

EVALUATION PROTOCOL

# Efficacy evaluation of the EXODUS mentoring programme

Coram

Principal investigator: Hannah Lawrence

# Efficacy evaluation of the EXODUS mentoring programme

## Evaluation protocol

Evaluating institution: Coram

Principal investigator(s): Hannah Lawrence



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|----------------------------------|---|
| <b>Project title</b>             | Efficacy evaluation of the EXODUS mentoring programme   |
| <b>Developer (Institution)</b>   | UpskillU Ltd  |
| <b>Evaluator (Institution)</b>   | Coram   |
| <b>Principal investigator(s)</b> | Hannah Lawrence   |
| <b>Protocol author(s)</b>        | Max Stanford, Lizzie Gilbert, Dr Emily Blackshaw, Mia Johnson, Narendra Bhalla, Hannah Lawrence   |
| <b>Trial design</b>              | Two-armed randomised controlled trial (RCT), randomised at the individual level   |
| <b>Trial type</b>                | Efficacy trial with internal pilot and implementation and process evaluation (IPE)<br><br>The internal pilot is planned to start in March 2024.<br><br>The end of the efficacy trial is planned for July 2027 and reporting in early 2028                                     |
| <b>Evaluation setting</b>        | Community settings and secure training centres  |
| <b>Target group</b>              | 11 to 17 year-olds (at time of referral) who are at least one of the following: <ul style="list-style-type: none"><li>• <b>Known to have offended</b> where a child or young person has been arrested (and led to conviction) or identified by police for offending</li></ul> |

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|   | <p>and/or antisocial behaviour or affected by serious violence, criminal or sexual exploitation (as perpetrators and/or victims)</p> <ul style="list-style-type: none"> <li>• <b>Considered to demonstrate high/medium risk factors associated with offending, exploitation, and/or victimisation.</b> This is based on vulnerability assessments undertaken by referral partners which considers whether the child or young person is at least one of the following: <ul style="list-style-type: none"> <li>– Known to the Youth Offending Service (YOS)</li> <li>– Has a pending or in place National Referral Mechanism (NRM) as at risk of exploitation or trafficking</li> <li>– Has had a recent recorded missing episode (meaning within last 6 months)</li> <li>– Known by the police/YOS to be affiliated with groups, often referred to as gangs, involved in crime, violence and trafficking</li> <li>– Known by the police/YOS to have siblings already involved in and affected by serious youth violence</li> <li>– Known to local authority children’s services (e.g. known to early help, is a Child in Need, on a Child Protection Plan, is Looked After, or has care experience)</li> <li>– Demonstrates school exclusion risk factors i.e. persistent absences and suspension, displaying anti-social behaviour</li> </ul> </li> <li>• <b>Currently in or leaving custody</b> where children and young people are in custody and will complete their custodial sentence within a given timeframe to allow them to engage in EXODUS</li> </ul> |
| <p><b>Referral partners</b></p>               | <ul style="list-style-type: none"> <li>• Northamptonshire Police and Youth Justice Service</li> <li>• Haringey Council and Youth Justice Service</li> <li>• Oakhill Secure Training Centre</li> </ul>  |
| <p><b>Number of participants</b></p>          | <p><b>846 children and young people</b> recruited to the RCT</p>   |
| <p><b>Primary outcome and data source</b></p> | <p>Self-reported offending behaviour 12 months post randomisation</p> <p>Based on: Volume score on the Self-Report Delinquency Scale (SRDS)</p>  |

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| <b>Secondary outcomes and data sources</b> | <ol style="list-style-type: none"> <li>1. Criminal offending</li> <li>2. Violent offending</li> <li>3. Criminal exploitation and victimisation</li> <li>4. Emotional and behavioural problems</li> <li>5. Trusted adult relationship</li> </ol> <p>Using:</p> <ol style="list-style-type: none"> <li>6. Local police data on the number of criminal offences</li> <li>7. Local police data on the number of violent offences</li> <li>8. Module A (Conventional Crime) of the Juvenile Victimization Questionnaire (JVQ)</li> <li>9. Secondary measure: local police data on number of incidents of victimisation and exploitation</li> <li>10. Total difficulties score on Strengths and Difficulties Questionnaire (SDQ)</li> <li>11. Social Support and Rejection Scale (SSRS)</li> </ol> |
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## Protocol version history

| Version        | Date       | Reason for revision   |
|----------------|------------|---|
| 1.4            | 10.07.2024 | Agreement from YEF to extend internal pilot by one month (changes to <u>Timeline</u> section of protocol made). Revision of the sample size calculations. |
| 1.3            | 08.07.2024 | Feedback from YEF senior leadership team  |
| 1.2            | 09.04.2024 | Feedback from YEF external peer review  |
| 1.1            | 08.01.2024 | Feedback from YEF Grants and Evaluation Committee   |
| 1.0 [original] | 26.09.2023 |   |

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## Study rationale and background

Recent evidence indicates that general youth offending has decreased in recent years in the UK, with 13% fewer children and young people (CYP) being cautioned or sentenced between March 2021 – 2022 compared with the previous year (Youth Justice Board, 2023). There is contrasting data, however, on the incidence of violent youth offending and victimisation in recent years. Official government statistics show that between March 2021 – 2022, there was a 2% decrease in knife and offensive weapon offences committed by CYP compared with the previous year (Youth Justice Board, 2023). However, victims of homicide aged between 0 and 15 years old rose from 43 to 59 in 2020/21 from the previous year (Youth Endowment Fund, 2022b). Further, any decrease in violent youth offending may have been linked to the effects of the COVID-19 pandemic, with some areas of youth violence (such as homicide) returning to pre-pandemic levels since the removal of lockdown measures (Youth Endowment Fund, 2022a).

Evidence from the College of Policing (2019) and the Greater London Authority's (GLA) City Intelligence Unit (2021) highlights a complex array of factors that contribute to CYP becoming involved in violence. This includes deep-rooted and ingrained social and economic issues such as poverty, high unemployment, school exclusion, poor mental health and a lack of youth services, with risk of exposure varying based on gender, age, adverse childhood experiences and educational attainment. For CYP, involvement in crime increases the probability of experiencing problematic outcomes in later life, including a greater likelihood of experiencing health and social problems (British Medical Association, 2014).

Typical criminal justice systems require the state to take ownership of a conflict between a person who has offended and the victim(s) to decide the correct course of action. This process restricts the chances the victim(s) has to engage in the criminal justice process and may remove the opportunity for the person who has offended to amend for any negative impacts caused by their actions (College of Policing, 2022). Restorative justice can work to reduce reoffending by making the offender accountable for their offending behaviour while giving them the opportunity to understand the impact that this behaviour has on victims and others.

Restorative justice practices have gained increased popularity as an alternative to more traditional criminal and juvenile justice responses. They provide a policy framework for dealing with youth crime and other adolescent transgressions, and aim to facilitate reparation and promote healing among the person who offended, the victim, and the community (Bazemore, 2001). Restorative justice programmes for young people who have offended have shown to be effective at reducing recidivism for many types of young people who have offended (Bergseth and Bouffard, 2012).



According to the Youth Endowment Fund (YEF) Toolkit,<sup>1</sup> restorative justice has a moderate impact on preventing crime and violence. Research has suggested that restorative justice could be more effective when applied to violent crimes than property crimes, and more serious rather than less serious crimes (College of Policing, 2022).

The EXODUS mentoring programme is a therapeutic intervention underpinned by restorative approaches. Research has identified an association between participation in restorative practices in school and positive outcomes in peer and family relationships; mental health, resilience and empowerment; and sense of safety (Gonzales and Epstein, 2021). A systematic review of evidence on whole school restorative approaches found improvements in social and emotional skills and behaviour. It found that restorative approaches had been used effectively in various cultural contexts and had enhanced equity and inclusion (Mas-Exposito et al., 2022). In family support service provision, families found taking a restorative approach acceptable, engaging and helpful (Williams, 2019). The type of therapeutic restorative approach used in the EXODUS mentoring programme has a strong evidence base, but has not been robustly tested within the context of mentoring for CYP displaying risk factors associated with offending.

Mentoring is a key component of EXODUS. In the context of youth violence, mentoring has shown signs of promise and to be moderately effective (Gaffney, Jolliffe and White, 2022). This is particularly the case if mentors have themselves been through the issues experienced by the CYP (Creaney, 2018). Mentors in this context can act as positive role models for CYP, building non-judgemental, trusting relationships with their mentees (meaning the CYP who receive mentoring) and helping them to navigate the criminal justice system (Lenkens et al., 2023). Mentoring can also introduce CYP to positive peer groups, helping to reduce the influence of harmful peer groups that the CYP may have encountered (Creaney, 2018).

CYP may be more likely to engage with mentors with shared experiences when compared with other statutory services. Because of their shared experiences, mentors may have greater access to the communities they are aiming to help and therefore there may be fewer barriers to engagement (McPherson et al., 2001). This can help to counteract the reluctance of people who have offended to seek help through the normalisation of their behaviour (Rickwood et al., 2007). This may be helpful when engagement in youth mentoring programmes can be low. For instance, across 80 mentoring programmes supported by the Youth Justice Board in England and Wales only 42% of CYP aged ten to 17 years old (241 out of 579) fully completed the programmes (St James-Roberts, et al., 2005). Further, process evaluations have shown that substantial numbers of children who are referred to the mentoring services do not take up the offer or fail to engage (Gaffney, Jolliffe and White, 2022). This type of mentoring, used in the EXODUS programme, therefore shows signs of promise.

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<sup>1</sup> The Toolkit provides an overview of existing research on approaches to preventing serious youth violence, and can be found here: <https://youthendowmentfund.org.uk/toolkit/restorative-justice>

The GLA City Intelligence Unit (2021) research also highlighted the disproportionate impact of violence on young Black Londoners who are significantly overrepresented, both as victims and as people who have offended. For instance, Black teenagers are six times more likely to be killed by violence than white teenagers in London. In addition, in England and Wales, Black CYP are more likely to be stopped and searched, arrested, held on remand, sentenced to custody and to go on to commit another offence within a year (Fraser, 2022). UpskillU (the organisation which delivers EXODUS) undertakes much of its work with Black and other racially marginalised communities through the EXODUS programme. While the EXODUS programme does not specifically target any particular ethnicity, CYP from Black and other racially marginalised communities are overrepresented in the programme.

EXODUS was previously evaluated by The Bridge Renewal Trust alongside similar programmes under the Haringey Community Gold partnership, with Haringey Council as a lead partner. The programme reached 6,924 CYP. It was funded by the Mayor's Young Londoners Fund from January 2019 to December 2021. The evaluation was based on contribution analysis and mostly used qualitative data from delivery partners and CYP. It highlighted positive feedback from the CYP, with an indication of the EXODUS programme positively impacting behavioural outcomes (Bridge Renewal Trust, 2022).

UpskillU has been the central organisation in the Northamptonshire Youth Violence Intervention Unit (YVIU) for the last three years<sup>2</sup>. The Northamptonshire YVIU has an established data system to support the monitoring of the EXODUS programme. Comparison of the performance data<sup>3</sup> on 155 CYP supported by YVIU (then called CIRV) six months before joining and six months after finishing EXODUS showed improvements in several areas, including:

- reductions in suspect occurrences (26%)
- offences (30%)
- arrests (40%)
- violent offences (40%)
- victim episodes (45%).

For young people who were identified as appropriate for the programme but refused to engage, when comparing six months prior and six months' post referral, showed a 46% increase in violent offences and a 35% increase in violent suspect occurrences. These findings need to be treated with caution as CYP who did engage and did not engage may be from very different groups. A

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<sup>2</sup> This unit was known as the Northamptonshire Community Initiative to Reduce Violence (CIRV) until March 2024 and may sometimes still be referred to as CIRV in documents. For more information about YVIU see here: [www.northants.police.uk/police-forces/northamptonshire-police/areas/northamptonshire-force-content/about-us/about-us/youth-violence-intervention-unit/](http://www.northants.police.uk/police-forces/northamptonshire-police/areas/northamptonshire-force-content/about-us/about-us/youth-violence-intervention-unit/)

<sup>3</sup> This data was shared with UpskillU but has not been published.

randomised controlled trial will account for any differences in groups and provide a more definitive finding about efficacy.

EXODUS has not been evaluated with a robust impact evaluation using a randomised design. Evaluating EXODUS is an opportunity to build the evidence base on the effect of a restorative mentoring programme on youth offending. Our proposed evaluation design for the EXODUS programme will provide robust evidence about the efficacy of the intervention. **EXODUS will be evaluated through an efficacy randomised controlled trial with an initial internal pilot and an ongoing implementation and process evaluation (IPE) and cost evaluation.** An internal pilot is a phase in a trial after which progress is assessed against pre-specified criteria (Herbert et al., 2019). This gives the opportunity to review or stop the trial if these criteria are not met. Data collected during the internal pilot phase contributes towards the final analysis of a trial, increasing cost-effectiveness (if the data can be used for the overall trial, which is assessed as part of the internal pilot). Interventions which are well-developed and have previous evidence of promise, such as EXODUS, are considered suitable for this type of trial.

Using a two-armed RCT design, CYP referred to EXODUS will be randomised to either the intervention or control group on a 50:50 basis. The intervention group will be referred to the EXODUS programme and the control group will receive business-as-usual support. The impact of the intervention will be assessed against the primary outcome of self-reported criminal offending 12 months' post randomisation, with secondary outcomes of violent offending, criminal exploitation, emotional and behavioural problems, and trusted adult relationships also being assessed.

# Intervention

## Overview

EXODUS is a 12-month therapeutic restorative mentoring intervention. A CYP is taken through a structured programme by paid mentors trained in restorative practice.

EXODUS works with 11 to 17 year olds who are identified by statutory referral partners as having offended, considered to demonstrate high or medium risk factors associate with offending, exploitation and/or victimisation and currently in or leaving custody (more details on criteria below).

EXODUS aims to reduce the likelihood of CYP being affected by violence, offending and/or exploitation. For CYP leaving custody, it aims to support their reintegration into society.

EXODUS is delivered by UpskillU<sup>4</sup> a restorative, community-based organisation and an established national restorative justice training provider.

During EXODUS, CYP receive 12 weeks of intensive one to one mentoring with trained mentors. Sessions are both in person and virtual and built around a prescriptive therapeutic programme. This is followed by a 26-week transitional phase focusing on longer-term goals and personal development. At the end of this transitional phase, the CYP is introduced to their Circle of Support and Accountability (COSA) consisting of a group of adult volunteers recruited from the communities where CYP reside to serve as an extended support network. As part of the ending phase CYP receive 12 weeks of fortnightly COSA sessions and check in calls from their mentor on the weeks they do not have COSA sessions. The mentoring intensity is reduced to help prepare CYP for the end of the programme. At the end of which CYP have an exit interview and assessment (more details in [CYP journey through the EXODUS programme](#) section below).

## Who is the intervention for?

11 to 17 year-olds (at time of referral) who are at least one of the following:

1. **Known to have offended** where CYP have been arrested (and led to conviction) or identified by police for offending and/or antisocial behaviour or affected by serious violence, criminal or sexual exploitation (as perpetrators and/or victims)

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<sup>4</sup> <https://upskillu.co.uk/>

2. **Considered to demonstrate high/medium risk factors<sup>5</sup> associated with offending, exploitation, and/or victimisation.** This is based on vulnerability assessments undertaken by referral partners which considers whether CYP are:
- i. Known to the Youth Offending Service (YOS)
  - ii. Have a pending or in place National Referral Mechanism (NRM) as at risk of exploitation or trafficking
  - iii. Have had a recent recorded missing episode (in last six months)
  - iv. Known by the police/YOS to be affiliated with groups, often referred to as gangs, involved in crime, violence and trafficking
  - v. Known by the police/YOS to have siblings already involved in and affected by serious youth violence
  - vi. Known to local authority children's services (e.g. known to early help, are a Child in Need, on a Child Protection Plan, are Looked After, or have care experience).
  - vii. Demonstrate school exclusion risk factors i.e. persistent absences and suspension, displaying anti-social behaviour
- **Currently in / leaving custody** where CYP are in custody and will complete their custodial sentence within a given timeframe to allow them to engage in EXODUS.

Most CYP the EXODUS programme aims to reach will have complex needs. CYP will often be from marginalised or disadvantaged communities and have experienced some form of trauma or adverse childhood experience. Some have challenging family dynamics which increase their vulnerability.

### **How are CYP referred onto the programme?**

EXODUS is an established programme. CYP are referred by referral partners including statutory agencies (such as youth offending teams, police services, education, and social care) and third-sector organisations, as well as through multi-agency triage processes.

Partners include:

- Northamptonshire Police and Youth Justice Service
- Haringey Council and Youth Justice Service
- Oakhill Secure Training Centre
- Metropolitan Police Prosecutions Restorative Justice Unit
- Minaret Community Centre (London)
- Croydon Council.

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<sup>5</sup> Descriptions of the risk ratings used by referral partners can be found in Appendix 2.

### **The internal pilot will only include referrals from three sites:**

1. Northamptonshire Police and Youth Justice Service
2. Haringey Council and Youth Justice Service
3. Oakhill Secure Training Centre.

When a CYP is identified by a referral partner through their own comprehensive assessment processes, a referral will be made to UpskillU via an online referral form (**Appendix 1**). This referral is reviewed and assessed by a trained UpskillU project coordinator. The coordinator will quality assure referral forms to ensure they are completed correctly and that the CYP meet the eligibility criteria using the eligibility checklist.

As part of the trial, UpskillU will deliver training to the referral partners, including training on racial bias to prevent biases in referring CYP to the study (see Compliance section for information on monitoring referrals).

Coram will deliver training to referral partners about the research trial. This will cover the referral and randomisation process and monitoring business-as-usual support.

Details of the departments and teams involved in each of the three referring sites are provided below.

#### **Northamptonshire Police<sup>6</sup> and Youth Justice Service**

Referrals will come from two departments:

- a) Northamptonshire Police's **Youth Violence Intervention Unit (YVIU)** (previously known as the Community Initiative to Reduce Violence (CIRV) until March 2024). UpskillU has been the main delivery partner for CIRV over the last four years. The YVIU focuses on intervention as a way to help steer CYP away from violence and gang criminality. The YVIU works with children aged eight to 17. A disruption team works with teenagers who have been identified as being at risk and refuse to engage with the unit. The unit has four teams:
  - Eight to 12 year olds: a team of police community support officers work across Northamptonshire with a focus on those who have become involved in a serious violent offence, as well as those who show concern relating to knife crime, gangs, drug crime and violence
  - 13 to 17 year olds (where most EXODUS referrals will be received from due to age range): with five specialist youth workers and Adverse Childhood

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<sup>6</sup> Who also deliver the Ministry of Justice 'Turnaround' programme.

Experience workers. The team targets teenagers who want to work with professionals.

- the Youth Offending Service (more details below)
- Disruption team: eight police officers will co-ordinate disruption plans to create engagement opportunities through arrest and multi-agency working for teenagers who don't want to engage with the YVIU.

- b) **Northamptonshire Youth Offending Service (NYOS)** including the Prevention and Diversion Team (PaDs)<sup>7</sup>. NYOS staff include social workers, youth workers, education workers, community psychiatric nurses, probation officers, police officers and substance misuse workers. CYP are identified by practitioners in these teams when undertaking their initial assessments with CYP when they have been referred in via the youth justice system. Practitioners use a risk, safety, and wellbeing concern rating (see **Appendix 2**) where CYP with identified medium to high risk are referred to EXODUS. The PaDs team work alongside seconded police officers to make decisions and support CYP with out of court disposals (a method of resolving an investigation for offenders of low-level crime) or as a preventative intervention.

### Haringey Council and Youth Justice Service

UpskillU has been commissioned by Haringey Council for over four years to work with Haringey's Community Safety team. UpskillU is part of the Haringey Community Gold Partnership<sup>8</sup>, a group of community-based organisations. The Haringey Community Safety team, based in Haringey's children's services and made up of six to eight practitioners, screen and refer CYP to EXODUS from referrals they receive from the Multi Agency Safeguarding Hub (MASH) from across Haringey. These referrals come from schools, social care, and early help.

Haringey Youth Justice Service is a multi-agency service made up of youth justice social workers and support staff including police, health, probation and education. The aims and objectives of the service are to prevent offending and re-offending for children and young people aged between ten and 17 years<sup>9</sup>.

### Oakhill Secure Training Centre (STC)

Oakhill STC is in Milton Keynes and run by G4S Care and Justice Services (UK) Ltd. Oakhill STC is a secure facility for up to 80 CYP aged between 12 and 18. The centre provides a safe and secure

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<sup>7</sup> More information on the NYOS can be found here: [www.n-yos.org.uk/our-services/prevention-and-diversion](http://www.n-yos.org.uk/our-services/prevention-and-diversion) & [www.westnorthants.gov.uk/directory/local-offer/c5c6e3ad-f140-42b1-9f7d-86eb2ab98a9a](http://www.westnorthants.gov.uk/directory/local-offer/c5c6e3ad-f140-42b1-9f7d-86eb2ab98a9a); along with information on PaDs here: [www.n-yos.org.uk/our-services/prevention-and-diversion/](http://www.n-yos.org.uk/our-services/prevention-and-diversion/)

<sup>8</sup> More information available here: [www.youthspace.haringey.gov.uk/services-young-people/haringey-community-gold](http://www.youthspace.haringey.gov.uk/services-young-people/haringey-community-gold)

<sup>9</sup> More information here: [www.haringey.gov.uk/children-and-families/early-help-service/haringey-youth-justice-service](http://www.haringey.gov.uk/children-and-families/early-help-service/haringey-youth-justice-service)

environment where CYP can begin to deal with the significant issues that have led them to be placed in custody<sup>10</sup>.

UpskillU has been working with Oakhill for over three years. Although Oakhill received an 'inadequate' inspection status in October 2021 (Ofsted, 2021), Ofsted's most recent review (Ofsted, 2022) found that the immediate serious concerns raised had been addressed. In addition, children's experiences and progress had improved resulting in a 'requires improvement to be good' rating; with children's education and learning, health and resettlement all rated as 'good.' Since then, Oakhill has continued to develop its safeguarding function and is subject to audits and assurance visits to ensure it safeguards and promotes the welfare of children.<sup>11</sup> UpskillU as a CPD (Continuing Professional Development) provider will be providing additional safeguarding training to Oakhill staff which incorporates the YEF's safeguarding protocol.

Each CYP has an Intervention Needs Screener when they arrive in custody at Oakhill STC. For those on remand, it focuses on the needs that can support the CYP in settling and engaging whilst they are residing in custody prior to sentence or release. If the CYP is sentenced then another screener will be completed to support identification of needs to address the CYP's offending and support resettlement. Based on their needs and expected release from custody, Oakhill identifies CYP who would be eligible for EXODUS. Oakhill refers CYP to EXODUS with the aim of supporting CYP with issues that led to their incarceration and supporting them with plans to leave custody and resettle back into the community.

