Spark2Life's meaningful mentoring programme to reduce the risk of violence and offending: a two-armed randomised controlled trial with an internal pilot

ICF Consulting Services Ltd

Principal investigator: Dr Matt Barnard

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Evaluation protocol

Evaluating institution: ICF Consulting Services Ltd
Principal investigator(s): Dr Matt Barnard

Project title	Spark2Life Meaningful Mentoring Programme: a randomised controlled trial efficacy study with an internal pilot
Developer (Institution)	Spark2Life
Evaluator (Institution)	ICF Consulting Services Ltd
Principal investigator(s)	Dr Matt Barnard
Protocol author(s)	Dr Matt Barnard, Dr Lucy Loveless, Robert Wishart
Trial design	Two-armed cluster randomised controlled trial with random allocation at the individual level
Trial type	Efficacy trial with an internal pilot and an implementation and process evaluation
Evaluation setting	Community

Target group	Children and Young People (CYP) aged 11 to 18 years old who are involved in youth violence, gang activity, and/or crime as a perpetrator or victim
Number of participants	700
Primary outcome and data source	Self-reported offending (measured by the volume score on the Self-Report Delinquency Scale)
Secondary outcome and data source	Behavioural and emotional difficulties (measured by the total difficulties score on the Strengths and Difficulties Questionnaire) Prosocial behaviour (measured by the prosocial subscale of the Strengths and Difficulties Questionnaire) Presence and quality of relationship with an adult who isn't a parent (measured by the Social Support and Rejection Scale)

Protocol version history

Version	Date	Reason for revision
1.0 [*original*]		N/A

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Study rationale and background

In recent years, there has been a mixed picture in terms of trends relating to crime. According to the YEF's latest review of the data (YEF, 2023), although there have been reductions in levels of crime in general since the end of lockdown restrictions, violent crime has returned to and in fact exceeded levels previously recorded. This has included homicides increasing by 2%, violence with injury increasing by 4%, and violence without injury increasing by 11%. Worryingly the data also indicates that there was a disproportionate rise in potential child victims in 2021 (an increase of 9% compared to 2020). Adverse childhood experiences (ACEs), such as exposure to violence, come with an increased risk of (CYP) being involved with crime, both as offenders and victims, as the result of trauma-induced changes to both brain and body. The literature suggests that ACEs can lead to long-term negative effects for an individual, including involvement in youth offending and negative health outcomes in adulthood (Baglivio et al, 2020). The potential for CYP involved in violence to suffer lasting damage is heightened by the fact that Child and Adolescent Mental Health Services are reportedly unable to cope with the current level of demand[1]. Within this context, trusted adult interventions are being looked at as one approach to supporting CYP and preventing them becoming involved in violence. However, there is a lack of rigorous evidence on interventions supported by trauma-informed practice and delivered through a mentoring approach.

Mentoring can include activities focused on developing pro-social relationships, the development of life skills, self-esteem and problem solving (Raposa et al, 2019, quoted in YEF, 2022). The theory of change for mentoring programmes is generally considered to sit within a developmental framework, incorporating attachment theory, the development of cognitive skills, and identity formation (Dubois, 2011, quoted in YEF, 2022). Also of relevance is theory relevant to the impact of role models, which is proposed to influence behaviour through vicarious learning, changing stereotypes and encouraging identification (Morgenroth et al, 2015). As such there is relevant psycho-social theory to support empirical findings that indicate mentoring can be effective, including a reported 14%-20% reduction in offending and a 21% reduction in violent behaviour (Lakshiminarayan et al, 2022 quoted in YEF, 2022).

Meaningful mentoring (the intervention implemented by the organisation Spark2Life and the subject of the current evaluation), offers a competent, person-centred and trauma informed approach to mentoring that aims to overcome the challenges in engaging and supporting

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[1] https://www.politicshome.com/thehouse/article/child-adolescent-mental-health-care-crisis

children and CYP (Spark2Life/YEF, 2023). These challenges include the fact that CYP can find support overwhelming, intrusive and difficult and may refuse to attend meetings/sessions. This is often attributed to the support being provided by a statutory service and is perceived to be transactional and to lack meaningful engagement between professionals and CYP. This means that CYP can view professionals as individuals who oppose what they want and impose what they don't want. CYP can therefore be reluctant to engage with services that they do not feel understand their experiences or the issues they face (ibid.). Spark2Life receives referrals from youth offending teams and pupil referral units but its approach to mentoring has not to date been subject to any formal evaluation.

