

EVALUATION PROTOCOL

RCT-centred evaluation of the Positive Pathways programme

Sheffield Hallam University

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Project title: Positive Pathways

Evaluation protocol

Evaluating institution: Sheffield Hallam University

Principal investigator(s): Ben Willis and Dr Josephine Booth



Project title	<i>RCT-centred evaluation of the Positive Pathways programme</i>
Developer (Institution)	<i>Ingeus</i>
Evaluator (Institution)	<i>Sheffield Hallam University</i>
Principal investigator(s)	<i>Ben Willis and Dr Josephine Booth</i>
Protocol author(s)	<i>Sheffield Hallam University - Dr Josephine Booth, Ben Willis, Sean Demack, Professor John Reidy, Laura Riley</i>
Trial design	<i>Two-armed Efficacy Trial with Internal Pilot</i>
Trial type	<i>Efficacy with internal pilot and randomisation at the individual level</i>
Evaluation setting	<i>Mixed out of school – mentoring and adventure learning residential</i>
Target group	<i>15–17-year-olds, blended cohort of secondary and tertiary need</i>
Number of participants	<i>Including control group 120 for internal pilot, 880 for efficacy</i>
Primary outcome and data source	<i>Reduction in volume of self-reported offending behaviours (SRDS, Volume Score)</i>

Secondary outcome and data source	<i>SRDS Variety Score; SDQ Total Difficulties Score; SDQ Prosocial Scale; SDQ Hyperactivity Subscale; SDQ Conduct Problems Subscale; SDQ Emotional Problems Subscale; SDQ Peer Problems Subscale, ONS4 personal wellbeing</i>
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Protocol version history

Version	Date	Reason for revision
1.0 [original]	18/06/24	

Any changes to the design or methods need to be discussed with the YEF Evaluation Manager and the developer team prior to any change(s) being finalised. Describe in the table above any agreed changes made to the evaluation design. Please ensure that these changes are also reflected in the SAP (CONSORT 3b, 6b).

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1.0 Study rationale and background

Many studies have provided evidence for the efficacy of outdoor education in the development of responsibility, leadership development, self-reliance and self-awareness (Bobilya et al., 2011). Other studies have shown outdoor education as being effective in developing a sense of resilience, a concept that includes perseverance, self-awareness, social support, confidence, and responsibility to others. The working assumption is that increased levels of resilience represent a protective factor, supporting learners in their educational journeys (Ewert & Yoshino, 2011). Further, many meta-analyses of outdoor education have pointed to the largely positive impact on young people's attitudes, beliefs & self-perceptions (including self-concept, confidence, self-esteem, locus of control and coping strategies) and interpersonal skills (including communication skills and teamwork). However, reasons why outdoor education works in improving such non-cognitive skills is not fully clear (Hattie et al. 1997; Martin & Leberman, 2005).

There is an emerging body of work in this area, with meta-analyses confirming the notion that outdoor education has positive benefits on children and young people's fitness, motor skills, self-confidence, self-esteem, and relationship with adults, & this finds widespread accord in the literature (Fiennes et al., 2015). A particular type of outdoor learning - adventure or wilderness therapy, found predominantly outside the UK - claims to offer successful clinical interventions with older young people, families & adults, and to have positive outcomes in terms of self-concept (Bowen & Neill, 2013). There is some recognition in the literature that many of the concepts outlined above are imprecise and definitions vary from study to study, making the study of their development & that of any non-cognitive outcomes a difficult process (Leather, 2013). Furthermore, the YEF (Mohan and White, 2022) identifies adventure and wilderness therapy as likely having a low impact on violent crime but more encouragingly a moderate impact on reoffending. However, there is evidence of challenges presented by the issue of rural racism (Garland & Chakraborti, 2006) and in addition potential perceptions of 'not belonging' or discomfort for some young people. Holman and McAvoy's (2005) study identified the potential of inclusive wilderness adventure experiences to enhance young people's understanding of people with disabilities and 'difference' and to be more trusting and understanding of others. However, there remain concerns about access to the countryside and rural areas for outdoor recreation (Burns et al. 2009, Burns et al, 2013). Warren et al (2014) identify significant gaps in the current social justice and practice related to Outdoor Adventure Learning related to gender, race and SEND.

There is evidence of promise relating to how community-based mentoring can positively influence 'at risk' young people (Goldner and Ben-Eliyahu, 2021) including Lakshminarayanan et al's (2022) systematic review that reported a 14% reduction in youth offending based on 37 evaluations of mentoring programmes, and a 21% reduction in violent behaviour based on eight evaluations. However, at an overall level the evidence base to justify the use of mentoring remains inconclusive and is categorised by the YEF Toolkit as having a 'moderate' impact on violent crime. There are several factors that feed into this uncertainty, including

the significantly varied forms ‘mentoring’ can take, especially in relation to duration and the extent to which formal mentoring is standalone or as a feature of a broader intervention. Goldner & Ben-Eliyahu (2021) for example advocate that *‘a balanced approach consisting of recreational, emotional, and catalysing aspects has been reported as essential for mentoring success’* (p.1).

This protocol describes the study to be undertaken to evaluate a programme that combines adventure/outdoor learning with mentoring, initially via an internal pilot and, if promise is evident, through an efficacy trial. The Positive Pathways programme is targeted at young people aged 15-17 in the East and West Midlands who are either at risk of involvement in violent crime or are already in the Youth Justice system. The programme Theory of Change is provided in Appendix 1.

The study will include an impact evaluation using a two-armed Randomised Control Trial (RCT) with both primary and secondary outcome measures. Data for this will be collected at the start of the programme, at onboarding and at end point. This data will be analysed to see whether the intervention has led to statistically significant changes in the responses of participants versus the control group.

An Implementation Process Evaluation (IPE) will run alongside the Impact Evaluation. This will use a combination of surveys, interviews/focus groups and observations to gather rich data to help understand how the intervention has been realised in practice, and how this has affected the participants (both in the intervention and control group) and other stakeholders, including the mentors, those referring young people to the programme, and programme deliverers. This aims to help uncover perceptions and feelings about the programme, the extent to which it has fulfilled its stated objectives and how this may have come about. Should the programme or its outcomes not have been fully realised as intended, the IPE will seek to uncover why.

2.0 Intervention

The Positive Pathways programme is organised and run by Ingeus, a global provider that begun offering services in the UK from 2002. The Positive Pathways programme itself draws heavily upon their well-established National Citizenship Scheme (NCS) residential wilderness project and continued partnership with Action4Youth. It is a referral group-based adventure programme to be delivered across the East and West Midlands, aimed at 15–17-year-olds who are at risk of violent offending or are already involved in the Youth Justice System.

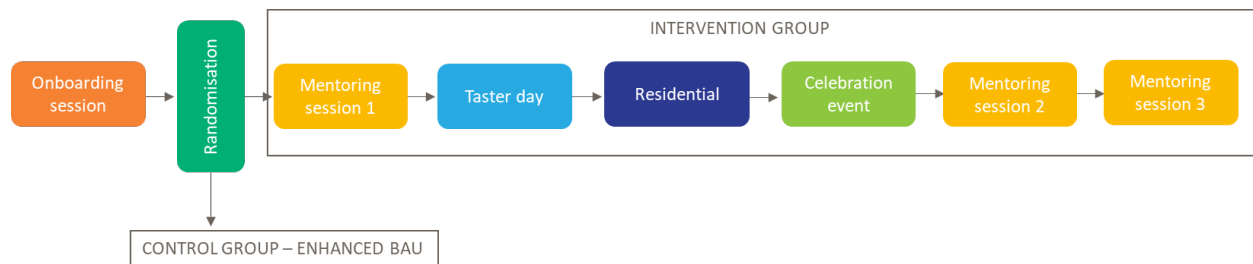
The programme (Figure 1) consists of

- an initial onboarding session
- an outdoor taster session to be held locally
- an initial mentoring session

- a residential adventure week, with outdoor activities and input from speakers with lived experience
- a graduation/celebration event
- two follow-up mentoring sessions to take place a month apart
- opportunity for young people to contact their mentor via telephone or email informally outside of scheduled inputs to discuss concerns or to check-in on anything related to the programme.

Each wave of the programme will consist of four groups of 15 young people (i.e. 60 young people per wave). From start to finish, the programme will last a total of between 5-7 months – with the slight variation factored in to accommodate the rolling nature of recruitment. Young people will wait no more than four weeks between one input/activity to the next. Furthermore, young people are encouraged to contact mentors outside of formal sessions as required through email or telephone. Ingeus will also schedule additional sessions if they identify specific needs required for the young people to be able to access the programme.

Figure 1. Positive Pathways programme



The programme and evaluation will always be aware of, and responsive to, racial and cultural sensitivities during recruitment, programme implementation and data collection.

Throughout inception discussions, Ingeus have signalled an awareness of the potential barriers to engagement in Adventure Learning and the Positive Pathways programme more broadly. They are confident that by drawing upon their prior significant, nationwide experience in the field – that their recruitment of mentors, training processes and marketing of the programme can be fully inclusive. Drawing upon existing practice examples, Ingeus outlined their commitment (and that of Action4Youth¹ the Adventure Learning delivery partner) to making reasonable adjustments to the programme, to respond to the needs of different young people. These would be fully considered in a bespoke way during the onboarding phase and in consultation with the young people themselves, their guardians, and other linked professionals (as appropriate) but would draw on the principles outlined in

¹ <https://www.action4youth.org/>

Dillenschneider's 2007 paper. Furthermore, Ingeus are committed to actively working with SHU, their Youth Voice Group and YEFs Race Equity Associate to design Positive Pathways related documentation and further refine processes where appropriate.

Timings

The delivery of the Internal pilot will start in July 2024, following randomisation. The programme starts with an initial mentoring session within four weeks of onboarding. No more than four weeks later the young person will have a taster day experience, before completing a residential run by Action4Youth in Caldecotte taking place over the October half term. Ideally within a fortnight of completing the residential (but no longer than four weeks), the young people will attend a face-to-face celebration for the wave. Delivery culminates with two 1-2-1 follow up mentoring sessions shortly which will be completed before the end of December 2024. These will be organised in a time and place convenient to the young person. Ingeus recognise the need for standardisation but are also mindful of the need for some flexibility around scheduling owing to the rolling nature of recruitment. The overall window of the programme is between 5-7 months from start to finish, but there will be a maximum wait of four weeks between key inputs – in addition where required further mentoring sessions may be delivered to better accommodate the needs of individuals. Alongside this, throughout the course of the programme, young people are invited to contact their mentor through email or telephone communication.

Communication with young people

At a minimum, young people in the intervention group will have a 'touch point' with their mentor every four weeks while they are on the programme i.e. initial engagement, mentoring within four weeks, taster in next four weeks, residential in following four weeks, celebration within four weeks, two follow-up mentoring sessions within eight weeks. In addition, they will be able to contact their mentor at any point via email/phone call/ face-to-face e.g. if they are anxious about any aspect of the programme, need reassurance or have a change in circumstances. Communication via social media will not be permitted due to safeguarding concerns. This two-way communication throughout the programme aims to ensure the young people's continued engagement with the programme and that their wellbeing is paramount. Ingeus' Customer Relationship system (CRM) will be used to record all communications between young people and mentors.

Taster days

These will be run by multiple organisations across differing locations (e.g. National Water Sports Centre, Ackers Adventure and Snowdome), throughout the East and West Midlands, depending upon the geographical spread of participants. The taster days, scheduled after their first mentoring meeting, provide the opportunity for young people to experience these activities in a group context, with 15 young people on each of the taster days. They also

involve the young people spending time with their mentor, and to build this relationship further. Please note these taster days (or any other activity) will **not** be undertaken before the young people have completed their baseline data and been randomised to the intervention group.

These taster days will be delivered flexibly on both weekdays and weekends, depending upon the requirements of the young people. The taster days also support Ingeus in recognising and supporting the needs of individuals as they move through the programme.

Residential

Ingeus has been delivering large scale, inclusive residential trips for diverse groups of young people for over 12 years. Positive Pathways residentials will consist of a mixture of activity sessions, and more reflective sessions. The latter will include guided active reflection sessions facilitated by Ingeus staff with lived experience of the criminal justice system (from the Ingeus Lived Experience Academy). These are integrated into the residential programme and will take place daily in an allocated time slot. In the sessions young people will be asked to think about activities that they have undertaken, particularly those that may have been out of their comfort zones. Young people will be encouraged to think about how they felt in these situations, how they coped with them and moved through various steps to get to the end point. These sessions aim to help young people see how they might relate these experiences to their lives and challenges that they might face, and how they can transfer learning from the Positive Pathways programme. There will also be the opportunity for informal contact with mentors to 'touch base' on how the young people are feeling and reacting to both the adventure activities and being part of a new community.