## What is the CYP journey through the EXODUS programme?

The programme steps are:

- 1. An introductory circle** between the CYP and the UpskillU Senior Coach. This can also include the family and/or the referral agent. This meeting enables UpskillU to explain the restorative approach, the EXODUS programme, its independence from statutory services and UpskillU's way of working
- 2. Mentor introduction:** the CYP is introduced to their mentor. The parameters of the mentorship are set, including establishing ground rules and baselining responses to a bespoke EXODUS outcomes star which covers eight areas of development such as victim awareness and personal safety
- 3. 12-week intensive structured restorative mentoring programme:** this intensive support phase involves one in-person meeting, a virtual meeting, and a weekly catch-up phone call. These are all one-to-one and consist of modules covering topics from 20 pre-developed

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<sup>10</sup> More information is available here: [www.oakhillstc.co.uk](http://www.oakhillstc.co.uk)

<sup>11</sup> This includes Independent Restraint Review Panel (IRRP), Local Authority Review of Restraint, YCS Central Safeguarding Team Quarterly Assurance Visits, Daily Monitoring by Youth Custody Service Monitors located at Oakhill Secure Training Centre and Milton Keynes LADO Service Scrutiny Visits. Oakhill is also part of the local safeguarding partnership 'MK Together' and currently sits on the Safeguarding Partnership Managerial Board, Assurance Board and Prevent Board.



themes, which are selected and adapted based on the CYP needs. The six core themes which all CYP cover are:

1. Self-identity
2. Attitudes and values
3. Risks and consequences
4. Conflict and choices
5. Relationships, influences and decisions
6. Solutions and strategies.

The mentorship involves positive activities tailored to the CYP's goals and interests. This can include celebratory activities for example a leisure activity. It can also involve an introductory sport, music, or art sessions, support with volunteering/social action or internships/other education as well as training and employment opportunities. Over the course of the programme, on average, this involves two to three positive activities.

As part of the triage and referral process, or through mentoring itself, mentors often identify the need to provide additional bespoke support, which may span this and the next phases. This includes:

- **Family support sessions:** mentors deliver family support sessions depending on the identified needs e.g. working to improve family relationships, family conflict mediation. On average, this involves two to three engagements. For the family support sessions, mentors receive training around: Attachment Theory, Internal Family Systems<sup>12</sup>, power constructs, the effects of trauma and Adverse Childhood Experiences, managing conflict, dealing with separation and effective communication
- **Advocacy work:** this can involve attending statutory meetings with or on behalf of the CYP, attending courts, writing references/letters, etc.
- **'Through-the-gate' key work support:** for CYP in custody, EXODUS offers support to facilitate resettlement and resilience against re-offending.

Depending on needs, some CYP may benefit from an additional mentor to support them for individual sessions or topics to bring in lived experiences, for example experiences of county lines or sexual exploitation.

**4. 26-week transitional phase:** at the end of 12 weeks, a progress review and assessment is undertaken. This includes an assessment of engagement, progress and ongoing risks. This can result in CYP exiting the programme due to sustained disengagement or non-engagement (i.e. non-attendance at 3 to 4 successive sessions) or an extreme change in circumstances such as being relocated to another part of the country or taken in to custody. Mentoring intensity is

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<sup>12</sup> More here: <https://ifs-institute.com/>

reduced to one face-to-face meeting and one virtual contact per week. These sessions focus on longer-term goals and future activities. The treatment is tapered down to one in-person with the virtual session ad hoc as agreed between mentor and mentee.

- 5. 12-week completion/ending phase:** at the next stage, the mentoring intensity is reduced further to fortnightly check-in calls. The CYP is introduced to their COSA. This consists of a group of adult volunteers recruited from the local community, including the CYP's mentor. COSA volunteers are trained in restorative practice with professional supervision and generally include individuals with lived experience. They aim to serve as the extended support network for CYP. The COSA volunteers will encourage the CYP to take ownership of their behaviours and any harm caused. They will use a restorative justice mediation/conference with individuals harmed, if the individual agrees to participate.
- 6. COSA group sessions:** these run once a fortnight as a 60 to 90-minute informal meeting. During this time, the COSA works with the CYP through a personalised support plan constructed by the mentor and CYP, where the CYP plays a lead role in identifying goals and objectives for the circle. A key part of the COSA support is to encourage CYP to take ownership of their behaviours and any harm caused by way of restorative justice mediation/conference with individuals harmed. The programme seeks to increase awareness around risks and contextual safeguarding factors in relation to violence and exploitation and increase in a sense of community and willingness to engage in, and develop relationships with, adults. The COSA also facilitates CYP access to mainstream services within the communities. This helps prepare CYP for the end of the programme, while still providing them with support.
- 7. Exit interview and assessment:** at the end of the 12 months, there is an exit interview where the mentor/mentee together complete an evaluation. A RAG (red, amber, green) rating and assessment are completed. If the CYP still has concerning risk, the COSA support can be extended, or they can be re-referred back into the provision.

If the CYP is ready to exit the programme, the mentor will help signpost and refer them to other community-based provisions and organisations. As the COSAs are made up of volunteers the members have the option to stay connected beyond the end of the project.

In a select number of cases, CYP who have shown leadership potential and expressed an interest in youth work and repairing harm are offered a chance to sign up for UpskillU's Upskill360<sup>13</sup> Academy Traineeship Programme. This supports CYP through a programme offering CPD training, voluntary work experience, peer research, and shadowing to become a mentor themselves. Successful

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<sup>13</sup> <https://upskill360.co.uk/>

trainees go on to secure paid employment within the organisation. Some of these trainees will be offered peer researcher positions within this evaluation (see Design section for more details).

## Who delivers the programme?

Mentoring is delivered by paid staff. COSA sessions are delivered by volunteers from the CYP's local community. UpskillU is a restorative organisation<sup>14</sup>. UpskillU has been delivering restorative practice programmes for over eight years across funded projects in partnership with a range of statutory and community partners. UpskillU is also an established national training provider and member of Institute of CPD and CPD Standards Office member.

All UpskillU staff are trained in restorative practice through Northern Ireland Alternatives (NIA)<sup>15</sup>, who also provide clinical supervision to mentors<sup>16</sup>. Staff receive extensive training as part of their on-boarding including:

- safeguarding
- mentoring training
- group work facilitation
- training around youth violence, exploitation and contextual safeguarding
- introduction to trauma and trauma-informed care
- Mental Skills Training (MST).

As a CPD training provider, UpskillU has included as part of the project rollout in-house and external training around race, equity, diversity and inclusion, unconscious bias and cultural competency and diversity in restorative practice.

On completion of training, staff go on to immersive training where they shadow the existing team before final approval. Immersive training also involves limited participation in sessions. Staff also are able sit with experienced staff to discuss intervention and write up debriefs of the sessions together.

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<sup>14</sup> UpskillU is an approved members of the Restorative Justice Council. UpskillU has embedded restorative practice throughout its organisation. It provides all staff, volunteers and partner agencies with a value base, language, behaviours' and tools to strengthen relationships. UpskillU works around a framework broken into six performance indicators 1.Leadership/ embedding restorative approaches within strategic and operational planning, 2.Policies and procedures, 3.Training and development, 4. Support and supervision, 5.Service delivery, 6. Maintaining professional standards.

<sup>15</sup> UpskillU provides the majority of their staff training for this project in-house. Only the restorative practice training is being delivered by NIA. UpskillU wanted to use an external provider as it involves deep personal exploration by participants with trainers who are independent and impartial. More here about NIA: <https://alternativesrj.co.uk/>.

<sup>16</sup> UpskillU's clinical supervision is designed to create a space for emotional wellbeing where staff can offload and process vicarious and secondary trauma often associated with this type of work, without feeling restricted by what they can say. The facilitators are trained in counselling, restorative practice and trauma therapy. The supervision is usually in a group format through the use of restorative circle but is supported by one to one sessions on a needs basis. Clinical supervision is always kept separate to line management, appraisal or performance reviews.

COSA volunteers are given fixed-term voluntary positions and trained in restorative practice with professional supervision from UpskillU staff. The aim is to identify volunteers for each COSA from a range of backgrounds to diversify the support they can provide the CYP. They are recruited from local volunteering networks and colleges, including Milton Keynes College and Haringey Sixth Form College, who UpskillU has formal affiliations with. Volunteers are remunerated for their time to cover expenses such as travel or childcare.

### **Lived experience of staff and volunteers**

Most staff members and volunteers have lived experience or have professional experience working with CYP at risk in the community and/or CYP in a secure estate. Some staff members have completed the EXODUS programme and the traineeship programme to become mentors. To ensure activities are accessible and engaging for a diverse group of CYP, UpskillU has a diverse pool of mentors speaking six languages. Staff and volunteers come from a range of cultural backgrounds including many of the marginalised communities they work in. As many UpskillU staff members have lived experience and have offended within the areas UpskillU is working, they have insight into some of the community conflicts, gangs and groups in those areas (such as postcode rivalries, gang conflicts) and therefore have local knowledge around conflict rivalries and safeguarding.

UpskillU is experienced in working with people with lived experiences and has put in place a robust process around safeguarding which includes careful selection, a two tier interview and reference check, enhanced DBS checks, safeguarding, shadowing and immersive training and other core training. In addition, an UpskillU project coordinator will carry out random spot checks of mentor sessions and will speak to the CYP alone to check elements of the programme are working for them, including the relationship with the mentor and the venue.

### **Where is the programme delivered?**

The location for sessions is discussed during the introductory meeting with the CYP and their parents/carers to identify suitable, accessible, and safe venues and make travel arrangements. Venues include community venues or referral partner offices that CYP have attended with the referral partner. Venues have been assessed in terms of accessibility and safeguarding (for example checking if CYP cannot attend locations because of safety reasons or potential conflicts). Where necessary, transport arrangements can be made. UpskillU has strong community links in each of the targeted locations for the project and will ensure each site has safe, accessible venues, facilities and resources for the programme. UpskillU works closely with referral partner outreach teams and this is part of the risk assessment process.

Mentoring virtual sessions take place via WhatsApp, FaceTime, Zoom or MS Teams. To support this, UpskillU has a device lending scheme so that CYP can sign for and borrow devices for the duration of the mentorship.

As a result of delivery throughout the COVID-19 lockdown, UpskillU has developed a laptop/device lending scheme which can be used to extend reach to CYP from marginalised and deprived communities. The aim of the scheme is to support virtual sessions for those who may not wish or be able to access designated locations for mentoring sessions (e.g. for safeguarding reasons) but may be deterred because of digital poverty. CYP or their parent/carer sign a contract with the mentor for use of a device during mentorship. The scheme aims to encourage the development of healthy trusted adult relationships with CYP who may not have been able to access the programme otherwise.

## **What is the programme expected to achieve?**

The main aim of the EXODUS programme is to **reduce the likelihood of CYP committing violence, offending and/or being affected by exploitation. For those in custody the aim is to support CYP's reintegration in society.** This is illustrated in the EXODUS logic model (**Figure 1** below). This logic model was developed by UpskillU with the support of the research agency Ipsos in July 2023 prior to the commencement of Coram's involvement. The intended outcomes for CYP include:

### **Short-term:**

- development of a trusted and meaningful relationship and community connections
- improved knowledge of risk and consequences around violence, child exploitation and grooming
- improved skills for managing and resolving conflict
- improved knowledge of education and employment opportunities and pathways
- skills acquired through qualifications and/or courses.

### **Medium-term:**

- positive attitudinal change regarding offending behaviour
- increased restorative thinking i.e. repairing harm and being part of the community
- increased empathy
- improved social emotional regulation
- improved decision-making
- increased engagement, attendance and attainment in education (including reduction in school exclusions)
- increased confidence and aspirations.

### **Long-term:**

- positive change in self-identity and values
- improved relationships with family and services
- improved reintegration into society after custody

- improved self-esteem and wellbeing
- improved behaviour and reduced emotional and behavioural problems
- reduced (re)offending including changes in type (violent and non-violent) and frequency
- reduced likelihood of being criminally exploited.

There are also these anticipated outcomes for the **sector**:

- improved professional skills for staff and volunteers
- increased collaboration with statutory partner and likeminded organisations
- increased awareness of UpskillU's restorative approaches and reputation.

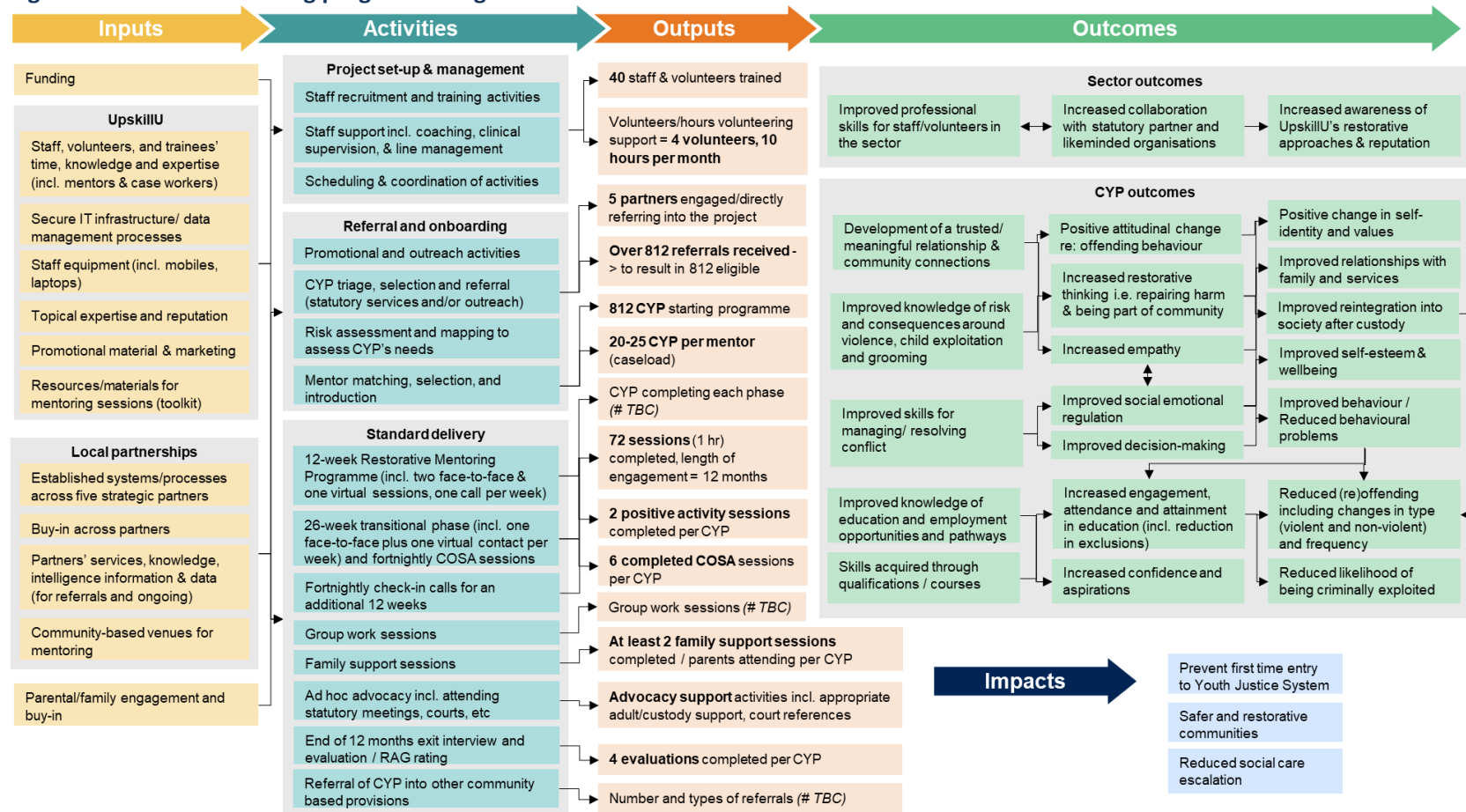
# Efficacy evaluation of the EXODUS mentoring programme

## Evaluation protocol

Evaluating institution: Coram

Principal investigator(s): Hannah Lawrence

Figure 1: EXODUS mentoring programme logic model



## What are the mechanisms of change for the programme?

The EXODUS programme aims to apply the five principles of restorative practice in aspects of CYP's lives, these are:

1. relationship
2. respect
3. responsibility
4. repair
5. reintegration.

This restorative approach provides a high level of support to CYP along with offering them high challenge.

Through this process, EXODUS aims to help CYP understand the impact of their decisions and encourages them to take responsibility for their actions and behaviour, and repair any harm caused (to themselves and others). This includes supporting their emotional literacy by helping CYP identify, understand, and express their feelings, helping CYP develop a sense of community and value the relationships they form.

Mentors use their skills and expertise to develop a trusted relationship between the CYP and themselves and the COSA, helping to ensure CYP are happier, more cooperative, productive, and more likely to make positive changes to their behaviour.

The programme uses combination of mentoring and a COSA. Mentoring is focused on addressing attitudinal and behavioural change as well as preventing and repairing harm and the COSA focuses on building resilience and strengths through a network of support.

The content of EXODUS directly touches on areas of diversity, inclusion, cultural bias and equity. As the CYP UpskillU works with are predominantly from Black and other racially marginalised communities, UpskillU can draw on its diverse team, and their lived experience, to give context for CYP and explore issues such as adultification bias<sup>17</sup> and racial trauma and the role these play for the CYP. Having a culturally diverse team of relatable mentors, allows UpskillU to directly tackle and address culturally sensitive issues.

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<sup>17</sup> See for example: [www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2022/06/Academic-Insights-Adultification-bias-within-child-protection-and-safeguarding.pdf](https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2022/06/Academic-Insights-Adultification-bias-within-child-protection-and-safeguarding.pdf)



## What is the business-as-usual support?

Given the different referral partners and the bespoke nature of support for CYP identified as at risk of youth violence, business-as-usual support may be quite diverse but also with some similarities for CYP in the trial. However, business-as-usual support across the three referral partner sites **does not include any long-term restorative mentoring** (defined as more than 12 weeks) or restorative justice interventions similar to EXODUS.

As business-as-usual support may be diverse, we will group support into main categories to assist our analysis. The potential categories are listed below. We would also look at the number of uses of each type of intervention category (in terms of the number of CYP using each of the interventions) and account for this in our analysis to reduce variance and diversity.

Categories may include:

- relational: family, social, peer
- health: physical activities and universal emotional support
- targeted therapeutic support e.g. counselling or CAMHS
- education, training and employment support
- youth justice work e.g. one to one sessions with a youth offending worker on victim awareness

More detail on business-as-usual support across the three referral partners is below.

### **Northamptonshire Police's CIRV and NYOS (including PaDs) business-as-usual support (now part of the Youth Violence Intervention Unit):**

As the Northamptonshire YVIU was developed in March 2024, this section refers to the business-as-usual support information we gathered about CIRV before trial commencement (now incorporated as part of the YVIU).

We will work with the YVIU to detail any key differences in their business-usual-support as they develop their offer. There will be many similarities with the previous CIRV offer and the new YVIU offer (specifically, the 13 to 17 year old team). We have used the business-as-usual support information about CIRV here as an illustration of the type of support a CYP would typically receive in the new unit.

CIRV business-as-usual support involves police officers giving identified CYP the choice of stopping their engagement in violence and associated crimes. CYP who choose to engage in CIRV receive support from a police officer 'navigator'. The navigator manages the CYP's case

and communicates with the CYP and any agencies working with them. The support depends on the circumstances and needs of the CYP. There is no specified point at which engagement ends. CYP may stop being part of the programme when a positive outcome, such as gaining employment, is reached.

For CYP referred to NYOS, they are given a case manager who works with them to provide a tailored package of support around post-court case management responsibilities. Examples of work the YOS does with CYP includes sessions covering:

- increasing awareness of the CYP's behaviour
- emotional awareness and thinking skills
- victim awareness
- peer pressure
- gang awareness
- drug and alcohol awareness
- support to access to mental health worker
- help with accessing welfare support and advice.

The YOS Education, Training and Employment team can also work with CYP to coordinate and liaise with schools and other around accessing suitable provision for those experiencing educational challenges, as well as provide educational support and training.

For CYP referred to the PaDs team within the NYOS, they are provided with tailored packages of support including access to specialists and professionals including education, substance misuse and accommodation, as well as Health and Justice Practitioners to support with emotional and mental health concerns.

#### **Haringey Council and Youth Justice Service business-as-usual support:**

For CYP referred to Haringey Council's Community Safety team, they and their family receive support from a keyworker in the team who provides regular one to one support. This covers support with employment and education, emotional and wellbeing and support with housing and court proceedings. The Community Safety team also can refer and support CYP to engage in interventions provided through the Haringey Community Gold programme<sup>18</sup> including play, sports, employment support, a future leaders programme, and mental health support. For example:

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<sup>18</sup> For more information see [www.youthspace.haringey.gov.uk/services-young-people/haringey-community-gold](http://www.youthspace.haringey.gov.uk/services-young-people/haringey-community-gold) and [www.youthspace.haringey.gov.uk/sites/youthspace/files/yjf\\_hcg\\_final\\_report\\_may\\_2022.pdf](http://www.youthspace.haringey.gov.uk/sites/youthspace/files/yjf_hcg_final_report_may_2022.pdf)

- Haringey Play Association: offering play-based support to ten to 15 year olds. This is offered as a drop-in and through regular weekly group programmes offering one to one supervision. The aim is to provide positive activities to enable CYP social and emotional wellbeing
- London Elite Sports and Football Academy (Off the Street Less Heat): providing sports provision for young people aged 13 to 21 one evening per week
- My Training Plan: offering fitness sessions with a personal trainer for CYP, providing training plans on personal fitness, diet plans and mentoring in youth clubs, schools and alternative provision. This includes boxing training and girls only sessions
- North London Partnership Consortium Ltd (NLPC): delivering a community leader programme that aims to create and cultivate CYP, including CYP who have offended, into future community leaders through an accredited training programme and targeted work experience placements.

Additional support outside of Haringey Community Gold includes employment support from the Tottenham Hotspur Foundation for those aged 16 and over, and community based mental health support sessions delivered by the mental health charity Mind.

Similar to NYOS, in Haringey Youth Justice Service CYP will have an allocated case manager who works with them to provide a tailored package of support. This could include:

- emotional awareness and thinking skills
- victim awareness
- peer pressure
- gang awareness
- drug and alcohol awareness.

The Haringey Youth Justice Service also use the Turnaround programme. The Turnaround programme is a voluntary early help intervention delivered by Haringey Youth Justice Service. Turnaround aims to support a CYP and their family as soon as a problem starts. It aims to reduce the risk that children will enter the statutory youth justice system.

#### **Oakhill STC business-as-usual support:**

CYP needs are assessed via an Intervention Needs Screener when they enter Oakhill STC to identify needs, address the CYP's offending and support resettlement. The CYP's needs are reviewed at least monthly via Core Support Team (CST) meetings. A formulation-based support plan is written to outline what is needed to meet needs, reduce risks, and support the CYP's custodial journey. This includes access to training, education, industrial type employment, interventions and physical health and wellbeing initiatives. CYP are also provided with key work packs to be completed weekly covering topics such as avoiding

crime, careers, diversity, gangs, knife crime, peer pressure and positive interactions, problem solving, self-esteem and victim awareness.