This study aims to evaluate meaningful mentoring through a two-armed randomised controlled trial (RCT), randomised at the individual level and with the control group receiving business-as-usual from youth offending services, children's social care services or alternative provision (AP) schools, including pupil referral units (PRUs) or a combination of all three. The study incorporates an implementation and process evaluation, which involves collecting quantitative and qualitative data from CYP in both intervention and control groups and from mentors and management staff. In addition, the study will include a cost-consequence analysis. The rationale behind the approach is that RCTs are an effective way of assessing the net impact of an intervention and a two-armed, individually randomized approach was selected as the most feasible and efficient way of generating a sufficient sample size given the capacity of Spark2Life.

Intervention

The meaningful mentoring is described below using the TIDieR checklist (Hoffman, 2014).

1. Brief name: Meaningful Mentoring

2. Why (rationale/theory): Mentoring includes activities focused on developing pro-social relationships, the development of life skills, self-esteem and problem solving. The theory of change for mentoring sits within a developmental framework, incorporating attachment theory, the development of cognitive skills, and identity formation. Also of relevance is theory relevant to the impact of role models, which is proposed to influence behaviour through vicarious learning, changing stereotypes and encouraging identification. Meaningful mentoring offers a competent, person-centred and trauma informed approach to mentoring that aims to overcome the challenges in engaging and supporting CYP. According to Transition to Adulthood Evidence report (Harris and Edwards, 2023) these challenges may include:

- CYP's lack of trust and confidence in the statutory services (e.g., justice system professionals) impacts CYP's engagement;

- statutory services lack cultural competency and support offered may not be suitable for the specific needs of CYPs;
- CYPs perceive the support offered by services, such as statutory providers, as overwhelming or intrusive. This may be because it can be transactional or lacking meaningful engagement.

Using the five core values of trauma informed approach (Safety; Trustworthiness; Choice; Collaboration; Empowerment), meaningful mentoring plays a key role in addressing the above-mentioned shortcomings by:
- reaching the CYP where they are and when it feels physically and emotionally safe for them;
- relating with the CYP's: using lived experience to build trust and considering the CYP's history, trauma, identity, systemic experience and strengths;
- equipping the CYP: using emotional intelligence skills and cognitive skills, the CYP is provided with practical and emotional tools to better navigate life's challenges, by building resilience and a better support network.

3. What (materials): Spark2Life aims to ensure its person-centred contact remains consistent i.e. weekly contact/ meetings. Mentors support CYP to work towards desistance from offending using a flexible, dynamic action plan that reflects CYPs' needs and responds to their changing circumstances. Mentors aim to challenge and encourage CYPs to take control and build stability across all areas of life spanning ten Spark2Life 'pathways', which are:

- wellbeing - mental & physical health;
- attitudes & behaviour;
- relationships and family;
- independent living skills;
- interactions with the criminal justice system;
- drugs & alcohol;
- finance;
- education & training;
- employability;
- accommodation.

As each CYP progresses through the programme, Spark2Life records specific achievements under each pathway and monitors any changes to stability or circumstances. The theory is that this whole-person approach means that when CYPs enter work or housing, they have developed sufficient resilience to cope with the multiple challenges they are likely to face.

