of Change relevance
Quantitative questionnaire data – using the SRDS and the SDQ (+SSRS at six months only)	Outcomes measure questionnaire at: • Baseline (prior to randomisation) • Six-month follow-up	N = 97 at T1 N = 39 at T2 (18 in the treatment group and 21 in the control group)	Simple descriptive statistics (e.g. univariate statistics, frequencies, means and percentages) and comparisons (e.g. measures of association, effect sizes and statistical significance)	2, 3, 4, 5 (see Section 1.3)	Measures agreed by Cordis Bright, Salford Foundation and the YEF to (a) measure the primary outcomes of the RCT (i.e. self-reported offending) and (b) measure the mechanisms that STEER works with young people to achieve the primary outcome Assess numbers going through STEER in terms of both treatment and control groups Assess the completeness, quality and validity of data received
Quantitative STEER monitoring data	Recorded by STEER practitioners on their client relationship management data systems Exported and transferred securely to Cordis Bright by Salford Foundation	Background information for all young people who started the STEER trial (n = 97), including numbers participating in the trial, accommodation type, local authority, child services involvement, postcode, date of birth, ethnicity, gender, disability, language, religion, sexuality and address Activity data for all young people in the STEER treatment group who completed the programme (n = 21), including activities/sessions/support offered and received by young people and their families, the duration of support, the	Simple descriptive statistics (e.g. univariate statistics, frequencies, means and percentages) and comparisons (e.g. measures of association, effect sizes and statistical significance)	1, 2, 4, 5, 6 (see Section 1.3)	Assess whether STEER is reaching its intended target cohort and the profile of the target cohort Assess fidelity to the model

Research methods	Data collection methods	Participants/data sources	Data analysis method	Research questions addressed	Theory of Change relevance
		quantity of support and completion/non-completion of the full programme			
In-depth interviews with young people (IPE study)	The Corids Bright team conducted telephone interviews with young people.	Young people in the treatment group who have completed STEER (n = 9)	Thematic analysis	1,3,5,6 (see Section 1.3)	Assess whether the implementation is in line with the Theory of Change Assess fidelity to the model Assess views on completing the research tools Assess views on the study design
In-depth interviews with project staff (IPE study)	The Cordis Bright team conducted interviews with STEER project staff via video call/telephone.	Project staff, including the Project Manager, Mentors, Referral and Assessment Coordinators, Family Support Workers, CEO of Salford Foundation and Operations Manager of Salford Foundation (n = 9)	Thematic analysis	1,2,3,5,6,7 (see Section 1.3)	Assess that the implementation is in line with the Theory of Change and the fidelity of the model Assess the appetite for the RCT and study design
In-depth interviews with wider programme stakeholders (IPE study)	The Cordis Bright team conducted interviews with wider programme stakeholders associated with STEER online/via telephone.	Stakeholders from the police, youth services, education and children's social care (n = 8)	Thematic analysis	1,2,5,6,7 (see Section 1.3)	Assess that the implementation is in line with the Theory of Change Assess the fidelity to the model. Assess the appetite for the RCT and study design

The only change to the methods set out in the Pilot Study Protocol was that, originally, the intention was to use the SSRS to measure the quality of relationships with mentors for only the treatment group at six months. However, in collaboration with YEF and Salford Foundation colleagues, we decided to administer the SSRS to the control group at six months as well to measure the quality of a relationship with a significant adult. This increases the comparability and consistency of the two datasets and means that the differences between the quality of relationships and the presence of a positive role model can be compared between the groups.

Quantitative data collection methods

Quantitative data was compiled from three sources:

- A baseline (T1) self-report questionnaire administered online by a STEER practitioner, including the SDQ and SRDS. These questionnaires were administered to both treatment and control groups.

- A time 2 (T2) questionnaire administered online by a STEER practitioner and including the SDQ, the SRDS and the SSRS. These questionnaires were administered to both the treatment and control groups. The SSRS is a measure of the quality of the relationship between young people and a trusted adult (control group) or mentor (intervention group). This measure was selected in addition to YEF's core measures (SDQ and SRDS) because this relationship with a mentor was hypothesised to be a key mechanism of change in the STEER project. The length and the quality of the relationship that develops between young people and their mentors are considered the central avenue through which mentoring can benefit (or, in some instances, inadvertently harm) young people (Karcher & Nakkula, 2010). The SSRS was selected following a review of scales measuring mentorship relationship quality conducted by Cordis Bright.

- Monitoring data collected by Salford Foundation, which includes young people's background characteristics, activity and dosage data.

How were the T1 and T2 questionnaires piloted and monitored?

T1 and T2 questionnaires were developed by Cordis Bright in collaboration with Salford Foundation and YEF colleagues. The questionnaires included the validated scales of SDQ, SRDS and SSRS, which have been used with similar cohorts previously. **Figure 6** summarises how outcomes in the STEER Theory of Change were measured using validated scales.

Figure 6: Table summarising validated measures used in the research tool

Outcome	Measure
Short- to medium-term	
Positive relationship between young person and mentor (treatment group) or young person and significant adult (control group)	Measured by the SSRS at T2 only
Pro-social values and behaviours	SDQ (pro-social behaviour subscale)
Emotional regulation skills	SDQ total difficulties, i.e. emotional symptoms, conduct problems, peer problems and hyperactivity/inattention subscales
Engagement with school	Education data if the study progresses to an efficacy study
Contact with police	Measured using police data if the study progresses to an efficacy study
Long-term	
Reduction in involvement in serious violence, organised crime, gangs and non-violent offending	SRDS variety score[9]/police data (police data if the study progresses to an efficacy study)

Questionnaires were administered as follows:

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[9] The SRDS variety score is being used as the primary outcome measure rather than the volume score because (1) evidence shows that there is a high correlation between the prevalence/variety of offending and the frequency/volume of offending (Monahan and Piquero, 2009), (2) statistically, the volume score may be less accurate, as it asks young people to report the range of the number of incidents rather than a specific number and (3) the questionnaire structure means volume data is collected after variety – this adds a greater chance of reporting error and potential for testing effects. On this basis we consider that the use of the SRDS variety score is the most statistically and theoretically sound measure for use in this study. However, we will submit volume scores as well as variety scores to the YEF data archive as per YEF guidance.

- T1 questionnaires were administered by Referral and Assessment Coordinators or STEER Mentors.[10]

- For the intervention group, T2 questionnaires were administered by young people's mentors.

- For the control group, T2 questionnaires were administered by a Referral and Assessment Coordinator.

STEER practitioners administered the questionnaires because the trusting relationships they develop with the young people were considered by Salford Foundation, the YEF and Cordis Bright colleagues critical in encouraging completion of the questionnaires. This was also a more practical approach for the intervention group, i.e. T2 questionnaires could be administered as part of usual meetings, and the young people would feel comfortable in asking for clarification on questions if needed – and their mentors would understand how to communicate this to them effectively.

We employed the following mechanisms to ensure that young people were not influenced by STEER practitioners when completing questionnaires:

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

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

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

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

    ▪ Giving the young person the space and time to complete the questionnaire. For example, if a young person gets distressed while completing a questionnaire, working with them to calm them and then asking them to continue. However, there is an understanding that the young people's welfare comes first, so practitioners should use their professional judgement.

    ▪ Reading out questions word-for-word to the young person if this will help them

    ▪ Explaining what a word means if the young person is unsure

    ▪ Making sure the young person is engaging with the questions, i.e. encouraging them to complete the questionnaire properly and to the best of their ability

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[10] If a mentor administered a T1 questionnaire to a young person who was subsequently randomised into the intervention group, they were paired with a different mentor to the person who administered the questionnaire to ensure consistency of approach for the intervention group.

- Not changing the wording of questions unless absolutely necessary when helping a young person, for example, if the young person is struggling to understand certain terms.

Qualitative consultation and analysis of questionnaire responses indicate that these measures were successful in mitigating the bias that may have been experienced by STEER practitioners administering questionnaires (please see Section 3.2 for more detail).

The T1 questionnaire was piloted by STEER practitioners between May 2022 and August 2022. The piloting was discussed with Cordis Bright, and the decision was taken to proceed with further roll-out. As part of this, Cordis Bright conducted an audit of data quality based on the first 32 questionnaires received. Overall, the data quality of the T1 questionnaires analysed as part of the audit was good. From the data, it was possible to calculate young people's scores, or estimated scores, for the SDQ and the SRDS in the majority of instances. This indicated that most young people were satisfactorily completing the T1 questionnaires, suggesting they were accessible for most young people.[11]

Following this pilot, Cordis Bright continued to monitor questionnaire completion. One issue was identified where a small minority of young people appeared to be responding to the first question in a table of questions, missing the subsequent questions. Salford Foundation asked STEER staff to reiterate to young people that they should answer every question in the questionnaire.

Monitoring data collection was embedded into the everyday practice of STEER staff to increase efficiency and ensure timely data collection to reflect individual participant pathways for both those in the treatment and control groups. Following the submission of pilot data to the evaluation team in January 2023, Cordis Bight worked with Salford Foundation colleagues and OASIS colleagues (who supplied the STEER case management system) to develop a monitoring spreadsheet which would capture the key information needed for the evaluation.

Qualitative data collection methods

In-depth interviews were conducted with:

- Young people who had recently completed STEER (n = 9)

- STEER staff (n = 9)

- Wider STEER stakeholders (n = 8)

Interview topic guides were designed by Cordis Bright and discussed and refined with Salford Foundation and YEF colleagues before use in the field. We drew upon STEER staff's knowledge of the young people they were working with to ensure that interview guides for young people were as accessible as possible and could

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[11] In order to calculate the total scores or estimated total scores, young people needed to complete over 50% of the questions which make up the total score. For the SDQ total score, this is out of 20 items, for the SDQ impact questionnaire this is out of five items and the SRDS out of 19 items.

be easily understood by young people. All interviews were conducted by the Cordis Bright evaluation team over Microsoft Teams/telephone in April and May 2023.

All interviews with young people were conducted by telephone. For these interviews, the evaluation team called the mentor at an agreed time and spoke to the young person, who could decide whether the mentor stayed in the room or whether they spoke to the researcher in a separate room from their mentor. The telephone call took place in the setting in which they usually met their mentor (at home, at school or in the community).

2.4. Randomisation

The process for randomisation used in the pilot trial was in line with that outlined in the STEER programme Pilot Trial Protocol. This process followed good practices set out in Nesta guidance (Edovald and Firpo, 2016).

Cordis Bright digitally generated a random sequence using 'sealed envelope' software,[12] allocating treatment or control for the maximum possible number of young people. A one-to-one randomisation approach was used to ensure as close to a one-to-one ratio between the treatment and control groups as possible. Randomly varying block sizes of four, six and eight (in which there were an equal number of treatment and control group allocations) were used so that practitioners would be less likely to guess the pattern (see Edovald and Firpo [2016] for more information).

Envelopes were prepared for each young person, which included an evaluation reference number on the front and an allocation slip inside, indicating which group the young person had been assigned to. This matched the digital random allocation sequence. Envelopes were prepared using the sequentially numbered, opaque, sealed envelopes method, using carbon paper to ensure that the allocation slip was concealed.

These envelopes were couriered to Salford Foundation Offices and stored in a locked cupboard. Between May 2022 and July 2022, STEER practitioners accessed the box of envelopes after conducting the first introductory visit and gaining informed consent from young people and parents/carers to be involved in the project and evaluation. They selected the next sequentially numbered envelope from the box and brought it to the second introductory visit, where it was opened after the young person had completed the T1 questionnaire. The result was communicated to the young person and parent/carer and recorded by the STEER Project Manager on a spreadsheet.

In July 2022, this process was changed slightly so that young people were allocated an evaluation reference number at the time of referral by the Project Manager rather than after the first introductory visit. Young people also received only one introductory visit, during which T1 questionnaires were completed after informed consent was gained. Randomisation envelopes were opened after this visit by the STEER Project Manager at the Salford Foundation offices, and the result was communicated to young people and parents/carers via phone. These changes were introduced to help make the process more efficient while protecting the efficacy of the randomisation process.

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[12] See: https://sealedenvelope.com/ Last accessed 27 June 2023

STEER practitioners were given training, an evaluation handbook and access to continuing support from Cordis Bright on how to implement this process, as well as on how to communicate the randomisation result to the young person and their parents/carers so as to avoid the feeling of winning or losing depending on the outcome.

No blinding of allocation was possible in this process. STEER practitioners who act as data collectors needed to be aware of which group the young person had been allocated to so that they could administer support accordingly. Young people were informed of what the treatment and control groups entailed so that they could give their informed consent.

More detailed information on the randomisation approach is available in the STEER Pilot Trial Protocol.

2.5. Analysis

Figure 5 in Section 2.3 outlines the data collection methods and participants/data sources used to answer each of the research questions. All qualitative data was triangulated with quantitative data to answer the research questions.

Figure 7 outlines the data analysis methods and focus for each dataset in more detail.

Figure 7: Overview of quantitative and qualitative analysis methods

Data collection method	Analysis method	What did the analysis examine?
Quantitative outcomes measure questionnaires at: • Baseline (T1) (prior to randomisation) • Six-month follow-up (T2)	Simple descriptive statistics (e.g. univariate statistics, frequencies, means and percentages) and comparisons (e.g. measures of association and statistical significance)	Whether outcomes measures questionnaire processes have been set up and embedded effectively Numbers who completed questionnaires Completion rates and quality of completion of evaluation tools Validity and reliability of evaluation tools
Quantitative STEER monitoring data	Simple descriptive statistics (e.g. univariate statistics, frequencies, means and percentages) and comparisons	Whether data monitoring processes have been set up and implemented effectively Flow through the programme Activities and dosage of STEER received by young people in the intervention group Demographic characteristics of young people who had started STEER
In-depth telephone/online interviews with young people, STEER staff and wider programme stakeholders	Thematic analysis: evidence was recorded in a matrix, with responses mapped against key evaluation questions. We deployed a mixture of a priori codes and open coding to categorise and identify recurring themes and issues. This was an iterative process using initial data collected to establish themes and using these themes to continue to code further data. This allowed for constant comparison of the themes and ensured that any theories or judgements were	How the pilot recruitment, randomisation and retention processes have been established and embedded, and how they work in practice Whether data collection processes have been established and embedded effectively The perceived recruitment and retention rates of STEER, demand for the intervention in the local area, how this is reflected in referral rates and expectations for future referral rates How the STEER model has been implemented and whether it has maintained fidelity with the co-designed Theory of Change, Logic Model and STEER toolkit

Data collection method	Analysis method	What did the analysis examine?
	closely linked to the data that they developed from.	The acceptability of the RCT design to the key STEER programme stakeholders

2.6.   Timeline

Figure 8 provides a detailed timeline of the pilot trial. The trial has been delivered in line with this timeline. The trial has not stopped, as it is being used as an internal trial with a view to the STEER programme progressing to an efficacy study.

Figure 8: Evaluation timeline

Dates	Activity	Staff responsible/leading
January 2022	Pilot trial commenced	Cordis Bright and Salford Foundation
February 2022	Ethics application submitted to the University of Greenwich Research Ethics Committee Data Protection Impact Assessment and Information Sharing Agreement discussions began STEER programme delivery toolkit review completed	Cordis Bright and Salford Foundation
March 2022	Screening tool improvements suggested and finalised STEER programme delivery toolkit improvements suggested and finalised Scoping consultation with key stakeholders completed Trial research tools finalised Salford Foundation approach to recording monitoring data agreed and finalised The randomisation approach finalised and agreed Scripts and guidance for STEER practitioners created The Pilot Trial Evaluation Protocol delivered	Cordis Bright and Salford Foundation
April 2022	Ethics clearance achieved from the University of Greenwich Research Ethics Committee Data Protection Impact Assessment and Information Sharing Agreement put in place STEER practitioners received training and support in rolling out research tools Recruitment and baseline data collection began	Cordis Bright and Salford Foundation
May 2022–March 2023	Baseline and six-month (exit) data collection progress for both the treatment and control groups Interview with young people at the six-month follow-up point	Salford Foundation, with support from Cordis Bright
February–April 2023	IPE (including interviews with stakeholders and project staff) conducted	Cordis Bright, with support from Salford Foundation
April 2023	Pilot trial data completed	Salford Foundation, with support from Cordis Bright
May–June 2023	Analysis and reporting conducted	Cordis Bright
July 2023	Trial report to be completed	Cordis Bright and Salford Foundation

3. Findings

3.1. Participants

This section provides:

- An overview of the pilot trial research questions, methods and number of participants that have informed the findings in relation to each research question

- The flow of participants through each stage of the evaluation

- An overview of the baseline characteristics of the young people in the trial

Overview of the pilot trial research questions, methods and number of participants

Figure 9 shows the research questions for the pilot trial and the number of participants involved in each method that informed the findings to address the research questions. The figure shows:

- Baseline monitoring data for 97 young people who were in the trial at the cut-off point for the pilot, as of 2 May 2023

- Ninety-seven baseline outcomes measures questionnaires (T1) completed by young people. As of 2 May 2023, we had received 39 T2 questionnaires. This is in keeping with expectations, given the six-month length of the intervention, the rolling referral approach taken by the STEER programme and the May 2022 start date of the evaluation.