Typically, there will be four groups of 15 young people in each residential 'wave', with all activities taking place in these groups of 15, to build relationships between the young people. All residentials, will take place at the Caldecotte site run by Action4Youth. This site is fully accessible. Ingeus (working closely with Action4Youth) will accommodate additional needs, dedicating extra resource where necessary, for example where young people may have both diagnosed and undiagnosed mental health or learning needs. Ingeus will take an inclusive, tailored approach in terms of any religious requirements (e.g. prayer rooms), dietary requirements (e.g. Kosher or Halal foods) and medical needs (e.g. refrigerated medicines).

Core residential dates (e.g. in school holidays) will be booked as soon as the programme is approved by YEF, in order to give certainty as to dates for young people and referral routes. This will mitigate common barriers identified by referral bodies in other evaluations involving outward bound residentials, namely a lack of certainty regarding dates and concerns about the scheduling taking up school (or equivalent) time (or closeness to exam periods).

However, Ingeus has flexibility built into their delivery model and will be able to accommodate flexibility in the dates of residentials, and as such can accommodate changes to dates should a wave of young people prefer an alternative week. The delivery of the

residential will be consistent across the programme, as far as is possible given seasonal considerations.

Mentoring sessions

An extra mentoring session before the residential has been added to the programme following discussions during the co-design phase, meaning that there will be a total of three mentoring sessions for each young person. This will involve the same mentor throughout to facilitate the building and maintaining of the mentor/mentee relationship. Should this relationship break down, a new mentor will be assigned to the young person. Mentoring sessions will last around 60 minutes each, however, should the young person have additional needs or need more support on an issue, the length/number of the sessions will be extended as necessary.

All mentoring sessions will have a standardised approach, starting from a diagnostic base, with a young person led approach. While the mentoring approach will be consistent across the programme, topics will be identified by the young person, supported by their mentor, and approach in order of importance as decided by the young person. Questions will be used as prompts but will be tailored to needs and situation.

The first mentoring session will take place before the taster day and will introduce the young person to the purpose and aims of the mentoring and enable them to start building a relationship with their mentor. In this session the young people will be able to ask questions about the programme and discuss any 'hopes and fears' around participation and start discussing the idea of how and why reflection on experiences is important. Young people be asked to set goals and areas where they would like to develop themselves, and what they would like to change, with young people being set a 'task' to think about what they would like to do after the programme ends. They will be given a learning diary/logbook to record these tasks/aims and their progress. This allows the young people and their mentor to establish a 'golden thread' of aims, desired outcomes and thoughts about the future that will be returned to throughout the programme, both in reflection sessions and informal contact during the residential and in the two follow up mentoring sessions towards the end of the programme.

Young people will work with their mentors to proactively challenge known systemic barriers to accessing the countryside such as rural racism, with the aim of reducing any anxiety and empowering them to feel they have the same right to access this space as anyone else.

The second of the sessions will look at the distance travelled for the young person since they started on the programme, reflect on the residential and what was learned, and solidify this by reflecting on learning, perceptions, and triggers for certain behaviours, and how they could overcome these. Young people will reflect on the reasons why they were referred to the programme, what behaviours made them eligible. They will be encouraged to think about

how they can apply what they have learned on the programme (for example, how they felt before and after completing a challenge or how they overcame certain feelings) and relate this to these behaviours and their everyday lives and to record these thoughts in the logbook/diary. To support this learning and reflection on 'distance travelled' and changes made, resources and links to resources will be provided and young people will be supported to start looking forward to beyond the programme and to what comes next. They will be asked to think about their strengths and will review their 'task' set in the first session. The mentor will then support the young person to start to research and consider possible options and support for the future to ensure that the young person does not feel like the programme has dropped them 'off a cliff' as it comes to an end.

The third and final session will be used for reflection on how far the young person has come, where they are versus where they were, their 'task', learning and how/what they have changed and developed across the programme. There will be a focus on soft skills and emotional and wellbeing literacy. The young person and their mentor will discuss any perceived barriers to progress and meeting their goals and will establish a plan for their next steps including referral to other services or programmes.

Throughout these sessions and the less formal interactions on the residential, the young people will be both supported and presented with challenge at an appropriate level for them, with the aim that the desired outcomes and aims established in the initial mentoring sessions are kept in mind. The lived experience of the young people will be at the forefront of all mentoring that takes place in the Positive Pathways programme, with mentoring approach and sessions being tailored to their needs, and further support being given where appropriate, for example, meetings with parents/carers to ensure young people get the most out of the programme, address any concerns and maintain their attendance.

Mentoring will take place at a time and place that is convenient to the young person. This might be at a referral organisation, an Ingeus office, a locally hired venue, coffee shop etc. The venue will always be agreed with the young person, and it will be ensured it is an environment conducive to mentoring.

Mentoring sessions will be recorded on Ingeus' CRM system. Mentoring progress will be discussed with managers for quality and continuous improvement purposes, and to address any concerns and issues as they arise. Appendix 2 gives examples of the materials that will be used by mentors as part of the sessions.

Celebration events

These will take place within four weeks of each wave of 60 completing the residential, in order to keep the young people engaged with the programme. These will be delivered in person and consist of a celebration, and group reflection on distanced travelled with the option of the young person inviting a “plus one” (e.g. a parent/carer or friend) to showcase their experiences. These events will be designed with input from the Ingeus’ Youth Voice panel and the young people themselves.

Mentor recruitment and training

It is anticipated that six new members of staff will be recruited for the Positive Pathways programme. Ingeus have a department (Talent and Acquisitions) that work exclusively in this area. Mentors will be sought that have -

- Experience of youth mentoring
- Be based in, and familiar with the East and West Midlands context
- Have appropriate youth work qualifications and associated experience
- Lived experience of criminal justice system
- Qualifications in providing Information Advice and Guidance to young people

Mentors will be upskilled where necessary. The comprehensive mentor training provided by Ingeus lasts for 37.5 hours over a two-week period. Details of the training programme can be found in Appendix 3. Mentors will be supported through their training and as the programme progresses. Training will be staggered as necessary to support candidates differing notice periods.

Matching mentors with young people

In matching mentors and young people Ingeus will consider the needs of young people in terms of mentor experience, skills and qualities and how these relate to the individual young person e.g. lived experience of CJS, involvement in the care system. Mentors will also be matched to mentees based on geographical area, this will make meeting at mentoring sessions easier and means that mentors will be familiar with the young person’s social context. While a young person’s preferences will be considered it is important to note that mentoring can contribute to breaking down barriers and promoting social cohesion. As noted previously should the mentor/mentee relationship breakdown, a new mentor will be allocated.

While mentoring sessions will be scheduled for an hour, extra time and resources will be allocated to young people should this be needed, for example, if the young person has additional needs, or is facing particular challenges.

Safeguarding

The safety of young people and staff is a key concern. Ingeus has well established and comprehensive safeguarding procedures in place which will be utilised throughout the recruitment, screening and onboarding of participants and delivery of the Positive Pathways programme. In addition, the narrowing of the levels of need to be included in the programme has reduced possible safeguarding issues around a blended cohort. Mentors will receive safeguarding training.

Ingeus will follow internal safeguarding policy and procedures, which are used to keep members of staff and participants safe across all Ingeus contracts. All safeguarding incidents will be logged and followed up with both the participant and other affected parties. Consideration will be given to the context of the incident and any triggers and responses experienced. Any relevant referrals will be made, and support provided to all parties.

Young people, and their referral route, in partnership with an Ingeus Youth Engagement Mentor, will complete a young person risk assessment (RA) before joining the programme i.e. at the onboarding stage. The staff members have been extensively trained in this process and on risk management and safeguarding. This will be a 'functional' meeting, aiming to capture information on, for example, any medical conditions, mental health issues², learning or physical challenges faced, dietary or other requirements, possible triggers and possible gang affiliations. Where a young person has been a 'perpetrator' of a crime, their initial risk assessment will assess their eligibility and assess any factors that might exclude them from the programme. The RA will capture each young person's medical, mental health and support needs as well as noting, convictions, risk taking and violent behaviours and the context in which they took place. It will be shared with mentors so that they are aware of the young person's needs and understand the support required. While this may present a challenging conversation, it is necessary for safeguarding purposes, for the young person, other participants and staff. Should a young person's RA indicate that they cannot be supported on the programme, they will not be offered a place. The whistle blowing process will be shared with young people so that they can raise concerns confidentially. Any such concerns will be investigated by Ingeus in line with their policy.

The Residential activity provider (Action4Youth) will follow their own safeguarding policies and Ingeus will provide support to ensure these meet national standards and minimum expectations for this contract. Ingeus will provide safeguarding governance for the contract, with a DSL on call at all times to provide support. The Ingeus safeguarding escalation process

² for example, chronic conditions such as Schizophrenia (plan with parents/carers, medication, safe words and places), depression or anxiety where this may lead to self-harm, or suicide.

will be shared with all partners and a bespoke package of safeguarding resources and referral pathways will be provided.

Ingeus' Head of Risk and Compliance is the company-wide Designated Safeguarding Lead (DSL). Ingeus' Youth Pillar has its own dedicated DSL who is a Level 6 safeguarding lead with 20 years' experience in the safeguarding sector and who will have accountability for Safeguarding across the YEF Programme. There are 132 Designated Safeguarding Officers across the Ingeus UK business.

2.1 Impact evaluation

Research questions or study objectives

The study has one overarching research question – (OA-RQ), plus nine research question relating to the Impact Evaluation as shown below and 10 research questions relating to the Implementation Process Evaluation as shown in section 2.2.

- OA-RQ: What is the impact of the Positive Pathways programme, a residential wilderness and adventure learning programme with mentoring, on the volume of offending behaviour (as measured by the self-reported SRDS volume score) amongst 15–17-year-olds that have offended (or are at risk of doing so)? (primary outcome).**
- IE-RQ1: What is the impact of the Positive Pathways programme on the prevalence and variety of offending behaviour (as measured by the self-reported SRDS variety score)?
- IE-RQ2: What is the impact of the Positive Pathways programme on prosocial behaviour (as measured using the self-reported Strengths and Difficulties Questionnaire prosocial scale; SDQ prosocial)?
- IE-RQ3: What is the impact of the Positive Pathways programme on hyperactive behaviour (as measured by the self-reported SDQ hyperactivity subscale)?
- IE-RQ4: What is the impact of the Positive Pathways programme on problem behaviours (as measured by the self-reported SDQ conduct problems subscale)?

IE-RQ5: What is the impact of the Positive Pathways programme on emotional problems (as measured by the self-reported SDQ emotional problems subscale)?

IE-RQ6: What is the difference in wellbeing scores as measured by the ONS4 between the intervention group and the control group? (secondary outcome)

Exploratory questions

IE-RQ7: What is the impact of the Positive Pathways programme for CYP with different (secondary/tertiary) levels of need? (primary & secondary outcomes)

IE-RQ8: Was a greater degree of attrition seen in any groups (e.g. minority ethnic, young people with additional needs, young people from lower social economic backgrounds) across intervention and control samples

IE-RQ9: What were the characteristics of young people excluded at the referral stage based on the inclusion/exclusion criteria?