Spark2Life's Wholistic Mentoring course (sic) (which is accredited by AQA) underpins the approach used by mentors to deliver the meaningful mentoring programme. The course covers the following topics, and is designed to equip the mentor with the knowledge and practical skills they need to apply while mentoring a CYP:

- what is mentoring; the impact it has on medium/high risk CYP;
- theories of different types of mentors;
- adverse childhood experiences and the impact of trauma on CYP;
- trauma-informed approach to mentoring;
- core conditions within mentoring underpinned by the humanistic approach;
- the mentoring journey;
- setting boundaries;
- ethics;
- empathy, inclusion, participation, empowerment, solution focused;
- how to develop and maintain the structure of a mentoring session, establish relationships and set clear goals;
- how values and beliefs may impact the mentoring relationship and self-development;
- safeguarding;
- how to develop self-awareness and have a strength-based approach (referring to lived experience and strengths of mentor);
- the importance of adopting a biopsychosocial approach;
- the use of emotional intelligence in mentoring;
- developing interpersonal skills (covering: verbal communication; non-verbal communication; listening skills; negotiation; problem-solving; decision-making; assertiveness);
- personality and learning styles of young people;
- Adler's psychotherapeutic theory and how to apply it to mentoring;
- Maslow's hierarchy of needs theory and how to apply it to mentoring;
- motivational interviewing techniques.

Spark2Life states that the aim of the meaningful mentoring service is to challenge the mindset, values and limiting beliefs of CYPs through a relational approach. Alongside mentoring, the intervention includes some or all of the following activities:
- support with attending appointments (e.g. social work or GP appointments);
- advocacy: ensuring that young people are fairly represented in professional and criminal justice system spaces; CYP's voice is heard; their needs pertaining to vulnerabilities are being well met;

- professional meetings: representing the CYP voice, supporting other professionals with risk assessments and relationship mapping (e.g., MASH meetings);
- attending court, liaising with solicitors and when necessary, being an appropriate adult;
- providing character references;
- supporting with risk assessments;
- helping young people to grow their positive support network by mapping their relationships with family/carers, friends and associates; reflecting on which are healthy attachments or non-positive relationships;
- support in accessing education, training and employment (ETE) including job searching, sourcing ETE opportunities, support attending/accessing such opportunities, completing application forms and enrolment, interview preparation and CV writing.

4. What (procedures): New referrals are screened by the manager and co-ordinators. When a referral is received (including supplementary information, i.e. consent, risk assessments and safeguarding plans etc), the service acknowledges receipt directly to the referrer. The referral is reviewed and if accepted, the service contacts the referrer acknowledging the positive outcome of the referral. If a referral is not accepted the referrer is advised about the reason why it is declined. An opportunity to discuss the referral and obtain further information is always available at this point in the process.

After the service has obtained all the need-to-know information about the CYP's background, risks and needs, a screening and matching process takes place, led by the manager and co-ordinator. The matching is based on the following domains.

- Protected characteristics that are highlighted within the referral/screening process. For example, when a CYP requests to be matched with a mentor of specific gender/sexual orientation/race, the service accommodates a match where possible.

- The mentor's experience and readiness. During the screening process, the service explores whether the CYP referred has needs and risks, including assessing the level of experience the mentor needs to have given the background and needs of the CYP.

Following the matching process, the service contacts the CYP and their family/carers to arrange an introductory meeting. Once this is completed, the mentor offers the CYP options for a first mentoring session. From then and after the mentoring programme begins.

The meaningful mentoring programme is divided into three stages. Each stage has a specific focus.

Stage One: week 1 – week 6
Main focus: mapping needs and risks; building trust; setting goals.

The mentor focuses on positioning themselves as a positive role model for the CYP and as someone who consistently 'shows up' for them, building mutual respect, trust and safety. At this initial stage, using the referral form (see appendix), the mentor learns more about the CYP's background, including their family background, schooling, upbringing, their approach and thinking around moral issues, faith and other information important to the CYP. They also explore the CYP's needs and risks in relation to contextual safeguarding, using Maslow's hierarchy of needs (physiological, safety, love and belonging, esteem and self- actualization). At this stagethe mentor builds their understanding of the CYP's neighbourhood, friends, affiliations, drug use, income, and other important contextual factors.. The mentor also uses Spark2Life's Client Assessment Form (appendix) to encourage the CYP to consider what they want to achieve and identify realistic goals. The mentor helps provide examples of options, pathways, and opportunities for how they can achieve them. At this stage, the mentor consults with the ETE advisor, a specialist within Spark2Life who supports all CYP with ETE activities.