- Nine in-depth interviews with young people as part of the formative IPE

- Nine in-depth interviews with STEER programme staff

- Eight in-depth interviews with wider STEER programme stakeholders

Figure 9: Research questions, methods and participants

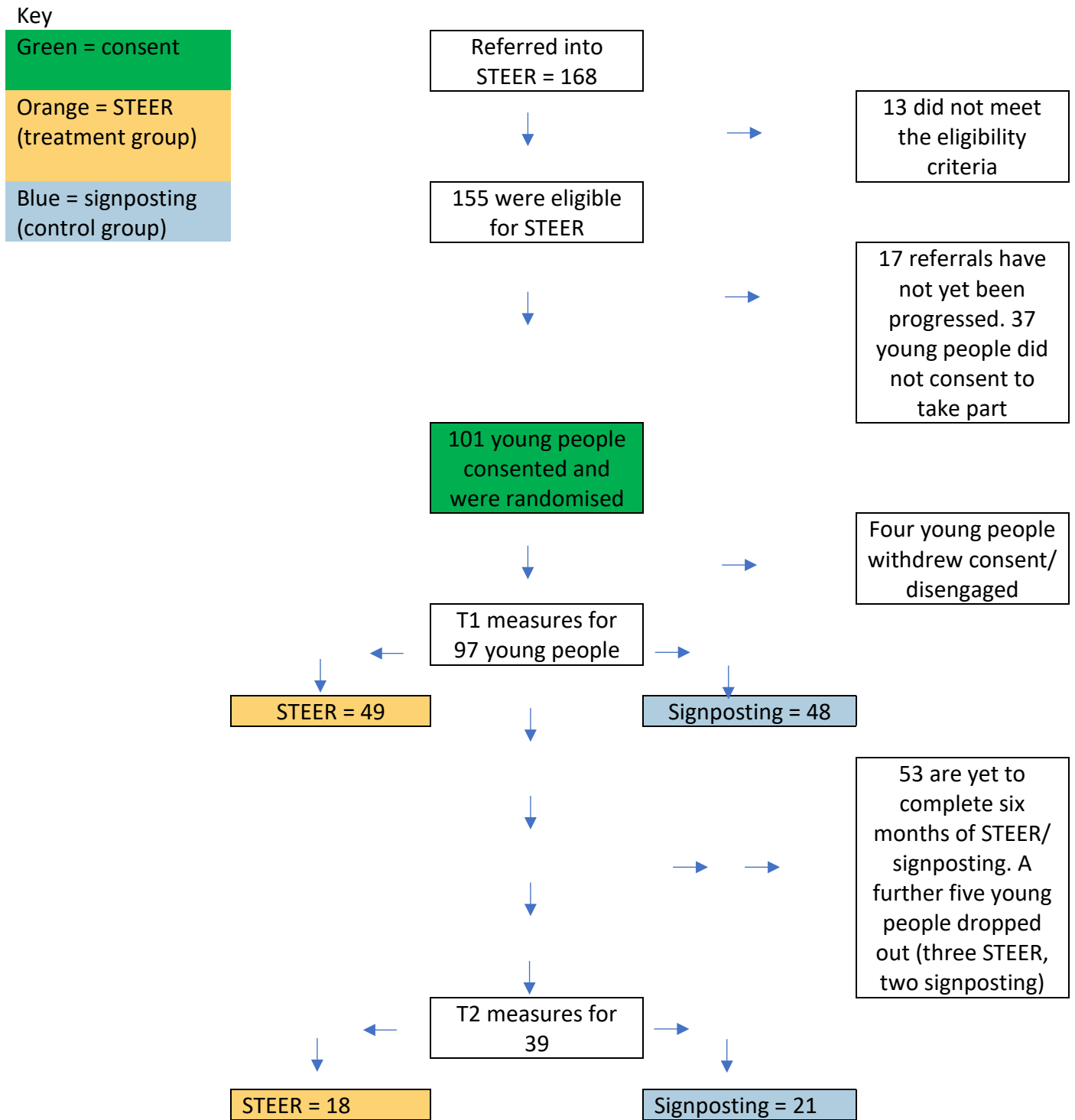| Research question	Methods/data sources	Number of participants included in analysis
1) Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?	STEER monitoring data	97
	In-depth interviews with young people	9
	In-depth interviews with project staff	9
	In-depth interviews with wider programme stakeholders	8
2) Have data collection processes been established and embedded effectively?	Outcomes questionnaire responses	97 at T1 39 at T2
	STEER monitoring data	97
	In-depth interviews with project staff	9
	In-depth interviews with wider programme stakeholders	8
3) Are the evaluation tools used during the pilot trial reliable, valid, accurate and practical for the project?	Outcomes questionnaire responses	97 at T1 39 at T2
	In-depth interviews with young people	9
	In-depth interviews with project staff	9
4) What sample size will be required for a future efficacy study, accounting for the utility of data collected during the pilot trial?	Outcomes questionnaire responses	97 at T1 39 at T2
	STEER monitoring data	97
5) Is it likely that STEER will recruit and retain enough young people to meet the required sample size to progress to the efficacy study?	Outcomes questionnaire responses	97 at T1 39 at T2
	STEER monitoring data	97
	In-depth interviews with young people	9
	In-depth interviews with project staff	9
	In-depth interviews with wider programme stakeholders	8
6) Has the STEER programme been implemented with fidelity with the co-designed Theory of Change, Logic Model and STEER toolkit?	STEER monitoring data	97
	In-depth interviews with young people	9
	In-depth interviews with project staff	9
	In-depth interviews with wider programme stakeholders	8
7) How acceptable is the RCT design to key STEER programme stakeholders?	In-depth interviews with project staff	9
	In-depth interviews with wider programme stakeholders	8

Flow through the STEER programme

Figure 10 summarises the flow through the STEER programme and evaluation from May 2022 to 2 May 2023. The diagram shows that 101 young people were randomly allocated to either the STEER (treatment) or signposting (control) group. However, we received 97 T1 questionnaires because four young people subsequently withdrew consent to be in the evaluation.

At T2, there were 39 respondents included in the trial; this is because 53 young people were still progressing through STEER/signposting at that time. However, a further five young people dropped out (three in the treatment group and two in the control group).

More detail about referral rates, completion rates and referral-to-consent conversion rates is available in Section 3.2.

Figure 10: Participant flow through STEER

Key

Green = consent	
Orange = STEER (treatment group)	
Blue = signposting (control group)	

Referred into STEER = 168

→ 13 did not meet the eligibility criteria

155 were eligible for STEER

→ 17 referrals have not yet been progressed. 37 young people did not consent to take part

101 young people consented and were randomised

→ Four young people withdrew consent/ disengaged

T1 measures for 97 young people

STEER = 49

Signposting = 48

→ 53 are yet to complete six months of STEER/ signposting. A further five young people dropped out (three STEER, two signposting)

T2 measures for 39

STEER = 18

Signposting = 21

Who is STEER working with?

An analysis of monitoring data collected by the STEER programme provides an overview of the demographic characteristics of the young people STEER is working with.[13] **Figure 11** and **Figure 12** show:

- Eighty-four per cent of young people participating in STEER are male, 16% are female and 1% are non-binary.

- The mean average age of young people participating in STEER is 13 (STEER works with 10–17-year-olds).

- Thirty-five per cent of young people who started the STEER programme (34 young people out of 97) reported that they have a disability. Although STEER is not specifically targeted towards young people with disabilities, it is open to all young people who meet the referral criteria.

- STEER currently operates in Trafford and Wigan. Monitoring data shows that 60% (50 young people) lived in Wigan when they were referred to STEER, compared to 38% (37 young people) who lived in Trafford. Two young people lived outside of these areas when they were referred. STEER staff reported that one young person was living in Wigan at the time of referral but moved to Salford at the time the intervention started. The young person from Manchester was accepted due to attending school in Trafford.

- The data on where young people are currently living shows very little movement between boroughs.

- Thirty per cent (29 out of 97) of the young people who started STEER are involved with children's services. This suggests that STEER's focus on some familial risk factors which might lead to serious youth violence (such as family relationships) and the inclusion of the family support element are in alignment with the needs of the cohort it is reaching.

- Ethnic background information was available for 95% of participants. Seventy-nine per cent (77 young people) of participants were of White British ethnic background, 6% (six young people) were of mixed/multiple ethnic backgrounds, 4% (four young people) were of Black/African/Caribbean/Black British ethnic background and 1% (one young person) was from another ethnic group. We do not have data on the ethnic backgrounds of five young people.

- Data shows the following concerning how STEER participants compare with the ethnic background characteristics of 10–17-year-olds in Wigan and Trafford based on ONS data.[14] [15] Caution should be

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[13] Please note that this data is based on 97 young people for whom both monitoring data and T1 questionnaire data are available, i.e. people who started STEER and gave consent to be involved in the study.

[14] It might be expected that if the ethnic background characteristics of STEER participants and the wider 10–17-year-old populations are broadly similar, this would indicate that STEER is equally accessible for participants of all ethnic backgrounds. However, this is a small sample, so caution should be applied in interpreting these results.

[15] See: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/datasets/ethnicgroupbyageandsexinengla ndandwales Last accessed 28 June 2023

applied in interpreting this data due to the small numbers involved in STEER to date. However, the analysis shows that:

- o Three of 54 young people (6%) who had data available in Wigan STEER were from ethnic minority backgrounds compared to 10% of the 10–17-year-old population in Wigan, according to ONS data.

- o Nine of 35 young people who had data available in Trafford STEER were from ethnic minority backgrounds (26%) compared to 36% of young people aged 10–17, according to ONS data.

During consultations, some STEER staff reported concerns related to these last two points on the ethnic background characteristics of participants. They suggested that because most of the young people referred to the programme were White British, this may mean STEER is not reaching ethnic minority groups effectively (particularly in Trafford, where a larger proportion of participants are White British than in the general population). Key programme stakeholders reported that this is mostly linked to under-representation in identification and referrals and that during the efficacy study, they will continue to explore and address this with referral partners.

The data on young people's backgrounds has a high completion rate, i.e. less than 5% of data was missing across the demographic data presented in this section.

Figure 11: Key background information for those participating in the STEER programme

Gender

Gender	Number	%
Female	15	16%
Male	80	83%
Non-binary	1	1%
Missing	1	1%
Total	**97**	**100%**

Age

Age	Number	%
10	3	3%
11	8	8%
12	21	22%
13	16	16%
14	25	26%
15	19	20%
16	3	3%
17	2	2%
Total	**97**	**100%**

Disability

Disability	Number	%
No	52	54%
Yes	34	35%
Not asked	2	2%
Don't Know	4	4%
Missing	5	5%
Total	**97**	**100%**

Client's borough at referral

Origin borough	Number	%
Manchester	1	1%
Salford	1	1%
Trafford	37	38%
Wigan	58	60%
Total	**97**	**100%**

Client's current borough of residence

Current borough	Number	%
Manchester	1	1%
Salford	3	3%
Trafford	37	38%
Wigan	56	58%
Total	**97**	**100%**

Current involvement in children's services

Children's services	Number	%
No	65	67%
Yes	29	30%
Don't know	3	3%
Total	**97**	**100%**

Figure 12: Ethnic background of young people participating in the STEER programme

Ethnic group	Number	%	Ethnic group	Number	%
White			**Black/African/Caribbean/Black British**		
English/Welsh/Scottish/Northern Irish/British	77	79%	African	1	1%
Irish	0	0	Caribbean	2	2%
Gypsy or Irish Traveller	1	1%	Any other Black/African/Caribbean background	1	1%
Any other white background	3	3%			
Mixed/multiple ethnic groups			**Other ethnic group**		
White and Black Caribbean	2	2%	Arab	0	0%
White and Black Asian	0	0%	Any other ethnic group	1	1%
White and Asian	0	0%			
Any otherMixed/Multiple ethnic background	4	4%			
Asian/Asian British					
Indian	0	0%	**Declined**	3	3%
Pakistani	0	0%	**Not asked**	1	1%
Bangladeshi	0	0%	**Missing**	1	1%
Chinese	0	0%			
Any other Asian background	0	0%	**Total**	**97**	**100%**

3.2. Evaluation feasibility

This section provides a summary of the findings related to the feasibility and practicality of progressing to an efficacy evaluation, presented against the pilot trial research questions. These findings are based on qualitative consultation with STEER staff, wider programme stakeholders and young people and on quantitative analysis of monitoring data and outcomes data collected to date.

Key messages

Findings from the pilot trial indicate that an efficacy study of the Salford Foundation STEER programme is feasible. Key messages include:

- Qualitative and quantitative evidence suggested that recruitment, randomisation and retention processes have been embedded successfully and that the RCT design has been broadly accepted, with no obvious negative implications for the numbers of children and young people moving through the programme, consenting or engaging.

- For example, STEER received 168 referrals; there was a 73% conversion rate from referral to consent (for those who were deemed eligible and had the opportunity to consent at the point of reporting) and a 91% retention rate (for young people who started STEER, maintaining engagement with the programme/signposting route).

- Wider STEER programme stakeholders do have some understandable concerns about the randomisation approach of the study, mainly related to ethics and whether the control group is 'fit for purpose'. If the project progresses to an efficacy study, it will be important to address these through clear communication about the benefits and purpose of an RCT approach and the parameters and safeguarding mechanisms for the control group.

- STEER staff and young people also report that the administration of outcomes tools and collection has been successful, with young people able to complete the questionnaire mostly independently and no evidence of bias associated with STEER mentors administering questionnaires. This is reflected in the good completion rates of outcomes data that met the target rates specified in the co-designed progression criteria.

- Analysis of responses to the T1 and T2 questionnaires also shows that questionnaires were completed accurately to a high standard and are reliable, valid and practical for the project.

- Monitoring data collection has improved over the course of the pilot trial, and information-sharing processes have been successfully implemented to facilitate the sharing of the required administrative data between the project and the evaluation teams.

- Further improvements to the consistency and completeness of monitoring data recording will further increase the reliability and validity of this dataset for the efficacy study.

- STEER staff report the toolkit is being followed closely, and emerging evidence from monitoring data suggests that mentors are covering all topics in the toolkit.

Introduction

This section assesses the feasibility and practicalities of progressing the STEER programme to an efficacy study. It assesses this with reference to the seven pilot trial questions outlined in the Pilot Study Protocol.

RQ1: Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?

Recruitment

STEER staff and wider programme stakeholders reported that referral and recruitment processes have been well established, embedded effectively and generally work in practice. This is supported by referral data, which shows that STEER received 168 referrals between April 2022 and May 2023. STEER staff and stakeholders identified the following as key strengths of STEER's referral and recruitment processes:

- STEER staff respond quickly to referrals.

- The referral criteria and aims/objectives of STEER have been consistently well-communicated by Salford Foundation. This was reflected in interviews with wider programme stakeholders who demonstrated a sound and shared understanding of STEER's eligibility and referral criteria.

- Stakeholders from referral partner organisations reported that STEER referral forms are easy to complete and fit for purpose.

- STEER's referral and assessment coordinators frame the evaluation in a positive light to young people and parents/carers and ensure young people feel they will benefit from participating.

- STEER staff hold the initial meeting with each young person to introduce the STEER programme, which staff and wider programme stakeholders believe to be more effective in recruiting young people than a statutory representative, such as the police, making initial contact about the programme.

The young people we spoke to were also positive about the recruitment process. They reported that they found the information they received about the STEER programme in their initial meeting easy to understand and would not change anything about the recruitment process.

However, there were two main challenges associated with recruitment:

1. **Conversion from referral to consent.** STEER staff reported that they feel they cannot be as persistent in their attempts to gain initial engagement with a young person as they would be if there was not a randomisation element because they are concerned about 'selling' the STEER programme to a young person who may end up being allocated to the control group. They reported that this has resulted in lower conversion rates from referral to recruitment than Salford Foundation has historically experienced. However, this has not had a significant negative impact on reaching the target take-up rate; 73% of young people referred who were deemed eligible for STEER[16] consented to take part, which is only just shy of the 75% target suggested in

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[16] And for whom their referral had been progressed at the point of reporting.

STEER's Logic Model (see **Figure 29** in Section 6.5). The conversion rate from the total number of referrals to the total number of people who consented to be involved in the project (including those who were not eligible or whose referrals have not yet progressed to a point where they have had the opportunity to consent) is 60%.

2. **Family support work.** The take-up of the family support element of the programme has been lower than anticipated. Five families out of a possible 50 (10%) have consented to this element of support. STEER staff suggested this may be because (1) parents are mistrustful of support services, and (2) parents seek to avoid feeling judged by professionals. They reported some success in overcoming these barriers and delivering family support to parents by clearly explaining to them the support on offer and reassuring them that the Family Support Workers are not statutory social workers. It will be important to continue this engagement work if the study progresses to the efficacy stage so that this element of the work can also be evaluated alongside the mentoring with young people.

Randomisation processes

Salford Foundation colleagues reported that randomisation processes are working well without any major challenges. This is supported by monitoring data, which shows that all young people who have consented to take part in STEER have been successfully allocated to either the treatment or control group in line with the randomisation sequence.

Retention

Retention rates to STEER have also been high; monitoring data shows that 91% of those who started STEER (92 out of 101 young people) have continued to engage with the programme to date. Moreover, there are nearly equal numbers of disengagement in the treatment group (four young people) and the signposting group (five young people), suggesting that being randomised to the control group has not been a key factor in disengagement.

Findings from qualitative consultation also suggest that the trusting relationships being built between STEER staff and young people are likely to have supported continued engagement with the programme, particularly for young people in the intervention group. The young people who were interviewed reported that they find STEER mentors to be relatable and that they have built strong and trusting relationships with their mentors. STEER staff also highlighted that relationship-building with young people has been a key success of the STEER programme so far.

RQ2: Have data collection processes been established and embedded effectively?

Data was gathered for the pilot trial through (1) outcomes questionnaires and (2) monitoring data. Analyses of data and qualitative consultations as part of the IPE suggest that processes for both have been established and embedded effectively. Given that monitoring systems were developed during the trial period, this is particularly impressive. However, we have identified a few areas of improvement for the recording of monitoring data, which we will work with Salford Foundation colleagues to implement should the pilot progress to an efficacy study.

Outcomes questionnaires

STEER staff and young people reported that the administration of outcomes questionnaires has been successful. They reported minimal challenges with administering the questionnaires and agreed that young people are able to complete questionnaires independently, with occasional support required to help understand some of the questions.

This is supported by the outcomes questionnaire data, which shows that 97 of the 101 (96%) young people recruited to STEER and the evaluation completed a T1 questionnaire.

Analysis of completeness of the outcomes questionnaires shows that T1 and T2 questionnaires have been completed to a good standard for all three scales, exceeding the target completion rate of 70% outlined in the co-developed progression criteria (see Section 3.4 for more information):

- **SDQ completion. Figure 13** shows that at T1, all items in the SDQ (part 1 of the questionnaire) had a completion rate of 89% or greater. At T2, all items had a completion rate of 95% or higher. The SDQ impact supplement was equally well completed. **Figure 14** shows that 92 out of the 97 (95%) respondents completed it at T1, with only five young people missing it in its entirety. At T2, the impact supplement received almost 100% responses, with only two young people missing one question.

- **SRDS completion. Figure 15** shows that the SRDS was completed well by participants. Using the SRDS 'variety score', the figure shows that at T1 and T2, 95% or more participants completed the questions. (The 'variety score' was explored rather than the 'volume score' because this will be the primary outcome measure if STEER progresses to an efficacy study – please see **Figure 6** in Section 2.3 for more detail.) Looking at the questionnaires overall, at T1, 71 out of 97 young people fully completed the SRDS (73%). Twenty-six young people (27%) missed one or more questions, but most of them (10% or 10 young people) missed only one question. At T2, this rate dropped slightly; 24 out of 39 young people (62%) fully completed the SRDS. However, 14 (36%) of these young people only missed one question, and one young person missed two.

- **SSRS completion (T2 only).** Due to a branching issue with the online version of the T2 questionnaire, 22 out of the 39 respondents were not given the option to complete the SSRS scale. We have addressed this by asking STEER to ask young people to complete this scale separately. If STEER progresses to an efficacy study, this data will be included. For the 17 young people who were given an opportunity to answer the SSRS, completion rates were high. **Figure 16** shows that for the SSRS (administered at T2 only), each question was answered by 88% of young people (15 out of 17). The only exception was for question 2, which 82% of young people (14 out of 17) answered.