Design

Table 1: Trial design

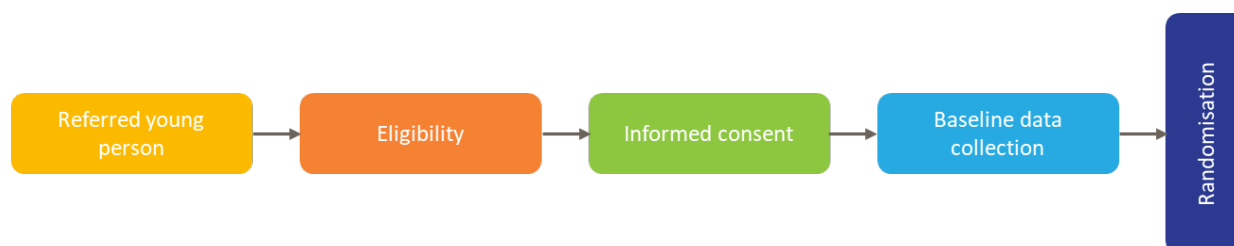
Trial design, including number of arms		<i>Two-arm Random Controlled Trial with randomisation at the individual (young person) level - blocked by referral route.</i>
Unit of randomisation		<i>Individual participant</i>
Stratification variables (if applicable)		<i>Referral route & evidence of criminal activity (for example)</i>
Primary outcome	variable	<i>Volume of self-reported offending behaviours (Self-Report Delinquency Scale SRDS, Volume Score, see Smith & McVie, 2003).</i>
	measure (instrument, scale, source)	<i>SRDS, Volume Scale [0 to 198]</i>
Secondary outcome(s)	variable(s)	<i>SRDS, Variety Scale Smith & McVie, 2003)</i> <i>Strengths and Difficulties Questionnaire (SDQ) total difficulties and pro-social scales, hyperactivity, conduct problems, emotional problems and peer problems subscales (Goodman, 2005)</i> <i>ONS Wellbeing Scale (Dolans & Metcalfe, 2012; ONS, 2018)</i>
	measure(s) (instrument, scale, source)	<i>SRDS, Variety Scale [0 to 19]</i> <i>SDQ total difficulties scale; [0 to 40]</i> <i>SDQ pro-social scale; [0 to 10]</i> <i>SDQ hyperactivity subscale; [0 to 10]</i> <i>SDQ conduct problems subscale; [0 to 10]</i> <i>SDQ emotional problems subscale; [0 to 10]</i>

		<i>SDQ peer problems subscale; [0 to 10]</i> <i>ONS4 Personal Wellbeing; [0 to 10]</i>
Baseline for primary outcome	variable	<i>Self-Report Delinquency Scale SRDS, Volume Score</i>
	measure (instrument, scale, source)	<i>SRDS, Volume Scale [0 to 198]</i>
Baseline for secondary outcome	variable	<i>SRDS, Variety Scale Smith & McVie, 2003)</i> <i>Strengths and Difficulties Questionnaire (SDQ) total difficulties and pro-social scales, hyperactivity, conduct problems, emotional problems and peer problems subscales (Goodman, 2005)</i> <i>ONS Wellbeing Scale (Dolans & Metcalfe, 2012; ONS, 2018)</i>
	measure (instrument, scale, source)	<i>SRDS, Variety Scale [0 to 19]</i> <i>SDQ total difficulties scale; [0 to 40]</i> <i>SDQ pro-social scale; [0 to 10]</i> <i>SDQ hyperactivity subscale; [0 to 10]</i> <i>SDQ conduct problems subscale; [0 to 10]</i> <i>SDQ emotional problems subscale; [0 to 10]</i> <i>SDQ peer problems subscale; [0 to 10]</i> <i>ONS4 Personal Wellbeing; [0 to 10]</i>

Randomisation

Figure 2 illustrates the referral, eligibility, consent and data collection activities that a young person will go through before being randomised to the Positive Pathways or enhanced BAU group.

Figure 2: Stages to randomisation for the Positive Pathways evaluation



Randomisation will be stratified into eight groups; by the referral route/organisation and identified YEF area of need i.e. Upper Secondary Level (USL) or Lower Tertiary Level (LTL). This best ensures that, for each of the four referral routes, a similar number of young people with USL and LTL need will be allocated to the Positive Pathways and enhanced BAU groups.

Randomisation will be undertaken by the evaluation team at SHU. In each of the eight stratification subsamples, simple random sampling will be used to allocate young people to the intervention (Positive Pathways) or control (enhanced BAU) groups. This will be undertaken using eight pre-prepared excel sheets (one for each stratification subsample). This enables the stratified randomisation to take place on a rolling basis. As the intervention group is a purposively blended cohort, the threshold between USL and LTL is deliberately less distinct than the original secondary and tertiary levels of risk/need. In order to distinguish between USL and LTL of need/risk we will employ a 'proxy' measure of LTL based on whether a YP has previously been arrested or convicted of crime, to be collected at the referral stage. Although, we recognise the limitations of this approach, for example the prevalence of systematic racism that affects the likelihood of initial arrest and sentencing, it nevertheless provides an indicative measure of need. Please see the 'participants' section for further detail.

Young people will be randomised after all the necessary data has been collected and checked for completeness as per Diagram 2. This approach enables rolling randomisation, as outlined above, to take place. Sufficient time for this and for the communication of the result has been allocated.

Control group – enhanced Business as Usual

Those young people assigned to the control group will be able to take part in an enhanced Business As Usual (BAU) offer, delivered by referral routes. Referral routes will be offered a payment of £50 per young person to provide this enhanced BAU (see Appendix 4 for a summary of incentive costs). Referral routes will be asked not to include any outdoor or adventure learning as part of the enhanced BAU and we will aim to limit the variation as far as is feasible however, the varied referral routes and contextual differences in young people lives mean that the enhanced BAU offered is likely to differ across the control group.

Given our experience in other trials, we are reluctant to be too specific about what the £50 enhanced BAU funding covers in terms of enrichment activity, other than as noted above. This is for two key reasons - referral settings will invariably have significantly different levels of staffing and we want to avoid a scenario where they are unable deliver a specific enrichment activity because of a lack of staffing. Secondly young people will have differing preferences and therefore what might be suitable for one young person might not be appropriate for another. Data on the enhanced BAU offered by referral routes will be collected by SHU on an ongoing basis as well as part of the end point data collection. The aim on ongoing data collection is to ensure that an enhanced BAU is in place for the control group. End point data will be collected as part of the evaluation from both referral routes and young people in the control groups as to perceptions around this.

It has been agreed that Ingeus will communicate the outcome of randomisation to referral organisations/young people before SHU take over contact with the control group through the period of the Positive Pathways programme via email (see section below - 'Randomisation: communication processes'). These young people will be emailed at least twice during this period with the intention of keeping them engaged with the programme. We may consider sending them a birthday card where appropriate and contacting them via email after they have received the enhanced BAU offer. Referral routes will be encouraged to emphasise that the enhanced BAU experience is part of the Positive Pathways Evaluation, to reassure them they have not been 'dropped' or excluded from the Positive Pathways Evaluation, and that they are instead having a different experience. The young people will also receive a high street voucher of £20 in recognition of their time to complete the end-point questionnaire.

Referral routes will be offered a payment of £30 for each young person referred by them, on completion of the end point survey. This aims to recognise the time taken to both refer young people and support the completion of data collection, and the potential challenges of engaging with young people targeted by this intervention. We anticipate that young people will have different levels of engagement with the referral route, and whilst we will specify clearly within the MoU and recruitment materials what our expectations are for their involvement, we anticipate this will vary.

Participants

Following discussions in the set-up phase, the decision has been taken to recruit from a narrower band of the two levels of need; from those young people who fall into either the Upper Secondary Level (USL) or a Lower Tertiary Level (LTL). This brings with it some advantages in terms of narrowing variance both within the two cohorts' level of need and between them. It also means that some of the initial safeguarding concerns around mixing young people from the different levels of need no longer apply, meaning that the programme

will run as a fully ‘blended’ cohort, with both groups of young people experiencing the same programme.

The target group for the Positive Pathways programme therefore the RCT is young people aged 15-17 who meet all three of the following inclusion criteria:

- Criteria 1: have either been:
 - o Convicted of a criminal offence (LTL)
 - o Arrested, but have not received a criminal conviction (LTL)
 - o Considered at high/medium risk of offending due to demonstrating one or more of the following factors:
 - a. Carrying weapons such as knives (USL/LTL)
 - b. Known association with peers known to be involved in criminal activity (USL/LTL)
 - c. Known to have siblings already involved in criminal activity (USL/LTL)
 - d. Displaying overt coercive or violent behaviour (LTL)
 - e. Excluded or at risk of exclusion from mainstream education i.e. persistent absences and suspension due to displaying behaviours including offending, bullying, aggression, violence (USL)
 - f. Professional concern around or signs of possible criminal exploitation e.g., burner phones, unexplained change in finances, missing episodes (USL/LTL)
 - g. Drug use or possession (USL/LTL)
 - o Have had current or previous involvement with youth offending service, police or probation service either on a voluntary basis (non-statutory), preventative intervention (out of court disposal or diversionary outcome³ or court mandated disposal⁴ (USL/LTL)

³ for example where a young person has been arrested but not charged

⁴ statutory – convicted at a magistrates or crown court - this may also reduce some (but not all) concerns around disproportionate policing and potential discrimination. The sole use of statutory orders (those issued through a court) may result in disparity due to the disproportionate number of young people from non-white backgrounds who have had disposal imposed by the Court. The intention is to consider all outcomes including those that have not gone through court process or who have been referred on voluntary basis or where need has been identified for intervention.

- Criteria 2: Are living in East or West midlands
- Criteria 3: Are willing to voluntarily engage with and complete Positive Pathways as demonstrated through:
 - o Consenting to referral.
 - o Confirming consent to engage following initial meeting and detailed explanation of the project and the evaluation.

Young people will not be eligible if they are currently serving a custodial sentence or have previously served a custodial sentence for murder or a sexual offence. These are the only exclusion criteria that would be applied if the young person had satisfied the inclusion criteria. Individuals will not be excluded based on offence categorisation instead Ingeus will risk assess everyone to ensure that we are able to keep them, other participants, staff and the public safe whilst they are on the programme, irrespective of any recorded convictions other than for a sexual offence or murder.

Ingeus will ensure that referrers have a consistent understanding of the aims, approach and inclusion and exclusion criteria for Positive Pathways. This will include sharing clear written information with partners and attending their team and other relevant meetings to deliver detailed presentations and training. Referrals to Positive Pathways will be monitored, and if inappropriate referrals are being received, referrals are not in line with anticipations, or certain demographic groups appear underrepresented, further communication and discussions will take place between Ingeus and the referral partners to address these issues. If required, the communication and engagement strategy will be updated.

In terms of ethnicity, Ingeus will aim to recruit young people from racially minoritized backgrounds in similar proportions to that of the racial demographics of the East and West Midlands. Participants will be mixed gender, aged between 15-17. Young people in this age group are not far from or on the brink of aging out of youth crime services and as such are at risk of safeguarding services and other support services being withdrawn.⁵ Issues such as chronic mental health needs will be considered on case-by-case basis by Ingeus via their risk assessment process (see section on Safeguarding). The eligibility criteria and screening process have been considered with the need to safeguard all participants and staff in mind (see section on safeguarding for more detail).

⁵ A useful summary of the risks of transition can be found here <https://www.justiceinspectrates.gov.uk/hmiprobation/research/the-evidence-base-youth-offending-services/specific-types-of-delivery/youth-to-adult-transitions/>

Young people will be referred to the programme through several routes – see Figure 3. These can be grouped into four overarching areas – education, local authority, police⁶ and community and voluntary sector organisations. It is possible that a young person might be referred by more than one route, however, Ingeus’ systems will be able to ascertain when this has happened and will resolve this issue with referrers as appropriate. Prior to formal recruitment to both the Internal Pilot and Efficacy phase, Ingeus will undertake stakeholder engagement with possible referral routes to promote the programme via existing and new contacts (SHU can support this via existing networks e.g. Youth Offending Teams).

Each young person accepted onto the programme will be allocated a contact for the programme/evaluation in their respective referral routes, a Setting Based Lead (SBL). For example, in a school or PRU this may be a teacher or Pastoral Support Worker, in a Youth Offending Team this may be a Team Officer. This contact’s role is to keep the young person engaged with the programme and to support and encourage the completion of end point measures. Where referrals are made via routes that do not necessarily have a clear appropriate contact e.g. in some police referrals, Ingeus will seek through dialogue with the young person to identify a SBL from a different service or educational establishment working closely with the young person or allocate a member of their own team to this individual. This will enable contact to be maintained throughout the programme period, whether young people are allocated to the control or intervention group.

Ingeus’ experience is that there is an attrition rate of around 20-25% of a cohort throughout the programme. Therefore, Ingeus aims to overrecruit to this level to ensure that sufficient numbers of young people progress through the programme at both internal pilot and efficacy phases.

Recruitment for the efficacy will continue through the Internal Pilot phase, to avoid a pause in the programme delivery. Delivery for the efficacy will restart with the first mentoring sessions in May 2025 and the programme will continue in a rolling manner through to December 2025 when the final, third mentoring session is completed. Please see the attached Gantt for details.

At this stage it cannot be specified what the proportions of young people from the USL and LSL groups will be, as this is dependent upon several factors including referral route buy in. The internal pilot phase will give some indication of this and will allow Ingeus to adapt their approach accordingly.

⁶ SHU/Ingeus are cognisant here of the differing relationships that young people might have with referral routes. It should be noted that police officers often work with YOTs and schools and may make a referral in this capacity. As noted elsewhere, young people will be assigned an additional contact (Ingeus staff) where necessary.

Figure 4 shows the anticipated flow of young people into the programme and resulting numbers for the intervention. These are based on Ingeus' experience of recruiting for programmes of this size and type and acknowledged rates of attrition throughout the process.

The flow diagram assumes the generation of 3,770 expressions of interest for the Positive Pathways project, generated through outreach work and engagement events. Based on experience of delivering similar large-scale programmes, it is assumed that ~45% of the Expressions of Interest (EoIs) generated will progress to sign up on the programme, around 1697. The remaining ~2073 young people will either be excluded due to ineligibility or not wish to participate in the programme. The sign ups over the life of the programme will lead to control and intervention groups of 500 each. It is assumed that around another ~300 young people are likely to be lost to attrition from each of the groups, leaving a total of 1000 young people split equally between control and intervention. Figures 4–6 show the flow of participants overall, and through the two phases of the programme.