CYP are also expected to engage in active citizenship, which aims to equip them with the knowledge, skills and understanding to play an effective role in public life. It is a contractual requirement for them to complete, the same as attending education. These are specific lesson plans set by the programmes manager. For example, finances, health, housing, personal development, and education, training and employment.

There are also optional specialist interventions. These are:

- substance misuse via a Drug Recovery Unit
- targeted and psychosocial interventions (such as Cognitive Behavioural Therapy (CBT))
- auricular (ear) acupuncture therapy
- equine therapy
- cognitive and behavioural interventions (such as Feeling I, Timewise, Life Minus Violence, Enhanced and Life Minus Violence, Harmful Sexual Behaviour)
- evidence-based psychological assessments and interventions, primarily equivalent to Tier 2 (early help and targeted support) Child and Adolescent Mental Health Services (CAMHS).

CYP with more complex needs are reviewed via weekly Enhanced Support Team meetings. These take place with the CYP and the core group working with the CYP. The enhanced support offer provides intervention work one to one and welfare checks around behaviour if the child has had many incidents, or if a dramatic change in behaviour has been observed. For example, a session could explore emotions and how to regulate them, any suicide/ self-harm/ wellbeing concerns, any worries they may have about court or peers, as well as linking in with CAMHS.

### **Business-as-usual support data collection**

The referral partners use AssetPlus<sup>19</sup> as standard practice for data recording and case tracking. AssetPlus creates one record to follow a CYP throughout their time in the youth justice system. We will gather information about the business-as-usual support the CYP

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<sup>19</sup> [www.gov.uk/government/publications/assetplus-assessment-and-planning-in-the-youth-justice-system/assetplus-assessment-and-planning-in-the-youth-justice-system](http://www.gov.uk/government/publications/assetplus-assessment-and-planning-in-the-youth-justice-system/assetplus-assessment-and-planning-in-the-youth-justice-system)

receives from AssetPlus reports. More detail about this is provided in the [Data collection](#) section.

## Impact evaluation

### Design

EXODUS will be evaluated through an efficacy study with internal pilot and implementation and process evaluation (IPE).

**Table 1: trial design**

|  |   |  |
|--|---|--|
| <b>Trial design, including number of arms</b>      |   | Two-armed randomised controlled trial (RCT)  |
| <b>Unit of randomisation</b>                       |   | Individuals (children and young people)  |
| <b>Stratification variables</b><br>(if applicable) |   | Referral partner (Northamptonshire Police and Youth Justice Service, Haringey Council and Youth Justice Service and Oakhill Secure Training Centre in the internal pilot)  |
| <b>Primary outcome</b>                             | variable                                  | Self-reported offending behaviour  |
|  | measure<br>(instrument, scale, source)    | Volume score on the Self-Report Delinquency Scale (SRDS) (Smith et al., 2001) 12 months post randomisation   |
| <b>Secondary outcome(s)</b>                        | variable(s)                               | <ol style="list-style-type: none"> <li>1. Offending</li> <li>2. Violent offending</li> <li>3. Criminal exploitation and victimisation</li> <li>4. Emotional and behavioural problems</li> <li>5. Trusted adult relationship</li> </ol>   |
|  | measure(s)<br>(instrument, scale, source) | <ol style="list-style-type: none"> <li>1. Local police data on the number of criminal offences, including the number of arrests (which lead to conviction), cautions, reprimands, warnings and convictions over 12 months post randomisation</li> <li>2. Local police data on the number of violent offending over 12 months post randomisation</li> <li>3. Module A (Conventional Crime) of the Juvenile Victimization Questionnaire (JVQ) (Hamby, 2004)</li> </ol> |

|                                   |                                     |  |
|-----------------------------------|-------------------------------------|--|
|                                   |                                     | <ol style="list-style-type: none"> <li>4. Secondary measure: local police data on number of incidents of victimisation and exploitation</li> <li>5. Total difficulties score on the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997)</li> <li>6. Social Support and Rejection Scale (SSRS)</li> </ol>  |
| Baseline for primary outcome      | variable                            | Self-reported offending behaviour  |
|                                   | measure (instrument, scale, source) | Volume score on the Self-Report Delinquency Scale  |
| Baseline for secondary outcome(s) | variable                            | <ol style="list-style-type: none"> <li>1. Offending</li> <li>2. Violent offending</li> <li>3. Criminal exploitation and victimisation</li> <li>4. Emotional and behavioural problems</li> <li>5. Trusted adult relationship</li> </ol>   |
|                                   | measure (instrument, scale, source) | <ol style="list-style-type: none"> <li>1. Local police data on the number of criminal offences, including number of arrests, cautions, reprimands, warnings and convictions in the 12 months prior to randomisation</li> <li>2. Local police data on the number of violent offending in the 12 months prior to randomisation</li> <li>3. Module A (Conventional Crime) of the Juvenile Victimization Questionnaire (JVQ) (Hamby, 2004) score prior to randomisation. Secondary measure: local police data on number of incidents of victimisation and exploitation.</li> <li>4. 4. Total difficulties score on the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997)</li> </ol> |

## The peer research team

It is essential that the study, including its design, is grounded in lived experience. We will therefore recruit and train six to eight peer researchers. These are young people with experience of the EXODUS programme who are undertaking a 12 month trainee internship with UpskillU.

As part of the peer researcher role they will also play an advisory role and form a **young advisors group**. The group will meet two to three times a year to discuss and shape the research design, approaches, tools, fieldwork, analysis and dissemination, as well as to trouble-shoot any emerging challenges. Race, equity, diversity and inclusion will be a focal point of their work and a standing item on meeting agendas.

### Support and training for the peer researchers

The young people will receive UpskillU training in mentoring and restorative practices, safeguarding training, as well as shadowing and receiving general support from UpskillU. They will have a designated member of staff from UpskillU to support them. The peer researcher role will involve meeting with CYP referred to the trial to gather consent and baseline questionnaires, following up with CYP (both intervention and control) three, six and 12 months on, supporting the implementation and process evaluation (see [Implementation and process evaluation](#) section for more details) fieldwork (e.g. interviews) and analysis and taking part in dissemination activities.

The peer researchers will receive comprehensive training from Coram to carry out their peer researcher role and will be supported by both Coram and UpskillU throughout. This will include a minimum of three training sessions before the start of the trial. The training will include:

- understanding the peer researcher role
- research methods
- explaining and obtaining voluntary consent
- confidentiality, safeguarding and data protection
- how to successfully support CYP to complete outcomes measures (questionnaires)
- understanding the randomisation process
- ethical research and health and safety for researchers.

Additional ongoing training will cover interviewing, observations, data analysis and dissemination. Coram will also provide regular supervision and additional training as required.

The peer researchers will be employed by UpskillU. The peer researchers will be paid by Coram for their time working as peer researchers. The payment will be in accordance with the National Institute for Health and Care Research guidance<sup>20</sup>.

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<sup>20</sup> [www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392](http://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392)

We acknowledge that the peer researchers themselves may still be facing some of the challenges and have experienced some of the adverse experiences that the CYP referred to EXODUS will be facing. We therefore anticipate there may be times when peer researchers need to take a break from the role or withdraw from the role completely (which is also inevitable in any job role). To mitigate, we are offering peer researchers flexibility on the hours that they can work each month. Additionally, UpskillU is continually recruiting new trainees to their 12 month internship programme so we plan to have a rolling programme of induction training for new peer researchers. Last, we recognise that peer researchers will have varying levels of work and research experience, skills sets and confidence. We hope to see the peer researchers build their confidence and experience over time. After the initial three day training, Coram and the UpskillU peer research manager will discuss the readiness and support needs for each peer researchers. Peer researchers will initially run baseline meeting with CYP with the support of a Coram researcher until they feel ready to run them independently. Further, if a peer researcher does not feel confident or ready to run a session with a CYP then they have opportunities to be involved with other aspects of the research to build their skills and confidence.

### Trial steering group

We will also recruit a trial steering group made up of academics and professionals with relevant experience and knowledge to provide external scrutiny and advice on the evaluation. They will meet two to three times a year.

The roles of the different groups supporting the study are set out in **Table 2** below.

**Table 2: memberships and roles of groups supporting the evaluation**

| Group   | Members  | Role  |
|---|--|---|
| <b>Peer researchers (paid) who also act as young advisors to the research</b> | Young people with experience of the EXODUS programme or with a similar lived experience of the issues EXODUS aims to address | Be an integral part of the research team, shaping the design and carrying out the research (with training), e.g. helping gain consent from CYP and assisting them in completing outcome questionnaires as well as co-running interviews and observations for the IPE.<br><br>As young advisors, the peer researchers will provide scrutiny to and advise on project and evaluation activities and material, with a focus on accessibility and appropriateness for CYP participants, and race, equity, diversity, and inclusion. |



|   |  |  |
|---|--|--|
|   |  | Meeting two to three times a year in an advisory capacity.   |
| <b>Trial steering group (voluntary)</b> | Academics and professionals with experience in and knowledge of support services for CYP, youth violence and offending and race, equity, diversity and inclusion | Provide external scrutiny to and advise on project and evaluation activities, with a focus on progression from internal pilot to efficacy trial, and race, equity, diversity and inclusion. Comment on documents, such as reports for publication.<br><br>Meeting two to three times a year. |

## Internal pilot

An internal pilot is a phase in a trial after which progress is assessed against pre-specified criteria (Herbert et al., 2019). They are an opportunity to stop trials which are not likely to reach their recruitment, retention or site set-up targets, for example. Unlike an external pilot, data collected during the internal pilot phase contributes towards the final analyses of a trial. This makes internal pilots potentially more cost-effective than running an external pilot followed by a full trial (if the data can be used for the overall trial, which is assessed as part of the internal pilot). Interventions which are well developed and have previous evidence of promise, like EXODUS, are considered suitable for this type of trial.

An internal pilot will be carried out to establish the readiness of the EXODUS programme for a full efficacy trial. The primary research question will be:

### **Is a full efficacy trial of the EXODUS intervention feasible?**

The internal pilot has a target of **recruiting 102 participants (CYP)**, with the aim of recruiting 34 CYP per month for three months. The figure was finalised based on what was feasible and practical given study timelines, in agreement with the UpskillU delivery team.

The pilot will assess:

- **Recruitment:** including the extent to which the referral pathways are working. We will consider whether sufficient referrals are flowing into EXODUS, and whether these referrals are meeting eligibility requirements assessed via referral forms
- **Randomisation:** the randomisation process including the acceptability of the referral pathways and consent and randomisation procedures to participants assessed via referral and drop-out rates

- **Data collection:** processes for collecting data on the demographic profiles and characteristics of CYP randomised. Plus monitoring data on the uptake and attendance of those in the intervention group and what business-as-usual support looks like in the control group
- **Response rates:** the feasibility of collecting outcome measures data via an online survey administered to CYP and local police data on (re)offending and violent (re)offending
- **Fidelity:** measured against suggested fidelity sub-criteria outlined in **Table 3** within criteria number 11 ('11. Fidelity to programme: Deviations from the intervention logic model by delivery team') and may be developed further during the internal pilot (see also Compliance section). The checklist reflects the core components of EXODUS and will be further co-developed with UpskillU, evaluators and peer researchers
- **Scale-up:** the ability of the EXODUS programme to scale-up for the full trial.

#### Progression criteria for full trial

In line with standard practice for deciding on progression from an internal pilot to a full efficacy trial (Avery et al., 2017), we have developed 12 criteria (**Table 3**) which set out the targets for stopping the trial ('stop'), reviewing the trial ('review') and continuing ('proceed') the internal pilot to an efficacy trial. The criteria have been produced with input from UpskillU and delivery partners and are based on standard criteria used in previous internal pilots. We will review data collected in the internal pilot against the 'stop,' 'review,' and 'proceed' criteria in consultation with the trial steering group and our peer researcher young advisors.

As a guide:

- If at least ten out of the 12 the 'proceed' criteria are met, we will recommend proceeding with to the efficacy trial
- If there are at least ten 'review' criteria met, we will recommend reviewing the trial before proceeding. In this instance, the trial will be paused for the time needed to make amendments until it can begin again
- If there are more than six 'stop' criteria met, we will not proceed to the efficacy trial. In this instance we will take a phased approach to ending the trial which will aim to avoid any negative impact on CYP.

These are a guide. There may be a situation where the results are spread across the criteria (e.g. four in 'proceed', four in 'review' and four in 'stop'), in this instance we will discuss our findings with the YEF to make our decision about trial progression.

**Table 3: internal pilot progression criteria**

| Criteria  | Green (proceed)  | Amber (review)  | Red (stop)  |
|---|--|---|---|
| <b>1. Recruitment rate:</b> recruitment of participants (CYP) to internal pilot trial on track against target <b>(n= 102)</b> | 80-100% (n=82-102) of target number of CYP participants recruited to internal pilot      | 60-79% (n=61-81) of target number of participants recruited to internal pilot | 0-59% (n=0-60) of target number of participants recruited to internal pilot |
| <b>2. Randomisation proportions:</b> the proportions of participants allocated to each group should be 50:50                  | CYP are randomised into the control or intervention group 50:50                          | CYP are randomised into the control or intervention group 45:55               | CYP are randomised into the control or intervention group 40:60             |
| <b>3. Eligibility rate:</b> CYP referred to the trial are eligible  | 90-100% of CYP referred are eligible (as per eligibility criteria <a href="#">here</a> ) | 70-89% of CYP referred are eligible   | 0-69% of CYP referred are eligible  |
| <b>4. Consent rate:</b> CYP who meet the eligibility criteria give consent to take part in the trial                          | 90-100% of eligible CYP give consent   | 70-89% of eligible CYP give consent   | 0-69% of eligible CYP give consent  |
| <b>5. Randomisation rate:</b> CYP who consented to taking part in the trial have been randomised                              | 90-100% of CYP who consented have been randomised  | 70-89% of CYP who consented have been randomised                              | 0-69% of CYP who consented have been randomised                             |
| <b>6. Response rate:</b> response rate for primary outcome measure at <b>six months</b> for CYP in                            | 85-100% completion rate  | 60-84% completion rate  | 0-59% completion rate   |

|  |   |  |   |
|--|---|--|---|
| intervention and control group <sup>21</sup>   |   |  |   |
| <b>7. Attrition rate to the trial:</b> low attrition rates for both arms of the trial (intervention and control group)                                   | 0-20% attrition rate on both arms of trial  | 21-35% attrition rate on both arms of the trial  | 36-100% attrition rate on both arms of the trial  |
| <b>8. Referral partner data:</b> sufficient data collected from at least one referral partner on official police (re)offending and violent (re)offending | Low rates of missing data (80-100% of cases complete) from at least one referral partner  | Some missing data (60-79% of cases complete) from at least one referral partner  | High rates of missing data (0-59% of cases complete) from at least one referral partner   |
| <b>9. Delivery partner data:</b> sufficient monitoring data collected from UpskillU to allow for analysis of uptake and demographic profile of CYP       | Low rates of missing data (90-100% of cases complete)   | Some missing data (70-89% of cases complete)   | High rates of missing data (0-69% of cases complete)  |
| <b>10. Fidelity to trial:</b> deviations from trial protocol from referral partners and delivery team  | Low rates of deviations from the protocol (80-100% of cases with no deviations)<br>Measured by:<br>Incidents of contaminations e.g. monitoring business-as-usual support to check for any reports | Some rates of deviations from the protocol (70-79% of cases with no deviations)<br>Measured by:<br>Incidents of contaminations e.g. monitoring | High rates of deviations from the protocol (0-69% of cases with no deviations)<br>Measured by:<br>Incidents of contaminations e.g. monitoring |

<sup>21</sup> We recognise there will likely be higher response rates for the intervention group, but for both we expect at least an 85% completion rate.

|  |  |   |  |
|--|--|---|--|
|  | of CYP accessing 12 month EXODUS   | business-as-usual support to check for any reports of CYP accessing 12 month EXODUS   | business-as-usual support to check for any reports of CYP accessing 12 month EXODUS  |
| <p><b>11. Fidelity to programme:</b><br/>deviations from the intervention logic model by delivery team</p> | <p>Low rates of deviations from the logic model</p> <p>80-100% of cases with no deviations</p> <p>Measured by monitoring UpskillU mentoring debrief and missed session debrief forms and using a <b>fidelity checklist</b> (also <a href="#">here</a>) which includes:</p> <p><b>1. Dosage:</b></p> <p>a) whether an introduction session with the mentor is held (yes/no)</p> <p>b) at least 60% of organised in-person and virtual mentoring sessions are attended by CYP (yes/no)</p> <p>c) at least 50% the planned COSA meetings are attended by CYP (yes/no) [only for fully trial as COSA meetings start at around 36 weeks into 12 month programme]</p> <p><b>2. Coverage and consistency:</b></p> <p>a) whether the six core themes<sup>22</sup> are covered in the 12-</p> | <p>Some rates of deviations from the logic model</p> <p>70-79% of cases with no deviations</p> <p>(measured in the same way as Green)</p> | <p>High rates of deviations from the logic model</p> <p>0-69% of cases with no deviations</p> <p>(measured in the same way as Green)</p> |

<sup>22</sup> These are: 1. Self-identity, 2. Attitudes and values, 3. Risks and consequences, 4. Conflict and choices, 5. Relationships, influences and decisions, 6. Solutions and strategies.

|  |  |   |  |
|--|--|---|--|
|  | <p>week intensive phase by mentor (yes/no)</p> <p>b) whether goal setting with the CYP takes place by mentor (yes/no)</p> <p>c) risk assessments are completed for at least 80% of sessions by mentor (yes/no).</p>  |   |  |
| 12. <b>Acceptability:</b><br>acceptability of trial design | <p>There is a low level of reports from referral partners/other professionals of CYP requiring additional emotional support (e.g. from their YOS worker) after being randomised (for instance, if distressed about the randomisation outcome). This will be gathered from the de-brief session with peer researchers/UpskillU peer researcher manager (0-20% CYP required additional support from a referral partner professional)</p> | <p>There is a medium level of reports of CYP requiring additional support (e.g. from their YOS worker) after being randomised which will be gathered from the de-brief session with peer researchers (21 - 35% CYP required additional support)</p> | <p>There is a high level of reports of CYP requiring additional support (e.g. from their YOS worker) after being randomised which will be gathered from the de-brief session with peer researchers (36-100% CYP required additional support)</p> |

## Efficacy trial

If the internal pilot criteria are met, the study will progress to a full efficacy trial.

**The primary research question** for the efficacy trial is:

1. What is the difference in **self-reported offending rates** of CYP demonstrating risk factors or affected by offending or exploitation, between those who receive a targeted restorative mentoring programme and those who receive business-as-usual support in youth offending, custody and community safety services?

**The secondary research questions** are:

2. What is the impact of referring a CYP, affected or demonstrating risk factors associated with offending or exploitation, to a targeted restorative mentoring programme, relative to those who receive business-as-usual support, on:

- violent offending
  - criminal exploitation and victimisation
  - emotional and behavioural problems
3. Is the impact different for CYP who are leaving custody?
  4. Is the impact different for CYP with specific characteristics, particularly those from more marginalised<sup>23</sup> groups?
  5. Do EXODUS participants build high-quality relationships with their mentors? What is the relationship between high-quality mentor mentee relationships and offending rates, criminal victimisation, and emotional and behavioural problems? Is the impact on mentor-mentee relationships for those receiving EXODUS different relative to trusted adult relationships for those receiving business as usual support?

If lower, but still acceptable numbers of referrals are received in the internal pilot, for the full efficacy study, we will look to increase the number of referral partners to include those UpskillU currently works with including the Metropolitan Police Prosecutions Restorative Justice Unit, Hammersmith and Fulham Council, and Croydon Council. This will be done in consultation with UpskillU, our peer researcher young advisors, the trial steering group and the YEF.

### Referral and consent

As set out above, CYP will be referred to the trial via Northamptonshire Police YVIU and NYOS, Haringey Council and Youth Justice Service and Oakhill STC. Each partner will continue to use the established systems and processes for referring CYP into the EXODUS programme for the trial with a referral form (see [Appendix 1](#)) which has been adapted to conform to the eligibility and exclusion criteria set out in this protocol. Referral partners, peer researchers and UpskillU staff will undergo training provided by Coram on the trial including the referral, consent, randomisation, allocation and follow-up process.

Northamptonshire and Haringey work with large numbers of CYP demonstrating risk factors associated with (re)offending or exploitation. The inclusion of Oakhill STC allows the exploration of EXODUS' aim to support CYP after they have served their custodial sentence and been released from custody. It is currently estimated that referrals will come from Northamptonshire, Haringey and Oakhill in a 50:45:5 split, respectively.

As shown in **Figure 2**, referral partners will submit the EXODUS referral form, based on the inclusion and exclusion criteria, to the UpskillU project coordinator who will check eligibility. If eligible, the coordinator will liaise with the referral partner practitioner who has the CYP

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<sup>23</sup> This could include girls and young women, CYP with mental health issues, migrant and refugee CYP, CYP from ethnic minority groups, care-experienced CYP, those with SEND and CYP who are economically disadvantaged.



on their caseload to set up a one hour meeting within five working days of receiving the referral to keep the timeframe as short as possible and to support the engagement of the CYP.

Meetings will be scheduled on set days each month. The meeting will take place where the referral practitioner usually meets the CYP, such as the YOS office or a local community centre (if assessed as safe and suitable). Every CYP who is eligible for EXODUS will be offered a meeting with a peer researcher.

At the meeting, the referral partner or an UpskillU project coordinator will introduce the peer researcher<sup>24</sup> to the CYP. The peer researcher will explain the trial consent and randomisation process and take any questions the CYP may have. If consenting, the CYP will fill in the baseline questionnaires. Depending on CYP's preference, this can be completed on the peer researcher's tablet (assigned to them by UpskillU), the CYP's smartphone or on a paper copy. The peer researcher will be on hand to provide guidance or answer questions regarding the questionnaire. During this time, the peer researcher will contact the Coram research team<sup>25</sup> via a video call or phone call to perform the randomisation.

After the CYP completes the baseline questionnaire, the Coram researcher will notify the CYP in the meeting of the randomisation outcome via the video call or phone call and confirm whether they are in the intervention group (and will receive EXODUS) or the control group (and will receive business-as-usual support via the referral partner). Informing the CYP within the meeting is to ensure there is no delay and to reduce disengagement.

If the CYP is randomised into the intervention group, the peer researcher will explain some basic information about EXODUS and what to expect next (a follow up meeting with a mentor arranged by the UpskillU coordinator). If a CYP is randomised into the control group, the peer researcher will tell them the next steps.