Figure 13: Response patterns for the SDQ in T1 and T2 outcomes questionnaires (n = 97 at T1, n = 39 at T2)

No.	Item	Number of valid responses (%) at T1	Number of missing responses (%) at T1	Number of valid responses (%) at T2	Number of missing responses (%) at T2
		Time 1		Time 2	
1	I try to be nice to other people. I care about their feelings.	96 (99%)	1 (1%)	38 (97%)	1 (3%)
2	I am restless, I cannot stay still for long.	88 (91%)	9 (9%)	38 (97%)	1 (3%)
3	I get a lot of headaches, stomach-aches or sickness.	88 (91%)	9 (9%)	38 (97%)	1 (3%)
4	I usually share with others (food, games, pens, etc.)	88 (91%)	9 (9%)	38 (97%)	1 (3%)
5	I get very angry and often lose my temper.	88 (91%)	9 (9%)	37 (95%)	2 (5%)
6	I am usually on my own. I generally play alone or keep to myself.	86 (89%)	11 (11%)	38 (97%)	1 (3%)
7	I usually do as I am told.	87 (90%)	10 (10%)	38 (97%)	1 (3%)
8	I worry a lot.	88 (91%)	9 (9%)	38 (97%)	1 (3%)
9	I am helpful if someone is hurt, upset, or feeling ill.	97 (100%)	0 (0%)	39 (100%)	0 (0%)
10	I am constantly fidgeting or squirming.	90 (93%)	7 (7%)	38 (97%)	1 (3%)
11	I have one good friend or more.	89 (92%)	8 (8%)	38 (97%)	1 (3%)
12	I fight a lot. I can make other people do what I want.	90 (93%)	7 (7%)	38 (97%)	1 (3%)
13	I am often unhappy, downhearted, or tearful.	90 (93%)	7 (7%)	37 (95%)	2 (5%)
14	Other people my age generally like me.	90 (93%)	7 (7%)	38 (97%)	1 (3%)
15	I am easily distracted. I find it difficult to concentrate.	90 (93%)	7 (7%)	38 (97%)	1 (3%)
16	I am nervous in new situations. I easily lose confidence.	87 (90%)	10 (10%)	38 (97%)	1 (3%)
17	I am kind to younger children.	96 (99%)	1 (1%)	39 (100%)	0 (0%)
18	I am often accused of lying or cheating.	91 (94%)	6 (6%)	38 (97%)	1 (3%)
19	Other children or young people pick on me or bully me.	90 (93%)	7 (7%)	38 (97%)	1 (3%)
20	I often volunteer to help others (parents, teachers, children).	90 (93%)	7 (7%)	38 (97%)	1 (3%)
21	I think before I do things.	90 (93%)	7 (7%)	38 (97%)	1 (3%)
22	I take things that are not mine from home, school or elsewhere.	89 (92%)	8 (8%)	38 (97%)	1 (3%)
23	I get on better with adults than with people my own age.	90 (93%)	7 (7%)	38 (97%)	1 (3%)
24	I have many fears, I am easily scared.	90 (93%)	7 (7%)	38 (97%)	1 (3%)
25	I finish the work that I am doing. My attention is good.	89 (92%)	8 (8%)	38 (97%)	1 (3%)

Figure 14: SDQ impact supplement completion T1 (n = 97)
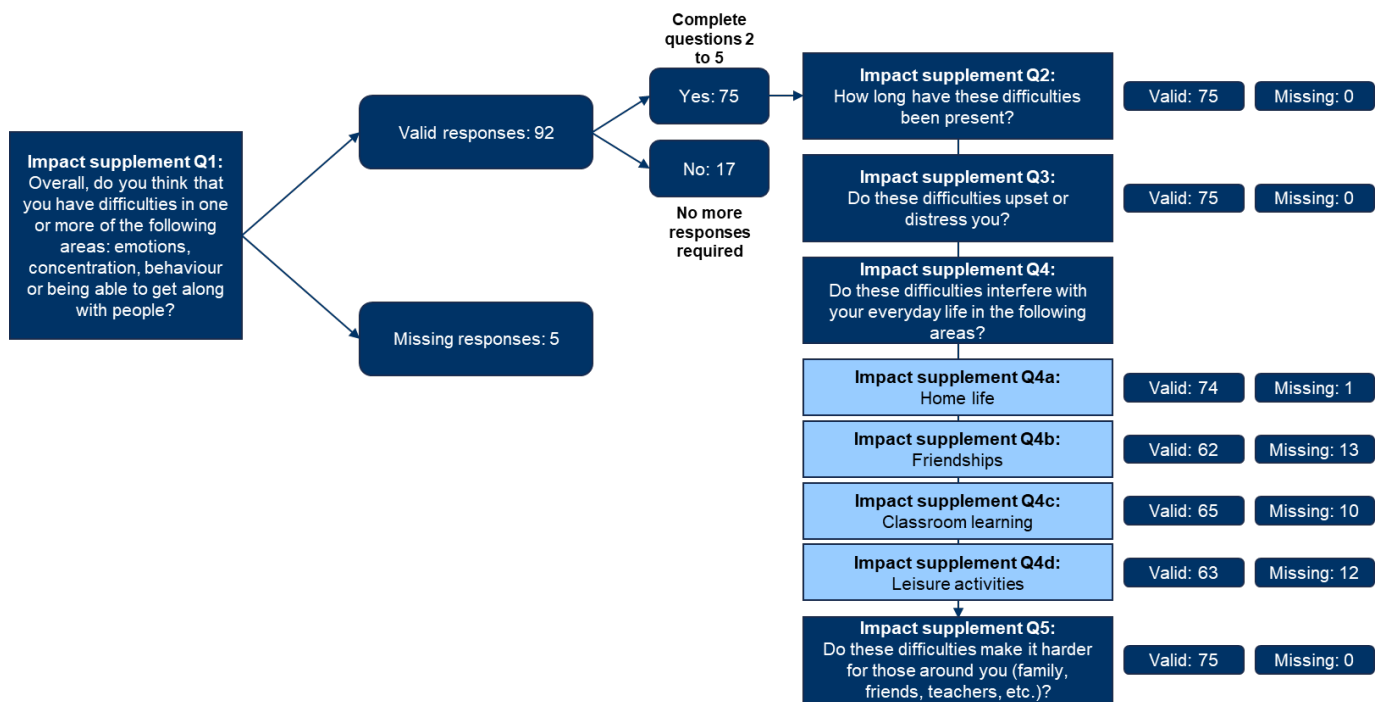
Figure 15: SRDS summary of responses for 'variety of delinquency' questions across 19 behaviours and offending histories examined at T1 (n = 97)

No.	Behaviours and offending	Total number of valid responses at T1 (%)	Number of missing responses at T1(%)	Total number of valid responses at T2 (%)	Number of missing responses at T2 (%)
		Time 1		Time 2	
1	Fare-dodging	97 (100%)	0 (0%)	39 (100%)	0 (0%)
2	Noisy behaviour in public	96 (99%)	1 (1%)	39 (100%)	0 (0%)
3	Shoplifting	96 (99%)	1 (1%)	39 (100%)	0 (0%)
4	Riding in a stolen vehicle	97 (100%)	0 (0%)	39 (100%)	0 (0%)
5	Theft from school	95 (98%)	2 (2%)	39 (100%)	0 (0%)
6	Carrying a knife/weapon	95 (98%)	2 (2%)	38 (97%)	1 (3%)
7	Graffiti	96 (99%)	1 (1%)	38 (97%)	1 (3%)
8	Robbery	92 (95%)	5 (5%)	38 (97%)	1 (3%)
9	Criminal damage	92 (95%)	5 (5%)	37 (95%)	1 (5%)
10	Housebreaking	93 (96%)	4 (4%)	38 (97%)	1 (3%)
11	Theft from home	94 (97%)	3 (3%)	38 (97%)	1 (3%)
12	Breaking into a vehicle to steal	93 (96%)	4 (4%)	39 (100%)	0 (0%)
13	Fire-setting	95 (98%)	2 (2%)	38 (97%)	1 (3%)
14	Harming or injuring animals	93 (96%)	4 (4%)	39 (100%)	1 (3%)
15	Assault	96 (99%)	1 (1%)	37 (95%)	2 (5%)
16	Bullying behaviours	95 (98%)	2 (2%)	36 (92%)	3 (8%)
17	Racial assault or harassment	96 (99%)	1 (1%)	39 (100%)	0 (0%)
18	Selling illegal drugs	94 (97%)	3 (3%)	37 (95%)	2 (5%)
19	Skipping or skiving school	97 (100%)	0 (0%)	38 (97%)	1 (3%)

Figure 16: Completion of SSRS at T2 (n = 17)

No.	Item Description	Total number of valid responses (%)	Number of missing responses (%)
1	My mentor/this person cares about how I am doing in school.	15 (88%)	2 (12%)
2	My mentor/this person is very sure I can do well in school and in the future.	14 (82%)	3 (18%)
3	My mentor/this person cares about me even when I make mistakes.	15 (88%)	2 (12%)
4	My mentor/this person really listens and understands me.	15 (88%)	2 (12%)
5	My mentor/this person looks out for me and helps me.	15 (88%)	2 (12%)
6	My mentor/this person and I both have fun when we're together.	15 (88%)	2 (12%)
7	I talk to my mentor/this person about problems with my friends.	15 (88%)	2 (12%)
8	I talk to my mentor/this person about problems with my parents/family.	15 (88%)	2 (12%)
9	I feel safe when I'm with my mentor/this person.	15 (88%)	2 (12%)
10	I tell my mentor/this person things that are very private	15 (88%)	2 (12%)
11	I talk to my mentor/this person when something makes me angry or afraid.	15 (88%)	2 (12%)
12	My mentor/this person gives me useful advice in dealing with my problems.	15 (88%)	2 (12%)
13	My mentor/this person has qualities or skills that I'd like to have when I'm older.	15 (88%)	2 (12%)
14	I learn how to do things by watching and listening to my mentor/this person.	15 (88%)	2 (12%)
15	My mentor/this person introduces me to new ideas, interests, and experiences.	15 (88%)	2 (12%)
16	My mentor/this person pushes me to succeed at the things I want to do.	15 (88%)	2 (12%)
17	Sometimes I think that my mentor/this person doesn't like me.	15 (88%)	2 (12%)
18	I don't like things my mentor/this person says or does.	15 (88%)	2 (12%)
19	My mentor/this person is too busy to pay attention to me.	15 (88%)	2 (12%)
20	My mentor/this person and I get angry at each other.	15 (88%)	2 (12%)
21	I feel my mentor/this person will let me down.	15 (88%)	2 (12%)
22	If I tell my mentor/this person what I'm thinking, he/she will laugh at me.	15 (88%)	2 (12%)

There was no evidence from qualitative consultation with either young people or STEER staff that having STEER staff administer questionnaires resulted in any bias. Young people who were interviewed reported they were able to complete the self-reported questionnaires honestly because their mentor did not look at their answers.

Salford Foundation staff identified two supporting factors in engaging young people with questionnaires and ensuring questionnaires were completed consistently and to a high standard:

- Staff training around the importance of gathering good quality data. This was supported by the training and guidance delivered by Cordis Bright.

- Using tablets to administer the questionnaires rather than paper copies. Staff and young people suggested this was more engaging for young people than paper copies, resulting in higher completion rates.

It will, therefore, be important for STEER staff to continue to be trained in the evaluation and in using the evaluation handbook developed by Cordis Bright if STEER progresses to an efficacy study.

Monitoring data

Since the pilot trial started, STEER staff have made a great deal of progress in collecting monitoring data. The evaluation team, STEER staff and colleagues from the client relationship case management software company worked together to establish a new case management system to ensure that data is collected in a way which is practical for STEER staff operationally and meaningful for the evaluation.

This process has been broadly successful; STEER staff reported that the collection of monitoring data is going smoothly and that the process for submitting data is easy to understand, user-friendly and not too time-consuming. They suggested that it has been particularly useful to receive guidance from the STEER programme manager regarding how to use the monitoring system and understanding why accurate data collection is important for the evaluation. Moreover, the monitoring data has been completed to a sufficient quality to enable an analysis of emerging evidence in relation to the fidelity of delivery to the STEER model and Theory of Change (see RQ6) and of background data. The analysis presented in Section 3.1 shows that completion rates for all background data were over the target of 70% stipulated in the co-developed progression criteria (see Section 3.4).

If the study progresses to efficacy, we recommend the following improvements to the recording of monitoring data, which will help enhance the analysis of activity and dosage:

- Further training of STEER practitioners in the importance of recording monitoring information in an accurate, complete and timely manner

- Linking specific activities with times to reduce the burden of data collection and increase consistency of recording dosage. Currently, 21% of contact sessions with young people who have completed STEER have been recorded as taking zero minutes, which is likely to be inaccurate and an underestimate.

- Ensuring that all activities are recorded against a support area (i.e. a topic or theme of support). Forty-one per cent of support delivered by mentors to young people who have completed STEER has been recorded in the activity 'Other'. If the evaluation progresses to an efficacy study, we will continue to work with STEER colleagues and colleagues from the case management system software company to identify why support areas are not being recorded accurately and address these issues to improve reporting. This might include consulting with STEER mentors to create new categories of support against which sessions can be recorded or delivering training around the importance of accurately recording support areas.

- Reviewing the metrics that are collected to ensure only those relevant to the evaluation or project delivery are being collected and to reduce duplication of data

Implications for this and recommendations for the efficacy study are discussed more in Sections 4.2 and 4.3.

RQ3: Are the evaluation tools used during the pilot trial reliable, valid, accurate and practical for the project?

The analysis of outcomes questionnaire data shows that questionnaires were completed to a high standard, suggesting that they are reliable, valid and practical for the project.

Outcomes questionnaires were comprised of the SDQ and SRDS at T1 and of the SDQ, SRDS and SSRS at T2. To explore the reliability and validity of the measures, we analysed the number of valid responses (see RQ2 above) and looked at the nature of the responses of the SDQ and SSRS to see if they were in line with what we would expect.

SDQ

The analysis of T1 and T2 SDQ responses shows that young people submitted a sufficient number of valid responses to the SDQ for scores to be analysed.

Figure 17 shows the number of valid scales within the T1 SDQ that could be scored, along with the average (mean scores) and Cronbach's alpha of the scale. **Figure 18** shows the same analysis for T2. Both figures show that the externalising, internalising and SDQ total scores have acceptable levels of reliability at both T1 and T2. Although the reliability of some of the subscales was lower (e.g. conduct problems [alpha = 0.32 at T1 and 0.49 at T2]), this is not of concern at this stage due to the relatively small numbers in the study and because Cronbach's alpha is based on both how well the items 'hold together' (i.e. the reliability of the scale) and the number of items in the scale. These SDQ subscales may have low alpha coefficients because they are only five items.

Figure 17: Valid scales, average scores and Cronbach's alpha of SDQ scales in the T1 outcomes questionnaire (n = 97)

SDQ scale	N valid (%)	M (sd)	Alpha
Emotional problems	88 (90.7%)	3.2 (2.6)	0.74
Conduct problems	90 (92.8%)	4.9 (1.6)	0.32
Hyperactivity	90 (92.8%)	7.3 (2.0)	0.65
Peer problems	90 (92.8%)	3.8 (1.6)	0.56
Pro-social	96 (99.0%)	6.0 (1.9)	0.65
Externalising	90 (92.8%)	12.1 (3.1)	0.69
Internalising	88 (90.7%)	7.0 (3.6)	0.75
SDQ total	**88 (90.7%)**	**19.3 (5.4)**	**0.75**

Figure 18: Valid scales, average scores and Cronbach's alpha of SDQ scales in the T2 outcomes questionnaire (n = 39)

SDQ scale	N valid (%)	M (sd)	Alpha
Emotional problems	38 (97%)	3.0 (2.5)	0.79
Conduct problems	38 (97%)	4.6 (1.8)	0.49
Hyperactivity	38 (97%)	6.7 (2.3)	0.80
Peer problems	38 (97%)	3.9 (1.6)	0.55
Pro-social	39 (100%)	6.4 (2.1)	0.76
Externalising	38 (97%)	11.3 (3.3)	0.73
Internalising	37 (95%)	6.9 (3.4)	0.76
SDQ total	**38 (97%)**	**18.2 (5.8)**	**0.77**

The analysis of SDQ responses also suggests they have been completed well. **Figure 19** shows that at T1, the internalising and externalising scales were significantly correlated ($r = 0.28$, $p < 0.05$), and the strongest correlation was observed between conduct problems and hyperactivity ($r = 0.51$, $p < 0.05$), followed by peer problems and emotional problems ($r = 0.42$, $p < 0.05$). This is as expected, suggesting the measure is reliable. However, emotional problems was significantly correlated with the pro-social scale ($r = 0.22$, $p < 0.05$), which was not expected.

Figure 19 also shows that the correlation between the SRDS variety and conduct problems was significant at T1. Correlations with other SDQ subscales may not be significant because of the low numbers in the study at present.[17]

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[17] Please note correlations were not calculated at T2, as impact is not being analysed as part of the pilot trial. Please see Section 3.3 for more detail.

Figure 19: Correlation between SDQ scales in the T1 outcomes questionnaire responses and the SRDS variety score (n = 97)

	Emotional problems	Conduct problems	Hyperactivity	Peer problems	Pro-social	SRDS variety
Emotional problems	X	0.22*	0.30*	0.42*	0.22*	0.04
Conduct problems	X	X	0.51*	0.16	−0.24*	0.44*
Hyperactivity	X	X	X	0.25*	−0.13	0.26*
Peer problems	X	X	X	X	0.04	0.13
Pro-social	X	X	X	X	X	−0.08
SRDS variety score	X	X	X	X	X	X

* Denotes statistical significance level $p < 0.05$

Figure 20 also shows that at T1, 62% of the cohort for whom sufficient data was available to analyse (55 young people out of 88) scored a 'high' or 'very high' SDQ total score, and 66% (43 out of 65) scored a 'high' or 'very high' score on the SDQ impact supplement.

These findings are consistent with the expected needs of STEER's target cohort, further suggesting that the SDQ is valid and reliable.

Figure 20: SDQ total score grouped at T1 (n = 97)

SDQ total scores grouped	Total score (frequency)	Total score (proportion)	Impact supplement score (frequency)	Impact supplement score (proportion)
Close to average	16	18%	9	14%
Slightly raised	17	19%	13	20%
High	16	18%	11	17%
Very high	39	44%	32	49%
Valid total	**88**	**100%**	**65**	**100%**
Missing	9		10	
Total	**97**		**32**	

SRDS

Figure 15 (see RQ2 above) shows that the SRDS had a high response rate from participants. In addition, the analysis of responses suggests that the SRDS was completed reliably and validly. For example, **Figure 21** shows that 94 out of 97 young people at T1 (97%) reported that they had committed at least one behaviour or offence, providing further reassurance that the SRSD is reliable, as this finding is consistent with what would be expected for the target cohort of STEER, i.e. young people at risk of involvement in serious youth violence, organised crime, violence and gangs.

Figure 21: Number of behaviours and offences (grouped) as reported in the SRDS (n = 97)

Number of behaviours and offences (grouped)	Frequency	Proportion (%)
0	3	3%
1–4	52	54%
5–9	30	31%
10–14	6	11%
15–19	1	1%
Total	**97**	**100%**

The validity and reliability of these scales demonstrated by the analysis above also further support findings from qualitative consultations with STEER staff and young people that having STEER practitioners administer the questionnaires did not result in bias (see RQ2 for more information).

RQ4: What sample size will be required for a future efficacy study, accounting for the utility of data collected during the pilot trial?

Based on power calculations, current attrition rates of STEER and modelling or projected referral and recruitment rates in Years 2 and 3 of the project, we suggest that a total sample of 654 (327 young people in each group) would be required for a future efficacy study. Please see the power calculations in **Figure 4** in Section 2.2.

RQ5: Is it likely that STEER will recruit and retain enough young people to meet the required sample size to progress to an efficacy study?

Based on current recruitment and referral rates and processes, predicted future referral rates from Salford Foundation and power calculations for an efficacy study, it seems likely that STEER will recruit and retain enough young people to meet the required sample size. STEER staff reported that initially, referral rates into the programme were lower than expected, but these have improved as awareness has been raised and sustained over the course of the pilot trial. This is supported by referral data, which shows that STEER received 168 referrals between May 2022 and May 2023. There was a 73% conversion rate from consent to starting STEER for those who were referred to STEER, deemed eligible and whose referrals were progressed[18] (see RQ1 for more detail), which is only just shy of the 75% target rate set at the beginning of the project (please see **Figure 29** in Appendix 6 in Section 6.5 for more detail).

Based on these referral rates, attrition rates and projected future referrals, we have modelled the expected recruitment rates for STEER going into Years 2 and 3 in **Figure 22**. This predicts that 70 young people would be referred to STEER each month for 12 months and assumes the shortfall of 28 young people in Year 1 can be recruited before the start of an efficacy study.

According to this modelling, STEER could receive 970 referrals over the course of the efficacy study (including the incorporation of the sample from the pilot trial). This would allow for a 33% attrition rate, which would still meet the 654 recruitment target (see RQ4). We think this is a reasonable and realistic target based on current attrition rates (27% attrition between referral and consent[19] and 9% attrition between consent and completion of STEER/signposting pathways).[20] Salford Foundation colleagues also reported an expected attrition rate of 33%in Years 2 and 3 of STEER based on their experience delivering similar interventions in the area.

To reach the target sample size, it will also be important during the scale-up for STEER to focus on the success factors that have enabled sufficient referrals. These include links with multi-agency groups, clear communication with referral partners, effective referral forms and responsiveness to referrals (this is discussed in more detail in **Figure 28** in Section 4.2).

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[18] The conversion rate from the total number of referrals to the total number of people who have consented to be involved in the project (including those who were not eligible or whose referrals have not yet been progressed to a point where they have had the opportunity to consent) is 60%.