Figure 3. Referral routes for secondary and tertiary groups



Figure 4. Positive Pathways programme participant flow diagram

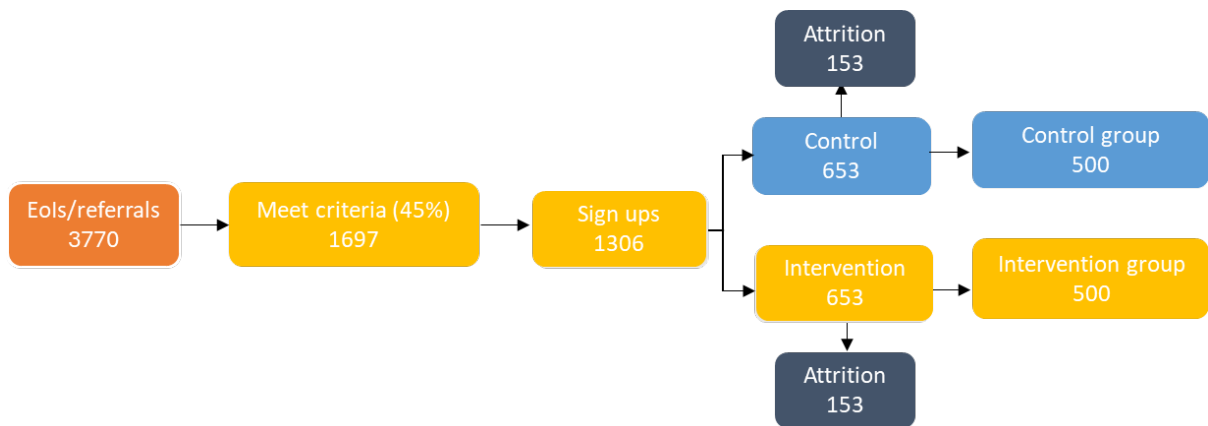


Figure 5 – Internal pilot participant flow diagram

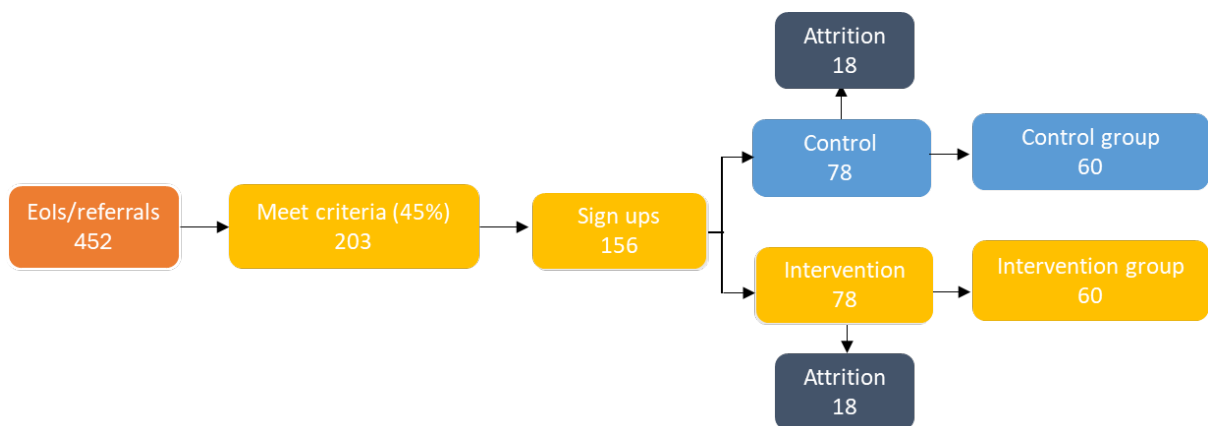
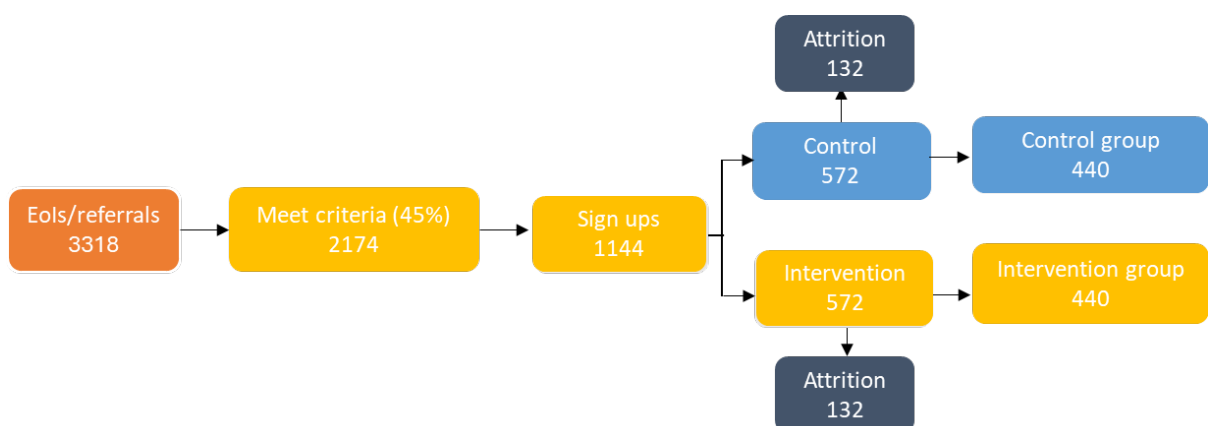


Figure 6 – Efficacy stage participant flow diagram



Ingeus has staggered recruitment and signups across a 15-month period in line with their prior experience to allow adequate time for this activity as well as ensuring sufficient time for pre residential mentoring appointments and taster days to maximise engagement.

Residential are sequenced to allow attendance at various points in the year. There is further scope for flexibility once the programme has commenced, for example where a cohort could attend a residential during academic term time or other points in the year.

The same residential site will be used for all residential. This aims to ensure consistency of experience, and in turn evaluation. The primary site in North Devon provides excellent outdoor and adventurous activities for young people and its distance from East and West Midlands is seen as advantageous.

Informed consent (Young People and Guardians)

Working in close partnership, SHU/Ingeus will provide referral partners with key instructions and documentation to inform initial potential young person engagement in relation to the trail.

Young people and their parents/carers will be given sufficient time to read the project information sheets and consent materials in order that they are fully informed as to what the selection criteria are and what participation entails. Young people, guardians and referrers will be given the opportunity to talk through any concerns with SHU project leads directly, with our contact details clearly visible. Videos will be produced to explain the concepts of informed consent and randomisation/RCTs – this work will be informed by consultation activity between SHU and Ingeus Youth Voice Ambassadors.⁷ Materials will be translated where necessary.

Data collection and secure transfer process

When satisfied that young people/guardians are on board and understand the key requirements, referral partners will then securely share data specified in the Stage 1 box of Figure 7, along with young person's name and the parent/guardian details, with Ingeus.

Ingeus will give each young person an ID to anonymise this data and will send a subset of this to SHU (ID, date of birth, postcode, sex at birth, arrested or convicted/blank and ethnicity), before moving on to assess the eligibility of each young person and carrying out a safeguarding review (Figure 7 - stage 2). Demographic data will be gathered for all referred young people; this will be conducted in accordance with YEF's Demographic Data Policy.⁸ This

⁷<https://ingeus.co.uk/services/youth/youth-voice#:~:text=Our%20Youth%20Voice%20Ambassadors%20are,prepared%20for%20life%20and%20work.>

⁸ [YEF-Policy-Demographic-data-June-2023.pdf \(youthendowmentfund.org.uk\)](#)

will enable us to examine whether/how the sample changes as referrals move through eligibility and consent stages towards randomisation.

Should a young person be eligible positive Ingeus will lead on contacting the young people and guardians to request that they sign online consent forms for the evaluation and interventions (previously we have found it to be very problematic and confusing for the young people/guardians having two different organisations approaching them for consent and causes significant delays). We would suggest initially an email (or alternative if that is not deemed to be suitable) is sent with the following information:

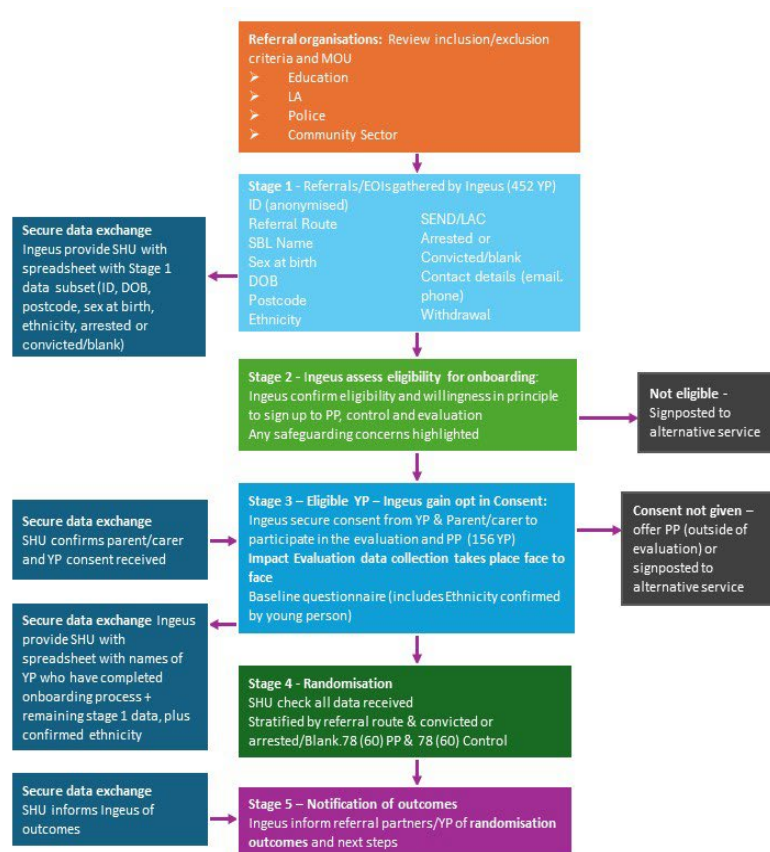
- A more detailed information sheet (with SHU and Ingeus contact details). Plus, video links; two by SHU about informed consent/randomisation and one by Ingeus about Positive Pathways. Here we will make clear that although entirely voluntary, signed consent by a specific deadline is a requirement to be part of the trial.
- Electronic Qualtrics consent link for the evaluation: (SHU will design this to ensure there is permission for the young person to complete the questionnaires, interviews/focus groups and potential observations, sharing of MI data, randomisation, data archiving and clarity on who is receiving their data i.e. contact details from referrer – Ingeus- SHU etc).
- Electronic Qualtrics Consent link for programme: Consent for taking part in Positive Pathways or Enhanced BAU

Once consent from guardians and young people has been gained, onboarding of young people (including completion of the baseline data collection) will be facilitated by Ingeus staff. This may take place at the young person's home, or in the referral route setting e.g. school, PRU, VRN etc. At this point young people will be asked to confirm their ethnicity. Young people will complete the baseline questionnaire with both primary and secondary measures (using Qualtrics survey software, with paper versions being offered if preferred⁹), without outside interference. Details of family and young person involvement with any statutory or third sector agencies along with relevant contact data will be obtained.

Ingeus will send the young person's name (along with the anonymous ID and remaining data collected at Stage 1) and confirmed ethnicity data to SHU. Once this has been checked for completeness and SHU has ensured that consent forms and surveys have been completed, randomisation can take place (Figure 7 - stage 4), and SHU will inform Ingeus of the results.

⁹ Translation services will be provided for guardians or the young people themselves as is necessary.

Figure 7 - Data collection and sharing process



Throughout this period SHU/Ingeus will be on hand to respond to any queries from young people or guardians to facilitate informed consent. SHU will actively monitor consent that has been submitted through the two electronic links and liaise with Ingeus to confirm which young people and guardians have responded. Ingeus can then follow up with referrers and YP/guardians to remind them of the deadlines for submitted consent. Where necessary, Ingeus can communicate with referral bodies to increase referrals if recruitment milestones look in jeopardy.