The mentor tailors the sessions to include the CYP's interests and hobbies, which helps build trust and safety. For example, the mentor may attend gym or bowling sessions with the CYP, which often have to be in a different borough to ensure the risk of violence from others is reduced (i.e. by avoiding conflict with individuals known to the CYP and who live in the same area). Spark2Life has a small budget to facilitate this. By doing this, the mentor can help expose the CYP to new environments and/or opportunities, which can help them experience and envision different versions of their present and future.

Stage Two: Week 6 – Week 26
Main focus: challenging beliefs and attitudes; mapping relationships; advocacy; ETE and practical needs

After having established a trusted relationship between mentor and CYP, the mentor aims to challenge beliefs around violence, gangs, crime, and other related issues. The focus is to reflect with the CYP on their belief and value system, with the intention that behaviour change happens from a place of agency. The mentor works to help the CYP understand their offending pattern, triggers, attitudes towards offending, and any underlying reasons for these behaviours. The mentor aims to guide the CYP to think about the consequences of

their behaviour and use their agency in making more positive decisions. The mentor also works with the CYP to complete a mapping of their relationships with family, friends and associates and then reflect together on how healthy these are for the CYP. When required, the mentor liaises with parents/carers to provide consultations and signposting.

In this stage the mentor supports the CYP to review their goals, develop longer-term goals and sets action plans to reach them. It is at this point that the mentor aims to help CYP identify hopes, aspirations, and explore determination to change. The ETE Advisor supports CYP with practical goals regarding employment and education. For example, they help CYP with writing CVs; preparing job applications; accessing apprenticeships and traineeships and other work-experience activities. The ETE Advisor also offers supervised job search sessions, industry specific interview preparation, and advises on employment and education opportunities, including advocacy with school, colleges university applications.

Alongside directly working with the CYP, the mentor also provides advocacy support by attending multi-agency meetings, court, and police stations with or on behalf of the CYP. Support can also include writing character references or other letters to help the CYP access employment, avoid school exclusion or as part of pre-sentencing report processes.

Stage Three: 6-12 months
Main focus: achieving positive relationships; reducing risk; becoming independent; achieving ETE; increasing wellbeing levels

The mentor builds on the work achieved within the first two stages, to further review the CYP's goals, so they become achievable, providing a sense of increased confidence and self-esteem. There is a particular focus on the CYP's relationships with family/ carers, friends and goals/ purpose, drawing on a theoretical concept by Alfred Adler called 'inferiority complex', in order to establish positive and healthy relationships with significant others, leading to a better support network and increasing resilience.

The last few months are designed to transition the CYP into effective employment, training or education, dependent on their personal circumstances. The mentor maps out the process of accessing these end goals as well as helps with applications, CV-writing, and interview preparation. Once employment, training or education has been achieved, the mentoring focuses on maintaining this change.

<u>Reviews and exit process</u>

Throughout the programme, the mentor completes a quarterly review that helps monitor progress and direct the work for the next quarter. The review draws on the following three sources of information:

- conversations with the CYP to reflect progress made on goals and whether there are new/existing needs that require attention;
- conversation with family/carers and involved professionals (where appropriate and feasible);
- case notes recorded on Spark2Life's caseload software, called Childview.

One of the key aims of the service is to increase the CYP's independence, resilience and capacity to make decisions for themselves, so in this sense, exit planning is built into the programme and effectively begins from the start of the mentoring relationship. Towards the end of the CYP's participation in the service, the level of interaction tapers off with mentoring sessions reducing from weekly to fortnightly approximately 6-8 weeks before the end of the 12-month period. A 'Moving on' document (see appendix) is completed between the CYP and their mentor at the end of the programme and this is shared with all involved professionals as required.

Follow-up support is available after the end of the programme or if the CYP decides to end their participation in the service early. This support is not considered as part of the programme (i.e. these young people are categorized as having dropped out of the intervention for the purposes of the trial).