[19] One hundred and one people consented to STEER out of 138 eligible referrals that had been progressed (73%). Salford Foundation colleagues reported that this attrition is likely because it is not possible to be as persistent in their attempts to gain engagement with a young person due to the randomisation element (please see RQ1 for more information).

[20] Ninety-two young people out of 101 who consented to STEER have continued to engage with the programme.

Figure 22: Modelling of efficacy study referral and recruitment rates

	Year 1a: pause period	Year 2		Year 3	
	Jun 23–July 23	Aug 23–Jan 24	Feb 24–Jul 24	Aug 24–Jan 25	Feb 25–Jul 25
Referred	n/a	70 per month	70 per month		
Start STEER/signposting (T1 questionnaire)	14 per month	70 per month	70 per month		
Cumulative T1 sample at the end of the time period	130	550	**970**		
Complete STEER/signposting (six months, T2 questionnaire)	Approx. 31[21]	Approx. 60	70 per month	70 per month	
Cumulative T2 sample at the end of the time period	Approx. 70	130	550	**970**	
Complete 12 months (T3 questionnaire)					70 per month
Cumulative sample at the end of the time period	Approx. 60	Approx. 70	130	550	**970**

Total sample	Efficacy potential sample	Attrition rate allowance	Target sample
Total	970	33%	654
Control	485	33%	327
Treatment	485	33%	327

[21] Approximations have been calculated based on the number of young people who have completed a T1 questionnaire at the time of reporting and are due to complete T2 and T3 questionnaires over the duration of the efficacy study period.

STEER staff and wider programme stakeholders, in interviews, identified some key factors that have enabled STEER to receive a good level of referrals from partner organisations and which stand them in good stead to continue to receive the required number of referrals going forward:

- **There are high levels of local demand for STEER.** STEER fills a gap in local provision in terms of the type of support (mentoring) and the cohort it works with (young people at risk of but not yet involved with serious youth violence). This demand is supported by data which shows an increase in the number of young people involved in serious youth violence and gang-related activities in the Greater Manchester area over recent years (Gray, Smithson, and Jump, 2021; Greater Manchester Serious Violence Action Plan, 2020). In particular, STEER staff reported that education had been a key referral partner partly because they recognise that STEER can provide the one-to-one support that they do not have the capacity to offer. STEER staff and strategic Salford Foundation colleagues reported that they expect similarly high levels of demand in the new areas they are expanding to as part of the efficacy study based on preliminary conversations with stakeholders and their previous experience of working in the proposed new areas (see **Figure 22** for projected referral rates).

- **STEER staff have successfully raised awareness of the programme and embedded it in the local support offer.** Salford Foundation has successfully set up a strategic oversight group, including members from the Greater Manchester Violence Reduction Partnership and local authorities. This group meets bi-monthly and provides strategic support and oversight for the STEER programme and evaluations. Salford Foundation has also successfully tapped into multi-agency partnership groups to raise awareness of the project. For example, a Salford Foundation colleague attends the PPIED group in Wigan to promote awareness of STEER and to support appropriate referrals into the programme (see RQ1 for more detail).[22]

- **Salford Foundation is well-established and trusted as a delivery and strategic partner.** The organisation has a strong track record of delivering effective interventions which are guided by the needs of the local communities it seeks to serve. Stakeholders perceive Salford Foundation staff as highly skilled and responsive and have confidence in the organisation's leadership. The organisation has established a strong reputation within the local youth justice system and has inputted into local strategy, and its STEER strategic steering group meetings demonstrate a continued commitment to being a local strategic partner.

Retention rates in the STEER programme (in both the intervention and control groups) have also been strong; monitoring data shows that 91% of those who started STEER (92 out of 101) have continued to engage with the programme. High levels of retention may be linked to the trusting relationships STEER staff

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[22] PPIED is a multi-agency, collaborative intervention which meets on a weekly basis. At PPIED, partners discuss support options for up to 50 children and young people (aged 10–18) who have had involvement in crime in the preceding seven days. For more information, please see: https://www.college.police.uk/guidance/prevention-prosecution-intervention-education-and-diversion-ppied-greater-manchester-police#:~:text=Prevention%20through%20prosecution%2C%20intervention%2C%20education,Police%20(GMP)%20in%202020. Last accessed 7 June 2023

have built with the young people (please see RQ1 for more information) and also the gap that STEER is filling in the local service offer; stakeholders reported that there is no similar provision available, which could mean young people are more likely to be motivated to continue to engage with support, as they cannot access a similar provision elsewhere.

If Salford Foundation continues to engage effectively with young people, raise awareness of STEER, embed the programme into the local support offer and build on its reputation as STEER expands to new areas, we expect it to recruit enough young people to meet the required sample size for the efficacy study.

RQ6: Has the STEER programme been implemented with fidelity with the co-designed Theory of Change, Logic Model and STEER toolkit?

Reports from STEER staff and findings from the analysis of monitoring data suggest that the programme delivery generally follows the STEER Theory of Change, Logic Model and toolkit.

STEER mentors reported that they have been following the toolkit closely, delivering the core interventions consistently to all young people in the intervention group and drawing upon their professional judgement to determine what other support and optional sessions each individual young person would benefit from.

Inconsistencies in the way activity (monitoring) data is being recorded by STEER practitioners means it is currently challenging to say if every young person who has completed STEER has received all the mandatory interventions outlined in the STEER toolkit and Theory of Change (please see **Figure 1** in Section 1.2). For example, 41% of activities which have been recorded are listed as 'Other', making it challenging to identify what support has actually been delivered, and 22% of contact with the young people has been recorded as taking zero minutes, which is likely to be inaccurate and an underestimate (see RQ2 for more detail). However, emerging evidence from monitoring data suggests that STEER mentors are covering all topics in the Toolkit**. Figure 23** maps all the areas of support that mentors have recorded as having been delivered to young people in the treatment group who have completed STEER as a whole (n = 21) against the intended areas of support described in the STEER toolkit and Theory of Change. This shows that across the whole cohort, all areas of support have been delivered.[23]

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[23] Twenty-one young people in the intervention group were recorded in the monitoring data as having their cases closed. Eighteen young people in the intervention group have completed a T2 outcomes questionnaire. This discrepancy is due to lag between being recorded as having completed the intervention and completing a questionnaire. The remaining T2 questionnaires will be included in the efficacy study analysis if the project progresses.

Figure 23: Support areas of the STEER toolkit mapped against support delivered (n = 21)

Intended areas of support	Support delivered?
Initial interactions	
Risk assessments	✓
Relationship building/co-designing support	✓
Mandatory sessions	
Aspirations and goal settings	✓
Relationship mapping	✓
Safety planning	✓
Thinking, attitudes and behaviours	✓
Criminal exploitation	✓
Emotional control and anger management	✓
Optional sessions	
Drug use	✓
Family relationships	✓
Emotional literacy and support	✓
Wrap-around support and casework	✓
Family support	✓

Emerging evidence from the monitoring data also suggests that STEER is being implemented with fidelity at the intended dosage. For example, the average number of days of support received for the 21 cases which were completed was 174 days against a target of around 182 days (i.e. six months). However, the number of hours of support seems to be under-recorded in the monitoring data (see RQ2 for more detail).

Further work on improving how activity and dosage data are collected will enable fidelity of delivery to be assessed in more detail if the study progresses to efficacy.

RQ7: How acceptable is the RCT design to the key STEER programme stakeholders?

The RCT design has been accepted by STEER staff and stakeholders, but there remain some concerns about the randomisation element of the approach.

All stakeholders interviewed reported that they value the STEER programme (please see RQ1 for more detail around reasons why) and accepted that the randomisation approach was a condition of the intervention being available. This acceptance is demonstrated by high referral rates (see RQ1).

However, STEER staff and wider programme stakeholders expressed some concerns about the randomisation design. These concerns and possible responses to address them are detailed in **Figure 24.**

Figure 24: Stakeholders' RCT concerns and possible responses

Stakeholder concern	Detail	Response(s)
It is unethical for young people to be allocated to the control group.	There were concerns that if a young person is referred to STEER, it is based on a belief that they would benefit from support, and it, therefore, feels unethical if the young person does not subsequently receive mentoring from STEER. This was considered to be particularly problematic because of the safeguarding responsibilities professionals have towards all young people.	**Clearly communicate the benefits of an RCT** as opposed to other methods in improving the evidence base of what works for young people to reduce offending and helping evidence any benefit of STEER to a point where it might become unethical to not deliver it. **Increase understanding that we do not know if STEER is actually beneficial and could be harmful,** and, therefore, an RCT is needed. **Improve awareness of the safeguarding protocols in place for the control group,** which meet the responsibilities STEER has to all young people (e.g. explain that STEER staff will escalate safeguarding concerns if necessary).
The control group does not represent 'business as usual'.	Some STEER staff and wider programme stakeholders suggested that because Salford Foundation staff with oversight of the control group seek to find and build relationships with appropriate services to enable effective signposting, the control group does not represent 'business as usual' because this might not be standard practice in other available signposting channels. Some also felt that a young person receiving support from any other service following their referral into the STEER programme might invalidate the function of the control group.	**Improve understanding around the purpose of the trial and control group,** i.e. the purpose is to compare the difference between STEER and other services that might be on offer to and accessed by young people. Therefore, effective signposting to these other services for the control group does not invalidate the research.
The impact of STEER may not be measured through an RCT design.	Some people expressed concerns that any impact of STEER may be attributable to individual differences between young people rather than the randomisation element.	**Clearly communicate the fact that the randomisation element will help control for individual differences** between young people, and, therefore, the RCT approach is likely to be able to effectively measure the impact.

3.3. Evidence of promise

As the STEER programme is in a position to potentially progress to efficacy, we have taken the decision not to report evidence of promise in relation to the impact and distance travelled on young people's outcomes. This is because we are hoping to use pilot trial data in the efficacy study and wish to maintain the integrity of the trial: findings, both positive and negative, may influence future delivery and processes. Moreover, the sample size in the pilot trial is not sufficiently powered to meaningfully measure impact.

However, the STEER programme shows evidence of promise in terms of how it has embedded and been implemented within local systems and how it has been delivered with fidelity to the STEER toolkit and Logic Model/Theory of Change (see RQs 5 and 6 in Section 3.2).

STEER staff, wider programme stakeholders and young people also identified key activities that are being delivered as part of STEER, which are likely to achieve positive impact and outcomes for young people. These included:

- **One-to-one mentoring.** STEER staff and wider programme stakeholders suggested that providing young people with the opportunity to work on a one-to-one basis with a mentor allows them to build a trusting relationship with an adult they feel they can rely upon. Stakeholders described that for many of the young people who are referred to STEER, opportunities to foster these kinds of relationships are otherwise limited. Salford Foundation staff highlighted the consistency and regularity of one-to-one work as being important for relationship building. Young people emphasised the strength of their relationships with their STEER mentors, including that they feel they can trust their mentors completely. This is in line with existing evidence that suggests having a mentor can also reduce the likelihood of offending through the provision of a positive role model (College of Policing What Works Toolkit and YEF Toolkit, 2016).

- **Targeted interventions.** Salford Foundation staff highlighted that the targeted intervention sessions are useful and relevant to young people's needs. Sessions they highlighted as particularly valuable were goal setting and sessions on exploitation and relationships. STEER staff also emphasised the value of recreational activities, such as bowling or going for a meal with the young person. They reported that these (1) help strengthen the relationship with the young person, (2) serve as a positive diversionary activity and (3) enable access to activities young people may not otherwise be able to participate in (e.g. for financial reasons).

- **Family support sessions.** While the take-up of the family support option has been lower than anticipated (see RQ1), STEER mentors suggested that parents who participated in the family support sessions valued having someone to talk to about their experiences, and these sessions could help them understand other support avenues.

- **Multi-agency partnership working.** STEER staff and wider programme stakeholders emphasised the value of Salford Foundation's engagement with multi-agency partners. They suggested that linking families, young people, STEER and other services together can support STEER's impact on young people by ensuring information is shared between partners and everyone is working towards similar goals and reinforcing messaging. For example, one STEER mentor reported: '*It can be a relief for schools to have us involved because we can work together on disruptive behaviour*'.

3.4. Readiness for trial

The pilot trial has been broadly successful against the pre-agreed progression criteria and is, therefore, ready to progress to an efficacy study.

This section assesses the pilot trial's success against the progression criteria outlined in the Pilot Trial Protocol. These criteria were co-developed and agreed upon with Salford Foundation and the YEF before the pilot trial started.

Figure 25 provides a summary of the progress of STEER against the pre-defined progression criteria. The criteria are rated either red (stop), amber (pause and think) or green (go). The pilot trial has achieved a green rating against each criterion. Based on **Figure 25**, we recommend that the STEER programme is ready to progress to an efficacy study.

Figure 25: Progress of STEER against progression criteria

Criteria	RAG rating			Status	Commentary
	Green (go)	Amber (pause and think)	Red (stop)		
1. Numbers of young people recruited to the trial's treatment and control groups	30 plus in each group (total of 60)	10–29 in each group	Less than 10 in each group	Green	As of 2 May 2023, 101 people had been recruited to the STEER programme (51 to the control group and 50 to the treatment group). This is 41 more than the number that was agreed to be sufficient for progression to an efficacy study.
2. The percentage of young people starting the STEER programme measured by administered questionnaires at T1. The percentage of young people starting their involvement in the control group measured by administered questionnaires at T1	70%	40–70%	Less than 40%	Green	As of 2 May, 101 people had consented to take part in the study, and four people have withdrawn consent. This means that 97 (96%) of those recruited have a completed T1 questionnaire that is included in the study.
3. The percentage of young people completing the STEER programme measured by administered questionnaires at six months. The	70%	40–70%	Less than 40%	Green	As of 2 May 2023, 39 T2 questionnaires had been completed (18 in the treatment group and 21 in the control group). This is 75% of the 52 young people who had started the

Criteria	RAG rating			Status	Commentary
	Green (go)	Amber (pause and think)	Red (stop)		
percentage of young people completing their involvement in the control group measured by administered questionnaires at six months					programme by 31 October 2022 and, therefore, who we would have expected to have completed the six months of support by the beginning of May.[24]
4. Overall completion rate of all evaluation tools and monitoring data (i.e. the amount of missing data) and the quality of data for both the treatment and control groups, including (a) impact tools (SRDS, SDQ and SSRS) and (b) monitoring data concerning activity received and dosage	70%	40–70% completion	Less than 40% complete	Green	At T1, all items in the SDQ (part 1 of the questionnaire) had a completion rate of 89% or greater. At T2, all items had a completion rate of 95% or higher. The SDQ impact supplement was equally well completed (95% at T1 and almost 100% at T2). At T1 and T2, 95% of participants completed the SRDS variety score questions, and each question in the SSRS (T2 only) was completed by at least 82% of young people.[25]

Recording of activity and dosage information has greatly improved over the course of the pilot trial, and this is now being completed to a sufficient quality to support analyses of emerging evidence in relation to the fidelity of delivery to the STEER model and Theory of Change. Further improvements around the consistency of recording time and areas of support will enable a more in-depth analysis of fidelity to the model if the study progresses to efficacy (see Section 3.2). |

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[24] Please note that due to the flexibility of length of STEER support, some of these 39 young people may have started the STEER programme after the 31 October 2022, and are therefore not part of the 54 we would have expected to have completed by May 2023.

[25] Due to a branching issue with the online version of the T2 questionnaire, 22 out of the 39 respondents were not given the option to complete the SSRS scale. This figure is therefore calculated as a percentage of the 17 young people who were given the opportunity to answer the SSRS. We have addressed this by asking STEER to ask young people to complete this scale separately. If STEER progresses to an efficacy study, this data will be included.

Criteria	RAG rating			Status	Commentary
	Green (go)	Amber (pause and think)	Red (stop)		
5. Fidelity of delivery to the STEER model of delivery, achieved by benchmarking STEER with the co-designed Theory of Change, Logic Model and STEER toolkit	The majority of stakeholders interviewed in the IPE report that STEER is being delivered in line with the Theory of Change, Logic Model and toolkit.	The majority of stakeholders interviewed in the IPE are uncertain that STEER is being delivered in line with the Theory of Change, Logic Model and toolkit.	The majority of stakeholders interviewed in the IPE report that STEER is not being delivered in line with the Theory of Change, Logic Model and toolkit	Green	All STEER staff reported that the programme is following the STEER Theory of Change, Logic Model and Toolkit. Analysis of STEER activity data also suggests that broadly, STEER is being delivered with fidelity to the model, although improvements in consistency and accuracy of monitoring data will be needed to assess this effectively. Please see Section 3.2 for more information.
6. Realities of randomisation and the extent to which this continues to be acceptable to partners	The majority of stakeholders interviewed in the IPE accept the randomisation approach.	A minority of stakeholders interviewed in the IPE have some concerns about the randomisation approach.	The majority of stakeholders interviewed in the IPE have concerns about the randomisation approach.	Amber	Randomisation has been broadly accepted by partners, although there remain some concerns related mainly to ethics. Steps are in place to address and mitigate this if STEER progresses to efficacy. Please see Section 3.2 for more information.
7. Capacity within the STEER programme delivery team	The majority of stakeholders interviewed in the IPE report that the STEER team has the capacity to deliver the project.	A minority of stakeholders interviewed in the IPE have some concerns about the capacity of the STEER team to deliver the project.	The majority of stakeholders interviewed in the IPE report that the STEER team have no capacity to deliver the project.	Green	In January 2023, Salford Foundation recruited an additional Referral and Assessment Coordinator to increase the capacity of Salford Foundation to process referrals at a steady rate. In interviews, STEER staff reported that they would be more comfortable having an additional member of staff delivering the STEER programme, but overall, there is capacity within the team to deliver STEER.
8. Quality of working relationships between the STEER programme, the YEF and Cordis Bright	The majority of stakeholders interviewed in the IPE report that the quality of working relationships is good or above.	A minority of stakeholders interviewed in the IPE report that the quality of working relationships could be improved.	The majority of stakeholders interviewed in the IPE report that the quality of working relationships is poor or below	Green	During interviews and ongoing project management meetings, colleagues in the YEF, Cordis Bright and STEER/Salford Foundation reported positive working relationships, which are maintained through monthly project meetings, ongoing email communications and Cordis Bright's attendance at STEER strategic group meetings.

Criteria	RAG rating			Status	Commentary
	Green (go)	Amber (pause and think)	Red (stop)		
					Additionally, wider programme stakeholders reported that they particularly value Salford Foundation's high level of communication and positive and proactive approach. They also reported that the STEER programme is embedding well into local systems, in part due to Salford Foundation's high quality of working relationships.

3.5. Cost information

As set out in the STEER evaluation protocol, we explored with stakeholders the approach to estimating the cost of implementing the STEER programme. We asked stakeholders their views about how best to capture cost in relation to the programme. However, wider programme stakeholders and project staff found it difficult to engage with questions about cost, and they were generally unable to comment on the best way to capture relevant cost information.

Salford Foundation colleagues suggested that using and reflecting on the budget for delivery is the most suitable way to capture the true cost of the STEER programme. Using the STEER programme budget to capture cost also aligns with the YEF's general principles set out in its cost reporting guidance, i.e. this approach will:

- **Estimate the costs of delivery only.** Salford Foundation colleagues have been delivering the STEER programme in line with the budget, and, therefore, the budget is representative of the costs of delivery.

- **Derive estimates using the bottom-up principle.**[26] The STEER budget was drawn up via a bottom-up approach, so using the budget to capture the cost of delivery follows the bottom-up principle.

- **Estimate costs from the perspective of the organisations delivering the intervention.** Only Salford Foundation is involved in delivering the intervention. Other organisations that work with the STEER delivery team do so as part of their existing remit of work with other programmes (e.g. making referrals and attending multi-agency meetings).