As indicated in Diagram 3, the full data collected and held will consist of:

- Name (only to be shared with SHU post consent)

- Telephone number (only to be shared with SHU post consent)
- Email address (only to be shared with SHU post consent)
- Full date of birth
- Sex at birth
- Special Educational Need or Disability
- Looked after Child (LAC) status
- Whether they have been arrested
- Whether they have been convicted of a crime
- Ethnicity
- Referral route and setting lead name

Consent will be sought for data (including personal data and special category including criminal offence data) to be archived at the end of the trial via the ONS Secure Research Service. This is a condition of taking part in the trial and a requirement of the funder. We will draw on the YEF template wording for this. Data sharing plans will be explicitly included in the participant information sheets. The right of the participant to refuse to participate in the trial without giving reasons will be respected and participants will remain free to withdraw at any time from the trial without giving reasons and without prejudicing their further treatment. Additionally, parents/guardians will have the right to withdraw their child from the trial at any point if the child is under 16.

Ingeus will inform SHU when a young person withdraws from the programme, or is found to be ineligible, using the anonymous ID allocated at stage 1 in Figure 7.

Randomisation (communication processes)

As outlined earlier randomisation will be conducted by SHU staff on a rolling basis. Initially, Ingeus will communicate the result of randomisation to all referral routes/YP involved. Thereafter, SHU staff will take the lead on communication with the control group and Ingeus will do the same with the intervention group. SHU staff are well versed in sensitively handling these communications and are mindful of the potential disappointment that the young people might feel on understanding they haven't been randomised to the intervention group. In recognition of this, SHU will provide advice to Ingeus/SBLs/referral routes on how to inform the young people, including emphasising the random nature of selection and making clear the importance of their continued involvement. In addition, we will re-emphasise that we are available (redirecting them to our contact details) to talk through with referrers any concerns around the evaluation. This will build upon the care taken at the recruitment stage, where SHU (and Ingeus) will do all, they can (e.g. the video explaining about the study and process of randomisation) to ensure transparency about what the young people are signing up for and the equal likelihood of being randomised to control or intervention group.

End point data collection

To ensure data integrity, Ingeus will not take part in end point data collection, which may take place either in, or independently of a referral setting for both the intervention and control groups. Data collection will be carried out by SHU using online Qualtrics survey software, with paper versions being offered if preferred. Referral routes, SBLs and mentors will be expected to support this data collection, for example in passing on links to surveys, enabling young people to complete surveys as part of their interactions and chasing non completions. This will be clear in the MOU that is signed as part of the agreement to participate as a referral route. As noted earlier the referral routes will receive a payment of £30 per young person referred to the programme upon completion of end point data collection (see Appendix 4 for a summary of incentive payments). End point data collection will be collected at least two weeks after the final intervention session for each wave of young people, as such this data collection will be staggered.

For the intervention group this end point data will be collected two weeks after the end of the intervention for each 'wave' or 'cohort'. For the control group this will be collected in a month-long block – but with guidance that mirrors the intervention group in that end-point data collection should not be collected within two weeks of the young people experiencing the enhanced BAU offer.

Sample size calculations

The Internal Pilot will involve 60 young people as the intervention group and a further 60 young people as the control group (internal pilot sample = 120 young people). Following the power analyses presented below, we propose a stage 2 sample size of 880 (440 intervention and 440 control) to form a combined efficacy trial with internal pilot of 1000 CYP (500 intervention & 500 control). We estimate that this pooled sample is sufficiently large enough to detect an effect size of 0.16 sds or higher as statistically significant ($p < 0.05$, two tailed) with a statistical power of 0.80.

Our initial design was a two-armed blocked-RCT with randomisation at the individual level. The 'block' would represent the referral route for each young person (i.e. education setting, local authority, police or community/voluntary referrals). During the set-up period we considered the following RCT designs; classic RCT with individual randomisation, blocked-RCT with individual randomisation and finally an RCT with randomisation at the cluster (or block) level. A blocked design can result in greater statistical sensitivity compared with a classic RCT with individual randomisation. A design with randomisation at the cluster level tends to result in lower statistical sensitivity compared with a classic RCT but would bring practical, ethical and methodological benefits. However, the disparate nature of the proposed blocks

(or clusters) led us to conclude that a blocked or clustered approach is not feasible, and so we have opted for a classic RCT with individual randomisation.

For a balanced design (where half of the young people are allocated to each group), the minimum effect size that could be detected as statistically significant ($p < 0.05$, two tailed) with a statistical power of 0.80 can be calculated using equation 1.1 (Dong & Maynard, 2013, sheet BIRA1_0).

[Equation 1.1]
$$MDES_{RCT} \sim 2M_{n-k-2} \sqrt{\frac{(1-R^2)}{n}}$$

Where

- $n = 1000$ (No of CYP recruited at internal pilot and stage 2 evaluation stages combined)
- $R^2 =$ explanatory power for the baseline measure of SRDS Volume (=0.20 drawing on internal data for the pilot stage of the YEF funded evaluation of Reach)
- $k =$ the number of covariates included in the impact evaluation (=6); group identifier; baseline covariate, tertiary (=1) or secondary (=0) level of need dummy variable and three referral route dummy variables (assuming four distinct referral routes).
- $M =$ t-distribution multiplier that specifies a statistical significance of ($p <$) 0.05 (two tailed) and statistical power of 0.80 with $n-k-2$ (992) degrees of freedom.

Table 2: Sample size calculations

		PARAMETER
Minimum Detectable Effect Size (MDES)		0.16 sds
Pre-test/ post-test correlations	level 1 (participant)	0.45 (R-square=0.20)
	level 2 (cluster)	n/a
Intracluster correlations (ICCs)	level 1 (participant)	n/a
	level 2 (cluster)	n/a
Alpha⁵		0.05
Power		0.8
One-sided or two-sided?		two
Average cluster size (if clustered)		Not clustered
Number of clusters⁶	Intervention	n/a
	Control	n/a
	Total	n/a
Number of participants	Intervention	500
	Control	500
	Total	1000

A combined sample of 1000 young people would be sensitive enough to detect an effect size of 0.16 sds or higher as statistically significant ($p < 0.05$, two tailed) with a statistical power of 0.80.

To illustrate the robustness of this sample to attrition, indicative MDES estimates are provided. MDES estimates assume that randomisation has been maintained and this assumption can be undermined by attrition. Whilst these indicative MDES estimates are useful for illustrating the robustness of an RCT design, they need to be cautiously interpreted (because they assume that any attrition will be random). With 10% attrition the indicative MDES is 0.17 sds; with 20% attrition the indicative MDES is 0.18 sds and with 30% attrition the indicative MDES is 0.19 sds.

Whilst the impact of Positive Pathways on SRDS volume would be examined in the internal pilot and stage 2 evaluations, this trial is not powered to detect differences at each stage. An internal pilot-stage 2 combined efficacy design is appropriate for the evaluation of well-established programmes. This is to best ensure consistency at both stages in terms of the

Theory of Change and Logic Model, delivery, fidelity and compliance to the programme. A key role for the IPE will be to compare these aspects of Positive Pathways at both stages to help inform the interpretation of the impact evaluation.

2.1.1 Outcome measures

Primary outcome

The self-report delinquency Volume scale (SRDS Volume) will be used as a primary outcome. This measures delinquent behaviour by assessing the frequency and severity of any delinquent acts¹⁰ committed. This fits with the aim of the programme, the cohort and the logic model. in terms of reduction of negative behaviours at school and reduction in suspensions or problem behaviours, and improved attendance at school. The SRDS was selected as it is a relatively brief scale which was originally developed for use in UK surveys (Smith & McVeigh, 2003). The scale covers a range of delinquency behaviours from fare dodging to the more serious behaviours such as assault and so it is suitable for those who have already committed offences and are within the criminal justice system and those who are at risk of offending behaviours. The scale provides indices of the variety of delinquency behaviours being undertaken as well as the volume/frequency of such behaviours and the SRDS Variety scale is included as a secondary outcome. The inclusion of the volume measure from the SRDS enables us to examine delinquency more fully than just relying on the varieties measure from this scale to give be a broader understanding of the relationships between the intervention and participation in delinquency behaviours. Additionally, this is the key measure of delinquency recommended by YEF, and the data collected will be submitted to the ONS Secure Research Service.

Secondary outcomes

There will be a number of secondary outcome measures included:

- The variety measure of the SRDS
- The Strengths and Difficulties Questionnaire (SDQ) - total difficulties scale
- SDQ prosocial scale
- SDQ hyperactivity subscale
- SDQ conduct problems subscale
- SDQ emotional problems subscale
- SDQ peer problems subscale

¹⁰ While the SRDS is a considered a robust measure, it cannot measure contextual factors e.g. poverty or individual circumstances. These factors are unlikely to have changed over the course of the intervention.

- The ONS 4 personal wellbeing scale
- All of these measures have been included as they help to examine the adequacy of the theory of change.

The Strengths and Difficulties (SDQ) questionnaire is included because it has been widely utilised in similar intervention research, particularly that supported by YEF. Crucially, though the questionnaire has several sub-scales and these have been flagged up as of importance in the theory of change (e.g. the pro-social behaviours sub-scale). The questionnaire has been shown to have good validity and adequate internal reliability in the target age group (Cronbach's alphas range from 0.78 to 0.80, e.g. van Roy et al., 2008).

The measure of personal wellbeing (ONS4) developed for use in population surveys by the Office for a range of population-based surveys (see Dolan's & Metcalfe, 2012). This was selected as it was a very brief measure (only four items) and measures various aspects of personal wellbeing. Being developed for a range of population-based surveys ensure that it is appropriate for use with the participants in the proposed intervention.

Compliance

The intervention group will have to attend the taster day, the initial mentoring session, plus one follow-up mentoring session and the residential to be considered as being compliant, as indicated in the Progression Criteria. Every attempt will be made to provide a 'catch-up' mentoring session if necessary, using online (MS Teams/Zoom) or telephone meetings where required, on a case-by-case basis. Attendance at mentoring sessions, taster days, celebration event and residentials will be recorded by Ingeus. Please see below for details on CACE analysis.

From the set-up meetings, we have identified key activities that a young person randomised to the intervention will need to have done to have experienced the Positive Pathways intervention in the way it was intended (and specified in the Theory of Change). These activities include attendance of the taster day, attending an initial (pre-residential) and one follow-on (post-residential) mentoring session and attending the residential itself. This detail will be recorded by Ingeus. Young people randomised to the Positive Pathways intervention that meet these attendance criteria will be considered as 'compliant' and this detail will be used for the follow-on Compliers Average Causal Effect (CACE) analysis (see below). More specific details on the measurement of compliance and CACE analysis will be provided in the Statistical Analysis Plan.

Analysis

Linear regression analyses will be undertaken to answer IE-RQ1 to IE-RQ5 (see above). For the primary outcome, the model will include the SRDS Volume score collected at endpoint as the outcome. Explanatory variables will include group membership, baseline SRDS Volume score and the two variables used to stratify the randomisation (referral route and level of need). The coefficient for group membership will be used to estimate the impact of Positive Pathways and this will be converted into a Hedges *g* effect size by dividing by the total standard deviation. The same conversion will be undertaken for the upper and lower 95% confidence intervals for the group membership coefficient.

A similar analytical approach would be adopted for the secondary outcomes, but this will also explore possible mediation effects of the secondary outcomes on the primary outcome in order to statistically evaluate the theory of change.

The main analyses of primary and secondary outcomes will adopt an Intention to Treat (ITT) approach which will include all randomised young people regardless of their engagement with the programme (who we have complete data for).

Subgroup analyses of the primary outcome will be used to examine evidence of differential impact of Positive Pathways with respect to ethnicity, gender, level of need (Secondary and Tertiary) and evaluation stage (pilot and stage 2).

Fidelity and Compliance data (IPE-RQs 8 and 9) from the IPE will be drawn on for follow-on Compliers Average Causal Effect (CACE) analyses that would estimate the impact of Positive Pathways for young people who engaged with the programme as intended. The impact findings from the ITT and CACE analyses provide estimates of impact for young people who are offered Positive Pathways (ITT) and for those offered and engaged in Positive Pathways (CACE). Whilst the ITT analysis provides the most robust evidence for drawing causal conclusions, the CACE analysis provides a valuable additional perspective; and if compliance is found to be 100%, the ITT and CACE estimates would be identical.

Longitudinal follow-ups

No longitudinal follow-ups will be undertaken as part of the Positive Pathways evaluation.

Monitoring of exclusions and attrition

Ingeus will keep records of young people who are referred to the programme but are excluded from participation and the reasons for this (e.g. do not meet the criteria or because of safeguarding concerns). Attrition rates, at different stages of the programme, and where possible, reasons, for this, will also be recorded for both the intervention and control group. Collection and analysis of this data will enable identification of patterns of exclusion/attrition

across participants and within specific groups (e.g. minority ethnic, SEND), and may allow for reflection as to why this might have been the case (e.g. factor beyond the Positive Pathways programme).