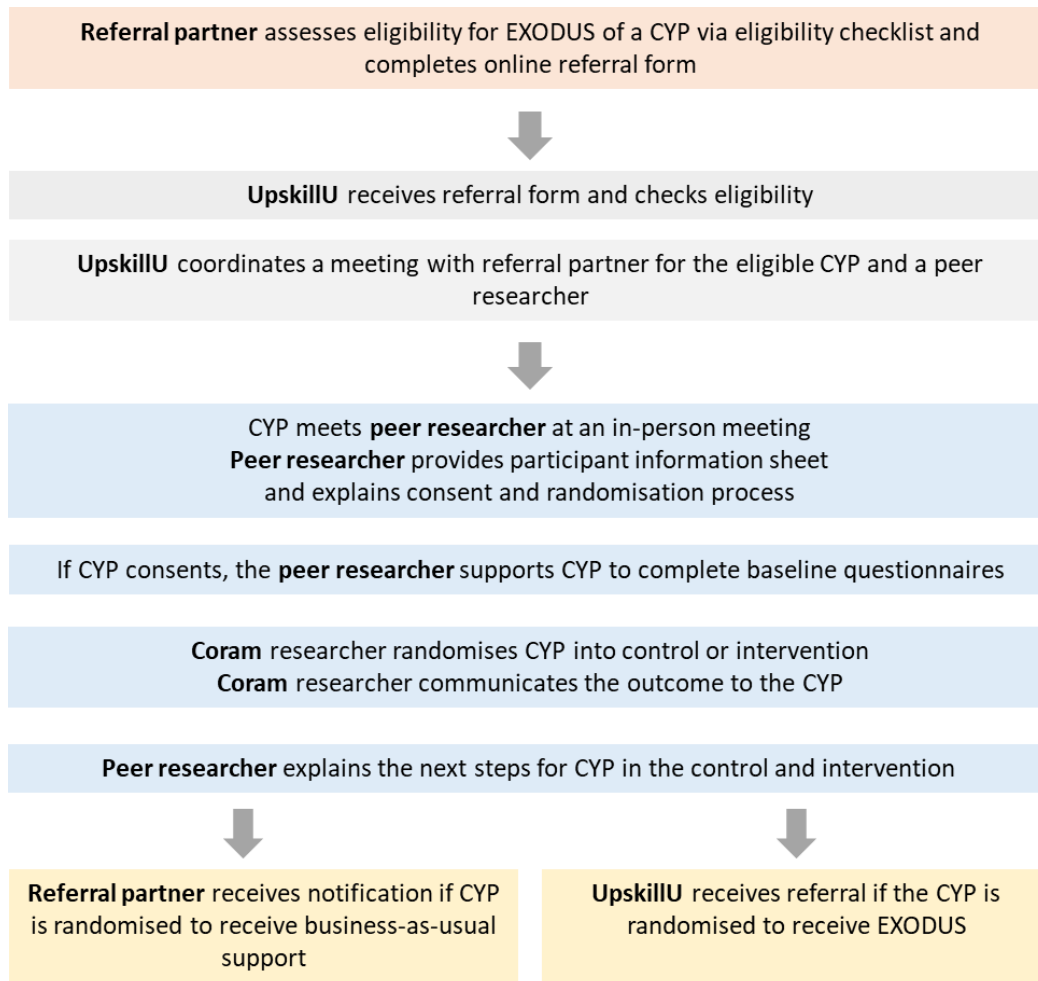
The peer researcher will let the CYP know that they will contact them at three, six and 12 months. This will be via WhatsApp, text or email (whichever the CYP prefers). The three month check in is just to stay in touch. At the six and 12 month contact, the peer researcher will ask the CYP to complete another set of questionnaires. This will include the trial outcome measures (SRDS, JVQ and SDQ).

### **Figure 2: recruitment and randomisation process flow**

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<sup>24</sup> For the first months of the pilot study a Coram researcher be present in person to support the peer researcher.

<sup>25</sup> For the first months of the pilot this will be done in-person, and thereafter via an online video call between the peer researcher and the Coram researcher.



The benefits of the process above include:

- It reduces the tasks required to be undertaken by the referral partners (baselining, communicating randomisation) as well as potential inconsistencies by reducing the number of people undertaking consent, baselining, and communication of the randomisation outcome to a core team of peer researchers and Coram researchers from an estimated 50+ referral practitioners across the referral sites
- Peer researchers will have thorough knowledge of the evaluation processes and will likely be able to more accurately answer CYP's questions than referral partners who will be less involved in the evaluation. Having completed EXODUS themselves, peer researchers will have thorough knowledge of EXODUS enabling them to answer any questions or concerns the CYP may have. This may help build trust and engagement with the CYP and reduce response bias to the baseline questions, increasing the quality of the data
- In most cases, the referral partner will cease their engagement with CYP before follow-up outcome measurement at 12 months. For example, NYOS workers will

usually only work with CYP for 12 weeks. Haringey practitioners work with CYP on average only up to six months or less. Therefore, having peer researchers build a relationship with the CYP in the control group and obtaining their contact information to collect outcomes data will help ensure good response rates from the control group CYP. The relationship built with the CYP will additionally support engagement in qualitative fieldwork with CYP for the implementation and process evaluation.

### **Randomisation and blinding**

Randomisation will take place at the individual level. Randomisation will be stratified by the three referral partners to ensure equal group allocation among participants from each referral agency. CYP will be randomised into the control or intervention group on a 50:50 basis and will be randomised on a rolling basis. Allocation concealment will be maintained, as those involved in enrolling participants (peer researchers and Coram researchers as well as referral partners) will not know in advance of randomisation how participants will be allocated.

Randomisation will be completed by a Coram researcher using an easily operable Excel tool hosted securely on Coram internal server and only accessible to the study team. The tool allows evaluators to see randomisation outcomes at the press of a button at the front end, while preventing them being able to anticipate the order of forthcoming randomisations hidden in the backend.

Trial participants (CYP) will not be blinded to which trial arm they are in, as they will be aware from the consent procedures that they are taking part in a trial comparing business-as-usual support with a referral to EXODUS. The intervention delivery team (UpskillU) and referral partners delivering business-as-usual support will not be blinded, as they will know the CYP to whom they are delivering the EXODUS intervention. This lack of blinding is a necessity of the trial design. However, we have selected standardised CYP self-reported outcomes and routinely collected police data to avoid observer bias that may be introduced if outcomes were to be assessed by unblinded members of the delivery team or professionals from referral partners.

Those undertaking the trial analysis will be blinded to randomisation. We will prepare the main analytical dataset so that trial arm is indicated by numbers and there is no data about participation in EXODUS (i.e. the data analyst cannot infer which participants received the intervention and which did not). This, in addition to the *a priori* data analysis plan, will prevent bias being introduced during data analysis.

## Participants

Eligibility criteria will be consistent with the current eligibility criteria for the EXODUS programme which has been agreed with delivery partners. The criteria will be the same throughout the internal pilot and efficacy study.

Inclusion criteria will be:

11 to 17 year-olds (at time of referral) who are at least one of the following:

- **Known to have offended** where CYP have been arrested (and led to conviction) or identified by police for offending and/or antisocial behaviour or affected by serious violence, criminal or sexual exploitation (as perpetrators and/or victims)
- **Considered to demonstrate high/medium risk factors<sup>26</sup> associated with offending, exploitation, and/or victimisation.** This is based on vulnerability assessments undertaken by referral partners which considers whether CYP are:
  - Known to the YOS
  - Have a pending or in place National Referral Mechanism (NRM) as at risk of exploitation or trafficking
  - Have had a recent recorded missing episode (in last six months)
  - Known by the police/YOS to be affiliated with groups, often referred to as gangs, involved in crime, violence and trafficking
  - Known by the police/YOS to have siblings already involved in and affected by serious youth violence
  - Known to local authority children's services (e.g. known to early help, are a Child in Need, on a Child Protection Plan, are Looked After, or have care experience).
  - Demonstrate school exclusion risk factors i.e. persistent absences and suspension, displaying anti-social behaviour
- **Currently in / leaving custody** where CYP are in custody and will complete their custodial sentence within a given timeframe to allow them to engage in EXODUS.

Exclusion criteria will be:

- aged under 11 or over 18 years at the time of the referral
- at very high risk of harm or very high safety and wellbeing concern needing emergency support (as set out in **Appendix 2**)

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<sup>26</sup> Descriptions of the risk ratings used by referral partners can be found in Appendix 2.

- with an acute mental health need requiring specialist intervention
- is judged to lack the mental capacity to decide about participating in this trial.

## Sample size calculations

Sample size predictions have been calculated based on the primary outcome of volume of offending as measured by the Self-Report Delinquency Scale (SRDS). The power calculation reflects the stratified trial design, using a 2-Level (level 2 = referral partner  $n=3$ , level 1 = individual CYP) constant effects individual random assignment design. Before trialling response rates to the outcomes measures in the internal pilot, precise sample size calculations cannot be undertaken. However, initial estimates have been made based on the following assumptions:

- previous research suggests that clinically meaningful change on the SRDS can be small, at just 4 (referenced in the evaluation protocol by Flynn et al. (2022)) or 5 points (referenced in an evaluation of functional family therapy and UK youth offending; Humayun et al., 2017) of change on the SRDS. In development samples of the measure ( $n=4,106$ ) the observed mean (M) was 8.3 with a standard deviation (SD) of 12.32 (Smith et al., 2001), indicating a Minimum Detectable Effect Size (MDES) of 0.37 for 4.5 point change on the SRDS
- unfortunately, previous research evaluating mentoring programmes and using the volume score on the SRDS is sparse. We identified one example in a small evaluation of the Youth at Risk's Coaching for Communities programme (Berry et al., 2009) where a mean difference of 5.8 points in the volume of offending was reported between intervention and control groups at follow-up. More broadly, a comprehensive meta-analysis of mentoring programmes for at-risk youth (Tolan et al., 2014) reported a standardised mean difference effect size of 0.21 (95% CI: 0.17-0.25) for delinquency ( $n=25$  studies) measured in a variety of ways
- to detect change that is clinically meaningful and in line with previously reported mentoring evaluations, we have therefore based our sample size calculations on detecting effects of a small size ( $\leq 0.2$ ) for the primary outcome
- we have included a baseline covariate adjustment in our power calculation as it is likely that for self-reported outcomes there will be a reasonable correlation. Unfortunately, there is little reported on pre-post test correlations for the SRDS in the existing literature. Although covering a broader topic area (health and related research at Sheffield University) a review of 20 RCTs using Patient Reported Outcome Measures (PROMs) reported the majority of pre-post outcome correlations fell between 0.4 and 0.6 (Walters et al., 2019). A comparison of sample size scenarios varying this figure with other assumptions held constant is as below. With limited information to go on, the more likely middling average scenario of pre-post

correlation being 0.5 was settled upon for the main sample size estimate, based on the cited literature.

| Scenarios<br>(Pre-post correlation) | Sample size | Sample size (30% attrition) |
|-------------------------------------|-------------|-----------------------------|
| Conservative (0.3)                  | 718         | 1,026                       |
| Middling (0.5)                      | 592         | 846                         |
| Optimistic (0.7)                    | 402         | 574                         |

As shown in **Table 4**, to detect an effect size of 0.2 a sample size of **592 participants** in the analytical sample would be required.

Data provided by UpskillU shows that dropout rates for the EXODUS intervention are low (an average of 5 to 7% dropout/non-completion for the three referral partners in 2022). The aim will be to keep attrition below 10%. However, we have been cautious with our calculations, as these rates do not reflect dropout for outcome measure completions and for a longer 12 month intervention. Based on our experience in previous RCTs (Taylor et al., 2023), we have estimated dropout of outcome measure completions as:

- 15% at six months and
- 30% at 12 months (for our primary outcome).

**We therefore have recommended recruiting a minimum sample of 846** (102 in pilot phase and 744 in efficacy phase) participants to detect an MDES of 0.2 in volume of offending at 12 months.

Based on recruiting 20 or 34 CYP per month<sup>27</sup> (deemed feasible by delivery partners), sufficient participants will have been recruited to detect an effect of this size by August 2026.

Given the primary outcome is measured at 12 months post randomisation; the outcome measures data will be available by August 2027 (assuming 30% attrition over a 12 month period).

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<sup>27</sup> From July 2024 to April 2025 the target drops to 20 per month.

**Table 4: sample size calculations<sup>28</sup>**

|                                       |                       | PARAMETER. |
|---------------------------------------|-----------------------|------------|
| Minimum Detectable Effect Size (MDES) |                       | 0.2        |
| Pre-test/ post-test correlations      | Level 1 (participant) | 0.5        |
| Alpha <sup>29</sup>                   |                       | 0.05       |
| Power                                 |                       | 0.8        |
| One-sided or two-sided?               |                       | Two-sided  |
| Number of participants                | Intervention          | 296        |
|                                       | Control               | 296        |
|                                       | Total                 | 592        |

<sup>28</sup> These calculations may change if and when the internal pilot proceeds to the efficacy trial.

<sup>29</sup> Please adjust as necessary for trials with multiple primary outcomes, 3-arm trials, etc., when a Bonferroni correction is used to account for family-wise errors.

## Outcome measures

### Primary outcome

In line with the primary aim of EXODUS to reduce offending, the primary outcome will be volume of offending at 12 month follow-up (i.e. the number of offending behaviours).

Offending will be measured primarily using the **Self-Report Delinquency Scale (SRDS)**, which assesses the frequency and severity of 19 offending behaviours in the last 12 months. There is evidence that respondents answer accurately when asked if they have carried out these offending behaviours (Nock et al., 2006; 2007). Internal consistency of the measure has been reported as 0.87-0.92 and inter-item correlation has been reported as 0.19 (Fonagy et al., 2018; Humayun et al., 2017). The measure has been found to correlate with official police records of arrests (89.5%-95.2%) (McAra & McVie, 2005).

The participant can answer 'yes' or 'no' to each question about whether they have taken part in one of the 19 offending behaviours. Participants who answer 'yes' are asked how many times they did this and if they got in trouble. The SRDS produces two scores: the volume of delinquency score (the estimated minimum total number of offending behaviours reported) and the variety of delinquency score (the number of different offending behaviours reported). To calculate the volume score, the following values are assigned to each answer and totalled: Once = 1; Twice = 2; 3 times = 3; 4 times = 4; 5 times = 5; 6-10 times = 6; >10 times = 11. A participant can score a maximum of 209 on the volume score. To calculate the variety score: yes = 1 and no = 0. The number of items that the respondent answers 'yes' to will be calculated, producing a score ranging from 0 to 19. We will be using the volume of delinquency score as our primary outcome owing to its greater sensitivity to change, but will also analyse and report on the variety of delinquency score.

The SRDS is being used as the primary measure of offending as it captures a substantial number of different types of offending behaviour. It is also more sensitive to changes in offending in the sample size anticipated for this trial compared with local police data. This is because local police data only captures instances reported by the police, some offending behaviour goes unrecorded, especially for CYP. Our primary outcome will therefore be volume of offending at 12 months, as measured by the volume of delinquency score on the SRDS. The SRDS will be collected directly from CYP at baseline, six and 12 months follow-up, with the recall period being the last 12 months at each stage.

### Secondary outcomes

In line with the aims of EXODUS and its logic model, the secondary outcomes focus on reducing recorded incidence of offending and violent offending, as well as self-reported criminal exploitation and emotional and behavioural problems. We will also measure the



quality trusted adult relationships given it is a key aim of the EXODUS programme. The secondary outcomes and the proposed measures are set out in **Table 5** below.

**Table 5: secondary outcome measures for the EXODUS evaluation**

| Secondary outcomes                             | Measure   |
|--|---|
| <b>Recorded incidence of offending</b>         | Local police data, including arrests, cautions, reprimands, warnings, and convictions.  |
| <b>Recorded incidence of violent offending</b> | Local police data, including arrests, cautions, reprimands, warnings, and convictions associated with violent offending   |
| <b>Criminal victimisation and exploitation</b> | Sub-scale of the Juvenile Victimization Questionnaire (JVQ) (Module A: Conventional Crime)<br><br>Secondary Measure: local police data on number of incidents of victimisation and exploitation |
| <b>Emotional and behavioural problems</b>      | Strengths and Difficulties Questionnaire (SDQ)  |
| <b>Trusted adult relationship</b>              | Social Support and Rejection Scale (SSRS)   |

### Local police data

CYP may not report all offending behaviour through the SRDS due to error or unwillingness. Therefore, local police data will be used to measure **recorded incidence of offending**. This will include, for example, the number and type of arrests (which lead to conviction), cautions, reprimands, warnings, and convictions. Analysis will primarily focus on the volume of offending, but will also look at the type of offending. Data about CYP will be captured at baseline, six and 12 months. Baseline data will look at offending data for the previous 12 months and data collected at six months and 12 months (and at 18 months for those eligible within the sample – see section on 18 month data collection) will look at the previous six months.

Given a focus of EXODUS and the YEF is CYP demonstrating risk factors associated with youth violence, a secondary outcome will be **recorded incidence of violent offending**. This is defined as any offence involving violence or threats of violence, ranging from assault to

murder (Crown Prosecution Service, 2022). This will also be measured using local police data, but will focus on arrests (which lead to conviction), cautions, reprimands, warnings, and convictions associated with violent offending. Analysis will primarily focus on the volume of violent offending, but will also look at the type of violent offending. Data will be captured a baseline, six and 12 months. Baseline data will look at offending data for the previous 12 months and data collected at six months and 12 months (and at 18 months for those eligible within the sample) will look at the previous six months.

### Self-reported data

In line with EXODUS's intended outcome of reducing CYP's likelihood of being criminally exploited, **criminal exploitation** will be measured directly from CYP using one sub-scale of the **Juvenile Victimization Questionnaire (JVQ)**. The JVQ intends to measure the victimization of young people. It includes 34 items across five modules of victimization and asks about experiences in the last six months. Literature has found associations between victimisation and trauma symptoms (Boney-McCoy & Finkelhor, 1995) and the JVQ has shown significant correlations with symptoms of trauma (Finkelhor et al., 2005). A test-retest reliability assessment identified agreement for 95% of the screener endorsements; the range for items was from 79% to 100%. The JVQ has a good overall internal consistency score - the overall  $\alpha$  for respondents answering every item is 0.80 (Finkelhor et al., 2005).

We intend to use 1 of the 5 modules: **Module A: Conventional Crime** (eight items). We will exclude all other questions as they are not relevant to the logic model and risk being emotionally triggering to CYP. This would increase the length of the questionnaire which may potentially increase the attrition rate. Guidance on the JVQ indicates that modules of the measure can be used individually where a more focussed assessment is required (Finkelhor et al., 2005). However, we have found limited reported psychometric properties for Module A: Conventional Crime when used independently (although the module has been reported to have  $\alpha$  above 0.6 in Finkelhor et al., 2005). We will therefore report psychometric properties in detail in our outputs. We will score responses to the questions we have selected from the JVQ at the item level – anyone who answers 'yes' to an item, will be classified as a victim of this type of abuse. The maximum score is therefore eight. We will also report on the percentage of CYP who answer 'yes' to at least one item. The measure will be collected directly from CYP at baseline, six and 12 month follow-up.

In line with EXDOUS's intended outcome of reducing CYP behavioural problems and improving social emotional regulation, the trial will measure **emotional and behavioural problems** using the self-reported **Strengths and Difficulties Questionnaire (SDQ)**. The SDQ is a brief behavioural screening questionnaire with 25 items across five sub-scales covering emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour. Respondents can answer with 'Somewhat True,' 'Not

True' or 'Certainly True' to each item. Items are scored on a 3-point Likert scale (0, 1, 2). 'Somewhat True' is always scored as 1 but the scoring of 'Not True' and 'Certainly True' varies depending on the item. The score can range from 0 to 10 for each subscale. Our main analysis will focus on the total difficulties score (first 4 sub-scales listed above), but we may look at individual sub-scales as part of our exploratory analysis. The total difficulties score ranges from 0 to 40. The SDQ shows internal consistency (alpha coefficients = 0.79 to 0.80) (Haywood et al., 2014). The self-reported total SDQ score has a test-retest reliability score of 0.79 and a 4-6-month stability score of 0.62 (Achenback et al., 2008). The SDQ is being used by the YEF funded projects to create consistency and comparability between different evaluations. The SDQ will be collected directly from CYP at baseline, six and 12 month follow-up.

The CYP's **trusted adult relationship** will be measured using the 22 item **Social Support and Rejection Scale (SSRS)**. This scale is designed for a CYP (aged 10 to 18) to self-report their positive and negative interactions with significant non-parental adults. It assesses four dimensions of social support and social rejection that youth may experience in relationships with important non-parental adults. These dimensions are:

- **feels valued** (6 items, e.g., "This person cares about me even when I make mistakes.")
- **trust** (5 items, e.g., "I talk to this person about problems with my friends.")
- **mentoring** (6 items, e.g., "I learn how to do things by watching and listening to this person.")
- **negativity** (6 items, e.g., "I feel that this person will let me down.").

Response options are Never, Rarely, Sometimes, Often, or Always. It will be administered to CYP in the intervention and control groups at the six and 12 month follow-up (it will not be collected at baseline as the intervention group will not yet have access to a mentor). This aligns with the logic model that a trusted and meaningful mentor relationship can support CYP to make positive changes in their lives. Each item is scored from 1 (Never) to 5 (Always). Each subscale score is the average of the items that make up the subscale. Higher scores on the three positive scales reflect higher levels of support within the relationship. Higher scores on the negativity scale reflect higher levels of stress and negativity within the relationship. While not validated, we decided to use this measure based on the face validity of the items and their relevance to the EXODUS mechanisms of change described by UpskillU. While on the intervention side the measure will refer specifically to the EXODUS mentoring relationship, the questions are more generally phrased so the original version will be used with the control group to make comparisons.

## Data collection

### Baseline data collection

After a CYP has been referred and then assessed as eligible for EXODUS by the UpskillU project coordinator, the project coordinator will arrange for the CYP to meet in-person with the peer researcher.

At the baseline meeting, the peer researcher will introduce themselves, describe the research, the trial and consent process. If the CYP is happy to take part in the trial and be randomised then they will complete an online consent form.

Following this the CYP will complete the set of baseline questionnaires via a secure online survey hosted by Coram on SmartSurvey. This will be done via a link on the peer researcher's tablet. The CYP can complete this questionnaire via a link provided to their smartphone (or another device available) or on a paper copy if preferred. If a paper copy, this will later be filled out online by the peer researcher. The peer researcher will be in the room to provide guidance to the CYP or answer questions regarding the questionnaire but they will give them time and space to answer the questionnaires privately

As stated in the section above (Self-reported data), the baseline outcomes measures are:

1. the Self-Report Delinquency Scale (SRDS)
2. Module A: Conventional Crime of the Juvenile Victimization Questionnaire (JVQ)
3. the Strengths and Difficulties Questionnaire (SDQ).

Local police data will be collected every six months using a partially populated Excel template via a secure folder on SharePoint.

Demographic and additional data on CYP characteristics will be collected about all CYP referred by referral partners to EXODUS. This will be captured from the initial referral forms (see Appendix 1 for form). Data from the completed referral forms will be collated by UpskillU (on an Excel spreadsheet) and sent to Coram by the UpskillU project coordinator. This data will include:

- sex
- age
- ethnicity
- disability
- their main language and if English is an additional language
- whether they are a Child in Need, have a Child Protection Plan or are/have been in care

- information about the referral partner, including current case worker and current business-as-usual support.

### **Three month check in**

As advised by UpskillU and our peer research team, the peer researchers will check in with the CYP three months after randomisation and baseline questionnaires. No data will be collected at this point. The purpose for this call is for the peer researcher to remind the CYP that they will be in touch at six and 12 months.

### **Six month data collection**

At six months, CYP will be asked to complete another set of online questionnaires hosted by Coram on their SmartSurvey account.