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[26] Bottom-up estimates start by identifying the individual resources required to deliver an intervention, estimating the quantity of these resources needed and attaching monetary values to these resources. These are combined to estimate the total amount spent on an intervention. For example, when working out the amount of staff time spent on something, bottom-up estimates start with the total number of hours spent delivering a course of a programme and then apply assumptions about the relevant wage rate for the members of staff involved. For more information, please see YEF-Cost-reporting-guidance.pdf (youthendowmentfund.org.uk). Last accessed 29 August 2023.

- **Capture all the resources used in delivering the intervention but not how costs change compared to business as usual.** The budget is representative of the resources used to deliver STEER and does not seek to compare costs to business as usual.

For the efficacy study, we intend to work with Salford Foundation and use the STEER budget breakdown to report on the prerequisite, set up and recurring costs of STEER in relation to staff, buildings and facilities, materials and equipment, incentives, and any other inputs. **Figure 26** presents some examples of information from the budget that we will use to report against each category.

Figure 26: List of items to be included in cost estimates

Category	Information to be used for analysis (upfront, recurring and total costs)
Staff	STEER staff budgets, e.g. Mentors, Coordinators and Managers Training costs (these can be costed as zero if included as part of normal in-service training) Administration and preparation costs (these can be costed as zero if delivered as part of base salary)
Programme	Cost of providing the STEER toolkit (i.e. printing costs if hard copies are provided) Travel to appropriate settings for young people
Buildings and facilities	Costs of buildings and facilities needed to deliver STEER (likely to be zero, as the intervention is delivered in settings most appropriate for the young person, e.g. at school, at home, in the community or at the Salford Foundation offices
Materials and equipment	Tablets to complete outcomes tools and view the Toolkit Cost of printing referral forms/screening forms Equipment used to record monitoring data
Incentives	Cost of incentives provided for the young people (e.g. cost of meals or diversionary activities)

4. Conclusion

This section summarises our judgement of evaluation feasibility and discusses the findings from the pilot trial of STEER in relation to the research questions, evidence base and the Logic Model/Theory of Change. It explores the limitations of the pilot trial, key factors which have enabled the successful implementation of the project and evaluation and changes that may be required to the model if STEER progresses to an efficacy study.

Figure 27 summarises the findings from the pilot trial of STEER for each of the co-developed research questions.

Figure 27: Summary of the feasibility study findings

Research question	Finding
RQ1: Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?	Recruitment, randomisation and retention processes have been embedded successfully and are working well. This is reflected in high levels of referrals (168 in Year 1), the 73% conversion rate from referral to consent (for those who were eligible for the project and whose referrals have progressed) and a 91% retention rate.[27] The take-up of the family support element has been lower than anticipated (five families out of a possible 50), but STEER staff have started to successfully introduce new approaches to engage parents/carers. There have been no reported challenges with randomisation, and all young people have been successfully allocated to either the intervention or control group.
RQ2: Have data collection processes been established and embedded effectively?	Questionnaire administration has been established and embedded successfully. This is reflected in the good completion rates of outcomes data. All items in the SDQ had an 89% completion rate or higher at T1 and a 95% completion rate or higher at T2. The questions needed to calculate the SRDS variety score were completed by 95% or more participants at both T1 and T2. Every question in the SSRS was completed by at least 82% of the young people (T2 only). Supporting factors for the successful completion of the questionnaires included staff training around the importance of gathering high-quality data and using tablets to administer questionnaires rather than paper copies. STEER staff have made great progress in recording monitoring data and report that the data collection system is easy to understand, user-friendly and not too time-consuming. We identified a few areas of improvement for recording monitoring data, which we will work with Salford Foundation colleagues to implement should the pilot progress to efficacy, particularly in relation to recording how much time is spent on activities and the topics covered.
RQ3: Are the evaluation tools used during the pilot trial reliable, valid, accurate and practical for the project?	Analysis of outcomes questionnaire data shows that questionnaires were completed with high response rates and appear to be reliable, valid and practical for the project. At both T1 and T2, completion rates were high, and SDQ and SRDS variety scores could be calculated and analysed. All measures had high completion rates (see RQ2). Externalising, internalising and the SDQ total scores have acceptable levels of reliability measured by Cronbach's alpha at T1 and T2. Correlations between scales and baseline scores are generally as expected, suggesting the measures are reliable. There was no evidence that STEER staff administering self-reported questionnaires resulted in bias.
RQ4: What sample size will be required for a future efficacy study, accounting for the utility of data collected during the pilot trial?	Based on power calculations, current attrition rates of STEER and modelling of projected referral and recruitment rates in Years 2 and 3 of the project, we suggest that a total sample of 654 (327 young people in each group) would be required for a future Efficacy Study.

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[27] The conversion rate from the total number of referrals to the total number of people who consented to be involved in the project (including those who were not eligible or whose referrals have not yet been progressed to a point where they have had the opportunity to consent) is 60%.

Research question	Finding
RQ5: Is it likely that STEER will recruit and retain enough young people to meet the required sample size to progress to an efficacy study?	Considering the current recruitment and retention rates (see RQ1), it is likely STEER will meet the required rates for an efficacy study, especially if Salford Foundation continues to raise awareness and is seen as a trusted delivery partner in new areas. Salford Foundation modelling of projected referral rates predicts that 70 young people could be referred each month in Year 2. With a 33% attrition rate, this level of referrals would enable the 654 participant target for the efficacy study to be reached. This is a reasonable target based on current attrition rates, high levels of local demand and high retention rates.
RQ6: Has STEER been implemented with fidelity to the co-designed Theory of Change, Logic Model and STEER toolkit?	STEER staff report the toolkit is being followed closely, and emerging evidence from monitoring data suggests that mentors are covering all topics in the toolkit. Further work on improving how activity and dosage data are collected and recorded consistently will enable the fidelity of delivery to be assessed in more detail if the study progresses to an efficacy study (see RQ2).
RQ7: How acceptable is the RCT design to the key STEER programme stakeholders?	The RCT design has been accepted, and stakeholders generally understand its value and importance. However, some wider programme stakeholders have concerns about randomisation, mainly related to the ethics of not delivering STEER to young people who might benefit from it and whether the signposting group really represents business as usual. Further communication about the evaluation's potential to contribute to the evidence base about 'what works' to reduce serious youth violence and reassurance around the ethics and safeguarding protocols in place for the control group will be important to address these concerns if the pilot progresses to efficacy study.

4.1. Evaluator judgement of evaluation feasibility

Based on the evidence in this report and the co-developed progression criteria, we conclude that STEER is ready to move towards an efficacy study. This reflects the fact that the project has scored green against each of the progression criteria (see Section 3.4), i.e. the project is sufficiently well-defined and specified to be delivered in a YEF efficacy study, and all aspects of evaluation feasibility (such as recruitment numbers, completion rates of evaluation tools and monitoring data, acceptability of randomisation, capacity, and quality of relationships) are at acceptable and required levels for the project to scale-up.

As such, we do not suggest any significant changes to the design and methods of the trial at this stage.

However, we do recommend some changes in relation to supporting an increase in the consistency and completeness of monitoring data collected by Salford Foundation. We will continue to work with Salford Foundation colleagues and STEER staff to deliver guidance and training on how to improve this.

We have also made some recommendations around how Salford Foundation colleagues and Cordis Bright can continue to build upon the success factors that have enabled the successful implementation of STEER so far, offer reassurance to STEER staff and wider programme stakeholders around the randomisation element of the study and continue to monitor the take-up of the family support element. Please see Section 4.3 for more details.

4.2. Interpretation

This section discusses the results of the findings from the pilot trial of STEER, including possible revisions and changes to be made if it progresses to an efficacy study. As part of this, we have identified a series of success factors that have been important in enabling the effective implementation of the project and the evaluation. These are detailed in **Figure 28.**

Referral and recruitment

During the pilot trial, STEER received high levels of referrals (168 in Year 1), and there has been a 73% conversion rate from referral to consent for those who were deemed eligible for the project and whose referrals had been progressed and a 91% retention rate for those who started the project and continued to engage.[28] The findings from the trial suggest that referral partners are encouraged to refer to STEER because it fills a gap in local provision in terms of the type of support and the cohort it works with and because Salford Foundation is a trusted delivery partner, with a strong track record of improving outcomes for young people. Other supporting mechanisms for successful referral, recruitment and retention processes are outlined in **Figure 28.**

The main challenge with recruitment at this stage is that the take-up of the family support element of the programme has been lower than anticipated. STEER staff reported that there has been some success in overcoming these barriers and delivering family support to parents through (1) clearly explaining to parents the support Salford Foundation staff can offer and (2) reassuring them that Salford Foundation staff are not statutory social workers. Salford Foundation should continue to monitor the success of this new approach.

Data collection processes successfully established

The successful establishment of data collection processes has also been a strength of the pilot trial so far. For example, all scales in the T1 and T2 outcomes questionnaires had high completion rates, and the analysis suggests the measures are reliable, valid and practical for the project. These methods can, therefore, be applied with confidence to any future efficacy study. Key to the successful implementation of outcomes data collection processes has been young people using tablets to complete questionnaires and providing training to STEER staff on how to administer them. This is discussed in more detail in **Figure 28.**

Good progress has also been made in how monitoring data required for the evaluation is being recorded by STEER staff, with completion rates for all background characteristics metrics being over the target of 70%. The evaluation team suggest some recommendations for improvements to recording, which will help increase the consistency, validity and reliability of monitoring data information for the efficacy study, particularly around the recording of dosage and the activities delivered. These are outlined in more detail in Section 4.3.

Fidelity to the model and the evidence base

Emerging evidence from monitoring data and reports from STEER staff also suggest that the STEER toolkit is being followed closely and delivered in line with the STEER Logic Model and Theory of Change. A key enabler for this has been recruiting and training a team of delivery staff specifically for this pilot phase of STEER, which has meant that staff have not seen any previous iterations of the model and have subsequently delivered STEER in line with the current model and toolkit. This fidelity will continue to be important as STEER progresses to an efficacy study and scales up into new areas.

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[28] The conversion rate from total number of referrals to total number of people who consented to be involved in the project (including those who were not eligible or whose referrals have not yet been progressed to a point where they have had the opportunity to consent) is 60%,

STEER staff, wider programme stakeholders and the young people identified some key mechanisms of change that are being delivered as part of STEER and are likely to achieve positive impacts and outcomes for young people. These include:

- One-to-one mentoring
- Targeted interventions
- Family support session
- Engagement with multi-agency groups

Moreover, these mechanisms are linked closely to the mechanisms of change outlined in the STEER Theory of Change and Logic Model and to the evidence of what works. For example, the YEF toolkit suggests that one-to-one mentoring is effective in both reducing crime and the behaviours associated with crime and violence. This suggests that STEER is being implemented with fidelity to the agreed model and in line with evidence of what works to reduce offending behaviours of young people.

Acceptance of an RCT

All wider programme stakeholders interviewed demonstrated a sound and shared understanding of the implications of the RCT study design and were generally accepting of the approach (reflected in high referral rates). This acceptance is likely linked to (a) a high level of local trust in Salford Foundation and, therefore, a high level of trust in the associated evaluation approach and (b) demand for support for the target cohort, which outweighs any concerns around randomisation for partners making referrals. Based on available figures, it is likely that this demand will continue in new areas if the project progresses to efficacy; for example, there has been a 200% increase in the number of serious youth violence offences in Manchester between 2016 and 2019 (Gray, Smithson, and Jump, 2021; Greater Manchester Serious Violence Action Plan, 2020). Nevertheless, Salford Foundation should continue to cultivate trusting relationships with referral partners and monitor referral and recruitment rates if STEER progresses to efficacy.

This will be particularly important considering that there remain some concerns among STEER staff and wider programme stakeholders around the randomisation element of the evaluation, particularly in relation to the ethics of not delivering STEER to the control group and concerns that the control group does not accurately represent business as usual. Clearly communicating the purpose, parameters and safeguarding procedures of the control group and the potential benefits of the RCT approach will be important to secure buy-in to the project and evaluation going forward. More detail about this is included in Section 4.3.

Summary of implementation success factors

Figure 28 provides a summary of the success factors that have enabled the effective implementation of STEER so far and which will be important for Salford Foundation, Cordis Bright and the YEF to continue to focus on if the project progresses to an efficacy study.

Figure 28: Key success factors of implementation to consider for the efficacy study

Success factors	Description
Linking with existing multi-agency groups	Engaging with local partners, particularly through multi-agency groups, has supported Salford Foundation in securing buy-in to STEER and the evaluation and receiving a sufficient number of referrals. They should, therefore, seek to engage with similar local groups in the new areas to reach the target referral and recruitment rates for an efficacy study. This may also help them develop trusting relationships with partners, which has been another supportive factor for referrals during the pilot trial.
Clearly communicating to potential referring partners (1) the aims/objectives of STEER and (2) referral criteria	Having a clear understanding of the purpose of the programme and the types of young people STEER aims to work with has supported local partners in referring to STEER. Wider programme stakeholders reported that Salford Foundation's level of communication from the beginning of the programme and throughout the pilot trial has effectively equipped them with sufficient levels of knowledge and awareness of the programme to make referrals. It will, therefore, be important to continue to clearly communicate the aims and objectives of STEER and the referral criteria to any new referral partners that may come on board if STEER expands to new areas in an efficacy study.
Using effective STEER referral forms	Referral partners reported that referral forms are easy to complete and fit for purpose and that this has supported them in making referrals into STEER. Continuing to use these forms may, therefore, also encourage referrals in the new areas and support STEER in recruiting the required sample size for the efficacy study.
Responsiveness of STEER staff to referrals	Stakeholders reported that the speed with which Salford Foundation responds to referrals encourages them to continue to make new referrals to STEER. Therefore, to ensure STEER recruits a sufficient number of young people for an efficacy

Success factors	Description
	study, STEER should ensure that there is sufficient staff capacity to maintain its prompt response times.
Referral and assessment coordinators delivering initial meetings with young the person	During the pilot trial, there was a 73% conversion rate from referral to consent for those who were eligible for the project and whose referrals had been progressed. Salford Foundation staff reported that young people are encouraged to consent to take part in STEER because their first contact with the project is through a member of staff from Salford Foundation rather than with a statutory representative and because STEER's referral and assessment coordinators have developed ways of framing the randomisation aspect of the evaluation in a positive light. Continuing this approach will, therefore, be important in encouraging young people to consent if the study progresses to efficacy.
Hosting and administering questionnaires via digital means (e.g. a tablet)	Questionnaire response rates collected during the pilot trial were high. Salford Foundation colleagues reported that young people were engaging well with digital questionnaires, and they believed engagement would be lower if the questionnaires were administered on paper. Outcomes questionnaires should, therefore, continue to be administered as standard on a tablet, with paper versions available on request.
Training delivered by the evaluation team to STEER staff around administering outcomes questionnaires.	STEER staff reported that the training and resources delivered to them by the Cordis Bright team have given them the skills and knowledge to gather good quality data. It will, therefore, be important to readminister this training for any new starters that might be recruited if the study progresses to efficacy.
Salford Foundation programme managers delivering training to STEER staff on the client relationships case management software	STEER staff reported that it was helpful to have the programme manager walk them through the client relationship case management software used to record monitoring data. The programme manager described how, as part of this training, they ensure colleagues understand why they are required to collect this data and reported that this helps ensure staff record data accurately.

Limitations of the pilot trial

The following key limitations of the pilot trial should be noted:

- **Consistency and completeness of monitoring data.** Some inconsistencies with how monitoring data has been recorded mean that we have only been able to provide limited findings concerning activity data (particularly dosage and topics covered). We will work with Salford Foundation colleagues to improve the consistency and completeness of monitoring data to increase the reliability and completeness of this evidence source for the efficacy study.
- **Engaging STEER participants in qualitative interviews.** There were some challenges with gaining consent and organising interviews with young people who had completed STEER due to the level of need and changing circumstances of the cohort. We attempted to mitigate this by asking STEER staff about the young people's experiences. It was also not possible to interview any young people who had dropped out of STEER, as the numbers who dropped out are very small (nine out of 101), and most had either withdrawn consent to be involved in the evaluation, were not contactable or had moved out of the area. Having said this, it was possible to answer the research questions using evidence gathered from other sources. As a result, we will not be pursuing interviews with the young people who have dropped out should STEER progress to an efficacy study.
- **Exploring the local conditions of new delivery areas for efficacy and the impact this may have on recruitment and referrals.** It was not within the remit of this trial to conduct a robust needs assessment or explore the conditions of new areas that STEER may expand into if it progresses to efficacy. This is because the new areas were not confirmed at the time of reporting. Underlying assumptions of the STEER Logic Model include that they receive sufficient and high-quality referrals from agencies and a high level of engagement from key multi-agency partners and that the RCT evaluation model is embraced by partners. However, the trial has identified key success factors of implementation so far that are linked to these assumptions (see **Figure 28**), which STEER staff should prioritise when expanding to new areas and continuing delivery in existing areas.

4.3. Future research and publications

An efficacy study is recommended to answer the question:

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

We recommend that this efficacy study should follow the same methodology and design as the pilot trial, with the following changes:

- Improved consistency and completeness of monitoring data recording. If STEER progresses to an efficacy study, we will prepare and facilitate a training session for STEER staff on data collection as part of an in-person, interactive training day in Autumn 2023.[29] This will likely include working with Salford Foundation colleagues on the importance of:

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[29] This training day would also include a session on evaluation responsibilities as a refresher for existing staff and as an introduction for new staff.

- Recording monitoring information in an accurate, complete and timely manner

  - Linking specific activities in the monitoring data with times to reduce the burden of data collection and increase consistency of recording dosage

  - Ensuring that all activities are recorded against a support area (i.e. a topic or theme of support)

  - Reviewing the metrics that are collected to ensure only those relevant to the evaluation or project delivery are being collected and to reduce duplication of data

- YEF, Salford Foundation and Cordis Bright colleagues have agreed that if STEER progresses to an efficacy study, the mobilisation period for Years 2 and 3 of STEER will run from May to August 2023, with delivery starting on 1 August 2023. This will help avoid referral backlog and support STEER in recruiting sufficient numbers of participants for the trial.

In addition to these changes, we recommend that Salford Foundation, Cordis Bright and YEF colleagues continue to:

- Increase the focus on recruiting and monitoring recruitment to the Family Support Worker offer. This will include STEER staff continuing to (1) clearly explain to parents the support Salford Foundation staff can offer and (2) reassure them that Salford Foundation staff are not statutory social workers.

- Provide reassurance to STEER staff and wider programme stakeholders about the randomisation approach, including clearly communicating:

  - The benefits of RCTs for expanding the evidence base for what works to reduce offending among young people and ascertaining the impact of STEER

  - The potential of an RCT for evidencing the benefits of STEER to a point which it becomes unethical not to deliver it

  - The safeguarding protocols in place for the control group and why these are necessary (e.g. explaining that STEER staff will escalate safeguarding concerns if necessary)

  - That effective signposting and/or receipt of other services by a young person does not invalidate the control group, provided that they do not receive a similar mentoring intervention

  - That the randomisation element will control for individual differences between young people

- Build upon the key success factors in **Figure 28.**

We are confident that if these changes are made and recommendations are followed, STEER can successfully progress to an efficacy study.

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6. Appendices

6.1. Appendix 1: Information sheet and consent forms

Parent/Guardian information sheet and consent form for the evaluation

An evaluation of Salford Foundation's STEER programme: Information for Parents and Carers

1. What are we doing?
We are doing a study of young people taking part in Salford Foundation's STEER programme to find out how it might help young people with their wellbeing and behaviour, and to prevent offending or re-offending. The study is being funded by the Youth Endowment Fund (YEF), for more information see: https://youthendowmentfund.org.uk/ .

This information sheet contains information about who we are, what we are doing, and why we are doing it. It also explains how we will use your child's/the child you care for's personal information if you agree for them to take part in this study.

2. Who are we?
This study is being organised by an independent research organisation Cordis Bright. You can find more information on Cordis Bright by visiting the website www.cordisbright.co.uk .