2.2 Implementation and process evaluation

Research questions

- OA-RQ As per section 2.1
- IPE-RQ1: Does the Positive Pathways programme show evidence of promise and the potential for scalability in the IPE and Impact evaluations?
- IPE-RQ2: How has the blended approach to implementation been realised (i.e. in terms of proportion of the overall cohort)? What were the challenges to this and how successful was it?
- IPE-RQ3: What were the perceptions and experiences of referral routes in terms of recruitment, randomisation, programme implementation and end point data collection?
- IPE-RQ4: What were the experiences of the young people who participated in the Positive Pathways programme across the various elements and looking forward in terms of realisation of the medium- and longer-term programme objectives?
- IPE-RQ5 What were the experiences of the Ingeus mentors across the elements of the programme?
- IPE-RQ6: What did the enhanced BAU look like across the referral routes? Has there been consistency across the referral routes?
- IPE-RQ7: Is there any evidence of (negative or positive) spillover or contamination from the intervention to control group?
- IPE-RQ8: Was the programme delivered with fidelity to the protocol?
- IPE-RQ9: Were the levels of compliance to the programme adequate?
- IPE-RQ10: What were the perceived barriers and facilitators for taking part in the programme for young people who:
- a) from minority ethnic groups?

- b) Have additional needs?
- c) Have a lower socio-economic status?
- d) Are minoritised in other ways?

Research methods

Several methods will be used to collect data for the IPE to ensure that we have rich evidence from young people, Ingeus staff including mentors and referral route staff. The methods to be used in the IPE are shown in Table 4.

Qualitative data

All interviews and focus groups will be audio-recorded. Those which take place face-to-face will be transcribed. Online interviews will take place on Teams and will use the inbuilt transcription function, with transcripts downloaded and then checked against the audio.

We have included qualitative data collection with mentors, referral routes, young people and Ingeus staff. For the mentors it will be important to explore a range of areas, their perceptions around the distance travelled by young people, how the mentoring sessions were implemented across the programme and how this may have varied and been adapted to meet the needs and experiences of young people. Interviews with referral routes will gather rich data on areas such as the provision of enhanced BAU, recruitment processes, randomisation particularly in terms of feelings of the control group towards this process, and perceptions of possible overspill/contamination of control group. Young person interviews will take place at the residential and as the programme ends, these will explore their feelings and perceptions of the various programme elements, relationships with others in the groups and with the mentors. We will ensure that young people included in these activities are from a mix of racial backgrounds, with an appropriate female/male mix. We will engage throughout with the YEF Race Equity Associate, and a member of SHU staff who has both lived experience of additional learning needs and extensive research expertise in this area, to ensure that all possible efforts are made to ensure that the young people are comfortable in interviews and focus group settings.

The data collected across both the Internal Pilot and Efficacy phases will be analysed using NVivo software, according to the research questions shown above, and the methods taken forward to efficacy stage will replicate those in the internal pilot stage. Data coding will be carried out using a team approach to ensure validity of findings, the advice of the YEF Equity Associate will be sought at this stage to ensure a robust and inclusive approach. A member of SHU staff with lived experience of additional learning needs and research experience in this area will be part of analysis team to support understanding, interpretation, and consideration of this area. A reflexive approach will be taken, with researchers acknowledging the influence

of their own experiences on the research process. A descriptive summary of the findings will be presented using quotes from participants to illustrate findings under each thematic area. Data will be analysed using a codebook thematic analysis (Braun & Clarke, 2019). This provides the opportunity to use the research questions as a deductive analytic framework, while also providing scope for some inductive analytic work around each research question write up. The deductive approach ensures that the write up will answer the research questions while also allowing for the data from the young people and stakeholders to speak for itself. Each interview will be coded in NVivo with the research question framework as a guide. Themes and an analytic narrative will be inductively developed around each of the research questions.

Survey data

The end point control group and referrer surveys will use Qualtrics online survey software and analysed using the statistical package SPSS. The first of these will consider issues such as potential spillover e.g. do respondents know young people in the intervention group, along with feelings and perceptions around being assigned to the control group, the enhanced BAU experienced and feelings around this in terms of enjoyment and possible outcomes of this.

Referrer surveys which will address perceptions on recruitment processes, randomisation, enhanced BAU provisions (e.g. what was offered, uptake, cost), challenges to involvement with the programme, perceptions of possible overspill/contamination of control group).

Given the lower number of respondents the findings from these surveys are likely to be descriptive in nature.

Monitoring data

Following the baseline data collection already described, Ingeus will collect the necessary monitoring data on attendance at programme events to ensure that the young people have engaged sufficiently. Ingeus will also provide data on when the various elements of the programme took place for each group of young people who take part e.g. taster days, mentoring session, residential etc.

Table 3: IPE methods overview

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
Referral routes - internal pilot (IP) and efficacy (E)					
Quantitative	Online survey - (end point)	Referral leads N = IP ~ 20 (depending on number of referral routes) N = E ~40 (depending on number of referral routes)	Descriptive statistics	IPE – RQ1, 3, 4, 6, 7, 10	Target population
Qualitative	Online Interviews – (end point)	Referral leads N ~ 5 (across differing routes)	Transcribed – Codebook based analysis	IPE – RQ1, 3, 4, 6, 7, 10	Target population
Taster days - Internal pilot (IP - 1 visit) and efficacy (E - 2 visits)					
Qualitative	In person observations at taster days	Young people/staff N = IP – 1 N = E -1	Use of observation framework	IPE-RQ 1, 2, 4, 5, 8, 9, 10	Intervention activities, short term outcomes
Residentials - Internal pilot (1 visit) and efficacy (3 visits)					

Qualitative	In person observations at residential	Young people/staff N = IP - 1 N = E - 4	Use of observation framework	IPE-RQs 1, 2, 4, 5, 8, 9, 10	Intervention activities, short term outcomes
Qualitative	In person focus groups at residential	Young people N = IP - 2 N = E - 6	Transcribed - Codebook based analysis	IPE-RQs 1, 2, 4, 5, 8, 9, 10	Intervention activities, short term outcomes
Qualitative	In person focus group at residential	Ingeus staff N = IP - 1 N = E - 2	Transcribed - Codebook based analysis	IPE-RQs 1, 2, 4, 5, 8, 9, 10	Intervention activities, short term outcomes
Celebration events - Internal pilot (IP - 1 visit) and efficacy (E - 2 visits)					
Qualitative	In person observations	Young people/staff N = IP - 1 N = E - 1	Use of observation framework	IPE-RQs 1, 2, 4, 5, 8, 9, 10	Intervention activities, short term outcomes
Post Final Mentoring - Internal pilot (IP - 2 visits) and efficacy (E - 4 visits)					
Qualitative	In person interviews/focus groups	Young people N = IP - 2 N = E - 4	Transcribed - Codebook based analysis	IPE-RQs 1, 2, 4, 8, 10	medium/longer term outcomes
Mentors (Internal pilot and efficacy)					

Qualitative	Online interviews	Mentors N = IP- 6 N = E- 6	Transcribed - Codebook based analysis	IPE-RQs 1, 2, 4, 5, 8, 9, 10	Target population, intervention activities, short/medium/lo ng term outcomes
Interview/focus group with strategic and delivery leads at Ingeus - Internal pilot (IP –2) and efficacy (E –2)					
Qualitative	Online interviews/focu s group (post taster days x1, endpoint x1)	Ingeus staff N = IP – 2 N = EP – 2	Transcribed - Codebook based analysis	All	Target population, intervention activities, short/medium/lo ng term outcomes
Control group					
Quantitative	Online survey - endpoint	Young people	Descriptive statistics	IPE-RQ 1, 6, 7	Target population, short/medium/lo ng term outcomes

3.0 Progression criteria

Table 4 gives a set of progression criteria to be met for the Positive Pathways programme to move to an efficacy phase. Where appropriate RAG ratings have been provided.

Table 4. Progression criteria

Progression Criteria	Description	Mapped to RQ
Progression criteria 1 (PC1)	<p>Recruitment. Ingeus aims to recruit 120 young people across the control and intervention groups for the internal pilot. Poor recruitment might suggest that the Positive Pathways programme is not scalable or requires a longer lead-in period.</p> <p>A RAG rating will be used as follows</p> <p>RAG approach: 95% or > = Green, <95%-80% = Amber and <80% = Red.</p>	AO-RQ, IPE-RQ 1, 2, 3, 10
Progression criteria 2 (PC2)	<p>Response rate to end point data collection. Given typical rates for attrition and the varied referral routes involved we identify a response rate of $\geq 80\%$ as desirable for the primary outcome measure for both intervention and control groups.</p> <p>A RAG rating will be used as follows 80% or \geqGreen, <80%-65%= Amber, <65% =Red.</p> <p>A RAG rating of amber would suggest that more input would be needed at the testing phase, to maximise responses. As with other progression criteria a red rating would question the appropriateness of moving to efficacy.</p>	IPE-RQ 1, 3, 6, 10
Progression criteria 3 (PC3)	<p>Compliance. Young people are taking part in an acceptable amount of the programme.</p> <p>Young people must take part in the taster day + two or more mentoring sessions (i.e. initial session, plus one later session) to be considered to have meaningfully experienced the core programme. Ingeus to provide 'catch up' mentoring sessions as and when necessary (e.g. due to illness etc).</p>	IPE-RQ 1, 7, 8, 9

	<p>Young people must attend the residential</p> <p>A RAG rating will be used as follows showing the proportion to have experienced a 'meaningful proportion' of the Positive Pathways Programme.</p> <p>RAG approach: 95% or > = Green, <95%-85% = Amber and <85% = Red.</p>	
Progression criteria 4 (PC4)	<p>Enhanced BAU funded through the evaluation. Need to check that this is being delivered appropriately by referral routes. Enhanced BAU to not include any mentoring or outdoor learning activities.</p> <p>Proportion of YP that received an appropriate Enhanced BAU through their funding (that did not include Mentoring or Adventure Learning related experiences).</p>	IPE-RQ 3, 6, 7
Progression criteria 5 (PC5)	<p>Levels of need. Young people are being recruited across both levels of need in sufficient numbers to ensure a blended cohort</p> <p>Binary measure</p>	IPE-RQ 1, 2, 3, 8, 9
Progression criteria 6 (PC6)	<p>Dosage and fidelity. Ingeus deliver the number of sessions as intended (1 taster day, three mentoring sessions at appropriate points, weeklong residential, celebration event)</p> <p>Binary measure</p>	IPE-RQ 1, 4, 8, 9
Progression criteria 7 (PC7)	<p>Working relationships. YEF, SHU, Ingeus working relationship continue to develop in a positive direction. Ingeus, YEF and SHU are responsive to communications made and advice and adaptations are considered.</p>	IPE-RQ 1

4.0 Cost data reporting and collecting

Cost data will be collected directly from the delivery organisation toward the end of the project, so that actual costs are obtained as opposed to projected costs. All relevant categories specified in the YEF cost evaluation guidance will be covered. A bottom-up approach will be adopted, in accordance with this guidance. Figures will be presented in the

YEF reporting template. Cost data will be gathered using salary information from the delivery partner and we will aim for cost data on all staff involved. The monitoring data will collect information on attendance at taster days, the residential, mentoring sessions and the celebration event, which will give a detailed picture of each young person's engagement with the programme. Cost data will also be gathered on training, quality assurance and the spend on mentoring sessions (e.g. transport for attendance) and purchasing necessities for young people to facilitate attendance on the residential. Any additional costs incurred for extra and ongoing support for young people with for example additional needs or who required extra support to remain engaged will also be recorded.

The focus will be on costs incurred by the full delivery team who are delivering the intervention, rather than wider costs that fall outside of this. Appendix 4 shows available payments for referral routes for provision of a suitable BAU and to support their engagement with the programme. SHU will conduct a survey of all referral routes towards the end of the evaluation to find out further detail on how this money was spent. Whilst the payments in Appendix 4 are not a cost that is directly incurred by the delivery team, this will provide additional information on the costs of running the programme. This will be presented separately to the costs incurred by the delivery team.

5.0 Diversity, equity and inclusion

The evaluation would examine the profile of each grouping within the participants using available administrative data. Specifically, we will collect demographic data (ethnicity, gender etc) for all young people referred to the programme. This would be compared with population statistics for the geographical areas recruited to the programme. We would then compare these demographics for young people identified as eligible; eligible young people who consent to participating, young people who are randomised and finally young people who complete the programme or the enhanced BAU offer. This would highlight whether each stage resulted in imbalance where one subgroup was more likely to drop out compared with others (e.g. a greater number of females compared with males dropping out at the eligibility stage; a greater number of Black Caribbean young people dropping out at the consent stage etc.) Participant ethnicity and gender would also be a keen focus when looking at impact (through exploratory subsample analyses), fidelity to Positive Pathways and attrition. Similarly, we would profile the people responsible for delivering the Positive Pathways programme in terms of ethnicity and gender.