For those in the intervention group, they will be supported to complete the survey by a peer researcher directly after an appropriate mentoring session.

For those in the control group, they will be contacted by the peer researcher via a method agreed at baseline data collection and supported to complete the questionnaires either in-person (likely where the baseline data collection took place) or online.

The survey will include the same measures as at baseline **plus** the Social Support and Rejection Scale to measure the trusted adult relationship for both intervention and control groups. This will also help us to answer secondary research question 5 related to the intervention group ('What is the relationship between high-quality mentor-mentee relationships and offending rates, criminal victimisation, and emotional and behavioural problems?').

CYP will receive a £10 thank you voucher for completing the online survey at six months.

Referral partners will provide (pseudonymised) local police data on participants which will include the volume and type of criminal (including violent) offences including number of arrests (which lead to conviction), cautions, reprimands, warnings and convictions in the last six months.

Referral partners will also provide monitoring data on participants. This will include the uptake and attendance for other interventions both control and intervention CYP engage in (i.e. business-as-usual support). This will be provided to us using the data collected from AssetPlus.

UpskillU will provide monitoring data for intervention CYP. Alongside referral form data, this will include take up and attendance of EXODUS sessions, attrition rates and reasons for attrition (e.g. disengagement, change in circumstances etc.). This will be collated by UpskillU

using their delivery management system and their session debrief and session missed debrief forms completed by mentors for each CYP.

UpskillU will also submit cost data as part of the trial.

Data will be collected using a partially populated Excel template via a secure folder on SharePoint.

Training sessions for referral partner staff completing data returns will be provided in the set-up phase with guidance. Ongoing support via data drop-in sessions will be provided throughout the trial.

### **12 month data collection**

At 12 months CYP will be asked to complete a final questionnaire survey replicating the six month process. CYP will receive a £10 voucher for completing the questionnaire at 12 months. Referral partners and UpskillU will also be asked to provide the same data at 12 months for CYP.

### **18 month data collection**

By the end of the final 12 month data collection period (August 2027) we would theoretically expect to have local police data for 18 months since beginning the intervention available for the 642 CYP that were recruited into the trial up until February 2026. With a conservative estimate of around 448 CYP, accounting for a 30% attrition rate. This is a sizeable sample and worth looking at as an exploratory piece of analysis given the length and nature of the intervention. We will already be requesting police data at this time for the 12 month data return for those starting the intervention later on so will pose only a small additional burden on referral partners.

### **Follow-up timelines**

From discussions with other evaluators who have run similar projects, we will allow for flexibility in collecting responses at each follow up stage in order to maximise response rates. This is based on highlighted difficulties that arose in engaging young people within the required follow up time period. At each stage, we would aim to collect follow up responses within 6/12/18 months, with an additional 4 weeks to allow for mobilisation of the CYP.

### **Supporting data collection**

As outlined, ongoing training and support will be provided to referral partners, EXODUS staff, and peer researchers before the start of the trial and throughout the trial.

For referral partners, this will include training on completing referral forms with the correct demographic and additional data on CYP.

For peer researchers, this will include supporting CYP to fill out the outcomes measures surveys. This may be practical support or answering questions about the survey's confidentiality. Support may also be offered about understanding wording of the questions. This will all be balanced with ensuring the CYP is able to complete the questionnaires independently to reduce the likelihood that their answers will be influenced by the peer researchers' presence. It will also include support for them to follow up with CYP in the control group to complete the six and 12 month follow-up questionnaire.

UpskillU mentors will also be provided with training in explaining the trial to the CYP in the intervention and the process of completing the six and 12 month follow-up questionnaires with the peer researcher.

Referral partners, UpskillU staff and peer researchers will be provided with guidance, flowcharts and scripts to refer to as needed. We will provide training and guidance to those completing the prepopulated local police data capture tool, monitoring and cost data before the trial and during via data drop-in sessions.

All CYP will be provided with an easy-read sheet on the outcome measures as part of their information sheet and consent forms.

CYP needing extra support will be identified through consultation with referral staff or by mentors for those in the intervention. Additional support in completing the survey will be provided to CYP who require it.

Before finalising the outcomes measures survey, we will pilot it with the peer researchers.

## **Compliance**

Steps will be taken to monitor compliance and identify risks to contamination.

UpskillU project coordinators will check all referral forms from referral partners to ensure the eligibility of CYP. Coram will receive referral forms for those who have consented to take part in the trial to explore the characteristics of those who are engaging with the research and assess the quality of the referral data. For those who are 1) referred but do not engage with a baseline meeting with a peer researcher and 2) referred, engage with a peer researcher baseline meeting but do not consent to take part – we will request aggregate level anonymous data about these CYP from UpskillU's administrative data. This will allow us to compare the characteristics of those who do and do not engage/consent to the trial. This will include potential biases across characteristics such as age, sex, race and ethnicity, disability and care status.

Coram will be responsible for randomisation and will undertake internal quality assurance checks to minimise any biases.

Coram will also explore the influence of trial arm allocation compliance using Complier Average Causal Effect Analysis (meaning whether individuals in the intervention arm receive EXODUS), by including intervention receipt in an instrumental variable analysis. CYP in the intervention arm that attend at least **60% of EXODUS sessions in the 12-week intensive phase will be deemed compliant**. This threshold of 60% was recommended by UpskillU based on previous engagement rates with the programme. We note, however, that this is a higher rate of engagement than some mentoring studies have found. For instance St James-Roberts et al. (2005) found that across 80 mentoring programmes supported by the Youth Justice Board in England and Wales only 42% of CYP aged ten to 17 years old (241 out of 579) fully completed community mentor projects (St James-Roberts, et al., 2005). Other process evaluations have shown that substantial numbers of children who are referred to the mentoring services do not take up the offer or fail to engage (Gaffney, Jolliffe and White, 2022). Last, as discussed in the Intervention overview above, CYP the EXODUS programme aims to reach will have complex needs. CYP will often be from marginalised or disadvantaged communities and have experienced some form of trauma or adverse childhood experience – this could mean they are harder to engage with the programme.

UpskillU will record attendance of CYP at EXODUS, which will be included in the administrative data we collect.

We will consider the ‘conversion rate’: the proportion of referrals to EXODUS which lead to EXODUS taking place. Exploratory dosage analysis may be conducted with the number of mentoring sessions attended as the instrumental variable, as opposed to binary non-attendance.

Quality assurance of the CYP survey data will be undertaken weekly, and any missing, anomalous or any potential biases in the data will be queried with the peer researcher who supported the CYP to complete the questionnaire. If any consistent issues are identified, targeted training will be provided to help ensure compliance.

### **Fidelity of the programme**

UpskillU has processes in place to ensure the fidelity of the intervention. Within 48 hours of each session, mentors will complete and submit an online debrief form which includes:

- date, time, length and format of the session
- key discussions
- any documents completed
- any outcomes achieved



- any challenges, safeguarding, and health and safety information.

An UpskillU project coordinator is notified when these forms are completed. If a debrief form is not completed within 48 hours, a project coordinator will follow up with the mentor.

If a mentoring session is cancelled, a missed session debrief form is completed by the mentor detailing the reasons. If three consecutive sessions are missed, this is flagged to the project coordinator and the coordinator will take action to explore this.

An UpskillU project coordinator will carry out random spot checks of mentor sessions and will speak to the CYP alone to check elements of the programme are working for them, including the relationship with the mentor and the venue. Additionally, a project coordinator will have daily individual check-ins with mentors and weekly group meetings with mentors. Mentors also have access to coaching sessions with the Director of UpskillU as and when required.

UpskillU will collate debrief and missed session debrief forms into a spreadsheet and sent to Coram as part of the monitoring data. These will be used to check the fidelity of the intervention against the **fidelity checklist** (as listed in **Table 3** under criteria 11). The checklist will assess deviations according to key criteria based on:

**Dosage:**

- whether an introduction session with the mentor is held (yes/no)
- at least 60% of organised in-person and virtual mentoring sessions are attended by CYP (yes/no)
- at least 50% the planned COSA meetings are attended by CYP (yes/no) [Note: this is only relevant to full trial as the internal pilot does not run for a long enough time to capture COSA sessions which begin at around 38 weeks into the 12 month programme].

**Coverage and consistency:**

- whether the six core themes<sup>30</sup> are covered in the 12-week intensive phase by mentor (yes/no)
- whether goal setting with the CYP takes place by mentor (yes/no)
- risk assessments are completed for at least 80% of sessions by mentor (yes/no).

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<sup>30</sup> 1. Self-identity, 2. Attitudes and values, 3. Risks and consequences, 4. Conflict and choices, 5. Relationships, influences and decisions and 6. Solutions and strategies.

Coram will assign a fidelity score to each mentoring partnership and aggregated scores will be used to report high, medium or low fidelity levels. We will do this at the end of the internal pilot and at the end of the efficacy trial (if progression criteria are met).

In the implementation and process evaluation, researchers who observe the intervention will also complete a fidelity checklist after each session observed.

Fidelity will also be explored in the implementation and process evaluation interviews, including whether CYP experience the different phases of the programme, whether the programme takes a restorative approach, whether the core themes are covered with CYP, and whether goal setting and risk assessments were regularly undertaken and revisited.

These actions will help monitor fidelity and compliance as well as identify risks to contamination.

## **Analysis**

A final Statistical Analysis Plan will be produced prior to any analysis detailing our plans fully.

We adhere to good spreadsheet design principles and document the sequence of steps used to get from raw data to findings to enable review. All data cleaning and analysis will be undertaken in R statistical software. All code and analysis will be quality assured by a second member of staff and includes both the logic and the arithmetic of analysis. Full records of code will be shared with the YEF and published to enable replication.

We will report a baseline description of the trial participants using demographic data from UpskillU referral forms, referral partner monitoring data, and baseline outcome data. Using this data, we will carry out balance checks to report on how balanced the characteristics of respondents are across treatment and control arms. For continuous variables (e.g. age), we will test balance using two sample t-tests with unequal variances. Balance in proportions (e.g. sex, ethnicity) will be tested using a chi-square test. We will also report descriptive statistics (means and standard deviations for continuous variables, percentages and counts for categorical variables) for each variable.

We will report full baseline characteristics of the sample including baseline outcome scores, the characteristics of those lost to follow-up, and the characteristics of the analysable sample. We will also report participant flow throughout the trial, including completion rates of outcomes in a CONSORT diagram.

## **Internal pilot study**

For the internal pilot we will focus on reviewing monitoring and outcome data against our pre-specified progression criteria (**Table 3** in section [Impact evaluation](#)).

We will use descriptive statistics (means, standard deviations, percentages etc.) to understand trial recruitment rates, intervention delivery rates, and measure completion rates at baseline and six month follow-up. We will also use descriptive statistics to analyse demographic characteristics of the sample as they progress through the study, to better understand who is engaging in the trial and identify missing data in routine data capture systems.

### **Full efficacy study**

Analysis for the full efficacy study will include all randomised participants who provide outcome data across both the pilot and the efficacy study.

All outcomes will be analysed on an **intention-to-treat** basis meaning that all participants will be analysed according to the trial arm to which they were assigned, as opposed to whether the intervention was received.

For those in the intervention group who are part of the trial but do not take up or engage with the intervention, the peer researcher will contact them at three, six and 12 months in the same way as those who do engage with the intervention. This will be via a method agreed at baseline data collection.

We will calculate and report descriptive statistics, including the characteristics of the intervention and control groups on each key variable collected. We will carry out balance checks to report on how balanced the characteristics of respondents are across treatment and control groups. These characteristics include those collected through the EXODUS referral form such as sex, age, ethnicity, disability, English as an additional language, looked-after status and refugee/asylum-seeker status. If any characteristics are significantly unbalanced between trial arms, we will adjust these in our outcomes analysis. We will report full baseline characteristics of the sample including baseline outcome scores, the characteristics of those lost to follow-up, and the characteristics of the analysable sample. We will report on the extent and pattern of missing data and explore this using regression modelling if required.

We will assess missing data to explore whether the data is: **1. missing completely at random** (data is randomly distributed across the variable and unrelated to other variables), **2. missing at random** (data is not randomly distributed but they are accounted for by other observed variables), or **3. missing not at random** (data systematically differs from the observed values) and adjust our approach to analysis based on this assessment. Where data is missing completely at random, no imputation will be carried out and only available cases will be analysed. Where data is missing at random we will consider whether multiple imputation is required. Where data is missing not at random we will consider which sensitivity analyses are required to produce estimates that adjust for missingness.

Our **primary outcome**, volume of offending at 12 month follow-up (i.e. the number of offending behaviours), using the SRDS will be analysed using linear regression to estimate the average effect of the treatment allocation on (re)offending. We will use a Huber-White (HW) robust error procedure to account for heteroscedasticity. We anticipate including fixed effects for referral partner (stratifying variable) and time from randomisation (to account for rolling recruitment). The coefficient will be an estimate of the size and direction of the treatment effect and its significance will be tested with a two-tailed 5% Type I error threshold. We will report our effect sizes as Hedge's *g* using unconditional (unadjusted) standard deviations. Our primary model will be adjusted for baseline SRDS scores and will otherwise only include predictors that are significantly unbalanced between trial arms. We will also conduct analysis on the variety of delinquency score and assess both volume and severity for the SRDS collected at six months as part of our exploratory analysis.

For our **secondary outcomes** we anticipate using linear regression and our analysis will be adjusted for multiple tests using the Hochberg's step-up procedure for all secondary analyses. This includes local police data of recorded incidence of offending and violent offending, criminal exploitation as measured using the sub-scale of the JVQ and the total difficulties score on the self-reported SDQ. Analysis will primarily be conducted on scores at 12 month follow-up, but exploratory analysis will also be conducted for self-reported measures at six months.

For all observed statistics we will report measures of uncertainty (bootstrapped confidence intervals) and we will report the intra-class cluster correlations (by referral partner) for our outcome data.

If data allows, we will carry out exploratory analysis with sub-groups and include other variables of interest as predictors in regression analyses. This could include where they are in the youth justice system (i.e. cautioned, pre-court, post-court, custody etc.), their age, sex and ethnicity.

As we recognise that CYP may lack trust in policing bodies and organisations that work with them, we will stratify our analysis of Social Support and Rejection Scale scores by referral partner to explore any differences in mentor-mentee relationship based on who the referral agency is (i.e. police, YOS, secure training centre or local authority team). To answer the second part of our secondary research question 5 (What is the relationship between high-quality mentor-mentee relationships and offending rates, criminal victimisation, and emotional and behavioural problems?) we anticipate using an ordinal logistic regression.

# Implementation and process evaluation

## Research questions

The following research questions will be explored in the implementation and process evaluation (IPE):

- 1. How is business-as-usual support characterised across the sites?**
  - How does EXODUS differ from business-as-usual support in the referral partner sites?
  - What are children and young people's experiences of business-as-usual support across the sites?
  
- 2. How has EXODUS been implemented and delivered?**
  - To what extent is EXODUS implemented and delivered as intended compared to the activities and dosage detailed in the **logic model (Figure 1)**?
  - What are the barriers and facilitators to implementation and delivery?
  - How effectively are the different components of EXODUS implemented and delivered?
  
- 3. What are children and young people's experiences of taking part in EXODUS?**
  - Is this experience different for those from groups with different characteristics?
  - What is children and young people's acceptance and engagement in EXODUS?
  - To what extent is EXODUS reaching the most marginalised children and young people?
  
- 4. What is the learning from delivering EXODUS to CYP demonstrating risk factors associated with offending?**

## Research methods

We will use a mixed methods approach to answer the research questions. The IPE will include:

- **Observations** of mentoring sessions and COSA sessions
- **Interviews** with delivery staff (including mentors and COSA volunteers), referral partners, CYP, and parents/carers
- **Survey** of delivery staff (including mentors and COSA volunteers) and referral partners

- **Analysis of administrative data** from EXODUS on fidelity, dosage, reach and engagement, and information from referral partners on business-as-usual support. Administrative data will also include demographic data on CYP in the control and intervention group.

Through the IPE we will triangulate findings across these data collection methods to gain breadth and depth of understanding of EXODUS with a focus on centring the voice of CYP.

The focus of the IPE at the pilot stage will be to capture formative learning about the referral pathways, the intensive 12-week structured restorative mentoring programme and transition to 26-week transitional phase. The internal pilot IPE will also focus on acceptability of the evaluation, including acceptability and integrity of randomisation and the completion of outcome measures.

The IPE in the full efficacy trial will focus on the entire 12 month intervention, including the latter parts of the programme including the COSA support, the 12-weeks of fortnightly check-ins where intensity is reduced, and the exit interview and assessment. Reflections and learning about EXODUS' delivery as well as experiences and perceived outcomes of different groups of CYP will be examined.

The focus of the IPE will be kept under review with our trial steering group and peer researcher young advisors throughout the evaluation, being flexible to important issues arising in the delivery and evaluation of EXODUS which may require further exploration through the IPE.

We aim to have a diverse interview sample as possible to capture a range of experiences within the sample of **45 to 60 interviews** (see **Table 6** for an overview of IPE methods and sample sizes).

The interview approach will focus on being relaxed and non-judgemental to give space for participants (especially CYP) to raise relevant topics that are not covered. We will use semi-structured discussion guides which will be piloted in the set-up phase before the start of the IPE. We will use interview sample ranges rather than specific targets. For example, we would want to include a range of CYP by age, where in the youth justice system they are, where they were referred from, previous criminal justice involvement etc. For mentors we might want a range of those with different lengths of how long they have been a mentor, types of experience/professional background and age. We would also want a range of referral staff. This will allow for us to be flexible as the fieldwork progresses. We may find that we have reached data saturation with a smaller sample, or that more interviews are required to explore certain topics. This will be discussed by the study team (including the peer researchers) and agreed by the team as a whole.

Interviews will be at times to suit interviewees (including weekday evenings) and will be in-person, online or on the phone according to participant preference. We would also consider different creative methods in our interview approaches such as mapping, drawing and using games. We will co-design methods with the peer researchers and pilot them before using them in the study. We envisage interviews to be held in the same settings where CYP have their mentor or COSA sessions as CYP may feel comfortable there. All interviews would be audio or video recorded with permission. For fieldwork with CYP, we will be led by their preference as to whether or not a parent/carer or other supporter should be present.

CYP and parents/carers who take part in interviews will be offered a £15 shopping voucher to thank them for their time.

## **Internal pilot IPE**

### **Literature review**

At the start of the internal pilot, we will conduct a rapid literature review exploring CYP's experiences of the youth justice system and mentoring services with a focus on structural factors that impact experiences for marginalised groups. This will inform the IPE and findings will be used to contextualise any group differences in the final report.

### **Observations**

The internal pilot will include up to three observations of sessions to aid our understanding of the intervention and of CYP's experiences. These observations will be unobtrusive, without active engagement of the researcher(s) in the session. This will be discussed with the facilitator ahead of the session to agree confidentiality practices. We will develop a semi-structured observational framework to guide the researcher's observations and reporting of these. This will ensure we have a rigorous approach to observations and that we link findings with the programme's logic model. We anticipate the observational framework will cover:

- an account of attendee and the delivery context
- a description of the core elements of the intervention
- An assessment on participant engagement.

### **Interviews**

We will interview up to **five professionals** during the internal pilot, including delivery staff, mentors and referral partners to understand project set-up and implementation, including recruitment, acceptability of outcome measures, fidelity to the trial protocol and to the logic model. We will seek their perceptions of who the programme is reaching and who is under-

represented, and if and how the programme is addressing systemic disadvantage. We will also explore how referral partners make decisions about who is eligible.

We will interview up to **ten CYP** during the internal pilot to understand early perceptions of the intervention and acceptability of outcome measures collection. Participants will be recruited through referral partners rather than through UpskillU to represent a range of experiences. We intend to interview CYP from each referral pathway and over-represent CYP from marginalised groups where possible. We will work with UpskillU to identify the marginalised groups which we will seek to over-represent, taking into consideration who is under-represented in the programme and the groups most effected by offending, exploitation and violence. Interviews with CYP in both the internal pilot and efficacy study will explore contextual and structural factors that influence their lives, including their experiences of policing bodies and the youth justice system, as well as their trust in criminal justice institutions and organisations that work with them.

We will not interview any parents or carers in the internal pilot phase.

No surveys will be carried out in the internal pilot phase.

## **Efficacy study IPE**

### **Observations**

In the efficacy study we will undertake a further observations of mentor and COSA sessions in line with the procedures undertaken in the internal pilot IPE. This will be up to three observations (so up to six observations across both phases).

### **Interviews**

We will interview up to **15 delivery staff** professionals (including mentors and COSA volunteers) involved in delivery to understand delivery and engagement of different groups of CYP and perceived impacts. Interviews could be with the same participants as those interviewed in the internal pilot phase to understand longer term change.

We will interview up to a further **25 CYP** in the efficacy phase to understand their experiences, including up to five CYP who withdrew before starting or while on the EXODUS programme. We will aim to over-represent CYP from marginalised groups where possible. Included in this number, we will interview **up to five CYP** in the control group to increase our understanding of business-as-usual support and how this differs from the EXODUS programme, as well as contextual factors relevant to CYP demonstrating risk factors associated with offending.



We will interview up to **ten parents/carers** of CYP who engaged with the programme to hear their experiences. These will mainly be parents/carers of CYP who have received EXODUS but we also would like to interview up to three parents/carers of CYP from the control group.

We will consider the differences between interviews carried out in the internal pilot and efficacy phases and how the intervention has developed over time.

### Surveys

To understand delivery, engagement, experiences of CYP and staff as well as strengths and areas for development of the EXODUS project we would administer surveys to delivery staff, including mentors and COSA volunteers, and referral partners.

The survey to delivery staff and referral partners will take place near the end of the trial to allow them to reflect on the full length of the programme. The survey will be hosted online on the SmartSurvey platform. A link will be sent to delivery staff and referral partners via email, with up to two reminders for non-responders. We will test the draft survey to ensure it takes under 15 minutes to complete. We will ask respondents for their job title, extent of involvement in the programme, and their views and experiences of the programme. We will also ask referral partners about business-as-usual support, particularly whether CYP receive any core activities from the EXODUS logic model as part of business-as-usual support. This will help us to understand the support delivered to the control group and any potential risks of contamination.

For the six and 12 month outcomes questionnaires of CYP in the intervention group we will add up to three questions to provide evidence on other outcomes related to the EXODUS logic model including skills for managing and resolving conflict and restorative thinking, as well as empathy, self-esteem and wellbeing. These will be administered along with the outcome measures survey collected from the intervention group at six and 12 month follow up. We will add a question about the business-as-usual support received to the survey for the control group CYP. In this we will ask CYP to select from options about the support they have received based on discussions with referral partners, and we will also include an 'other' box with a prompt to explain any other support received.

Administrative data on uptake and attendance of sessions will be collected and analysed to aid understanding of dosage and engagement in EXODUS. We will also collect demographic data to identify who EXODUS is reaching. We will pay attention to any changes in demographic profile of CYP as the programme scales up. We will explore the demographic profiles of CYP who are referred but do not end up receiving the programme.