When we collect and use your child/the child in your care's personal information as part of the study, we are the **controllers** of the personal information. This means we decide what personal information to collect and how it is used. Contact details of team members are below.

Contact

Project Manager: Suzie Langdon-Shreeve, Email:
suzielangdonshreeve@cordisbright.co.uk Tel: 020 7330 9170

Data Protection Officer: Colin Horswell, Email:
Colinhorswell@cordisbright.co.uk Tel: 020 7330 9170
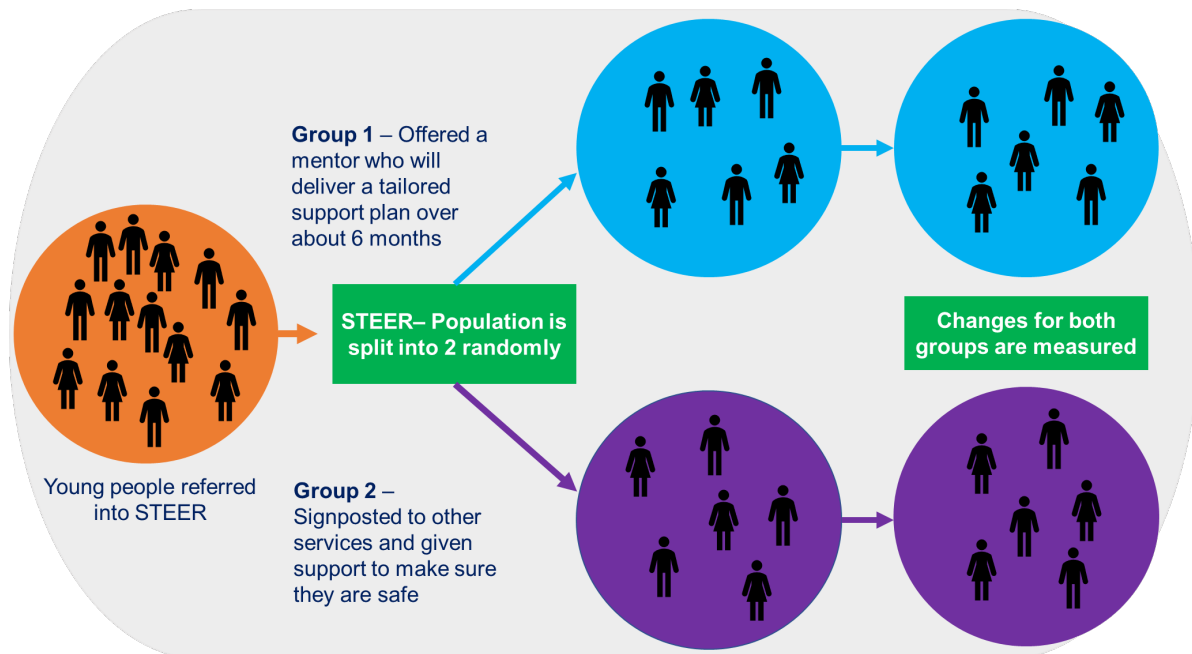
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3. What will your child/the child you care for get?
If you agree to your child/the child you care for taking part in STEER and the STEER study, they will either be:

1) Offered a mentor who will deliver a tailored support plan over a period of about 6 months.
Or they will be:

(1) Signposted to other services and given support to make sure they are safe. This will consist of two check-in sessions (one in 6 months and one in 12 months' time) which will include an assessment of needs.

Whether they receive 1) or 2) above will be decided randomly. This is so that we can see if there are any differences based on the support people receive. See the picture below which explains this.

Group 1 – Offered a mentor who will deliver a tailored support plan over about 6 months

STEER– Population is split into 2 randomly

Changes for both groups are measured

Young people referred into STEER

Group 2 – Signposted to other services and given support to make sure they are safe

4. Who has reviewed this study?

This study has been reviewed and approved by the University of Greenwich Research Ethics Committee. The approval ID is: 21.3.7.4.

5. Why has your child/the child you care for been invited to take part?

Your child/the child you care for has been asked to take part in this study because they are eligible to take part in the STEER programme.

6. Do they have to take part in the STEER study?

If you do not want your child/the child you care for to take part in the study, they do not have to. It's a decision you may want to take together.

We would like as many young people as possible to take part to improve our understanding about what makes a difference for young people.

If your child/the child in your care chooses not to take part in the study, all the usual services will continue to be available to you. However, **STEER will not be available** to them.

7. What happens if your child/the child in your care takes part?

If your child/the child in your care takes part in the study, they will be asked to complete three questionnaires about their wellbeing and behaviour.

They will be asked to fill out the first questionnaire at the start of the study before they are randomly allocated to group 1) or 2) explained above and before they receive any support.

They will then be asked to fill out similar questionnaires around 6 months and 12 months later to see if anything has changed. This will help us to understand the difference STEER is making to young peoples' lives.

A STEER member of staff will help support your child/the child you care for to answer the questions where appropriate. Each questionnaire will take around 30-40 minutes to complete.

If you agree for your child/the child you care for to take part in this study, we will also access records collected by the STEER programme, for example, information about their background and what support they have received.

8. How do we keep your child/the child you care for safe?

Occasionally, someone may feel upset about a question or issue that arises during the study. If you or your child/the child you care for feel upset by any of the questions they are asked as part of this study, you should tell their STEER worker, our study manager Suzie (see box above for contact details) or our safeguarding lead Kam Kaur, who is contactable at kamkaur@cordisbright.co.uk or on 020 7330 9170.

If you or your child/the child you care for do not feel able to ask us for help, we encourage you to make contact with an external support service such as The Samaritans (Tel. 116 123, www.samaritans.org) or Childline (Tel. 0800 1111, www.childline.org.uk).

We will keep the information that your child/the child you care for shares with us secret. However, if they tell us something that makes us think they or others might be at risk of harm we will report this to the relevant authorities. If this happens then we will try to discuss it with them first.

You can find more information in our Safeguarding Policy. Please contact Suzie the study manager if you would like a copy.

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

We will use the information that your child/the child you care for gives us to find out how well the STEER programme has worked and to write a report about our findings.

The **Privacy Notice** provided along with this sheet provides more information about what will happen to this information after the study. This is also summarised in a picture on page 5 of this sheet.

10. What happens if you change your mind?

You and your child/the child you care for can change your minds about whether they take part in the study (and have their information sent to the YEF archive) at any time before the study comes to an end in November 2025.

To withdraw from the study, contact Suzie, the Project Manager using the details provided in the box at the start of this information sheet. You do not have to give a reason and your child/the child you work with will still be allowed to take part in STEER if they have already started work with a mentor.

If you change your mind, please tell us as soon as possible. After two weeks following completion of the second questionnaire at around 6 months it might no longer be possible to delete the personal information we have already collected from your child/the child you care for. This is because we will have used their information and those of other participants to carry out part of our study and to write a research report. If it is too late to delete the information already collected from your child/the child you care for from the study, they can still withdraw from the rest of the study (answering any more questions) and from the YEF archive.

Once information goes into the YEF archive after November 2025 it can no longer be deleted because that would affect the quality of the archived data for use in future research.

14. Feedback, queries or complaints

If you have any questions about anything to do with the study, you can contact the STEER practitioner who has talked about this with you or Suzie, the study project manager. Her details are in the box on the first page of this sheet.

If you have any feedback or questions about how we use personal information, or if you want to make a complaint, you can contact Colin our Data Protection Officer using the details provided in the box at the start of this information sheet.

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

How information will be used
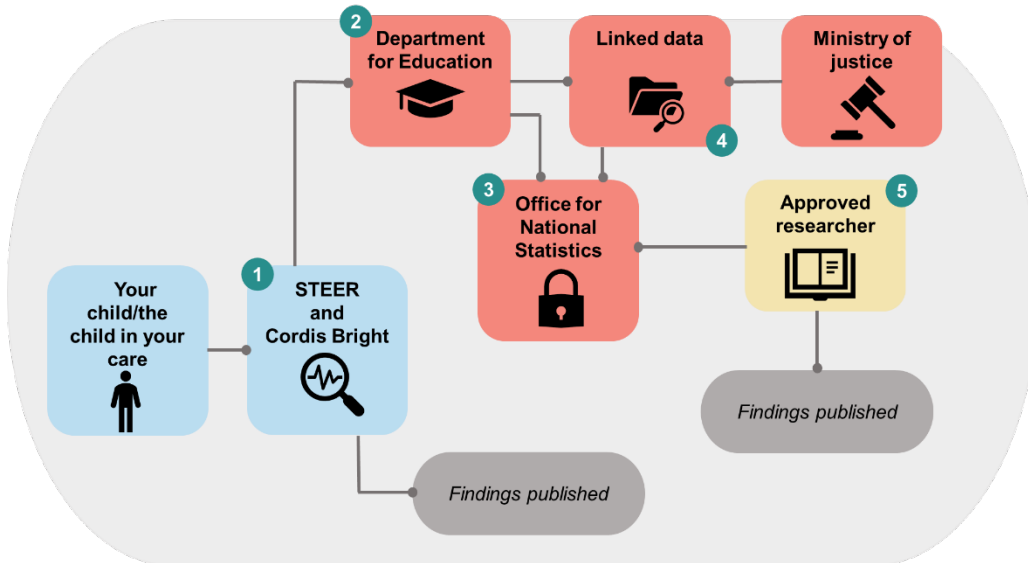
1. Information is collected from your child/the child you care for and other young people as part of the study to see if STEER is helping them.

2. Personal information (like their name or date of birth) is removed from your child/the child you care for's records and they are assigned a unique identification number. After this, no one will be able to know who they are when looking at the information.

3. The information will then be held in a safe place called the YEF archive by the Office for National Statistics (ONS). No one can access it without approval.

4. The Department for Education and the Ministry of Justice will link together information on education and crime records that they hold. This will be sent to the ONS to safely match to your child/the child in your care's information in the YEF archive.

5. Only approved researchers will be allowed to safely access your child/the child in your care's information to see if STEER helped people in the long term.

Confirmation statement for parents and carers on behalf of the children in their care

I confirm that:

- I understand the information sheet.
- I have had an opportunity to ask questions about how personal information is used in the study.
- I have enough information to make a decision about whether my child/the child I care for can take part in the study.
- I understand that they are free to withdraw from the study at any point

I agree my child/the child I care for can take part in this study.

Name of participant/child (block capitals)	

Signed (adult on behalf of participant)	Date

Name of adult (block capitals)

Signature of STEER practitioner	Date

STEER Practitioner's contact details
STEER Practitioner's name (block capitals)
Tel:
Email:

For STEER practitioner to copy and keep

Evaluation of Salford Foundation's STEER Programme

Information for young people

1. What are we doing

The STEER programme is designed to help young people like you. It is being funded by the Youth Endowment Fund (YEF).

It can help you with school and help make sure you are safe.

We are doing a study to see whether STEER helps young people and how it could be improved.

2. What will you get

If you agree to take part in this study you **will either be:**

2) Offered a mentor who will meet up with you and give you advice

Or you will be:

3) Given advice and told about places where you may find other support that might be helpful for you. Whether you receive 1) or 2) above will be decided randomly. This is so that we can see if there are any differences based on the support people receive.

3. Who we are

We are Cordis Bright, a research organisation. Cordis Bright is called a 'controller' because it looks after your information. Contact details of key team members are below.

Contact

**Project Manager: Suzie Langdon-Shreeve, Email:
suzielangdonshreeve@cordisbright.co.uk Tel: 020 7330 9170**

**Data Protection Officer: Colin Horswell, Email:
Colinhorswell@cordisbright.co.uk Tel: 020 7330 9170**

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4. What will you need to do

If you agree take part in the study, someone from STEER will ask you some questions about how you are feeling and things you have done in the past. This should take about 30-40 minutes.

They will ask you these questions at the start of the study before you get any advice or support.

They will also ask you these questions again around 6 months and 12 months later.

5. Information we collect

If you agree to take part in the study, STEER will give us some information about you, like your name and date of birth. They will also give us information about things like how you are feeling and things you have done in the past.

STEER will also give us some information about the support you receive.

6. How we keep you safe

If you feel upset by any of the questions you are asked, you should tell your parent or carer or the person from STEER that you are working with.

The answers you give will be kept secret between us and the researchers unless we think that you or someone else might be at risk of harm. If this happens then we will try to talk to you first about why we want to tell another person or organisation about what you told us.

7. How we use your information

We will use the information you and other young people give us to find out how much STEER has helped people.

We will write a report about what we find. The report will not include your name or any other information that could identify you.

The report will go on to the YEF's website and anyone will be able to read it. We might also put it on our website or in articles and presentations.

8. How we comply with the law

We will only use your information if the law says it's ok. Because this study is interesting and important to lots of people, the law says we can use your information.

We will always keep your information safe. During the study, we only let our research team look at your information.

9. After the study finishes

When we finish the study, we'll give your information to the YEF and they will become the 'controller' of it.

They will keep your information in a safe place called the YEF archive.

The picture on page 4 of this sheet explains more about what will happen to your information. You can ask the person you are discussing this with about this and the picture.

You can also see more information in the Privacy Notice that has been given to your parent/the person who cares for you.

10. Do you want to take part?

You can decide whether or not you want to take part in the STEER study.

We want lots of people to take part because this helps us to understand what makes a difference for young people.

You do not have to take part in the study – it is up to you. If you do not want to take part, tell your parent or guardian, or the person from STEER you are working with.

If you decide not to take part in the study, you can still get all the support you would normally have. However, you won't be able to take part in STEER.

We will also talk to your parent or the person who cares for you, so they know we have asked you about this. We will also ask for their permission to let you take part.

11. What happens if you change your mind?

You can change your mind about taking part in the study at any time.

If you change your mind, tell your parent or guardian, or contact Suzie the project manager. You will still be allowed to take part in STEER.

Once your information goes into the YEF archive it can't be deleted because it needs to be used for future research.

12. How long will we keep your information?

After we have given the information to YEF, we will take all names and other personal details out of the information held by Cordis Bright so no one will be able to know who took part in the study. We will keep this information for six years after we have finished the final report.

Information will be kept safely in the YEF archive for as long as it is needed for future research.

13. Your legal rights

The law gives you rights over how we can use your information. You can find full details of these rights in the information sheet the STEER practitioner has given to your parent or carer and in YEF's archive privacy notice: YEF_Data_Guidance_Participants_Nov2020.pdf (youthendowmentfund.org.uk).

14. Questions?

If you have any questions, you can ask the person who is talking to you about this. You can also contact Suzie, the Project Manager. Her contact details are in the box on the first page.

If you have any questions about how we will use your information, you can ask our Data Protection Officer, Colin. His contact details are in the box on the first page.

You also have the right to make a complaint to the Information Commissioner's Office (ICO). You can find more information about the ICO and how to make complain to them on their website https://ico.org.uk/make-a-complaint/.

How your information will be used
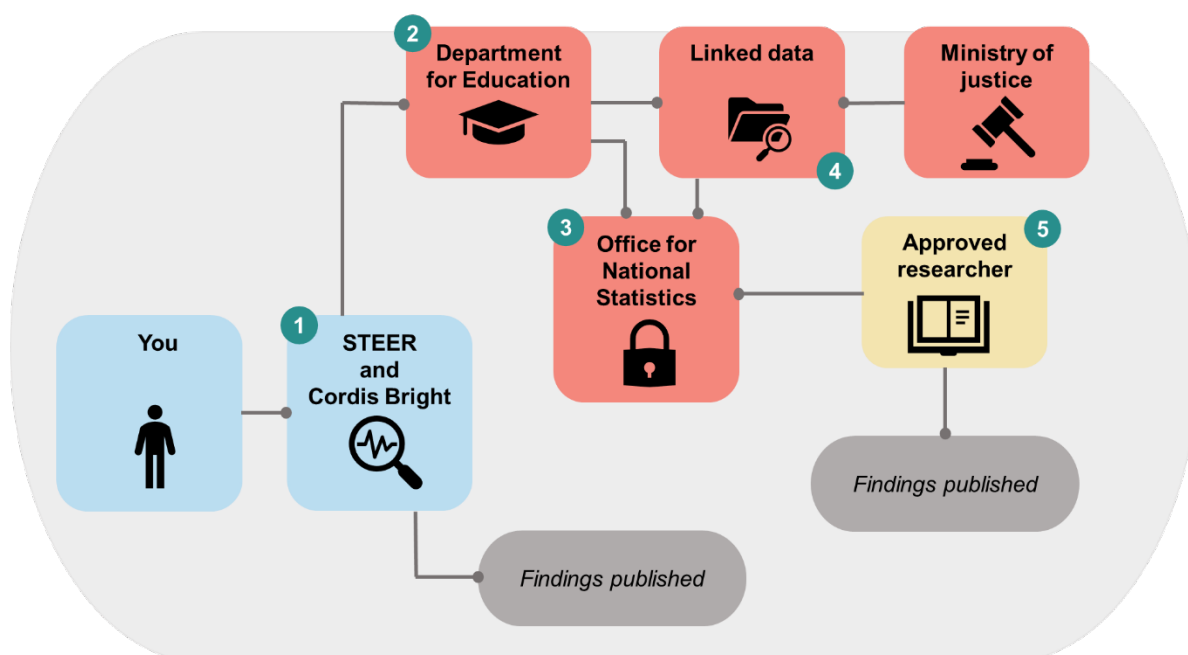
1. Information is collected from you and other young people as part of the study to see if STEER is helping you.

2. Personal information (like your name or date of birth) is removed from your records. After this, no one will be able to know who you are when looking at the information.

3. The information will then be held in a safe place called the YEF archive by the Office for National Statistics (ONS). No one can access it without approval.

4. The Department for Education and the Ministry of Justice will put together information about you that they already hold. This will be sent to the ONS to safely match to your information in the YEF archive.

5. Only researchers that YEF work with will be allowed to safely access your information to see if STEER helped people.

An evaluation of the STEER programme. Agreement statement for young people

I confirm that: • I understand the information sheet • I have had an opportunity to ask questions • I have enough information to make a decision about whether to take part in the study • I understand that I am free to withdraw from the study at any point. **I agree to take part in this study**		
Signed (participant)	Date	
Name in block capitals (participant)		
Signature of STEER practitioner	Date	
STEER practitioner Name in block capitals Tel: Email:		

Parent/guardian information sheet and consent form for interviews

Evaluation of Salford Foundation's STEER project

Interview information sheet and consent form for parents and guardians

What are we doing?

The STEER project is designed help young people with their wellbeing, relationships and behaviours, and to prevent offending or re-offending.

We are doing a study to see whether STEER helps young people, how it may do this and how it could be improved.

The study is being funded by the Youth Endowment Fund (YEF), for more information see: https://youthendowmentfund.org.uk/.

As part of the study, we would like to talk to young people who are working or have worked in the past with a STEER mentor.

You can choose whether or not you would like your child/the child in your care to be involved. You may discuss anything in this form with other people.

We will also talk about this with your child/the child you care for. They also need to agree to take part in the discussion.
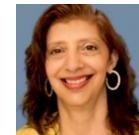
Who are we?

We are part of a research organisation called Cordis Bright. If your child/the child you care for takes part, they will talk to one of the researchers called Suzie, Kam or Madeleine.

Suzie Langdon-Shreeve, Email: suzielangdonshreeve@cordisbright.co.uk
Tel: 07990 011 613
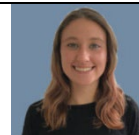
Kam Kaur, Email: kamkaur@cordisbright.co.uk Tel: 07919 483 968

Madeleine Morrison, Email: madeleinemorrison@cordisbright.co.uk
Tel: 07849 087 360

What would happen?

If you and your child/the child you care for agree that they can take part, they will talk one of the researchers in person or on the telephone/on a video interview.

The interview will take around 30 minutes.

Their STEER mentor will also be around to help if they need them. Your child / the child you care for and their Suzie, Kam or Madeleine.