We will engage with the YEF Race Equity Associate throughout the evaluation and implementation of the programme. This will help to address the social distance between researchers and the young people who participate in the programme and evaluation. Furthermore, as noted earlier we aim to work collaboratively with the Ingeus Youth Voice Ambassadors (particularly targeting those from the West and East Midlands) to receive

critical input into the evaluation design, approach to data collection and other materials used. The YEF Race Equity Associate will be central to helping us design evaluation materials, including our proposed video to be used in explaining the evaluation and RCT. All members of the evaluation team will follow university protocols, including SHU training in 'Equality Essentials' and 'Unconscious Bias' and the SIRKE Race Equality statement. SHU have costed in a member of staff with lived experience of both autism and ADHD, and substantial research experience in this area, who will be involved in the creation of IPE tools, interviewing of young people and analysis.

Inclusion is at the heart of the Positive Pathways programme. Ingeus has budgeted £12,500 (~£25 per young person) for the purchase of clothing, shoes and any other necessities for young people to avoid exclusion from the participation through a lack of suitable equipment. In addition, young people will be provided with travel costs to and from mentoring appointments, and if these take place in a coffee shop, for example, the mentor will pay for any food, or drinks purchased.

6.0 Ethics and registration

The evaluation underwent a full review and approval process through the university ethics committees (Reference number ER67367138) before the research commenced. This involved writing a detailed application reviewed by Sheffield Hallam University independent ethics reviewers. This trial will be registered at the ISRCTN (International Standard Randomised Controlled Trial Number).

The SHU team are very aware of the potential sensitivities associated with randomisation in general but especially involving young people specifically identified because of their involvement in (or risk of being involved) in criminal behaviour. SHU has established research ethics procedures in place to ensure research is undertaken in accordance with commonly agreed standards of good practice and academic integrity. It aims to promote good practice throughout the assessment of ethical issues and compliance with legal requirements. This can be found <https://www.shu.ac.uk/research/quality/ethics-and-integrity>. These processes align with BERA and BSA guidelines and operate through the University Research Ethics Committee (SHU REC) and Faculty Research Ethics Committees (FREC). The project team will always follow these procedures, including operating to standardised protocols concerning anonymity, confidentiality, informed consent, rights to withdraw, and secure (electronic and physical) data storage. The research team is experienced and committed to working in an ethically appropriate and sensitive way and are familiar with the ethical issues arising when working with diverse groups of participants. Copies of our ethics policy, principles and procedures are available <http://www.shu.ac.uk/research/ethics-integrity-and-practice>. SIOE ensures that professional standards and the wellbeing of research participants are protected and always maintained.

7.0 Data protection

A privacy notice will be sent to referral routes and given to young people, and their parents/carers as part of the onboarding process. This will allow SHU to have access to the referral data and monitoring data collected by the delivery team. Any data shared will be done via secure encrypted routes. Data sharing agreements will be set up to allow for the sharing of participant details between Ingeus and SHU. All evaluation data collected will be submitted to the YEF data archive and participants will be fully informed of this via a privacy notice.

At the end of the study pupil data supplied to the SHU evaluation team by schools will be shared with the Department of Education (DfE) and evaluation data will be submitted to the ONS. The DfE will pseudonymise the data, so it is **no longer possible to identify any individual young person from the study data**. The DfE will then transfer the data to the YEF Data Archive, which is stored in the Office for National Statistics (ONS) Secure Research Service. The YEF is the 'controller' of the information in the Archive. It will be possible for information in the Archive to be linked with information about the pupils from the National Pupil Database (NPD) and the Police National Computer (PNC). This will help approved researchers find out the long-term impact of the projects funded by YEF.

For the qualitative fieldwork, participant information sheets containing a privacy notice will be distributed to all participants at onboarding. This information will be tailored to be as accessible as possible. Consent forms will be completed by all participants at onboarding. Parents/carers are free to withdraw their child from data collection and analysis at any time until the data are archived at the end of the project. Information on how to withdraw will be provided for referral routes, parents and carers. If a parent/carer decides to withdraw, this would mean that no data on their child would be included in the evaluation and the child would not be required to take the measures (surveys) but can still participate in the Positive Pathways sessions. A data sharing agreement and fair processing notice will detail the personal data to be shared, and a fair processing notice will be sent to all participating referral routes as per GDPR requirements.

All recordings on digital devices will be removed once the audio file had been stored securely on the password protected shared drive. The audio files sent for transcription will be passed on secure data transfer. Once the transcript had been returned copies of the audio files will be deleted.

For the write up of the report, referral routes will not be reported and any references to these will include a number (i.e. School/Youth offending Team 1 to 6). Participants will also be anonymised or described using their first initial only for reporting purposes.

The processing of personal data through the evaluation is defined under GDPR as a specific task in the public interest. The legal basis for processing personal data will be 'Public Task' (Article 6 (1) (a & e)). Sheffield Hallam University (SHU) has established data protection (<https://www.shu.ac.uk/about-this-website/privacy-policy/information-governance-policy>) and research ethics (<https://www.shu.ac.uk/research/quality/ethics-and-integrity>) policies and procedures aligned with legal requirements and research society's standards of good practice. The project team will always follow these procedures, including operating to standardised protocols concerning anonymity, confidentiality, informed consent, rights to withdraw, and secure data privacy, security, storage, transfer and processing.

Our research centre consults with the SHU Data Protection Officer and Information Governance lead on all matters regarding data security. All staff receive Data Protection training, and all projects are conducted in compliance with legislation including GDPR. The SHU Data protection policy statement can be found <https://www.shu.ac.uk/about-this-website/privacy-policy/privacy-notice-for-research>.

8.0 Stakeholders and interests

Evaluation team at Sheffield Hallam University

Ben Willis – Senior Research Fellow – Co-PI

Dr Josephine Booth – Principal Research Fellow - Co-PI and IPE lead

Laura Riley - Senior Research Fellow – Law and Criminology

Dr Chris Bailey – Senior Lecturer in Education, Autism and Disability

Hongjuan Zhu – Research Associate - trial support

Eleanor Hotham and Jessica Benson-Egglenton- Research Fellow - project managers

Lisa Clarkson/Judith Higginson – Administrative/trial support

Dr Antonia Ypsilanti and Professor John Reidy will lead the impact evaluation

Sean Demack will support the impact evaluation

Development and delivery team at Ingeus

Simon Smithson - Director of Youth Services will provide oversight for the programme

Emma Watson – Head of Service will lead on operations and meeting the requirements of YEF and evaluation

Charlie Sunderland – Head of Safeguarding will lead on safety and well-being of young people and staff

Steve Binns – Head of Risk will lead on identifying, assessing and managing risks

Youth Engagement Mentors – Providing one to one mentoring and guidance to young people from recruitment through to completing programme

9.0 Risks

Please see separate joint risk register and mitigations.

SHU have a series of well-established processes in place to reduce likelihood of risks coming to fruition. Risk management will occur through:

- systematic and regular risk management processes
- a comprehensive risk register
- supplementary analysis and mitigation of project critical risks

The key approach to risk management is through compiling a detailed register that identifies potential risks, classified as high, medium, or low in terms of likelihood and level of impact, leading to an overall risk grading. For all medium and high risks, design and processes are included to mitigate the risk and reduce the likelihood and impact. Consideration of risk is a standing item for internal project management meetings. If a project critical risk is identified, the YEF project/evaluation managers will be informed, and steps agreed to address the issues. As part of our usual monitoring process, progress will be subject to internal review to ensure progress is proceeding to plan and risks reviewed. These established processes have permitted us to respond proactively to match programme shifts due to Covid, with our approach drawing praise from What works centres EEF and YEF, for our responsiveness and capacity to keep projects on track. The project has been subject to internal ethical review and will be fully GDPR compliant.

10.0 Timeline

Table 5. Timeline

Dates	Activity	Staff responsible/ leading
Feb – June 24 (Internal Pilot)	Initial stakeholder engagement of referral partners.	Ingeus
	YEF receipt of final efficacy protocol/draft information sheets/consent forms/privacy notice/MoU	SHU
	YEF receipt of final information sheets/consent forms/privacy notice/MoU	SHU
	YEF receipt of SHU ethics approval	SHU
	Ingeus recruit/provide staff training (including safeguarding)	Ingeus
June–Sept 24 (Internal Pilot)	Formal onboarding of referral partners for the internal pilot, alongside ongoing initial engagement of wider referral partners	Ingeus
	Rolling period of onboarding YP, including collection of consent, identification of a setting-based lead	Ingeus
	All YP undertake baseline measure-based survey as part of onboarding	SHU
	Rolling period of randomisation by SHU. Ingeus to inform intervention and control referral organisations of outcome.	SHU/Ingeus
	SHU finalise arrangements with referral routes and SBLs to ensure that Enhanced BAU funds are processed/ criteria of usage clear	SHU
July – Oct 24 (Internal Pilot)	First mentoring session delivered	Ingeus
	Interview/focus group with Ingeus delivery team (reflections on recruitment)	SHU
	Taster day sessions delivered to YP and SHU undertake an observation visit.	Ingeus/SHU

	Residential delivered. SHU to undertake an observation and fieldwork with YP and staff including mentors	Ingeus/SHU
	Celebration events delivered, SHU to observe one.	Ingeus/SHU
	Second and third mentoring sessions delivered by Ingeus. SHU to liaise with Ingeus and referral routes to set up and undertake interviews/focus groups with YP, face to face or in person.	Ingeus/SHU
Dec 24-Jan 25 (Internal Pilot)	Rolling endpoint YP survey - disseminated two weeks after final mentoring session (intervention). Block of 4/5 weeks for control. SHU to work closely with Ingeus, referral routes and YP to maximise response rates.	SHU
	Online endpoint interviews with mentors	SHU
	Endpoint census referral route surveys with a sample of follow up online interviews	SHU
	Endpoint reflective online interviews/focus groups with Ingeus staff	SHU
Jan– Mar 25 (Internal pilot)	IPE data analysis	SHU
	Collation of YP survey results - top-level triangulation with IPE analysis against key progression criteria	SHU
	SHU submits transition point decision document to YEF. YEF review and decide whether to progress evaluation to efficacy. Depending on the decision, the format of an 'interim' or 'final' report decided.	SHU/YEF
Mar-Jun 25 (Efficacy)	SHU to revise and update protocol and costings according to learning from the internal pilot in consultation with YEF and Ingeus	SHU
	SHU redrafts protocol and creates statistical analysis plan	SHU
	SHU drafts and submits updated documentation to independent ethics committee. Once approved SHU alert YEF	SHU/YEF

	Ingeus continue recruitment of YP/referral partners	Ingeus
April–Sept 25 (Efficacy)	Rolling period of onboarding YP - collection of consent from parents/carers and YP. Identification of most appropriate SBL contact for each YP	Ingeus
	All YP undertake baseline measure-based survey on a rolling basis until YP numbers secured	SHU
	Rolling period of randomisation by SHU. SHU to inform control participants/SBLs. Ingeus to inform intervention participants.	SHU/Ingeus
	SHU finalise arrangements with referral partners and SBLs to ensure that enhanced BAU funds are processed/ criteria of usage clear	SHU/Ingeus
May- Dec 25 (Efficacy delivery)	First mentoring session delivered	Ingeus
	Interview/focus group with Ingeus delivery team (reflections on recruitment)	Ingeus
	Taster day sessions delivered to YP and SHU undertake two observations	Ingeus/SHU
	Residential delivered. SHU to undertake three observation visits and fieldwork with YP and staff including mentors	Ingeus/SHU
	Celebration events delivered, SHU to observe two	Ingeus/SHU
	Second and third mentoring sessions delivered by Ingeus. SHU to liaise with Ingeus and referral routes to set up and undertake interviews/focus groups with YP	Ingeus/SHU
Sept –Dec 25 (Efficacy)	Rolling endpoint YP survey - disseminated 2 weeks after final mentoring session (intervention). Block of 4/5 weeks for control. SHU to work closely with Ingeus, referral partners and YP to maximise response rates.	SHU
	Online endpoint interviews with mentors	SHU

	Endpoint census referral route surveys with a sample of follow up online interviews	SHU
	Endpoint reflective online interviews/focus groups with Ingeus staff	SHU
Jan-May 26	IPE data analysis (including from internal pilot) and team analysis meetings	SHU
	Impact YP data cleaning /preparation and analysis	SHU
	Synthesis of IPE and impact data. Report writing. Submission of draft report.	SHU/YEF
	Submission of final, peer reviewed evaluation report	SHU
	Data archiving	SHU

Please refer to the attached Gantt spreadsheet for a more detailed breakdown of the evaluation and delivery activities across both the internal pilot and efficacy stages