### Analysis

All interviews will be audio or video (only if online) recorded with consent and transcribed verbatim (by a third party transcription service). Interview transcripts, observations and qualitative answers from the surveys will be coded inductively and themes will be constructed. They will be analysed using reflexive thematic analysis guided by Braun and Clarke’s (2019) six-stage process of reflexive thematic analysis to generate findings using NVivo software.

For all qualitative data, at least two researchers will perform the later stages of the analysis (generating initial themes and theme review) to apply reflexivity, discuss and scrutinise themes and provide quality assurance via debriefing and reflexive sessions. Themes will be developed inductively (data-driven) to ensure the voice of participants is represented.

We will work with the peer researcher young advisors and the steering group to review our approach and interpretations to ensure we fully account for equity, diversity and inclusion within our analysis. For example, we would look to focus on any equity, diversity and inclusion themes identified from CYP interviews and use these as the main themes with which to assess other (sub)themes and findings from the IPE. The final report will describe high-level themes and use verbatim quotes from transcripts illustratively.

For the quantitative data collected as part of the surveys of staff and CYP used in the IPE we will adhere to good spreadsheet design principles and document the sequence of steps used to get from raw data to findings to enable review. Data will be analysed descriptively using Excel or R software and all code and analysis is quality assured by another researcher.

**Table 6: implementation and process evaluation methods and sample overview**

| Research method | Data collection methods (and phase)            | Participants/ data sources (type, number)   | Data analysis methods    | IPE research questions addressed                                  | Implementation/ logic model relevance  |
|-----------------|--|---|--------------------------|---|--|
| Qual.           | Interviews (internal pilot and efficacy trial) | <p><b>UpskillU delivery staff</b> (incl. mentors and COSA volunteers)</p> <p><b>Referral partner staff</b></p> <p><b>Sample = 10-20</b></p> | Thematic analysis, NVivo | <p>RQ1</p> <p>RQ2</p> <p>RQ3</p> <p>RQ6</p> <p>RQ7</p> <p>RQ8</p> | <p>Exploring whether activities in logic model delivered as planned</p> <p>Exploring the mechanisms of change leading to outcomes in the logic model</p> |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Qual.  | Interviews (internal pilot and efficacy trial)   | <p><b>Children and young people</b></p> <p>(from intervention and control, ~80:20 split respectively)</p> <p><b>Sample = 25-35</b></p> <p>(including ~5 CYP who withdrew from EXODUS)</p> <p><b>Parents/carers</b> of CYP taking part in the trial (intervention and control, ~80:20 split respectively)</p> <p><b>Sample = 10</b></p> | Thematic analysis, NVivo   | RQ4<br>RQ5<br>RQ6<br>RQ7               | <p>Exploring whether activities in logic model delivered as planned</p> <p>Exploring the mechanisms of change leading to outcomes in the logic model</p> |
| <b>Total sample size for interviews in IPE (pilot and efficacy): 45 – 60</b> |  |  |  |  |  |
| Qual.  | Observations (internal pilot and efficacy trial) | <p>2-3 mentoring sessions</p> <p>2-3 COSA sessions</p> <p><b>Total = 4 - 6</b></p>   | Thematic analysis (free-hand)  | RQ1<br>RQ2<br>RQ4<br>RQ5<br>RQ6        | <p>Exploring whether activities in logic model delivered as planned</p> <p>Exploring the mechanisms of change leading to outcomes in the logic model</p> |
| Qual. & quant.   | Survey (efficacy trial only)                     | <p>All delivery staff and volunteers and referral partners</p> <p>For intervention CYP, we will add ~ 3 questions related to the EXODUS logic model</p> <p>For control CYP, will add a question about the business-as-usual support received</p> <p>CYP qus. will be administered with the</p>   | <p>Thematic analysis (free-hand) of qualitative responses</p> <p>Descriptive analysis of quantitative responses using Excel or R</p> | RQ1<br>RQ2<br>RQ3<br>RQ6<br>RQ7<br>RQ8 | <p>Exploring whether activities in logic model delivered as planned</p> <p>Exploring the mechanisms of change leading to outcomes in the logic model</p> |

|        |   |   |                                       |            |   |
|--------|---|---|---------------------------------------|------------|---|
|        |   | outcome measures survey collected at six and 12 month follow up |                                       |            |   |
| Quant. | Administrative data from UpskillU (internal pilot and efficacy trial) | CYP participants  | Descriptive analysis using Excel or R | RQ5<br>RQ6 | Exploring whether activities in logic model delivered as planned<br><br>Exploring the mechanisms of change leading to outcomes in the logic model |

## Cost data reporting and collecting

Our approach to cost data collection, analysis and reporting will be informed by YEF's Cost Reporting Guidance. In line with these principles, we will take a bottom-up approach to estimating costs associated with individual resources and estimate these from the perspective of the delivery organisation. During the internal pilot, we will consult with and interview key stakeholders involved in delivery to understand where costs will be incurred. This early work will help us to understand how best to capture this cost data in the internal pilot and subsequently the efficacy study.

We anticipate using a cost-benefit analysis taking the following steps:

1. Working with UpskillU during the internal pilot to understand where costs will be incurred and how best to capture this. We will also support delivery stakeholders to keep note of other associated costs and input as the trial progresses
2. Collecting cost data for delivery from UpskillU. We anticipate using an Excel data template which would include prerequisite, set-up and ongoing costs broken down by the nature of the resource (e.g. staff, equipment, etc.), excluding programme development and evaluation costs
3. Estimating the unit cost of intervention delivery per CYP.

In line with the Green Book<sup>31</sup> guidance, we will apply appropriate optimism biases and run sensitivity analyses to account for uncertainty around key assumptions. We will also have support from three pro-bono economists to support with the development of our approach and quality-assure our analysis. This section will be updated before the start of the efficacy stage, once a precise approach to data collection will be developed.

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<sup>31</sup> [www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government](http://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government)

## Equity, diversity and inclusion

We are committed to creating equitable and inclusive research. We have strict ethical protocols and processes in place, and Coram's research ethics framework requires us to do our research in an accessible and inclusive way. Our policies go beyond legal requirements, aiming to involve people from underrepresented communities. We are upfront about the drawbacks of being a predominantly White team in our research, and recognise this will inevitably affect our work (and take action to address this in our recruitment practices).

We understand the power imbalance that research with vulnerable CYP and families can bring. We will apply reflexivity to our research to understand how we may influence and interpret findings and report this honestly. We will consider racial diversity and inclusion prominently in our evaluation plans and ongoing project management meetings with YEF and UpskillU.

We hope that the inclusion of our team of peer researchers with lived experiences will go some way in addressing researcher power imbalances, ensuring cultural sensitivity and embed a race and equity lens. We will work with the peer researchers, and the trial steering group, to ensure diversity, equity and inclusion is considered throughout, clearly acknowledging their contributions in reporting. We will invite and support peer researchers to shape our research design and tools. We will carry out analysis with peer researchers to enable them to contribute a lived experience perspective when interpreting the data. We will work with them to identify how the research could be most useful to the affected groups, including the most accessible and engaging ways to communicate and disseminate findings.

Throughout the study, we will focus on encouraging inclusivity and meaningful participation by:

- minimising the burden on research participants by ensuring questionnaires and interview discussions are focussed on the most pertinent questions
- working flexibly to meet the varied needs and preferences of different participants and to reduce barriers to participation, including carrying out interviews at times to suit participants, and using creative, child-friendly, easy-read and/or translated tools and methods where appropriate
- using accessible information sheets and consent forms and checking for informed consent throughout
- confirming with participants prior to any interviews whether they have any support or access needs (e.g. being accompanied by a trusted person, having the interview over two shorter sessions, easy read formats, interpreters etc.)
- offering vouchers to reimburse and thank CYP and parents/carers we interview for their time

- research activities will take place in safe, culturally-appropriate, accessible settings
- signposting to additional support if needed.

We will create an anonymous feedback survey and include a link to it in all evaluation materials to invite feedback on the evaluation from CYP at all stages, for example on our outcomes measure survey.

Across sites, referral partners are encouraged to attend UpskillU's core training which includes cultural competency and equity, diversity and inclusion training.

## Ethics and registration

We will use Coram's well-established research ethics standards to ensure ethical rigour. These standards are based on guidelines from the Economic and Social Research Council, the Social Research Association, and the UK Research Integrity Office.

The evaluation will go through a full ethics application via our Research Ethics Committee (REC) chaired by Professor Jonathan Portes. An ethics application will be submitted to the REC and the REC will respond within one month. A minimum of two members of the REC will review the application. Possible outcomes of the review are favourable, conditionally favourable or unfavourable. A favourable decision means the project and evaluation can go ahead as proposed. If a conditionally favourable decision is made, the project and evaluation can only go ahead once certain conditions are met. If an unfavourable decision is made, the project and evaluation will need to be revised and then reconsidered by the REC.

The project and evaluation will not start until Coram's REC has provided ethical approval.

A RCT design raises ethical questions, however, as EXODUS is not part of usual support offered to CYP, those in the control group are not being denied a service that they would have otherwise received.

We do not anticipate CYP will experience harm as a result of participation, but we would gather information through regular communication with partners about any emerging risks and harms. If evidence emerged of serious and substantial harms being caused to CYP in either the control or intervention group, we would consult Coram's REC. Ethically, we feel it is important that the evaluation is co-designed with CYP. Therefore, we will work with our peer researcher young advisors in throughout the evaluation to ensure our design, data collection, analysis and dissemination is informed by them.

Confidentiality would only be broken if there was a risk of harm. Participants will be anonymous in all outputs. Any safeguarding issues that arise will be escalated in accordance with our safeguarding policies. Appropriate signposting and referral mechanisms will be in place for if a CYP discloses anything we have a legal obligation to act on. We will ensure the CYP has a clear understanding of what we might do if they do disclose something. We will create a simple flow chart for CYP illustrating what to do, where to go and what the researchers might have to do if a CYP discloses harm.

We will ensure participants receive good quality, accessible information about our research to support informed consent, making it clear that participation is voluntary. We will provide and support the use of accessible evaluation materials such as information sheets, FAQs, and consent forms, using plain, simple language and pictures where appropriate. We will



seek consent to take part in the evaluation, surveys and interviews from CYP and from parents/carers for under 16s.

For primary data collection (i.e. interviews) we will make it clear to participants that they will not have to answer questions they do not want to, and that they could stop the interview at any time. We will also have a list of resources for support to hand to participants if we feel it appropriate.

### Registration

The trial has been registered with the ISRCTN ([www.isrctn.com](http://www.isrctn.com)<sup>32</sup>).

The registration number is **ISRCTN19464308** and the trial can be viewed here: [www.isrctn.com/ISRCTN19464308](http://www.isrctn.com/ISRCTN19464308).

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<sup>32</sup> The ISRCTN registry is a primary clinical trial registry recognised by the World Health Organisation and International Committee of Medical Journal Editors that accepts all clinical research studies.

## Data protection

Maintaining data security is a key risk mitigation for the study and we will work closely with UpskillU and YEF to ensure data is collected, shared, analysed and stored appropriately.

Coram holds a Cyber Essentials Plus certificate. All Coram staff receive data security and GDPR training, and we can draw on our in-house Data Protection Officer to review data privacy notices and our shared data protection impact assessment.

In line with YEF guidance, personal data will be collected on the basis of **public interest** (Article 6(1) (e) of the GDPR). But for ethical reasons we will actively request consent from those providing data as part of the evaluation (for example, interviews).

In line with YEF guidance, we will be the **joint controllers** of personal data throughout the evaluation period, along with UpskillU and referral partners who will also collect participant personal data. We will make decisions together about what data will be collected and how they will be processed for the evaluation.

We will draft clear guidance and data privacy notices on handling, collecting and processing personal data. Data will be stored securely on our internal server, only accessible by the Coram study team members. Data transferred from UpskillU will be via a secure folder on SharePoint, only accessible by named users. We will use accessible participant information sheets and consent forms. We will communicate participants' rights to see or change the data we hold on them, or to have it deleted within a given timeframe. Interviews will only be recorded with informed consent. Interview recordings will be securely deleted after finalisation of the final report and other data anonymised and archived. We will not use identifying information when reporting and disseminating findings.

Once the evaluation is finished, data will be archived. In line with YEF guidance, two datasets will be prepared and submitted by evaluators. Datasets will include single rows for each CYP. One dataset will be submitted to the Department for Education containing just children's identifying data and unique project specific reference numbers for each child. The dataset will be pseudonymised - personal identifying data will be replaced with pupil matching reference numbers (PMRs). The PMRs and reference numbers will then be submitted to the ONS and stored in the YEF archive. The second dataset will include all evaluation data and project specific reference numbers. It will be submitted to the ONS and stored in the YEF archive. Unique IDs will allow the two datasets to be matched. YEF will become the data controllers when the data has been submitted.

## Stakeholders and interests

### Developer and delivery team

**Gifford Sutherland**, Chief Executive Officer (UpskillU)

Gifford is Founder and CEO of UpskillU and will provide the overall governance, strategy and lead on the project delivery and supporting Coram's evaluation of the project. Gifford has over 18 years' experience running successful grass roots charities and social enterprises that work with vulnerable children and marginalised communities. Gifford is a recognised International CPD trainer and public speaker specialising in equity, diversity and inclusion and race equity. He is currently trustee and treasurer for social policy think tank Race on the Agenda (ROTA) and founder of The Black Restorative Network. He has also developed expertise in working with Trauma and Adolescent Mental Health accredited through the Tavistock NHS Trust, as well as qualifying as master NLP practitioner, qualified counsellor and Restorative Practitioner. He is a known industry expert in serious youth violence, violence against women and girls and child exploitation and has regularly consulted for and been involved in several government advisory bodies and initiatives.

### Wayne Headman

Wayne is a Director of UpskillU and will be responsible for providing the internal coaching and clinical supervision of the mentors. He will lead the initial triage and selection of CYP for the RCT and will be carrying out the initial introductory meetings and engagement with the CYP and their families referred onto the EXODUS programme. Wayne will also lead on media and family support being provided as part of the project offering. Wayne has over 12 years' experience working with young people affected by serious youth violence. He is qualified Restorative Practitioner and Trauma Therapist and has played an integral role in developing and delivering the companies specialist programmes both in the secure estate and community. Wayne is currently managing Upskills team of mentors for projects (G4S, Oakhill STC, Feltham YOI, and previously Medway). Wayne's primary focus will be to ensure the quality and consistency of the mentoring delivery.

### Marie Ftanou

Marie is the project manager and oversees the delivery of the mentoring across all three referral partners. Marie line manages the project coordinators and delivery team. She will work alongside Wayne to ensure quality standards and support Coram in the data collection and evaluation process. Prior to working with UpskillU, Marie was a Monitoring and Evaluation Officer for the Borough of Haringey at across several of their secondary schools. Responsible for gathering, examining and presenting findings from their data to serve as a guide for their strategic implementation. Marie started working for UpskillU as a project

coordinator in 2018 and currently manages the EXODUS SAFER Taskforce Schools project working across 12 schools in Haringey commissioned by the Department for Education.

### **Beth Woods**

Beth will lead on the business administration, data collection and reporting across the project and will be the main contact point for supporting Coram's evaluation. Beth is currently the Business Administration Manager for UpskillU and oversees the reporting and evaluation for all funded projects. Beth has over 10 years' experience working in various roles in the Voluntary Community Sector.

### **Evaluation team**

**Max Stanford**, Head of Impact & Evaluation (Coram) will be the senior responsible researcher and provide quality assurance throughout the evaluation. Max has over a decade of experience leading a range of evaluations and research projects at a community, local authority and national level. He was previously Assistant Director for Evidence at the Early Intervention Foundation where he published practical guidance on evaluating interventions. Max worked closely with YEF colleagues to support their projects including its Supportive Home Agency Collaboration Round, Trauma-informed practice grant round and the YEF toolkit guide. Prior to this he was at the Office of the Children's Commissioner and the Department for Education.

**Hannah Lawrence**, Research Manager is the principal investigator. Hannah will provide day-to-day management and lead the study team. Hannah is an expert in qualitative research and has extensive experience of managing complex, mixed methods evaluations. Hannah will also lead on the IPE given her vast experience of primary qualitative research and analysis. Hannah has experience of a range of qualitative methods including interviewing children in care, adopted children, young people excluded from schools and foster and kinship carers. Hannah is also trained panel member for referral orders at a Youth Offending Service.

**Dr Emily Blackshaw**, Lead Quantitative Analyst, will lead on quantitative methodology design, data collection and analysis for the pilot and efficacy trial as well as for the IPE. Emily is an expert in experimental and quasi-experimental designs. She led the quantitative data collection and analysis for the Coram Family Group Conference RCT study. Emily has previously worked on evaluations of mental health interventions for young people and parenting support interventions at King's College London and through her PhD from University of Roehampton.

**Mia Johnson**, Research Officer is a supporting researcher on the project. Mia will be the main point of contact at Coram for the peer researchers. Mia is a mixed methods researcher

with a focus on child poverty, participation and creative methods. Mia joined Coram from the NSPCC, where she assisted research and evaluation projects related to child protection, safeguarding, children's rights and policy.

**Sibilla Robutti and Richard Ollerearnshaw**, Research Officers, will support with fieldwork and analysis. Sibilla has a therapeutic background and is experienced in carrying out fieldwork with vulnerable children and families. Richard's experience includes evaluating the Diana Award Mentoring Programme; evaluating the youth-led Young Changemakers pilot in racialised communities; and a literature review on local government approaches to reducing street violence.

**Dr Daniel Stern**, Research Assistant, will provide administrative research support to the evaluation.

We will also be supported on an ad hoc basis by experts:

- **Jenny Johnstone, Senior Lecturer at Newcastle University Law School**, will be an expert advisor for the project having expertise in youth justice as well as equality, race and criminal justice and mixed methods research having previously worked at the University of Glasgow, Sheffield and Leeds, in addition to having been a para-legal focusing on Family Law. Her experience includes working with Police National Computer data. Jenny also served as a Chair Panel Member for the Children's Hearings System in Scotland
- **Kirsten Anderson, Coram International**, who leads research on diversion and alternative measures for children in contact with the law, including community-based organisation programmes capturing the lived experiences and views of children in contact with the law. In addition to using police and court data for carrying out child justice assessments and evaluations in numerous countries.
- **Stephen Gibson** who is Chair of the Government's Regulatory Policy Committee and a recognised expert in economics with over 25 years' experience. Stephen is a Senior Fellow at the Harvard Kennedy School of Business and Government at Harvard University.

We will also draw on Coram's extensive expertise of working with CYP – such as Coram Voice the UK's leading children's rights organisation and Coram's CEO Dr Carol Homden CBE who sat on the Youth Justice Board for England.

## Risks

| # | RISK TITLE                                | RISK DESCRIPTION & IMPACT  | DATE IDENTIFIED | RISK CATEGORY | RISK SUB-CATEGORY | IMPACT LEVEL | PROBABILITY LEVEL | PRIORITY LEVEL / RISK RATING | STATUS | OWNER    | MITIGATIONS   |
|---|---|--|-----------------|---------------|-------------------|--------------|-------------------|------------------------------|--------|----------|---|
| 1 | Low CYP recruitment & participation rates | There is a risk of low recruitment & participation rates of CYP to EXODUS in the timeline needed for its successful delivery within the trial. | 10.08.2023      | Delivery      | CYP recruitment   | 5            | 1                 | 5                            | Open   | UpskillU | <p><b>UpskillU:</b></p> <ul style="list-style-type: none"> <li>The programme is building on existing projects which means it benefits from having established embedded referral pathways with the 3 main strategic partners. UpskillU has involved strategic partners into all stages of the co-design phase to establish buy-in and develop/agree strategies for recruitment, retention and participation. Upskill has agreed with partners to open up referral pathways to include more statutory agents (e.g. Northamptonshire now to include most multi-statutory agencies in county including YOS, Turnaround, Prevention and Diversion PaDs/ Out of Court Disposals and Children services).</li> <li>Statutory identification and triage of CYP means all partners have the capacity and can comfortably scale up numbers.</li> </ul> <p><b>Coram:</b></p> <ul style="list-style-type: none"> <li>Work with UpskillU and CYP to explore possible mitigating strategies for recruitment, retention and participation (i.e. intervention not being age-appropriate, inclusivity or cultural sensitivity)</li> <li>Rapidly feed in findings from early stage IPE on identified barriers and possible solutions (i.e. referral paths).</li> </ul> |

|   |   |   |            |          |                 |   |   |    |      |          |  |
|---|---|---|------------|----------|-----------------|---|---|----|------|----------|--|
| 2 | Low CYP recruitment and participation rates of CYP from marginalised groups | Not being able to identify and engage with CYP from marginalised groups. There is a risk of low recruitment and participation rates of CYP from marginalised groups into EXODUS, in the timeline needed for its successful delivery within the trial, particularly as these groups are less likely to engage in interventions of this type. | 10.08.2023 | Delivery | CYP Recruitment | 4 | 2 | 8  | Open | UpskillU | <p><b>UpskillU:</b></p> <ul style="list-style-type: none"> <li>• The project is building on existing referral pathways which already have a referral majority coming from marginalised communities</li> <li>• Offer training around cultural competency, unconscious bias and REDI to referral agents SPOC (single point of contact) and staff to improve engagement with CYP and parent/carers from marginalised community.</li> </ul> <p><b>Coram:</b></p> <ul style="list-style-type: none"> <li>• Consulting with peer researcher young advisors on best ways to engage CYP from marginalised groups, dedicating time and resource to ensuring CYP from marginalised groups are represented, regular communication with delivery and referral partners to identify any issues in recruiting CYP from marginalised groups.</li> </ul> |
| 3 | Low fidelity of intervention  | Accurate assessment of fidelity is crucial for drawing unequivocal conclusions about the effectiveness of interventions (internal validity) and for facilitating replication and generalizability (external validity).  | 10.08.2023 | Delivery | Fidelity        | 5 | 2 | 10 | Open | UpskillU | <p><b>UpskillU:</b></p> <ul style="list-style-type: none"> <li>• EXODUS is an established programme, running in referral partner areas for several years each with clearly defined processes and procedures</li> <li>• EXODUS is a well-defined intervention with an extensive manualised programme which staff receive extensive training on.</li> <li>• Staff are supervised and have supervision which also helps ensure fidelity to the model</li> </ul> <p><b>Coram:</b></p> <ul style="list-style-type: none"> <li>• Test fidelity in the process and implementation evaluation ensuring fieldwork (observations, interviews) are spread across mentors and sites to enable variation to be explored</li> <li>• Develop a fidelity checklist.</li> <li>• Rapidly feedback to UpskillU and partners any major deviations</li> </ul> |