5. Who (implementers): Spark2Life mentors are full-time and paid. Each mentor has a caseload of approximately 10 CYPs, depending on complexity of needs. Mentors attend a one-month induction where they complete Spark2Life's AQA accredited Wholistic Mentoring course, trauma awareness training, safeguarding training and shadow experienced mentors. Spark2Life has found that meaningful mentoring is better delivered by those who have lived experience of the issues facing CYP in the target group, either first hand or through wider family experiences.

Mentors are line managed by a senior co-ordinator and receive supervision every 4-6 weeks. The supervisions involve a discussion of caseload numbers, progress made for each CYP, approach used and any challenges that come up. Mentors also attend a team meeting once a month where they receive leadership training, casework CPD, group and individual clinical supervision.

Mentors are frontline lone workers who deliver a face-to-face service. Their work daily involves a high level of risk management and exposes them to traumatic narratives and events, which can be a trigger for vicarious trauma and burnout. To help avoid any potential negative effects, Spark2Life provides access to an office working space after/before their interactions with the CYP to facilitate peer support and maintain wellbeing. Spark2Life is working towards achieving a trauma-informed quality mark, which would verify that the organisation ensures that the working environment is trauma-informed and nurturing.

6. How (mode of delivery): Mentoring is delivered through weekly face-to-face sessions. The mentor aims to inspire empathy, trust, self-confidence and hopefulness, focusing on the strengths and potential of the CYP. Person-led support aims to support CYPs to achieve their hopes and aspirations using techniques and tools that mentors have acquired during their own life journey and through training. Mentors form an equal partnership with the CYP and Spark2Life selects mentors they believe have the ability to problem-solve, be proactive, empathetic and resourceful.

Additional support provided by the mentor:
- attend professionals' meetings;
- attend court to support the young person and their family;
- attend police station as an appropriate adult, if necessary or requested by the young person;
- writing character references;
- support with readiness for employment: CV writing, interview preparation, applying for jobs, completing applications (job and college);
- extra-curricular activities – encouraging young people to be involved in activities that interest them, including attending sessions with them;
- support in accessing and attending educational provision – this sometimes involves taking a young person to school or collecting them or having their mentoring session at school;
- family support – liaising with parents/carers and supporting them with support for their child.

7. Where (setting): The service is primarily delivered within areas that have high need, where Spark2Life is known within the local community and where the organisation has pre-existing partnerships that facilitate their delivery of the service. These areas include the London boroughs of: Newham; Islington; Tower Hamlets; Haringey; Enfield; Waltham Forest; Redbridge; Havering.

Typically, the service is delivered in the community and meetings take place at a local eatery, educational establishment, or place of extra-curricular activity, such as the gym. Spark2Life also has access to hub spaces in its targeted areas, that can provide sports facilities. Mentors utilise VATIX, a device that is a safeguarding measure used for lone-worker monitoring. Spark2Life's follows a contextual safeguarding approach and says it is committed to working with others to best meet the needs of young people in ways that most effectively keep them safe and mitigate risk that may be individual or environmental or combinations of both.

8. When and how regularly (dosage): The meaning mentoring service is provided to CYP for 12 months. Research suggests that longer relationships between mentees and mentors are associated with better outcomes (Schwartz et al, 2013) (MacArthur et al, 2017) (Eby et al, 2012) (Du Bois et al, 2011). Those mentees who are in touch with their mentor for a minimum of 12 months are most likely to have the best outcomes (DeWit et al., 2016; MacArthur et al, 2017; Schwartz et al., 2013). Young people in long-term mentoring relationships (at least 12 months) have been found to achieve better outcomes than young people who had never been mentored (De Wit et al., 2016) or those whose mentoring relationships did not last as long (DuBois and Silverthorn, 2005). Each meaningful mentoring session lasts approximately one hour, though this can be longer depending on need, activity and advocacy.