They will be offered a meal with their mentor for taking part.
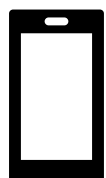
Does my child/the child I care for have to take part?

If you decide that you do not want your child/the child you care for to take part they do not have to. It is a decision you may want to take together.

If your child/the child you care for does not take part, they will still get all the support they would normally have from their mentor.

Is everybody going to know about this?

The only people who will know that your child/the child you care for is involved in the research is you, the child, staff at STEER and the researchers from Cordis Bright.

If your child meets with a researcher, only the researcher (and your child's mentor if they would like them to be there) will know what they say.

The answers your child/the child you care for give will be kept secret. However, if they say something that makes us concerned about them or others being at risk of harm, we will report this to the relevant authorities. If this happens then we will try to discuss the issue with them first.

We will always keep information about your child/the child you care for safe. During the study, we only let our research team look at their information. After we have finished the research, we will delete any personal information.

You can find more information in our Safeguarding Policy. Please contact Suzie the Project Manager if you would like a copy.

What will happen afterwards?

After we have spoken with your child/the child you care for, we will use the information they tell us to find out how well STEER has helped people. We will write a report about what we find. The report will not include their name or any other information that could identify them.

The report will go on to the Youth Endowment Fund's website which are funding the research and STEER project and anyone will be able to read it. We might also put it on our website or in articles and presentations.

What happens next?

If you are happy for your child/the child you care for to talk with a researcher from Cordis Bright, please fill in the agreement at the end of this document.

What happens if I change my mind?

You can change your mind about whether you are happy for your child/the child you care for to speak with us at any time. You can tell their STEER mentor or Suzie the Project Manager if you change your mind. Suzie's contact details are on the first page of this information sheet.

If your child/the child you care for changes their mind part way through talking with one of the researchers and they want to stop, that is also fine. They can tell the researcher and the researcher will delete any notes they have taken.

Who can I talk to or ask question to?

If you have any questions then please ask Suzie Langdon-Shreeve at suzielangdonshreeve@cordisbright.co.uk or 020 7330 9173, or your child's/the child in your care's mentor.

Agreement

I confirm that:

- I understand the information in this documents
- I have enough information to decide whether my child/the child I care for can participate in the interview
- I understand I can change my mind at any time
- I understand that they are free to withdraw from the interview at any point.
- I have had the opportunity to ask questions

I agree that my child/the child I care for can take part in the interview.

Name of participant/child (block capitals)	
Signed (adult on behalf of participant)	Date
Name of adult (block capitals)	
Signature of STEER practitioner	Date
STEER Practitioner's contact details STEER Practitioner's name (block capitals) Tel: Email:	

Please return this form to your child's/the child in your care's mentor. They will make a copy to keep.

Thank you.

Young person interview information sheet and consent form

Evaluation of Salford Foundation's STEER project

Interview information sheet and consent form for young people

What are we doing?

We would like to talk with you and ask some questions about your work with your STEER mentor including what you think about STEER and whether or not it has made a difference to you.

We will also talk about this with your parent or the person who cares for you. They also need to agree for you to take part in the discussion.
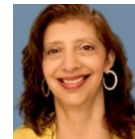
Who are we?

We are a research organisation called Cordis Bright which is working closely with the STEER programme. If you agree to take part, one of the researchers called Kam or Suzie will talk to you.

Suzie Langdon-Shreeve, Email: suzielangdonshreeve@cordisbright.co.uk
Tel: 07990 011 613

Kam Kaur, Email: kamkaur@cordisbright.co.uk Tel: 07919 483 968

Madeleine Morrison, Email: madeleinemorrison@cordisbright.co.uk
Tel: 07849 087 360

What would I need to do?

If you agree to take part, you will talk to Suzie, Kam or Madeleine in person or on the telephone/ by a video call. You and your STEER mentor can decide how you would prefer to talk to Suzie, Kam or Madeleine.

The interview will take around 30 minutes.

Your STEER mentor will also be around to help if you need them. You and your mentor will also be able to choose whether they sit with you while you talk to Suzie, Kam or Madeleine.
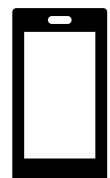
You will be offered a meal with your mentor for taking part.

Do I have to take part?

You do not have to talk with us if you don't want to – it is up to you. If you decide not to talk with us, you can still get all the support you would normally have from your mentor.

You can talk about anything in this form with anyone you would like to speak to. You can decide whether you would like to take part or not after you have talked it over. You do not have to decide straight away.

Is everybody going to know about this?

The only people who will know that you answered some questions is you, your parent or guardian, staff at STEER, and the researchers from Cordis Bright. The answers you give will be kept secret unless we think that you or someone else might be at risk of harm. If this happens, we will tell the relevant authorities but we would try to discuss this with you before doing so.

What will happen afterwards?

After we have spoken with you, we will use the information you tell us to find out how well STEER has helped young people. We will write a report about what we find. The report will not include your name or any other information that could identify you.

The report will go on to the Youth Endowment Fund's website which are funding the study and anyone will be able to read it. We might also put it on our website or in articles and presentations.

What happens next?

If you are happy to talk with us, please fill in the consent form. Your mentor can help you with this. Please give the consent form to your mentor.

If you do not want to take part, then that is OK. You will still be able to work with your mentor.

What happens if I change my mind?

You can change your mind about talking with us at any time. You can tell your STEER mentor if you change your mind.

If you change your mind part way through talking with one of the researchers and you want to stop, that's also fine. You can tell the researcher and they will delete any notes they have taken.

Who can I talk to or ask question to?

If you have any questions, then please ask your mentor. You could also email Suzie, who is one of the Cordis Bright researchers. Her email address is suzielangdonshreeve@cordisbright.co.uk.

Agreement

I confirm that:

- I understand the information in the sheet above
- I have had an opportunity to ask questions about the interview
- I have enough information to make a decision about whether to take part in the
- interview
- I understand that I can change my mind at any time

I agree to take part in this interview

Signed (participant)	Date
Name in block capitals (participant)	
Signature of STEER practitioner	Date
STEER practitioner Name in block capitals Tel: Email:	

Please return this form to your mentor.
Thank you for taking part in this evaluation.

6.2. Appendix 2: Privacy notice

STEER Study Privacy Notice

We are carrying out a study of young people taking part in Salford Foundation's STEER programme to try to find out how the programme might help young people in the future. The study is being funded by the Youth Endowment Fund (YEF) – see www. www.youthendowmentfund.org.uk for more information.

This study is being organised by an independent research organisation Cordis Bright. You can find more information on Cordis Bright by visiting the website www.cordisbright.co.uk .

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

This Privacy Notice explains how we will use and protect the personal information we collect from your child/the child you care for. Key research team members contact details are below.

| Contact details: |
| --- |
| **Project Manager:** Suzie Langdon-Shreeve
Email: suzielangdonshreeve@cordisbright.co.uk Tel: 020 7330 9170

Data Protection Officer: Colin Horswell
Email: Colinhorswell@cordisbright.co.uk Tel: 020 7330 9170 |

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

Data protection laws require us to have a valid reason to use your child's/the child you care for's personal information. This is referred to as our 'lawful basis'. We rely on the public interest lawful basis to use their personal information. This means we will only use more sensitive information (such as information about their health, ethnic background, or any criminal offence information) if it is necessary for research purposes which are in the public interest.
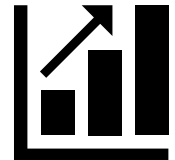
We will use the information that your child/the child you care for gives us to find out how well the STEER programme has worked and to write reports about our findings.

The reports will not contain any personal information about your child/the child you care for and no one will be able to identify them from the reports. The reports will be published on the YEF's website and we might also use the reports on our website. We may also include findings from the reports in articles that we write or in presentations.

Any personal information that your child/the child you care for gives us will be stored securely and kept secret.

The only time we may share this personal information with another person or organisation is if your child/the child you care for says something that makes us concerned about them or about someone else. Our Safeguarding Policy has more information about steps that we might take if this happens. Our Safeguarding Policy is available from the Project Manager, Suzie whose contact details are above.

2. What happens to personal information after the study?

Once we have finished the study, we will do the following:

- Share all of the information we have gathered about everyone who has taken part with the Department for Education (DfE). The DfE will replace all information that could identify the young people (their name, gender, date of birth, home address) with an identification number[30]. Once this has been done, it is no longer possible to identify any individual young person from the study data. This process is called **pseudonymisation**.

- Once information is transferred to the DfE, we hand over control to the YEF for protecting your personal information. The DfE will transfer the pseudonymised information to the YEF archive[31]. The YEF is the 'controller' of the information in the YEF archive. By maintaining the archive and allowing approved researchers to access the information in the archive, the YEF is performing a task in the public interest, and this gives the YEF a lawful basis to use personal information.

- Information in the YEF archive can only be used by approved researchers to explore whether STEER, and other programmes funded by YEF, had an impact over a longer period of time. Using the unique identification numbers added to the data by the DfE it will be possible to link the records held in the YEF archive to other information held by the Department for Education and Ministry of Justice. This will help approved researchers to understand the long-term impact of the STEER programme because they can find out, for example, whether it reduces a child's likelihood of being excluded from school or becoming involved in criminal activity.

3. How will we protect your child/the child you care for's information?

We will do a number of things to protect your child's/the child you care for's personal information during the study, including:

- Limiting access to a few researchers who need the information to conduct the study.
- Keeping personal details such as name and address separate from all other data and linking these using a unique number.
- Keeping information on a secure safe server and making sure information is regularly backed up so it is not lost.
- We will not transfer personal data outside the UK.

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[30] The young person's unique Pupil Matching Reference number in the DfE's National Pupil Database.

[31] The YEF archive is stored safely in the Office for National Statistics Secure Research Service.

4. How is information in the YEF archive protected?

The YEF has strong measures to protect the information in their archive. The YEF archive is protected by the Office for National Statistics' 'Five Safes' framework. The information can only be accessed by YEF approved researchers in safe settings and there are strict rules about how the information can be used. All proposals must be approved by an ethics panel. Information in the YEF archive cannot be used by the police or the Home Office for immigration enforcement purposes.

You can find more information about the YEF archive and the Five Safes on the YEF's website https://youthendowmentfund.org.uk/evaluation-data-archive/. YEF's data archive privacy statement is also available here: https://youthendowmentfund.org.uk/wp-content/uploads/2020/11/YEF_Data_Guidance_Participants_Nov2020.pdf. We encourage all young people, parents and carers to read the YEF's guidance for participants before deciding to take part in this study.

5. How long will the information be kept for?

After we have given the information to YEF, we will take all names and other personal details out of the dataset held by Cordis Bright so no one will be able to know who took part in the study. We will keep this information for six years after we have finished the report.

The YEF will keep information in the YEF archive for as long as it is needed for research purposes. This is allowed under data protection laws because it is in the public interest. The YEF will carry out a review every five years to see whether it is likely that the data will be used for future research and to see whether it still makes sense to keep the information in the archive.

6. What are your data protection rights?

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

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

In certain circumstances, you also have the right to:

- ask us to erase the personal information where there is no good reason for us continuing to hold it – please read the information in section 5 about the time limits for requesting deletion of personal information;
- object to us using the personal information for public task purposes;
- ask us to restrict or suspend the use of the personal information, for example, if you want us to establish its accuracy or our reasons for using it.

If you would like to do any of the above during the study period, please contact Suzie our Project Manager, or Colin our Data Protection Officer using the details provided earlier. We will usually respond within one month of receiving your request.

If you would like to do any of the above after the study has finished, please contact the YEF. Further information and their contact details are available in YEF's here: https://res.cloudinary.com/yef/images/v1625734531/cdn/YEF-Data-Guidance-Participants/YEF-Data-Guidance-Participants.pdf .

If you ask us to do any of the above, we may need to ask for more information to help us confirm the identity of your child/the child you care for. This makes sure that personal information is not shared with a person who has no right to receive it. We may also you for more information to make sure we can respond more quickly.

7. Time limits

If you decide that you would like us to delete your child/the child you care for's information from the study, you should tell us as soon as possible.

After two weeks following completion of the second set of questions (at around 6 months – see the information sheet for parents/carers for more information) it might no longer be possible to delete the personal information we have already collected from your child/the child you care for. This is because we might have used their information, along with all of the information we have gathered from the other participants, to carry out part of our study and to write a report.

Once information goes into the YEF archive after November 2025 we can no longer delete it. You will need to apply to the YEF (see contact details in Section 6 above), who will review applications for deletion on an individual basis.

8. Other privacy information

Categories of personal information we will collect include:

- First name
- Surname
- Date of Birth
- Home address
- Alternative address (if appropriate)
- Telephone number
- Email address
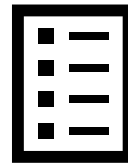
9. What personal information will be shared?

We only ever use your child's/the child you care for's personal information if we are satisfied that it is lawful and fair to do so.

Section 2 above explains how we share data with the Department for Education and the YEF.

We may also share personal information with the police so that they can tell us what information they have about the young person from the year before they took part in the study and in the year after they agreed to take part in the study.

We will not transfer your personal data outside the UK.

10. What if I have any questions, feedback, or complaints?

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

We always encourage you to speak to us first, but if you remain unsatisfied you also have the right to make a complaint at any time to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues: https://ico.org.uk/make-acomplaint/ .
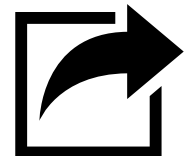
6.3. Appendix 3: Data Protection Impact Assessment

Cordis Bright | Data Protection Impact Assessment Template

Project summary	
Project Name	Evaluation of STEER
Description of Project	Intervention: The Salford Foundation's STEER project aims to work with young people aged 10-17 and who are at risk of involvement in violent crime because they have an association with peers of family member(s) involved in serious violence, organised crime or gangs and who consent to participate in the programme. The programme provides a manualised intervention including a minimum dose of two hours of support from mentors, other one to one activities, signposting and information sharing. There is also a minimum dosage of 14 hours of parental support over a 6 months period for families or care givers of the STEER cohort. STEER aims to reduce participants involvement in violent offending, organised crime and gang membership, as well as other non-violent offences Evaluation: The evaluation will be a Pilot Randomised Control Trial (RCT) for one year which may lead to a larger Efficacy RCT for a further 2 years. It will seek to address the overarching research question: Does the STEER project reduce the likelihood of involvement of participants in serious youth violence and future offending or reoffending? Both the Salford Foundation STEER project and the evaluation are funded by the Youth Endowment Fund (YEF). More about YEF can be seen here: https://youthendowmentfund.org.uk/ . More about YEF's approach to Pilot, Efficacy and Effectiveness RCT studies can be seen here: https://youthendowmentfund.org.uk/resources-for-evaluators/
Key Stakeholders Names & Roles	Dr Stephen Boxford: Director, Cordis Bright Colin Horswell: Managing Director and Data Protection Officer, Cordis Bright Suzie Langdon-Shreeve: Project Manager, Cordis Bright Prof. Darrick Jolliffe: Senior Advisor in Quantitative Methods. Kam Kaur: Director and Safeguarding Lead, Cordis Bright Julie Ramambason: Researcher, Cordis Bright Phil East: CEO, Salford Foundation Sophie Sheehy: Operations Manager, Salford Foundation
Date	10/03/22

Screening Questions	Yes or No
Will the project involve the collection of information about individuals?	Yes
Does the project introduce new or additional information technologies that can substantially reveal business sensitive information, specifically: have a high impact on the business, whether within a single function or across the whole business?	No
Will the project compel individuals to provide information about themselves?	No

Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	Yes
Are you using information about individuals for a new purpose or in a new way that is different from any existing use?	Yes
Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of data to make a decision about care that's automated.	No
Will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g. service planning, commissioning of new services	No
Will the project result in you making decisions about individuals in ways which may have a significant impact on identifiable individuals? i.e. does the project change the delivery of direct care. **N.B. If the project is using anonymised/pseudonymised data only, the response to this question is "No".**	No
Will the project require you to contact individuals in ways which they may find intrusive?	No
Does the project involve multiple organisations, whether they are public sector agencies i.e. joined up government initiatives or private sector organisations e.g. outsourced service providers or business partners?	Yes
Does the project involve new or significantly changed handling of a considerable amount of personal and/or business sensitive data about each individual in a database?	Yes
Does the project involve new or significantly changed consolidation, inter-linking, cross referencing or matching of personal and/or business sensitive data from multiple sources?	Yes

If any of the screening questions have been answered "YES", then please continue with the Data Protection Impact Assessment Questionnaire (below).

If all questions are "NO" there is no need to proceed.

Use of Personal Information Data flows containing personal and identifiable personal information

Personal Data	Please tick all that apply	Special Category Data	Please tick all that apply
Name	✓	Racial / ethnic origin	✓
Address (home or business)	✓	Political opinions	
Postcode	✓	Religious beliefs	
NHS No		Trade union membership	
Email address		Physical or mental health	
Date of Birth	✓	Sexual life	
Payroll number		Criminal offences	✓
Driving Licence (shows date of birth and first part of surname)		Biometrics; DNA profile, fingerprints	
		Bank, financial or credit card details	
		Mother's maiden name	
		National Insurance number	
		Tax, benefit or pension Records	
		Health, adoption, employment, school, Social Services, housing records	✓
		Child Protection	✓
		Safeguarding Adults	
Additional data types (if relevant)		Gender	
		Education records	
		Age at referral	
		Current age	
		SEND/Disability status	
		Completed evaluation tools (including SRDS, SSRS, SDQs)	
		Victimisation histories	
		Data from Salford Foundation about activities and dosage of activities young people in STEER receive.	
		Data from young people in the control group about what business as usual support they have received.	