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| 4 | Sourcing and Recruitment of mentors                                   | There is a risk of not being able to score and recruit enough mentors for the large uptick in delivery needed     | 10.08.2023 | Delivery Recruitment | Personnel | 5 | 2 | 10 | Open | UpskillU | <b>UpskillU:</b><br>Recruit 65% of the mentors from its existing bank of staff including mentors currently working on projects. We have launched UpskillU Recruitment Service in July 2023 and have a specialist in-house recruitment agent who comes with 5yrs+ agency expertise. She will be driving our recruitment process supported by coordinator/core staff. Will be handling sourcing, screening, vetting /interviewing, selection and onboarding of new mentors. As a former UpskillU mentor she has insight around lived experience and recruiting a diverse team. She has links with Reed and other established networks. |
| 5 | Loss of mentors or staff sickness                                     | There is a risk to delivery if there is a loss of a number of mentors   | 10.08.2023 | Service Delivery     | Personnel | 5 | 2 | 10 | Open | UpskillU | UpskillU has a larger pool of mentors to select cover replacement/ stand-in. We always have bank staff mentors (sessional workers) who can provide emergency cover.  |
| 6 | Temporary / permanent loss of Projects Core Team (incl. coordinators) | There is a risk to delivery if there is a loss of a number of UpskillU Projects Core Team, including coordinators | 10.08.2023 | Service Delivery     | Personnel | 2 | 2 | 4  | Open | UpskillU | UpskillU's management team would be kept up-to-date through internal team catch ups so would be able to 'pick up' tasks at any stage. The project managers work using the same system and processes are able to cover each other's projects. We have 2 other projects managers who work on projects outside of this fund which would be able to pick up or cover the work with a handover. Use of existing robust digital/electronic record keeping, reporting and data storage system means information is easily accessible. In-house Recruitment Agent to manage any short notice/emergency recruitment needs.                    |
| 7 | Recruitment & retention of COSA volunteers                            | Risk to delivery of COSA element of project if insufficient COSA volunteers                                       | 10.08.2023 | Service Delivery     | Personnel | 3 | 2 | 6  | Open | UpskillU | UpskillU has a group of recently trained volunteers ready to work on COSAs. UpskillU has access to a bank of volunteers from partners who can be screened, vetted, selected and trained for work. Also UpskillU has 2 colleges with HND students available for voluntary work. COSA training can be turnaround with short notice to training arm of Upskill Business.  |



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| 8  | Safeguarding concerns for CYP in relation to 1 key referral partner -Oakhill STC | Risk identified through Ofsted Inspection in 2021.  | 10.08.2023 | Service Delivery | Referral partner | 3 | 2 | 6  | Open | UpskillU | Since the report, Oakhill has put measures in place to address red flags and have since had a number of reviews, independent reports and follow up meetings/developments with Ofsted. As National CPD training Consultancy, Upskill to provide safeguarding training for Oakhill Staff involved in project (this includes training around YEF Safeguarding Protocol for reporting /responding incidents). This will form part of Project Monitoring and Evaluation. Other contingencies - we have primed up alternative referral partners (Croydon Council/Minaret Community Centre); we have spoken to the other two strategic partners (Haringey Council and Northamptonshire police) who have agreed in principle they have capacity to cover CYP if Oakhill lost as a referral partner.  |
| 9  | REDI considerations in relation to service delivery                              | REDI is a critical part of service delivery, especially to the cohort of CYP often marginalised by statutory services | 10.08.2023 | Service Delivery | REDI             | 3 | 1 | 3  | Open | UpskillU | Upskill will be incorporating REDI into service deliver at different levels: <ul style="list-style-type: none"> <li>• Its recruitment process to ensure a diverse, relatable team (e.g. a range of lived experience and cultures).</li> <li>• Its in-house and client training. As a CPD training provider, all staff and volunteers undergo REDI and cultural competency training (e.g. addressing impact of unconscious bias, adultification, micro-aggressions and trusted adult relationships), restorative practice, and training around trauma. Both in-house and partner training to take place before service delivery (training timeline to be agreed)</li> <li>• Ex-service users and CYP input directly into EXODUS content design and logic model (e.g. exploring issues such as Identity, racial trauma and restorative practice).</li> <li>• Policies and systems (e.g. matching of mentors).</li> </ul> |
| 10 | Upskill Project Legacy   | Upskill Project Legacy Building winding down and exiting beyond the delivery point.                                   | 10.08.2023 | Service Delivery | Legacy           | 5 | 2 | 10 | Open | UpskillU | <ul style="list-style-type: none"> <li>• UpskillU has built in a contingency and winding down cost in their delivery budget</li> <li>• UpskillU has been allocated a Business Consultant (in kind for 12 months) from Impetus to provide specialist support and resources around business development, capacity building, income generation</li> </ul>   |

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|----|--|---|------------|---------------------|----------------------|---|---|---|------|------------------|--|
|    |  |   |            |                     |                      |   |   |   |      |                  | and legacy building beyond fund period. Will include developing contingency plans around winding down. Upskill will extend this resource beyond the first year to cover years 2 & 3.   |
| 11 | Using people with lived experience as mentors and ensuring safeguarding of CYP | It is important all staff & volunteers are confident and thorough in their safeguarding responsibilities, including those with lived experience. It is also important to be mindful of the wellbeing of staff and volunteers, particularly those with lived experience. | 10.08.2023 | Service Delivery    | Lived experience     | 5 | 1 | 5 | Open | UpskillU         | <p>UpskillU has strict recruitment, vetting, training and supervisions process, including enhanced DBS check, additional screening at point of recruitment, 2 stage interview process.</p> <ul style="list-style-type: none"> <li>• Mandatory immersive training after core training where new recruits have to shadow experienced mentors.</li> <li>• Mentor Profiles are also shared with referral agents.</li> <li>• Monitoring of service delivery by project coordinators and evaluation feedback on mentors by Coram.</li> </ul>   |
| 12 | Evaluator - delivery partner relationship                                      | Breakdown in evaluator-delivery partner relationship could impact the delivery of the intervention and evaluation   | 10.08.2023 | Delivery Evaluation | Working relationship | 5 | 1 | 5 | Open | Coram / UpskillU | <ul style="list-style-type: none"> <li>• Mutual understanding between Coram, UpskillU and referral partners of the intervention and the evaluation.</li> <li>• Collaboratively designed the evaluation framework which is reviewed and refined as learning develops</li> <li>• Clear communication from the outset as to what is needed; regular liaison with UpskillU and fortnightly meetings; and regular updates and meetings with delivery partners</li> <li>• Support UpskillU and delivery partners with data collection processes (including dedicated resource within budget)</li> <li>• Being transparent, discussing challenges and collaboratively working on tools and approaches such as interview discussion guides.</li> <li>• Keep UpskillU and delivery partners updated on feedback from trial steering group and peer research young advisors</li> </ul> |

|    |   |  |            |                        |                  |   |     |    |      |       |   |
|----|---|--|------------|------------------------|------------------|---|-----|----|------|-------|---|
| 13 | Tracking business-as-usual support                  | There is a risk of the evaluation being unable to accurately track care-as-usual for control group as a whole, and more specifically track the large variability of care-as-usual across the different referral partners given the variability in what CYP at risk of offending receive. | 10.08.2023 | Evaluation             | BAU              | 4 | 2.5 | 10 | Open | Coram | <ul style="list-style-type: none"> <li>• Coram work with UpskillU and partners to understand care-as-usual building on our work in the co-design stage.</li> <li>• Coram will work with the steering group and peer research young advisors to understand what care-as-usual looks like.</li> <li>• Create an easy to use template to collect care-as-usual from control group participants in primary data collection</li> <li>• Undertake a small set of qualitative interviews with CYP in the control group in the full efficacy trial to understand business-as-usual support</li> <li>• Use interviews with referral partners to understand business-as-usual support.</li> </ul>   |
| 14 | Evaluation informed by practice or lived experience | Trial not being informed by practice or lived experience   | 10.08.2023 | Delivery / Evaluation  | Lived experience | 4 | 2   | 8  | Open | Coram | <ul style="list-style-type: none"> <li>• Detailed and collaborative co-design phase with UpskillU and partners to understand practice and lived experience.</li> <li>• Engage with trial steering group (academic and professional expertise), peer researcher young advisors (lived experience), and UpskillU &amp; partners throughout trial</li> <li>• Use participatory research methods in process and implementation evaluation to inform trial.</li> </ul>   |
| 15 | Evaluation recruitment & participation rates        | Low recruitment and/or participation rates in the evaluation   | 10.08.2023 | Evaluation recruitment | CYP Recruitment  | 4 | 2.5 | 10 | Open | Coram | <ul style="list-style-type: none"> <li>• A single stage consent to both the intervention and evaluation to reduce any initial opt-out of consent to evaluation data collection; providing briefing and FAQ documents regarding the evaluation to support with recruitment; pilot the approach to programme and trial recruitment and engagement in the pilot phase; refine recruitment and approach as necessary before efficacy study; avoid overburdening delivery staff and CYP with excessive data demands; a flexible approach to data collection (e.g. flexibility in interview times and locations); reminders.</li> <li>• Ensure research instruments are appropriate to any issues of inclusivity or cultural sensitivity, for example.</li> </ul> |

|    |  |  |            |                            |                    |   |   |    |      |       |  |
|----|--|--|------------|----------------------------|--------------------|---|---|----|------|-------|--|
| 16 | Admin data unavailable/<br>poor quality/<br>incomplete | The trial relies on extensive administrative data provided from referral partners and delivery partners. There is a risk that this data (or some of it) may be unavailable to the evaluation team (due to information governance issues, or poor data systems), or that the data provided is poor quality and / or incomplete. | 10.08.2023 | Evaluation data collection | Admin data         | 4 | 3 | 12 | Open | Coram | <p>Coram to co-ordinate with UpskillU and referral partners before requesting data; establish data sharing agreements; supply a template of required fields; advance warning of data requests; reminders and support; thorough quality assurance including cleaning and checking; time allowed for querying data with partners; start early to put data protection measures in place.</p> <p>Coram will acknowledge limitations transparently in final report.</p>   |
| 17 | Temporary or permanent loss of evaluation team members | Impacting on the capacity of the evaluation team to undertake the evaluation, or parts of the evaluation   | 10.08.2023 | Evaluation delivery        | Personnel          | 2 | 2 | 4  | Open | Coram | <ul style="list-style-type: none"> <li>• Project team contains 3 Coram senior leads</li> <li>• Entire Coram team will be kept up-to-date and briefed through weekly internal meetings so can 'pick up' tasks at any stage and all can access study folder</li> <li>• Although named point of contact, there is a team email (research@coram.org.uk) monitored Mon-Fri 9am-5pm</li> <li>• if needed, draw on the services of Coram associates and/or researchers across Coram</li> <li>• Trial steering group will provide additional oversight.</li> </ul> |
| 18 | Validated outcome measures                             | Not all outcome measures are validated for the target population, e.g. SRDS,   | 10.08.2023 | Evaluation data collection | Validated measures | 4 | 3 | 12 | Open | Coram | <ul style="list-style-type: none"> <li>• Conduct short review of suggested measures and explore their acceptability in co-design phase, and with steering group and peer researcher young advisors</li> <li>• Test the measures in the pilot stage and explore their acceptability with YP in the pilot.</li> </ul>  |

|    |                                       |   |            |                            |                |   |   |    |      |       |  |
|----|---------------------------------------|---|------------|----------------------------|----------------|---|---|----|------|-------|--|
| 19 | CYP confidentiality of the evaluation | CYP may not trust the confidentiality of the evaluation and may be reluctant to self-report offending | 10.08.2023 | Evaluation data collection | Self-reporting | 4 | 3 | 12 | Open | Coram | <ul style="list-style-type: none"> <li>• Peer researchers involved in supporting CYP to complete the SRDS can build good relationships with CYP, which may help to increase trust</li> <li>• Clear communication in information sheets and with delivery staff about our confidentiality promise</li> <li>• Training and guidance documents will be provided to all staff involved in supporting CYP to complete the SRDS including confidentiality and communicating this to CYP.</li> <li>• Clear communication in our confidentiality promise in CYP-friendly information sheets to be shared with CYP.</li> <li>• CYP will have the option to complete the SRDS with the support of a Coram researcher if they would prefer to do this than complete it with the support of a delivery or referral partner.</li> </ul> |
|----|---------------------------------------|---|------------|----------------------------|----------------|---|---|----|------|-------|--|

## Serious adverse events monitoring

The Coram evaluation team members in contact with trial participants are required to use an **Adverse Events (AEs) Reporting Log** to record the occurrence of any AE in a trial participant throughout the trial. An AE is defined as any negative psychological, emotional or behavioural occurrence, or sustained deterioration in a research participant. In the current trial, we have included arrest by police; running away from home; excluded from family home; experiences of racism by policing institutions; significant deterioration in behaviour, including threatening violence, exhibiting violent behaviour or serious injury to another person, exposure to violence or abuse; significant increase in emotional difficulties; self-harm (if not a presenting issue), or escalating self-harm (when it is a presenting issue); a complaint made against a mentor or COSA volunteer; suicidal ideation; suicidal intent; hospitalisation due to drugs or alcohol, or for psychiatric reasons; and death, including suicide.

An Adverse Events Reporting Log is used by all individuals in contact with participants, who are trained to recognise and respond, in an ethical and timely way, to risk and any issues relating to safeguarding. Individuals completing the form are asked to consider whether the AE is serious (a Serious Adverse Events – SAE), defined as any AE which is life threatening or results in death, and whether it may be a result of participating in the trial. The severity of each AE is also assessed, according to its intensity, duration and the degree of impairment to the young person (or, when relevant, another person such as in case of risk to others). Severity is graded as ‘mild’, ‘moderate’, ‘severe’, ‘very severe’, or ‘extremely severe’.

The principal investigator has responsibility for reviewing and signing the AE Reporting Forms, for ensuring that the relevant YEF and EXODUS staff member and Coram Safeguarding lead is aware of the occurrence of any AEs. It is the role of Coram designated safeguarding lead and YEF to assess whether SAEs were likely to be related to trial procedures. If so, the trial would be immediately stopped.

## Timeline

| Task   | Task owner                     | Start date      | End date        |
|--|--------------------------------|-----------------|-----------------|
| <b>Project and evaluation launch and delivery – INTERNAL PILOT</b>                                 |                                |                 |                 |
| Pilot study recruitment / consent and baseline outcome data collected.<br>Participants randomised. | Evaluator<br>Referral partners | 18/03/24        | 02/08/24        |
| Delivery of intervention for internal pilot cohorts  | Project team                   | 18/03/24        | 02/08/24        |
| Develop and finalise Statistical Analysis Plan   | Evaluator                      | 01/03/24        | 30/06/24        |
| Evaluator revises and submit final peer reviewed Statistical Analysis Plan to YEF                  | Evaluator                      | 30/06/24        | 30/09/24        |
| 3 month monitoring data collection, QA & cleaning  | Evaluator<br>Project team      | 01/08/24        | 31/08/24        |
| 3 month internal report to YEF   | Evaluator<br>Project team      | 01/09/24        | 30/09/24        |
| Interviews & observations with delivery staff, referral partners and CYP (IPE)                     | Evaluator                      | 01/08/24        | 30/11/24        |
| 6 month monitoring, cost and outcome data collection   | Evaluator                      | 01/11/24        | 31/01/25        |
| 6 month data collection, QA & cleaning   | Evaluator                      | 31/01/25        | 14/02/25        |
| Evaluator drafts and submits the Transition Decision document to YEF                               | Evaluator                      | 14/02/25        | 14/03/25        |
| YEF makes decision whether to progress to efficacy study   | YEF                            | 14/03/25        | 31/03/25        |
| Ongoing evaluation support & training to referral partners & UpskillU                              | Evaluator<br>Project team      | 18/03/24        | 31/01/25        |
| Drafting and submission of the internal pilot report   | Evaluator                      | 15/01/25        | 04/04/25        |
| Submission of draft internal pilot report to YEF   | Evaluator                      | 04/04/25        | 11/04/25        |
| YEF review pilot evaluation report   | YEF                            | 11/04/25        | 25/04/25        |
| Evaluator addresses YEF feedback and submits revised report (2 weeks)                              | Evaluator                      | 25/04/25        | 09/05/25        |
| Peer review by two experts (3 weeks)   | YEF                            | 09/05/25        | 16/05/25        |
| Evaluator revises pilot evaluation report (3 weeks)  | Evaluator                      | 16/05/25        | 16/06/25        |
| Grantee provides comments (2 weeks)  | YEF                            | 16/06/25        | 27/06/25        |
| Evaluator revises pilot evaluation report and sends final version to YEF (2 weeks)                 | Evaluator                      | 27/06/25        | 18/07/25        |
| <b>Evaluator completes publication support to YEF</b>  | <b>Evaluator</b>               | <b>01/08/25</b> | <b>01/10/25</b> |

| Project and evaluation Delivery – EFFICACY TRIAL   |  |          |                 |
|--|--|----------|-----------------|
| Efficacy study recruitment/consent and baseline outcome data collected.<br>Participants randomised | Evaluator<br>Project team<br>Referral partners | 01/07/24 | 30/07/26        |
| Delivery of intervention   | Project team                                   | 01/07/24 | 30/07/27        |
| Trial protocol revision and potential update of ethical approval                                   | Evaluator                                      | 01/05/25 | 30/06/25        |
| Update of trial registration & Statistical Analysis Plan   | Evaluator                                      | 01/05/25 | 30/06/25        |
| Ongoing evaluation support & training to referral partners & UpskillU                              | Evaluator                                      | 01/07/24 | 30/07/27        |
| Interviews & observations with staff and CYP (IPE) and parents/carers                              | Evaluator                                      | 01/01/26 | 31/05/27        |
| 6 month monitoring, cost and outcome data collection   | Evaluator                                      | 01/01/25 | 29/01/27        |
| Survey of delivery and referral staff  | Evaluator                                      | 01/03/27 | 30/04/27        |
| 12 month monitoring, cost and outcome data collection  | Evaluator                                      | 01/07/25 | 30/07/27        |
| 18 month local police outcome data collection  | Evaluator                                      | 05/01/26 | 30/07/27        |
| <b>End of YEF funded delivery</b>  | <b>Project Team</b>                            |          | <b>30/07/27</b> |
| Completion of all data collection  | Evaluator                                      | 06/08/27 | 06/08/27        |
| Draft efficacy evaluation report   | Evaluator                                      | 01/08/27 | 15/10/27        |
| Submission of draft efficacy evaluation report   | Evaluator                                      | 15/10/27 | 15/10/27        |
| YEF review efficacy evaluation report (2 weeks)  | YEF  | 15/10/27 | 29/10/27        |
| Evaluator revises efficacy evaluation report (2 weeks)   | Evaluator                                      | 01/11/27 | 15/11/27        |
| Peer review by two experts (3 weeks)   | YEF  | 15/11/27 | 06/12/27        |
| Evaluator revises efficacy evaluation report (3 weeks)   | Evaluator                                      | 06/12/27 | 07/01/28        |
| Grantee provides comments (2 weeks)  | YEF  | 07/01/28 | 21/01/28        |
| Evaluator revises efficacy evaluation report and sends final version to YEF (2 weeks)              | Evaluator                                      | 21/01/28 | 04/02/28        |
| Evaluator completes publication support to YEF   | Evaluator                                      | 01/05/28 | 03/07/28        |
| Evaluators prepare data for archiving and send to YEF  | Evaluator                                      | 15/10/27 | 04/02/28        |
| Evaluator submits data to YEF Data Archive   | Evaluator                                      | 04/02/28 | 04/02/28        |
| Project and evaluation Performance / Monitoring / Governance                                       |  |          |                 |
| Quarterly monitoring data collection, QA, cleaning & reporting                                     | Evaluator<br>Project team                      | 16/06/24 | 16/10/27        |
| Peer researcher young advisors meetings  | Evaluator<br>Project team                      | 20/11/23 | 14/01/28        |
| Trial Steering Group meetings  | Evaluator<br>Project team                      | 04/12/23 | 31/01/28        |



## References

- Achenbach, T. M., Becker, A., Döpfner, M., Heiervang, E., Roessner, V., Steinhausen, H. C., & Rothenberger, A. (2008). 'Multicultural assessment of child and adolescent psychopathology with ASEBA and SDQ instruments: research findings, applications, and future directions', *Journal of Child Psychology and Psychiatry*, 49(3), 251-275.
- Avery K.N, Williamson P.R, Gamble C, O'Connell Francischetto E, Metcalfe C, Davidson P, Williams H & Blazeby, J.M. (2017) 'Informing efficient randomised controlled trials: exploration of challenges in developing progression criteria for internal pilot studies', *BMJ Open*, 7(2). Available from: <http://dx.doi.org/10.1136/bmjopen-2016-013537>.
- Bazemore, G. (2001). 'Young people, trouble, and crime restorative justice as a normative theory of informal social control and social support,' *Youth & Society*, 33(2): 199–226.
- Bergseth, K. J., & Bouffard, J. A. (2013). 'Examining the Effectiveness of a Restorative Justice Program for Various Types of Juvenile Offenders', *International Journal of Offender Therapy and Comparative Criminology*, 57(9), 1054–1075. Available from: <https://doi.org/10.1177/0306624X12453551>.
- Berry, V., Little, M., Axford, N., & Cusick, G. R. (2009). 'An evaluation of youth at Risk's coaching for communities programme', *The Howard Journal of Criminal Justice*, 48(1), 60-75.
- Boney-McCoy, S., & Finkelhor, D. (1995). 'Psychosocial sequelae of violent victimization on a national youth sample', *Journal of Consulting and Clinical Psychology*, 63(5), 726–736.
- Braun, V. & Clarke, V. (2019). 'Reflecting on reflective thematic analysis', *Qualitative Research in Sport, Exercise and Health*, 4(11): 589-597.
- Brennan, I.R. (2019) 'Weapon-carrying and the Reduction of Violent Harm', *The British Journal of Criminology*, 59(3).
- Bridge Renewal Trust (2022). Mayor's Young Londoners Fund Haringey Community Gold End of Programme Evaluation. Bridge Renewal Trust.
- British Medical Association (2014). 'Young lives behind bars: the health and human rights of children and young people detained in the criminal justice system'. Available from: [www.bma.org.uk/media/1861/bma-young-lives-behind-bars-2014.pdf](http://www.bma.org.uk/media/1861/bma-young-lives-behind-bars-2014.pdf). Accessed 13 September 2023.
- Brown, E.L., Ware, G. & Cassimally, K.A. (2019) 'Knife crime: causes and solutions – editors' guide to what our academic experts say', *The Conversation*. Available from: <https://theconversation.com/knife-crime-causes-and-solutions-editors-guide-to-what-our-academic-experts-say-113318>, accessed 11 September 2023.
- College of Policing (2019) 'Knife crime: Evidence briefing', [https://assets.college.police.uk/s3fs-public/2022-03/Knife\\_Crime\\_Evidence\\_Briefing.pdf](https://assets.college.police.uk/s3fs-public/2022-03/Knife_Crime_Evidence_Briefing.pdf), accessed 14 September 2023.
- College of Policing (2022) 'Evidence briefing', [www.college.police.uk/guidance/restorative-justice/evidence-briefing](http://www.college.police.uk/guidance/restorative-justice/evidence-briefing). Accessed 14 September 2023.

Creaney, S. (2018) 'Children's Voices – are we listening? Progressing Peer Mentoring in the Youth Justice System', *Child Care in Practice*, 26(1).