9. Tailoring: Meaningful mentoring sessions are tailored to the needs and characteristics of the CYP with the aim of ensuring that they are accessible and inclusive. Although Spark2Life does not prescribe the way in which sessions are delivered, they are expected to focus on CYP's agency and cover the following themes: relationships, practical need, and purpose, risk. This is outlined in meaningful mentoring's theory of change, underpinned by a range of theoretical perspectives and empirical evidence.

10. Modifications: Modifications to the intended delivery approach will be explored during the qualitative interviews with mentors and CYPs as part of the evaluation.

11. How well (planned): Fidelity to the practice model will be assessed quantitatively and explored through qualitative interviews as part of the implementation and process evaluation. Data will be collected on the following aspects relating to the practice model.
- Risk assessment: risk assessment carried out on all CYPs.
- Dosage: mentoring takes place for 12 months, comprising 52 hours mentoring and 52 hours of advocacy.
- Mentor training: all mentors receive a one-month induction and ongoing CPD.

- Consistency of mentor: the mentor changes no more than once during mentoring period.

This data will be primarily collected through quarterly monitoring forms that have been developed by Spark2Life and that include information on the CYP and mentoring delivery. In assessing fidelity, the evaluation team will take into account the reasons for the practice model not being delivered as intended. For example, mentoring may not continue for the full 12 months because a CYP has achieved their goals such as substantially improved relationships with significant others or having accessed full time work, training or education. In these circumstances, the CYP may feel they no longer need mentoring, which would be a success, rather than the model having 'failed' to be delivered as intended.

Two case studies illustrating how meaningful mentoring is implemented in practice are included in the appendix.

The logic model agreed with the Spark2Life during the development phase of the project is included in figure 1 below.

Figure 1: Meaningful mentoring logic model
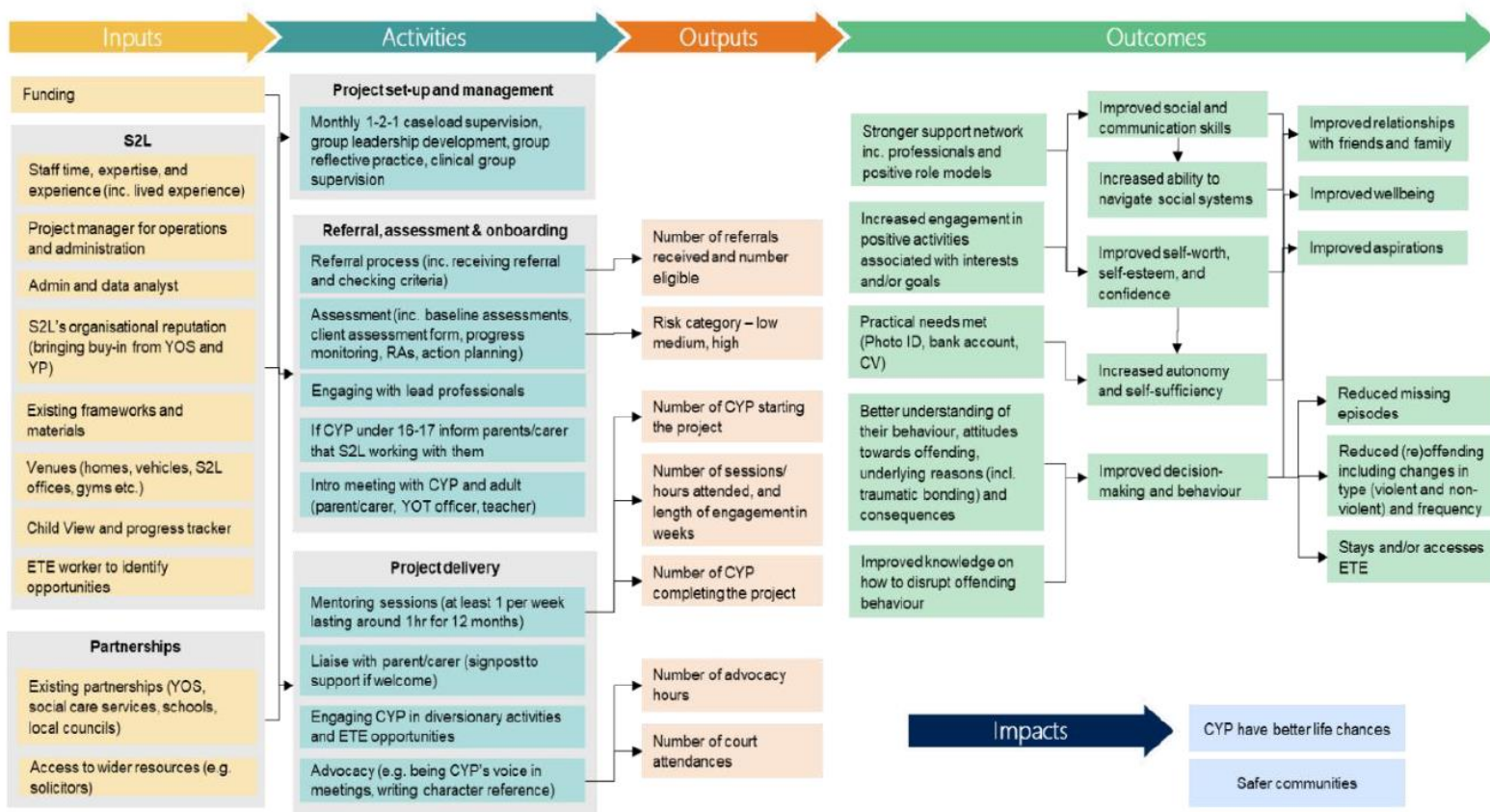
The key mechanism of change is the development of a trusted relationship between the caseworker/mentor and CYP. To do so, mentors use their skills and expertise to ensure CYP feels valued, safe, respected and heard. Each of these elements is described in more detail below.