Lawfulness of the processing: Conditions for processing for special categories - to be identified as whether they apply

Condition			Please tick all that apply	
Explicit consent unless or allowed by other legal route	✓		Other legal route	✓ in the public interest – public task basis
Processing is required by law				
Processing is required to protect the vital interests of the person				
Is any processing going to be by a not for profit organisation, e.g. a Charity				
Would any processing use data already in the public domain?				
Could the data being processed be required for the defence of a legal claim?				
Would the data be made available publicly, subject to ensuring no-one can be identified from the data?				
Is the processing for a medical purpose?				
Would the data be made available publicly, for public health reasons?				
Will any of the data being processed be made available for research purposes?			✓	

Answer all the questions below for the processing of Personal Confidential Data	
What is the justification for the inclusion of identifiable data rather than using de-identified/anonymised data?	Personal, identifiable data will be shared between Salford Foundation and Cordis Bright, so that Cordis Bright can securely transfer this to the Department for Education as part of the YEF data archiving process. More about this can be seen here: [Evaluation data archive - Youth Endowment Fund](#). The justification we are using for this is Public Task.
Will the information be new information as opposed to using existing information in different ways?	Yes – it will be a combination of new and existing data which will be linked.
What is the legal basis for the processing of identifiable data? E.g. Conditions under the Data Protection Act 2018, GDPR, the Section 251 under the NHS Act 2006 etc. **If consent, when and how will this be obtained and recorded?**	The legal basis for sharing the data will be consent and public interest (public task).
Where and how will this data be stored?	When the data gets shared with Cordis Bright it will be saved on Cordis Bright's secure cloud-based SharePoint server. It will also be password protected and the data will only be accessible to those who require it for the purposes of the evaluation. Pseudo-anonymisation will take place where possible, and personal data will be stored separately from questionnaire data and other monitoring data. Six months after sharing the data with the YEF archive we will anonymise all data and hold it on the Cordis Bright server for 6 years.
Who will be able to access identifiable data?	Data provided will be pseudo-anonymised where possible. Data will be accessed only by those members of the Cordis Bright team

	including Professor Darrick Jolliffe who require it **for** the purposes of the evaluation.
Will the data be linked with any other data collections?	Yes – with Greater Manchester Police and Local Authority Education Data
How will this linkage be achieved?	This is to be confirmed but we anticipate that Cordis Bright will make requests for data for each young person towards the end of the evaluation period (at the end of the efficacy study).
Is there a lawfulness condition for these linkages?	Consent and Public Interest (Public Task).
How have you ensured that the right to data portability can be respected? i.e. Data relating to particular people can be extracted for transfer to another Controller, at the request of the person to which it relates, subject to: • **Receipt of written instructions from the person to which the data relates.** • **Including data used for any automated processing,** **And** **The transfer of the data has been made technically feasible. N.B. Transferable data does not include any data that is in the public domain at the time of the request. No data that may affect the rights of someone other than the person making the request can be included.**	**During the evaluation**, once data has been shared with Cordis Bright there will be no further data portability. In transferring the data, Salford Foundation will be responsible for ensuring that the transfer is technically feasible and only includes information for those young people who have participated in the STEER evaluation. **At the end of the evaluation**, all data that we collect as well as identifiable information will be securely transferred to the Department for Education as part of Youth Endowment Fund's data archiving process to support potential future analyses. The Department for Education will pseudonymise the data. All participants will have been given information about the data archiving process and will have consented to this as part of being involved in the intervention and the study. A separate DPIA for the data archiving process has been drafted by the YEF, available here: https://res.cloudinary.com/yef/images/v162573 4434/cdn/YEF_DPIA_YEFArchive/YEF_DPI A_YEFArchive.pdf
What security measures will be used to transfer the data?	Shared via encrypted email service (e.g. CJMS or Egress) and password protected. Password shared via a different medium.
What confidentiality and security measures will be used to store the data?	Data will be pseudo-anonymised where possible. Data will be password protected when saved on Cordis Bright's secure server.
How long will the data be retained in identifiable form? And how will it be de-identified? Or destroyed?	After data has been transferred to the Department for Education as part of the YEF data archiving process (currently scheduled for October 2025). Cordis Bright will keep the data for 6 months in its original format, and then will take out any identifiable information and keep this anonymised information until 6 years after the final report has been submitted to the YEF.
What governance measures are in place to oversee the confidentiality, security and appropriate use of the data and manage disclosures of data extracts to third parties to ensure identifiable data is not	Only the research team will have access to the data which will be securely stored on Cordis Bright's servers. The data will only be used for the purpose of this evaluation and will not be disclosed to third parties during the

disclosed or is only disclosed with consent or another legal basis?	course of the evaluation. Prior to participation in the intervention and the evaluation informed consent will be gained from participants and their parents/guardian for the data to be transferred to the Department for Education as part of the YEF archiving process at the end of the evaluation.
If holding personal i.e. identifiable data, are procedures in place to provide access to records under the subject access provisions of Data Protection Laws? **Is there functionality to respect objections/ withdrawals of consent?**	All participants and their parents/guardians have the right to: • ask for access to the personal information that we hold about them; • ask us to correct any personal information that we hold about them which is incorrect, incomplete or inaccurate. In certain circumstances, they also have the right to: • ask us to erase the personal information where there is no good reason for us continuing to hold it; • object to us using the personal information for public task purposes; • ask us to restrict or suspend the use of the personal information, for example, if they want us to establish its accuracy or our reasons for using it. They will be informed of these rights and how to do any of the above as part of consenting to be involved in the intervention and the evaluation. Once the pseudonymised data is transferred to the YEF archive requests will be considered by the YEF on a case-by-case basis
Are there any plans to allow the information to be used by a third party?	**During the evaluation** there are no plans to allow the information to be used by a third party. **After the data has been transferred to the YEF archive**, the YEF will become the data controller. They may allow approved researchers to access data held in the archive in order to conduct research on long-term outcomes. YEF will only permit data in the YEF Archive to be used via the Office of National Statistics' (ONS) Secure Research Service (SRS), which is governed by the ONS's 'Five Safes' framework. More detail on this is available here: https://res.cloudinary.com/yef/images/v162557 34434/cdn/YEF_DPIA_YEFArchive/YEF_DPI A_YEFArchive.pdf
Please confirm that the data will be easily separated from other datasets to enable data portability (see	Each dataset received will be saved separately in its original form, and a collated

previous questions), audit of data relating to specific organisations and to facilitate any requirements for service transitions.	version will be saved before analysis takes place.

Understanding reporting requirements	
Which staff roles will have access to the data and be able to analyse it?	
Director, Cordis Bright **Managing Director and Data Protection Officer, Cordis Bright** **Project Manager, Cordis Bright** **Senior Advisor in Quantitative Methods, University of Greenwich** **Director and Safeguarding Lead, Cordis Bright** **Researcher, Cordis Bright**	
Who will receive the report or where will it be published?	
YEF **Salford Foundation** Reports will be published on the YEF's website. Cordis Bright may also include findings from the reports in articles that we write or in presentations. We may also share reports on our website and via social media channels.	
Will the reports be in person-identifiable, pseudonymised or anonymised format?	
Anonymised	
Will the reports be in business sensitive or redacted format (removing anything which is sensitive) format?	
No	
If this new/revised function should stop, are there plans in place for how the information will be retained / archived/ transferred or disposed of?	
In the first year of operation, Cordis Bright will conduct a Pilot Trial RCT to test STEER's evidence of promise for improving young people's outcomes and assess the feasibility of progressing to a full efficacy study. If after this point the decision is made not to continue STEER for a further two years, Cordis Bright will transfer the data to the YEF for archiving. Cordis Bright will keep the data in its original format for 6 months, and then remove all identifiable information and keep until 6 years after the evaluation concluded.	

Are multiple organisations involved in processing the data? If yes, list below	
Name	**Controller or Processor?**
Cordis Bright	Controller (during the evaluation period)
Salford Foundation	Controller (of any participant personal data collected by Salford Foundation, and joint controller with Cordis Bright during the evaluation period)

Has a data flow mapping exercise been undertaken? **If yes, please provide a copy.**	**Yes/No**
	Yes
Describe the Information Flows **The collection, use and deletion of personal data should be described here and it may also be useful to refer to a flow diagram or another way of explaining data flows.**	
Does any data flow in identifiable form? If so, from where, and to where?	See Annex A of this document for a full overview of YEF evaluation data flows: YEF-Data-Guidance-Projects-and-Evaluators.pdf (cloudinary.com) Data will flow in an identifiable form between:

			a) The Salford Foundation and Cordis Bright b) Cordis Bright and the Department for Education as part of the YEF Data Archive process.		
Media used for data flow? **(e.g. email, fax, post, courier, other – please specify all that will be used)**			Encrypted email between Salford Foundation and Cordis Bright. For instance, CJMS or Egress.		

Data Protection Risks
List any identified risks to Data Protection and personal information of which the project is currently aware.
Risks should also be included on the project risk register.

Risk Description (to individuals, clients or Cordis Bright)	Current Impact	Current Likelihood	Risk Score (I x L)	Proposed Risk solution (Mitigation)	Is the risk reduced, transferred, or accepted? Please specify.	Evaluation: is the final impact on individuals after implementing each solution a justified, compliant and proportionate response to the aims of the project?
Data protection breach	5	2	10	Cordis Bright staff receive data protection training and have a good understanding of information governance protocols. Salford Foundation also receive data protection training and will ensure that only qualified, trained individuals are involved in data transfer.	Accepted	Yes
Service user: if non-pseudonymised data or non-necessary personal information (e.g. address) is shared in error	5	1	5	Clear explanation of process to data controller and processors. The Senior Advisor in Quantitative Methods for the Evaluation will support Salford Foundation colleagues with their new data collection system and explore methods of extracting and sharing only necessary data with Cordis Bright in a pseudonymised format where possible. Any data sent in error deleted by processor from servers.	Accepted	Yes

Consultation requirements
Part of any project is consultation with stakeholders and other parties. In addition to those indicated "Key information, above", please list other groups or individuals with whom consultation should take place in relation to the use of person identifiable information.

It is the project's responsibility to ensure consultations take place, but IG will advise and guide on any outcomes from such consultations.
Colleagues from: **Salford Foundation**   **YEF**   **GMCA**   **GM Violence Reduction Unit**   **Greater Manchester Police**   **Local Authorities in STEER areas**
Further information/Attachments
Managing Director comments:

6.4. Appendix 4: Information Sharing Agreement

Cordis Bright | Information Sharing Agreement with Salford Foundation

Partners to the agreement

Discloser and Data Controller	
Name of organisation:	Salford Foundation
Address:	Foundation House, 3 Jo Street, Salford, M5 4BD
Registration number:	Z228106X
Contact name and role:	Mairi Palmer, Business Manager
Contact details:	Address as above Telephone: 0161 787 8500 Email: mairi.palmer@salfordfoundation.org.uk

Recipient and Data Controller	
Name of organisation:	Cordis Bright Ltd
Address:	23-24 Smithfield Street, London EC1A 9LF
Registration number:	3620136
Contact name and role:	Colin Horswell, Managing Director
Contact details:	Address as above Telephone: 020 73309170. Email: colinhorswell@cordisbright.co.uk.

Purpose

1. This agreement creates a framework for the formal exchange of large, sensitive, personal data between the Salford Foundation and Cordis Bright to enable Cordis Bright to evaluate the impact of Salford Foundation's STEER programme on reducing the likelihood of participants' involvement in serious youth violence and future offending or reoffending. There will be two phases of evaluation, the first phase will be a Pilot Trial of around a year to test the programme's evidence of promise for improving young people's outcomes and assess the feasibility of progressing to a full Efficacy Study. If the programme meets the progression requirements, it will progress to a full Efficacy Study which will run for a further two years.

2. Information provided may not be used for any other purpose.

Legal basis

3. The Discloser and Data Controller confirms that the legal basis for sharing information between Salford Foundation and Cordis Bright is consent and public task [in line with ICO requirements, conditions under the Data Protection Act 2018 and GDPR requirements]. Service users accessing STEER have consented to having their data shared with the evaluator. This consent is recorded in informed consent forms held by the STEER project and uploaded to the secure case management system. Paper copies of these forms will be stored in a secure locked cabinet at Salford Foundation's premises and then destroyed by secure methods once they have been shared securely with Cordis Bright for their records. The data will feed into the evaluation of the STEER project. The project and the evaluation are being funded by the Youth Endowment Fund (YEF).

4. Personal information will be shared and processed in accordance with the Data Protection Act 2018.

Recipient

5. The recipient of the data is Cordis Bright. They will have access to the data as and when needed points as part of the evaluation of STEER.

Data Controller and Data Processor

6. The joint data controllers are Cordis Bright and Salford Foundation.

7. As well as being a data controller Cordis Bright is also a data processor.

8. The Discloser and Data Controller confirms that it has followed all of its relevant protocols and procedures in relation to data sharing. This includes completing a Data Protection Impact Assessment.

9. The Data Processor confirms that it will adhere to its Information Governance and Data Protection Policy – and the requirements specified here – in the storage, handling, analysis and deletion of this data.

Data to be shared

10. The following data is being shared:

    • Personal identifiable data, for example, address, name of young person, gender, date of birth, ethnicity, sexuality.
    • Socioeconomic information: whether in full time education or employment, long term physical or mental health condition.
    • Data on care status
    • Questionnaire responses (including Strength and Difficulties Questionnaire, Social Support and Rejection Scale (SSRS) and Self Reported Delinquency Scale (SRDS) and basic service use information for the treatment group, i.e. activity and dosage.
    • Data from Salford Foundation's Case Management system concerning activity and dosage.

11. The following fields will be provided:

    • Name
    • Date of birth
    • Address
    • Phone number
    • Email address
    • Gender
    • Ethnicity
    • Sexuality
    • Religion
    • Education status
    • Care status
    • SEND needs
    • Dosage information

12. The personal information shared under this agreement must be relevant and proportionate to achieve the purposes identified above. Only the minimum necessary personal information will be shared and where possible aggregated non-personal information will be used.

Data quality

13. Salford Foundation agrees to provide high quality, accurate data, using the fields detailed above. Salford Foundation and Cordis Bright confirms that it has received consent from individuals for this information to be shared.

Data security

14. Data will be provided in electronic format. Salford Foundation will supply the data in line with its policy on handling personal and sensitive data. This includes, as a minimum:

- Data provided will only be that needed to administer the evaluation.
- Data will be password protected.
- Data will be sent to Cordis Bright via a secure mechanism (e.g. Switch Egress)
- Passwords will be sent via a different medium.

15. On receipt of the data, Cordis Bright will handle the data in line with its policy on handling personal and sensitive data. This includes:

- Cordis Bright will save data on Cordis Bright's secure server. Cordis Bright stores data on a Microsoft SharePoint server. Sharepoint is a web-based collaborative platform that integrates closely with Microsoft Office 365. Apart from the advantages it brings to companies operationally in terms of sharing files and working together, it also delivers a very secure working environment, reducing the risk of cyber-attacks and hacks that can be experienced by traditional land-based file servers. Using Sharepoint means that our data is hosted on Microsoft servers. Data is always encrypted, whether just being stored or being transmitted between a user and the servers, and there are multiple backups. We're able to specify the geographical location we want our data stored in. User logons require complex passwords, and include 2 factor authentication when a logon is required on a new device. This security is reinforced by the level of access control and privacy offered by Sharepoint – we can control who can see what, down to a user by user, file by file level if necessary. Microsoft's Office 365 services adhere to globally recognised security standards including ISO 27001 and 27018.
- The data will not be saved on any other devices.
- Personal or sensitive data has additional encryption with access only to designated/authorised member of our team.
- Only relevantly qualified and experienced people will have access to and be able to utilise the data.
- Pseudo-anonymisation will be used where possible
- Personal data will be saved and stored separately from questionnaire data.
- The data will only be used for the purposes of the evaluation of STEER.

Retention of shared data

16. At the end of the evaluation (currently scheduled for November 2025) all data will be transferred to the Department for Education as part of the YEF data archiving process (see https://youthendowmentfund.org.uk/evaluation-data-archive/ for more information). Before this transfer, we will need to discuss a further Data Sharing Agreement and Data Protection Impact Assessment with YEF, Department for Education and Salford Foundation. Six months after sharing the data with the YEF archive we will anonymise all data and hold it on the Cordis Bright server until 6 years after the final report has been submitted to the YEF.

Individuals' rights

17. The Data Protection Notification and Privacy Notice of each partner must reflect the processing of personal information under this agreement, to ensure that data subjects are fully informed about the information that is recorded about them and their rights to gain access to information held about them and to correct any factual errors that may have been made. If there are statutory grounds for restricting a data subject's access to the information held about them, they will be told that such information is held and the grounds on which it is restricted. Where opinion about a data subject is recorded and they feel the opinion is based on incorrect factual information, they will be given the opportunity to correct the factual error and / or record their disagreement with the recorded opinion.

18. Subject Access Requests will be handled in accordance with the standard procedures of the partner who receives the request.

19. Complaints will be handled in accordance with the standard procedures of the partner who receives the complaint.

Review of effectiveness/termination of the sharing agreement; and

20. This agreement will be reviewed annually.

21. This agreement can be suspended by either party in the event of a serious security breach.

22. Termination of this agreement must be in writing giving at least 30 days' notice to the other partners.

23. Each partner organisation will keep each of the other partners fully indemnified against any and all costs, expenses and claims arising out of any breach of this agreement and in particular, but without limitation, the unauthorised or unlawful access, loss, theft, use, destruction or disclosure by the offending partner or its subcontractors, employees, agents or any other person within the control of the offending partner of any personal data obtained in connection with this agreement.

Signatories

24. By signing this agreement all signatories accept responsibility for its execution and agree to ensure all staff are trained so that requests for information and the process of sharing information itself is sufficient to meet the purposes of this agreement.

25. Signatories must all ensure that they comply with all relevant legislation in the processing of personal information.

Signed on behalf of...	
Name of organisation:	Cordis Bright
Name:	Stephen Boxford
Position:	Director & Head of Research
Signature:	

	(signature)
Date:	04/07/2022

Signed on behalf of...	
Name of organisation:	Salford Foundation
Name:	Mairi Palmer
Position:	Business Manager
Signature:	*(signature) M. Palmer*
Date:	01/06/2022

Template approved by the Board: July 2021

6.5.   Appendix 6: STEER Logic Model

Figure 29 presents the STEER Logic Model which was co-developed by Cordis Bright, Salford Foundation and YEF colleagues.

Figure 29: STEER Logic Model

Inputs	Outputs		Outcomes		
What resources do we need?	**Activities**	**Participation**	**Short term**	**Medium term**	**Long term**
	What do we need to do in order for those individuals/groups to accomplish the short-term outcomes?	What must be reached for the short-term outcomes to be achieved?	What preconditions must be met for the medium-term outcomes to be achieved?	What preconditions must be met for the ultimate goal to be achieved?	What are the long-term outcomes?
Funding: • Year 1: £222,793 • Year 2: £362,479 • Year 3: £363, 752 • Total: £949,024[32] **Facilities:** Office space for workers: Salford Foundation House and co-locating with partner agencies.	**One-to-one mentoring/coaching/casework sessions (minimum dosage 2 hours per week for an average of 6 months)**	• 75% referral>take up percentage. • Maximum 15% attrition • CYP who engage with the intervention attend at least 80% of sessions • CYP who engage with the intervention have high engagement throughout and actively contribute and engage with interventions.	Increased number of CYP reporting they have a trusted relationships with a positive role model CYP has improved understanding of the risks and consequences associated with behaviour CYP have improved pro-social values and behaviours CYP have improved skills in emotional regulation CYP have coping mechanisms to disengage from contextual factors that may be encouraging serious violence and organised crime (such as factors in school, peers and families).[33]	CYP engages with more positive role models and has more positive trusted relationships CYP demonstrate pro-social values and behaviour CYP has fewer contacts with police CYP have improved engagement with school (where appropriate) CYP have improved engagement with training or employment opportunities (where appropriate)	There is a reduction in: a) Violent criminal offences b) Organised crime c) Gang membership d) Non-violent offences
Personnel (Year 1): • Operations Manager (0.4 FTE) • Project Manager (x 1 FTE)	**Family support worker sessions (14 hours over 6 months)**	TBC, but likely to mirror the above i.e.: • 75% referral>take up percentage. • Maximum 15% attrition • Parents/carers and CYP who engage with the intervention attend at least 80% of sessions	CYP have improved understanding of and motivation for opportunities (such as employment/training opportunities, education opportunities, and opportunities in the community) available to them	CYP report improved aspirations around career, employment, future life, etc CYP report that they have improved positive relationships with existing	

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[32] Please note that this budget is currently in draft form and may need to be readjusted during the development stage of the project.

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

Assumptions

- STEER can recruit high-quality staff within required timescales.
- STEER can retain high-quality staff over the course of the project.
- STEER receives sufficient and high-quality referrals from agencies.
- A sufficient percentage of CYP agree to participate
- A sufficient percentage of parents/carers agree to participate
- High level of engagement from key multi-agency partners
- RCT model is embraced by partners

External factors

- Covid-19 isn't too disruptive
- 'Business as usual' activities continue to be funded at a similar level
- Facilities continue to be available for STEER
- Continuity of approach from all agencies involved i.e. No changes with personnel changes or between areas
- Broad policy and governance framework remains stable

Inputs	Outputs		Outcomes		
What resources do we need?	Activities	Participation	Short term	Medium term	Long term
	What do we need to do in order for those individuals/groups to accomplish the short-term outcomes?	What must be reached for the short-term outcomes to be achieved?	What preconditions must be met for the medium-term outcomes to be achieved?	What preconditions must be met for the ultimate goal to be achieved?	What are the long-term outcomes?
- Family support worker (x 0.8 FTE) - Youth Workers (Mentors) (x 2.6 FTE) - Referral and Assessment Coordinators (x 1 FTE)		Parents/carers and CYP who engage with the intervention have high engagement throughout and actively contribute and engage with interventions.	CYP have improved communication with parent(s)/carer(s)	peers, associates and family members and/or a higher number of positive relationships with new peers and associates CYP report improved positive engagement with school and other conventional societal interventions.	