Creaney, S. (2018) 'Knife crime: how former offenders can make great mentors for at-risk teens', *The Conversation*. Available from: <https://theconversation.com/knife-crime-how-former-offenders-can-make-great-mentors-for-at-risk-teens-105880>, accessed 11 September 2023. Crown Prosecution Service (2022). 'Violent crime'. Available from: [www.cps.gov.uk/crime-info/violent-crime](http://www.cps.gov.uk/crime-info/violent-crime).

Finkelhor, D., Hamby, S. L., Ormrod, R. & Turner, H. (2005). 'The Juvenile Victimization Questionnaire: Reliability, validity, and national norms', *Child Abuse & Neglect*, 29, 383-412.

Flynn, S., Langdon, P., Hastings, R., Gray, K., Thompson, P., Coulman, E., Playle, R., Segrott, J., Lugg-Widger, F., & Moody, G. (2022). 'Evaluation protocol: Brief Solution Focused Therapy (BSFT) in 10–17-year-olds presenting at police custody: A Randomised Controlled Trial with internal pilot.' YEF. Available from: <https://youthendowmentfund.org.uk/wp-content/uploads/2022/09/YEF-Brief-Solution-Trial-Protocol-FINAL.pdf>. Accessed 15 September 2023.

Fonagy, P., Butler, S., Cottrell, D., Scott, S., Pilling, S., Eisler, I., Fuggle, P., Kraam, A., Byford, S., Wason, J., Ellison, R., Simes, E., Ganguli, P., Allison, E. & Goodyer, I. (2018) 'Multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour (START): a pragmatic, randomised controlled, superiority trial', *Lancet Psychiatry*, 5(2): 119-133, [https://doi.org/10.1016/S2215-0366\(18\)30001-4](https://doi.org/10.1016/S2215-0366(18)30001-4).

Fraser, K. (2022) 'Annual statistics: a youth justice system failing Black children', Youth Justice Board for England and Wales, [www.gov.uk/government/news/annual-statistics-a-system-failing-black-children](http://www.gov.uk/government/news/annual-statistics-a-system-failing-black-children). Accessed 11 September 2023.

Gaffney, H., Jolliffe, D. & White, H. (2022) 'Mentoring: Toolkit Technical Report', Youth Endowment Fund. Available from: [https://youthendowmentfund.org.uk/wp-content/uploads/2022/10/Mentoring-Technical-Report\\_Final.pdf](https://youthendowmentfund.org.uk/wp-content/uploads/2022/10/Mentoring-Technical-Report_Final.pdf). Accessed 24 April 2024.

Gaffney, H., Jolliffe, D. & White, H. (2021) 'Restorative Justice: Toolkit Technical Report', Youth Endowment Fund. Available from: <https://youthendowmentfund.org.uk/wp-content/uploads/2021/12/Restorative-Justice-Technical-Report-FINAL.pdf>. Accessed 14 September 2023.

Gonzales, T. & Epstein, R. (2021). *Building Foundations of Health and Wellbeing in School: A Study of Restorative Justice and Girls of Color*. Georgetown L. Ctr. on Poverty & Ineq. Available from: [https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2021/08/21\\_COPI\\_BuildingFoundations\\_Report\\_Accessible\\_Final.pdf](https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2021/08/21_COPI_BuildingFoundations_Report_Accessible_Final.pdf). Accessed 15 September 2023.

Goodman, R. (1997). 'The Strengths and Difficulties Questionnaire: A research note', *Journal of Child Psychology and Psychiatry*, 38: 581–586.

Greater London Authority (2021) 'Mayor reveals driving factors behind violence affecting young people', [www.london.gov.uk/press-releases/mayoral/driving-factors-behind-violence-affecting-young-pe](http://www.london.gov.uk/press-releases/mayoral/driving-factors-behind-violence-affecting-young-pe). Accessed 14 September 2023.

- Hamby, S. L., Finkelhor, D., Ormrod, R., & Turner, H. (2004). *The Juvenile Victimization Questionnaire (JVQ): Administration and Scoring Manual*. Durham, NH: Crimes Against Children Research Center.
- Haywood, K., Collin, S., & Crawley, E. (2014). 'Assessing severity of illness and outcomes of treatment in children with chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME): A systematic review of patient-reported outcome measures (PROMs)', *Child: Care, Health and Development*, 40(6), 806–824.
- Herbert, E., Julious, S.A. & Goodacre, S. (2019). 'Progression criteria in trials with an internal pilot: an audit of publicly funded randomised controlled trials', *Trials* 20, 493. Available from: <https://doi.org/10.1186/s13063-019-3578-y>.
- Humayun, S., Herlitz, L., Chesnokov, M., Doolna, M., Landau, S. & Scott S. (2017). 'Randomised controlled trial of Functional Family Therapy for offending and antisocial behaviour in UK Youth', *Journal of Child Psychology and Psychiatry*, 58(9), pp. 1023-1032. [https://doi.org/10.1016/S2215-0366\(18\)30001-4](https://doi.org/10.1016/S2215-0366(18)30001-4)
- Lenkens, M., van Lenthe, F.J., Schenk, L., Sentse, M., Severiens, S., Engbersen, G. & Nagelhout, G.E. (2023) 'Experiential peer support and desistance from crime: a systematic realist literature review', *Psychology, Crime & Law*. Advance online publication. Available from: <https://doi.org/10.1080/1068316X.2023.2203925>.
- Mas-Exposito, L., Krieger, V., Amador-Campos, J. A., Casanas, R., Alberti, M. & Lalucat-Jo, L. (2022). 'Implementation of Whole School Restorative Approaches to Promote Positive Youth Development: Review of Relevant Literature and Practice Guidelines', *Educ. Sci.*, 12(3), 187.
- McAra, L. & McVie, S. (2005). 'The usual suspects? Street-life, young people and the police', *Criminal Justice*, 5(1), 5-36.
- McPherson, M., Smith-Lovin, L. & Cook, J.M. (2001) 'Birds of a feather: Homophily in social networks', *Annual Review of Sociology*, 27(1).
- Nock, M.K., Kazdin, A.E., Hiripi, E., & Kessler, R.C. (2006). 'Prevalence, subtypes, and correlates of DSM-IV conduct disorder in the National Comorbidity Survey Replication', *Psychol Med*, 36(5), 699-710. doi:10.1017/S0033291706007082.
- Nock, M.K., Kazdin, A.E., Hiripi, E., & Kessler, R.C. (2007). 'Lifetime prevalence, correlates, and persistence of oppositional defiant disorder: results from the National Comorbidity Survey Replication', *J Child Psychol Psychiatry*, 48(7), 703-713. doi:10.1111/j.1469-7610.2007.01733.x.
- Ofsted (2021) *Oakhill Secure Training Centre Inspection*. Available from: <https://files.ofsted.gov.uk/v1/file/50172439>. Accessed 30 November 2023.
- Ofsted (2022). *Oakhill Secure Training Centre Inspection*. Available from: <https://files.ofsted.gov.uk/v1/file/50187557>. Accessed 30 September 2023.
- Rickwood, D.J., Deane, F.P. & Wilson, C.J. (2007) 'When and how do young people seek professional help for mental health problems?', *The Medical Journal of Australia*, 187(7). <https://doi.org/10.1111/jcpp.12743>.

Smith, D. J., McVie, S., Woodward, R., Shute, J., Flint, J., & McAra, L. (2001). 'The Edinburgh study of youth transitions and crime: Key findings at ages 12 and 13', *British Journal of Criminology*, 43: 169-195.

Smith, D. J. and McVie S. (2003). 'Theory and method in the Edinburgh study of youth transitions and crime', *British Journal of Criminology*, 43: 169-95.

St James-Roberts, I., Greenlaw, G., Simon, A. & Hurry, J. National Evaluation of Youth Justice Board Mentoring Schemes 2001 to 2004. Youth Justice Board for England and Wales. Available from: <https://dera.ioe.ac.uk/id/eprint/7757/1/National%20Evaluation%20of%20Mentoring%20Projects%202001%20to%202004%20web%20ready.pdf>. Accessed 20 April 2024.

Taylor, S., Blackshaw, E., Lawrence, H., Stern, D., Gilbert, L., & Raghoo, N. (2023) Randomised controlled trial of family group conferencing at pre-proceedings stage. Foundations. Available from: <https://foundations.org.uk/wp-content/uploads/2023/06/Randomised-controlled-trial-family-group-conferencing.pdf>

Tolan, P. H., Henry, D. B., Schoeny, M. S., Lovegrove, P., & Nichols, E. (2014). Mentoring programs to affect delinquency and associated outcomes of youth at risk: A comprehensive meta-analytic review. *Journal of experimental criminology*, 10: 179-206.

Walters, S.J., Jacques, R.M., dos Anjos Henriques-Cadby, I.B. et al. (2019) 'Sample size estimation for randomised controlled trials with repeated assessment of patient-reported outcomes: what correlation between baseline and follow-up outcomes should we assume?', *Trials*, 20(566). <https://doi.org/10.1186/s13063-019-3671-2>

Williams, A. (2019) 'Family support services delivered using a restorative approach: A framework for relationship and strengths-based whole-family practice,' *Child & Family Social Work*, 24(4): 555-564.

Youth Endowment Fund (2022a) 'Children, violence and vulnerability 2022'. Available from: <https://youthendowmentfund.org.uk/reports/children-violence-and-vulnerability-2022/>, Accessed 14 September 2023.

Youth Endowment Fund (2022b) 'Statistics update (May 2022): The latest data on police recorded youth crime, youth victims of homicide and modern slavery'. Available from: <https://youthendowmentfund.org.uk/reports/statistics-update-may-2022-the-latest-data-on-police-recorded-crime-youth-victims-of-homicide-and-modern-slavery>. Accessed 14 September 2023.

Youth Justice Board (2023) 'Youth Justice Statistics: 2021 to 2022 (accessible version)'. Available from: [www.gov.uk/government/statistics/youth-justice-statistics-2021-to-2022/youth-justice-statistics-2021-to-2022-accessible-version](http://www.gov.uk/government/statistics/youth-justice-statistics-2021-to-2022/youth-justice-statistics-2021-to-2022-accessible-version). Accessed 12 September 2023.

Youth Endowment Fund, 'Restorative justice'. Available from: <https://youthendowmentfund.org.uk/toolkit/restorative-justice/>. Accessed 14 September 2023.

## Appendix 1: EXODUS referral form to the trial

Note: small amendments may take place in light of referral partner feedback and following internal pilot.

|   |  |
|---|--|
| <b>Referral partner information</b>   |  |
| Name:   | [open text]  |
| Position:   | [open text]  |
| Organisation:   | [dropdown box]<br>Haringey<br>Northampton<br>Oakhill   |
| Email   | [open text]  |
| Telephone:  | [numbers only]   |
| Has the young person and their parent/guardian consented to be referred onto the EXODUS programme and its evaluation? | [dropdown box] <ul style="list-style-type: none"> <li>• Both young person and parent/carer consented</li> <li>• Young person only consented</li> <li>• No consent</li> </ul> |

|   |                   |
|---|-------------------|
| <b>Child or young person information</b>                                      |                   |
| First name  | [open text]       |
| Surname   | [open text]       |
| Young person unique ID from referral partner                                  | [open text]       |
| Postcode  | [open text]       |
| DOB   | [open text]       |
| Gender  | [dropdown box]    |
| Ethnicity   | [dropdown box]    |
| Is English a second language?   | Yes/no [tick box] |
| What is the CYP's first language?   | Yes/no [tick box] |
| Is this young person a migrant or refugee?                                    | Yes/no [tick box] |
| Does the young person have mental health issues?                              | Yes/no [tick box] |
| Does the young person have Special Educational Needs and Disabilities? (SEND) | Yes/no [tick box] |
| Does the young person have an Education, Health or Care Plan?                 | Yes/no [tick box] |
| Is the young person eligible for Free School Meals?                           | Yes/no [tick box] |
| Is the young person care experienced (currently or having been in care)?      | Yes/no [tick box] |

|  |   |
|--|---|
| <b>Child or young person service information</b>             |   |
| Is the CYP open any of the following?                        | [dropdown box] <ul style="list-style-type: none"> <li>• Children Looked After Team</li> <li>• Child Protection Plan</li> <li>• Child in Need</li> <li>• Early Help/targeted family support</li> </ul> |
| Is the young person currently open to Youth Justice Service? | Yes/no [tick box]   |

|  |   |
|--|---|
| Is the young person open/receiving any of the following? | [dropdown box] <ul style="list-style-type: none"> <li>- Child Criminal Exploitation (CCE) team</li> <li>- Child Sexual Exploitation (CSE) team</li> <li>- Behaviour Support Service</li> <li>- CAMHS</li> </ul> |
|--|---|

|   |                   |
|---|-------------------|
| <b>Parent/guardian information</b>            |                   |
| Parental responsibility                       | Yes/no [tick box] |
| First name                                    | [open text]       |
| Surname                                       | [open text]       |
| Is English a second language?                 | Yes/no [tick box] |
| What is the parent/guardian's first language? | [open text]       |

|  |   |
|--|---|
| <b>Referral information</b>  |   |
| Main reason for referral   | [open text]   |
| What is the age of the CYP   | [dropdown box: 11 years old; 12 years old etc. ... 17 years old]  |
| CYP must be one of the following to be eligible for the EXODUS trial, please tick which are relevant:  |   |
| <b>Known to have offended</b> where CYP has been arrested (and led to conviction) or identified by police for offending and/or antisocial behaviour or affected by serious violence, criminal or sexual exploitation (as perpetrators and/or victims)              | Yes/no [tick box]   |
| <b>Considered to demonstrate high/medium risk factors associated with offending, exploitation, and/or victimisation.</b> This is based on vulnerability assessments undertaken by referral partners which considers whether CYP are at least one of the following: | [drop down box]<br><i>Select all that apply</i> <ul style="list-style-type: none"> <li>• Known to the Youth Offending Services (YOS)</li> <li>• Have a pending or in place National Referral Mechanism (NRM) as at risk of exploitation or trafficking</li> <li>• Have had a recent recorded missing episode</li> <li>• Known by the police/YOS to be affiliated with groups, often referred to as gangs, involved in crime, violence and trafficking</li> <li>• Known by the police/YOS to have siblings already involved in and affected by serious youth violence</li> <li>• Known to Children's Services (e.g. known to early help, are a Child in Need, on a Child Protection Plan, are Looked After, or have care experience).</li> <li>• Demonstrate school exclusion risk factors i.e. persistent absences and suspension, displaying Anti-Social Behaviour.</li> </ul> |
| <b>Currently in / leaving custody</b> where CYP is in custody and will complete their custodial sentence within a given timeframe to allow them to engage in EXODUS  | Yes/no [tick box]<br>[if yes] ...<br>Open text box of when they will be leaving custody   |

|   |
|---|
| <b>Level of Risk and Safety &amp; Wellbeing concern based on the matrix below</b> |
|---|

|  |  |   |  |  |  |  |  |   |   |
|--|--|---|--|--|--|--|--|---|---|
| <p>What is the young person's level of risk</p>                          | <p>[tick box]</p> <table border="1"> <tr> <td data-bbox="456 275 639 387"><b>LOW RISK</b></td> <td data-bbox="639 275 1348 387">No evidence at present to indicate likelihood of serious harmful behaviour in future. No specific risk management work needed.</td> </tr> <tr> <td data-bbox="456 387 639 499"><b>MEDIUM RISK</b></td> <td data-bbox="639 387 1348 499">Some risk identified but the young person is unlikely to cause serious harm unless circumstances change. Relevant issues can be addressed as part of the normal supervision process.</td> </tr> <tr> <td data-bbox="456 499 639 689"><b>HIGH RISK</b></td> <td data-bbox="639 499 1348 689">Risk of harm identified. The potential event could happen any time and the impact would be serious. Action should be taken in the near future and the case will need supervision and monitoring (e.g. local registration, oversight by middle/senior management).</td> </tr> <tr> <td data-bbox="456 689 639 880"><b>VERY HIGH RISK</b></td> <td data-bbox="639 689 1348 880">Imminent risk of harm identified. The young person will commit the behaviour in question as soon as they are able to or as soon as an opportunity arises, and the impact would be serious. Immediate action is required and is likely to involve intensive multi-agency support and surveillance.</td> </tr> </table>  | <b>LOW RISK</b>                           | No evidence at present to indicate likelihood of serious harmful behaviour in future. No specific risk management work needed.   | <b>MEDIUM RISK</b>                           | Some risk identified but the young person is unlikely to cause serious harm unless circumstances change. Relevant issues can be addressed as part of the normal supervision process.                                       | <b>HIGH RISK</b>                           | Risk of harm identified. The potential event could happen any time and the impact would be serious. Action should be taken in the near future and the case will need supervision and monitoring (e.g. local registration, oversight by middle/senior management).  | <b>VERY HIGH RISK</b>                           | Imminent risk of harm identified. The young person will commit the behaviour in question as soon as they are able to or as soon as an opportunity arises, and the impact would be serious. Immediate action is required and is likely to involve intensive multi-agency support and surveillance. |
| <b>LOW RISK</b>  | No evidence at present to indicate likelihood of serious harmful behaviour in future. No specific risk management work needed.   |   |  |  |  |  |  |   |   |
| <b>MEDIUM RISK</b>   | Some risk identified but the young person is unlikely to cause serious harm unless circumstances change. Relevant issues can be addressed as part of the normal supervision process.   |   |  |  |  |  |  |   |   |
| <b>HIGH RISK</b>   | Risk of harm identified. The potential event could happen any time and the impact would be serious. Action should be taken in the near future and the case will need supervision and monitoring (e.g. local registration, oversight by middle/senior management).  |   |  |  |  |  |  |   |   |
| <b>VERY HIGH RISK</b>  | Imminent risk of harm identified. The young person will commit the behaviour in question as soon as they are able to or as soon as an opportunity arises, and the impact would be serious. Immediate action is required and is likely to involve intensive multi-agency support and surveillance.  |   |  |  |  |  |  |   |   |
| <p>What is the young person's level of safety and wellbeing concern?</p> | <p>[tick box]</p> <table border="1"> <tr> <td data-bbox="456 1070 639 1227"><b>Low Safety &amp; Wellbeing concern</b></td> <td data-bbox="639 1070 1348 1227">No risks to the young person's safety and well-being have been identified or the risks identified are unlikely to occur and would not impact on the young person's immediate Safety &amp; Wellbeing.</td> </tr> <tr> <td data-bbox="456 1227 639 1395"><b>Medium Safety &amp; Wellbeing concern</b></td> <td data-bbox="639 1227 1348 1395">Some risks to the young person's safety and well-being have been identified and are likely to occur. The young person's immediate safety and well-being is unlikely to be compromised provided specific actions are taken.</td> </tr> <tr> <td data-bbox="456 1395 639 1619"><b>High Safety &amp; Wellbeing concern</b></td> <td data-bbox="639 1395 1348 1619">Clear risks to the child or young person's safety and well-being have been identified, are likely to occur and the impact would compromise the young person's safety and well-being. Actions are required in the near future and are likely to involve other agencies in addition to youth justice services.</td> </tr> <tr> <td data-bbox="456 1619 639 1843"><b>Very High Safety &amp; Wellbeing concern</b></td> <td data-bbox="639 1619 1348 1843">Clear risks to the young person's safety and well-being have been identified, are imminent and the young person is unsafe. Immediate actions are needed to protect the young person, which will include (or have already included) a referral to statutory child protection services.</td> </tr> </table> | <b>Low Safety &amp; Wellbeing concern</b> | No risks to the young person's safety and well-being have been identified or the risks identified are unlikely to occur and would not impact on the young person's immediate Safety & Wellbeing. | <b>Medium Safety &amp; Wellbeing concern</b> | Some risks to the young person's safety and well-being have been identified and are likely to occur. The young person's immediate safety and well-being is unlikely to be compromised provided specific actions are taken. | <b>High Safety &amp; Wellbeing concern</b> | Clear risks to the child or young person's safety and well-being have been identified, are likely to occur and the impact would compromise the young person's safety and well-being. Actions are required in the near future and are likely to involve other agencies in addition to youth justice services. | <b>Very High Safety &amp; Wellbeing concern</b> | Clear risks to the young person's safety and well-being have been identified, are imminent and the young person is unsafe. Immediate actions are needed to protect the young person, which will include (or have already included) a referral to statutory child protection services.             |
| <b>Low Safety &amp; Wellbeing concern</b>                                | No risks to the young person's safety and well-being have been identified or the risks identified are unlikely to occur and would not impact on the young person's immediate Safety & Wellbeing.   |   |  |  |  |  |  |   |   |
| <b>Medium Safety &amp; Wellbeing concern</b>                             | Some risks to the young person's safety and well-being have been identified and are likely to occur. The young person's immediate safety and well-being is unlikely to be compromised provided specific actions are taken.   |   |  |  |  |  |  |   |   |
| <b>High Safety &amp; Wellbeing concern</b>                               | Clear risks to the child or young person's safety and well-being have been identified, are likely to occur and the impact would compromise the young person's safety and well-being. Actions are required in the near future and are likely to involve other agencies in addition to youth justice services.   |   |  |  |  |  |  |   |   |
| <b>Very High Safety &amp; Wellbeing concern</b>                          | Clear risks to the young person's safety and well-being have been identified, are imminent and the young person is unsafe. Immediate actions are needed to protect the young person, which will include (or have already included) a referral to statutory child protection services.  |   |  |  |  |  |  |   |   |

## Appendix 2: Risk categories used by delivery partners

|                       |   |
|-----------------------|---|
| <b>LOW RISK</b>       | No evidence at present to indicate likelihood of serious harmful behaviour in future. No specific risk management work needed.  |
| <b>MEDIUM RISK</b>    | Some risk identified but the young person is unlikely to cause serious harm unless circumstances change. Relevant issues can be addressed as part of the normal supervision process.  |
| <b>HIGH RISK</b>      | Risk of harm identified. The potential event could happen any time and the impact would be serious. Action should be taken in the near future and the case will need supervision and monitoring (e.g. local registration, oversight by middle/senior management).                                 |
| <b>VERY HIGH RISK</b> | Imminent risk of harm identified. The young person will commit the behaviour in question as soon as they are able to or as soon as an opportunity arises, and the impact would be serious. Immediate action is required and is likely to involve intensive multi-agency support and surveillance. |

|   |  |
|---|--|
| <b>Low Safety &amp; Wellbeing concern</b>       | No risks to the young person's safety and well-being have been identified or the risks identified are unlikely to occur and would not impact on the young person's immediate Safety & Wellbeing.   |
| <b>Medium Safety &amp; Wellbeing concern</b>    | Some risks to the young person's safety and well-being have been identified and are likely to occur. The young person's immediate safety and well-being is unlikely to be compromised provided specific actions are taken.   |
| <b>High Safety &amp; Wellbeing concern</b>      | Clear risks to the child or young person's safety and well-being have been identified, are likely to occur and the impact would compromise the young person's safety and well-being. Actions are required in the near future and are likely to involve other agencies in addition to youth justice services. |
| <b>Very High Safety &amp; Wellbeing concern</b> | Clear risks to the young person's safety and well-being have been identified, are imminent and the young person is unsafe. Immediate actions are needed to protect the young person, which will include (or have already included) a referral to statutory child protection services.                        |





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The Youth Endowment Fund Charitable Trust

Registered Charity Number: 1185413

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