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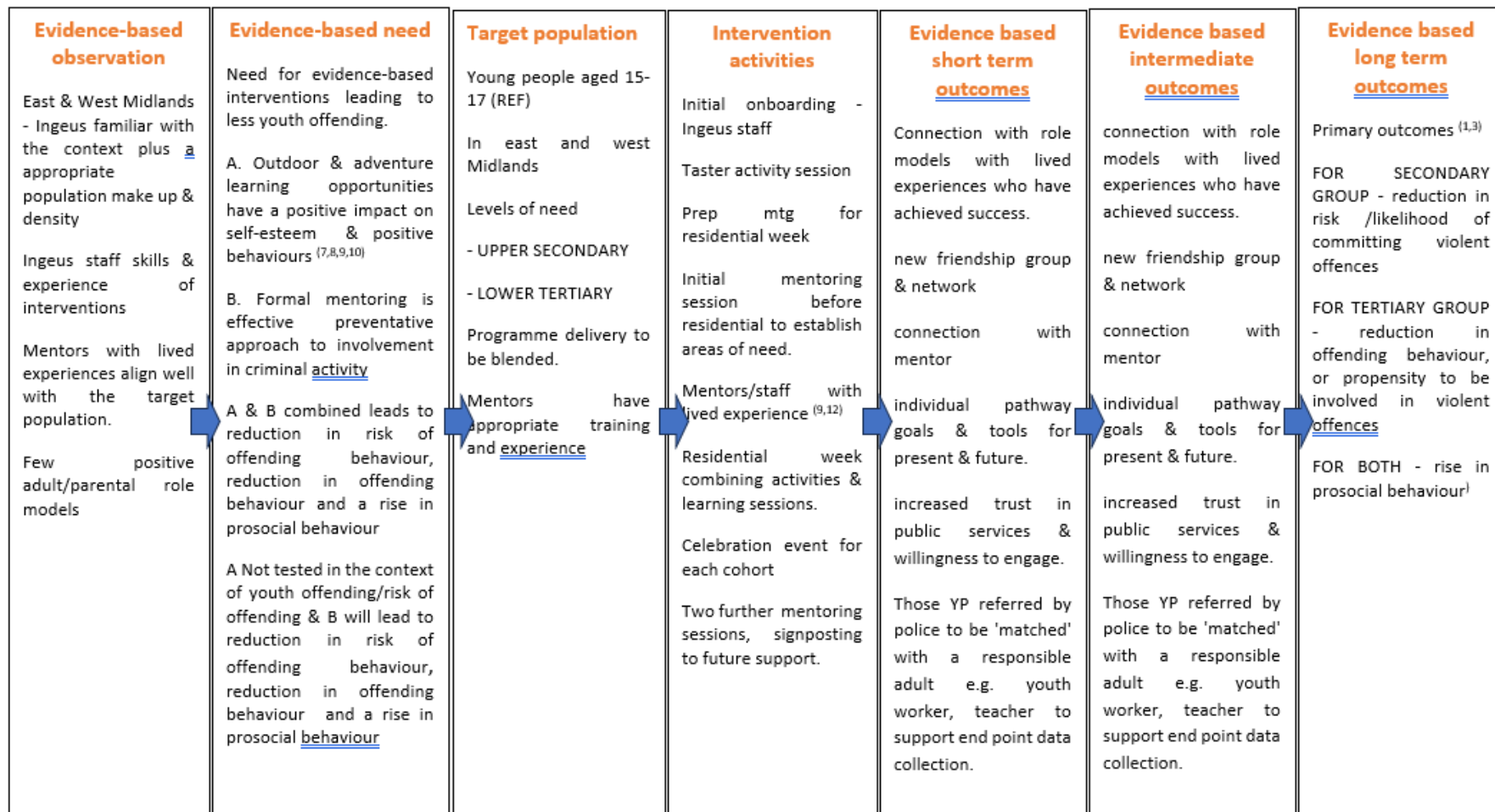
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Appendix 1: Theory of change



Appendix 2: Mentoring session materials

Young Persons

Name:

Mentor Session xxx

Appointment Date:

Unique

Programme ID:

Date Updated:

KEY:

0 – No effect 1 – Has hardly any effect 2 – Has a minor effect 3 – Has a moderate effect

4 – Has a significant effect 5 – Has a major effect 6 – Has an extreme effect

Area of Focus	Barrier / Area of Focus (Yes or No)	Initial Rating*	Current Rating*	Notes
Criminal Record	<i>Example – Criminal Record</i>	<i>4 - Has a significant effect</i>	0 - No Effect	Click or tap here to enter text.
Mental Health	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Social & Support Networks	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Motivation	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Confidence	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Housing	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Finance	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Physical Capability	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Action Plan

Young Persons Name:	Click or tap here to enter text.		Unique Programme ID:	Click or tap here to enter text.			
Start Date:	Click or tap here to enter text.		Mentor's Name:	Click or tap here to enter text.			
Goals and Areas of Focus & Barriers	Example - social & support networks, mental health, criminal record, caring responsibilities, motivation, qualifications						
Reflections on previous sessions, experiences or learning							
Area of Focus	Action / Intervention Title	Young Person Action	Details and Objectives	By Whom?	By When?	Status	Notes
Young Persons Signature:				Date:			
Mentors Signature:				Date:			

Appendix 3: Content of Positive Pathways mentor training

Topic area	Training content
Unconscious Bias and Cultural Competence	<p>This will give insight into the differing types of unconscious bias, examples and case studies of unconscious bias. The types of bias covered include – ageism bias, gender bias, name bias, race/colour/culture bias, characteristic bias, confirmation bias, attribution bias, affinity bias, beauty bias and horns and halo effect bias.</p> <p>On completion of the training mentors will understand the following:</p> <p>Understand the components of cultural sensitivity/competence identify how this help to promote more effective interventions</p> <p>Begin to appreciate the complexities involved in self-awareness and knowing communities and understanding culture</p> <p>Understand the difference between a stereotype and a generalisation</p> <p>Begin the process of identifying and selecting appropriate practical approaches, recognising what is important as knowledge</p>
Anti-discriminatory practice	<p>On completion of the training mentors will understand the following:</p> <p>What are personal attitudes, beliefs and experiences</p> <p>Service provider (individuals & institutes) and service user’s point of view</p> <p>Direct and indirect discrimination</p> <p>Prejudice & stereotype</p> <p>Gender, age, sexual orientation, religion, beliefs, race, disabilities</p> <p>Discussion of prejudice plus power</p> <p>The challenges of misunderstanding</p> <p>Cultural difference and cultural enrichment</p> <p>Promotion of equality, confidentiality, beliefs, preferences & choice</p> <p>Positive communication</p>
Adult and Child Safeguarding	<p>On completion of the training mentors will understand the following:</p> <p>Definitions of vulnerable adult and child</p> <p>Forms of abuse</p> <p>Indicators / presentation</p> <p>When to take action</p> <p>Capacity</p> <p>How to take a disclosure</p> <p>Risk Factors</p> <p>Referral processes</p>
Extremism	<p>On completion of the training mentors will -</p> <p>Understand what extremism and radicalisation are</p> <p>Understand the importance of an anti-racist lens in this context</p> <p>Understand how young people are radicalised and how extremist messaging can be spread.</p>

	<p>Understand what the Prevent strategy is and what its aims are.</p> <p>Understand what the Channel programme is and what its aims are.</p> <p>Understand their own Prevent responsibilities.</p> <p>Understand what sector-specific responsibilities there are with regards to Prevent guidance.</p> <p>Know how to recognise potential signs of concern.</p> <p>Know what action to take if they are concerned about a child, young person or adult at risk.</p> <p>Understand what steps might be taken following a Prevent referral.</p>
Modern Slavery	<p>On completion of the training mentors will -</p> <p>Display understanding of the Modern Slavery Act 2015.</p> <p>Understand the various forms of slavery in a modern-day workplace.</p> <p>Learn what your organisation can do to eradicate slavery in the UK.</p>
Managing Neurodiversity	<p>On completion of the training mentors will understand -</p> <p>Why neurodiversity in the workplace matters e.g. identification of stressors and barriers, and strategies for managing sensory overload</p> <p>The science behind cognition and neurodiversity</p> <p>Kickstart your neurodiversity journey from the bottom-up</p> <p>Top neuro-inclusive practices to include all employees and service users</p> <p>Knowing when to refer young people to other services/support (e.g. health professional)</p> <p>(The needs of individuals will be identified as part of onboarding and risk assessment)</p>
Body Talk / Step 4 – enhanced engagement and communication techniques	<p>To understand how you can use body language to capture your audience.</p> <p>To understand the 5 P's and how we can use them when presenting.</p> <p>To understand the importance of the Power of the Pause</p> <p>To understand ways and strategies to help build your confidence.</p>
Group Facilitation and Group Work	<p>Understand where and why group support is desirable.</p> <p>Be confident in how groups form and develop.</p> <p>Have explored situations that can occur, and how they can be managed.</p> <p>Have considered how to overcome challenges in a group situation.</p>
Risk Awareness, Assessment and Management	<p>Getting Started</p> <p>Identifying Hazards and Risks</p> <p>Seeking Out Problems Before they Happen (I)</p> <p>Seeking Out Problems Before they Happen (II)</p> <p>Everyone's Responsibility</p> <p>Tracking and Updating Control Measures</p> <p>Risk Management Techniques</p> <p>General Office Safety and Reporting</p> <p>Business Impact Analysis</p>

	<p>Disaster Recovery Plan</p> <p>Summary Of Risk Assessment</p>
Dealing with Challenging Behaviour	<p>Categorise types of violence and aggression for physical and non-physical behaviour</p> <p>Identify with challenging behaviour theory and meaning</p> <p>Discuss the law in relation to challenging behaviours</p> <p>Identify with functional analysis</p> <p>Discuss a variety of de-escalation techniques</p> <p>Discuss the Principles and values of positive behaviour support</p> <p>Identify with the ABC process and risk assessments</p> <p>Identify with person centred care, planning, approaches and tools</p>
Motivational Interviewing	<p>Definition and description of Motivational Interviewing.</p> <p>The underlying spirit of motivational interviewing.</p> <p>Reflective Listening and the client centred OARS skills.</p> <p>Identifying the goals the client wants to move towards.</p> <p>Exchanging information and providing advice.</p> <p>Generating change talk (where the client talks about changing) and responding to it in a way that develops and encourages it.</p>
Mental Health Awareness	<p>At the end of the training mentors will have an understanding of-</p> <p>Mental Health Awareness</p> <p>Mental Health Problems</p> <p>Wellbeing Toolkit</p> <p>When to seek external Help</p>
Support for those with Lived Experience via the Ingeus Academy	<p>At the end of the training mentors will be able to -</p> <p>Facilitate group discussions</p> <p>Filter and analyse data</p> <p>Communication skills</p> <p>Personal boundaries</p> <p>The bottleneck principle</p> <p>External support</p>
Trauma Informed Practice/Adverse Childhood Experiences	<p>At the end of the training mentors will understand -</p> <p>The definition of a trauma and what effects are commonly experienced post-trauma, and the wider systemic impacts this may have</p> <p>The idea that the effects of trauma can persist for a very long time or for ever.</p> <p>What makes for a trauma informed organisation?</p> <p>The need the take a holistic approach to the individual circumstances of each young person and where necessary offer further support on programme</p> <p>Examining additional factors relevant to your own specific situation.</p> <p>How Trauma-Informed Practice increases our job satisfaction, motivation and resilience.</p> <p>The questions we need to answer if we want Ingeus to be Trauma Informed as well as your own practice.</p>
Safe Lone working	<p>Introduction to lone working</p> <p>At the end of the training mentors will understand -</p> <p>Risk assessments</p> <p>Control Measures</p>

	Safer working arrangements
Information security	<p>Introduction to cyber security</p> <p>At the end of the training mentors will -</p> <ul style="list-style-type: none"> Understand terminology used in cyber security Understand legal and ethical aspects of cyber security Understand common threats to data security Understand methods of maintaining data security Working with others in data security
GDPR	<p>At the end of the training mentors will -</p> <ul style="list-style-type: none"> Understand the key principles, data subject rights of the UK General Data Protection Regulation. Understand how UK GDPR is enforced and how it fits into the data privacy law landscape: Data Protection Act, PECR, EU GDPR etc. Be aware of some of your legal responsibilities under UK GDPR as an employee /company that processes personal data.

Appendix 4: Summary of incentive costs

Recipient	Reason	Amount	Unit	Number of payments needed is sample achieved	Total
Referral route	To provide enhanced BAU to control group	£50	Per young person in control group	500	£25,000
Referral route	To support collection of end point data	£30	Per young person across control and intervention	1000	£30,000
Young person	To encourage completion of end point measures (all) and survey (control group)	£20	Per young person across control and intervention	1000	£20,000
Total					£75,000



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The Youth Endowment Fund Charitable Trust

Registered Charity Number: 1185413