- Feeling valued – the fact that the mentoring provided by Spark2Life is not part of a statutory service but delivered by a charity focused on supporting young people can help evidence the fact that that caseworker/mentors want to support CYP. This message is supported by the consistency of the caseworker/mentor who will maintain the relationship even if the CYP offends or is charged for a crime (unless moved to custody for a significant duration).

- Feeling safe – identifying safe and accessible locations is a key focus of the programme, helping to facilitate honest conversations.

- Feeling respected – caseworkers/mentors ensure they are available for CYP and demonstrate empathy and unconditional positive regard towards them.

- Feeling heard – mentors advocate for the CYP in professional settings, helping to ensure the CYP's voice is heard when decisions are being made about them.

In turn, this trusted relationship is a key lever that helps CYP to:

- believe that they matter, regardless of their past behaviours;

- know, understand and believe crime is not the only way for them to live and that there are other options and pathways;

- realise they have choice and autonomy in deciding their direction, and that they are capable of making positive decisions to support this;

- increase their hopes for their future.

Business as usual

In the absence of the programme, CYP will typically meet with several professionals over the course of a week and/or month and may receive a range of support services as part of business-as-usual (BAU), including one or more of the following services or types of support.

- **Supervision by a YOS caseworker**. Sessions are delivered both face-face in the YOS office and virtually, primarily to manage/asses risk of offending. Meetings can vary from weekly to monthly.

- **Family functional therapy sessions.** If the CYP have a particularly difficult relationship with their parents/families, they may be referred to a family therapist who will work with both the CYP and other members of their family.

- **Children's social care services.** Depending on the CYP's status within social care (e.g., children in care (CiN) or child protection (CP), they may see a social worker at least once every 6-weeks. They may also have support from foster carers or placement staff.

- CYP may receive a **mentor** via children's social case services**,** if care services have an organisation working with them. Waiting times for these mentors may be up to 12 months and the mentors will not always have specialist training for medium-high risk CYP. Given the resource constraints facing Children's Social Care Services, the number of CYP receiving mentoring through this route is expected to be very small.

- CYP attending school (including PRUs and AP settings), may have a **school mentor** who may not be specialist trained for medium-high risk CYP. Their remit likely to be limited to seeing the CYP on school premises and during school hours. Again, only a small number of CYP are expected to receive mentoring through schools.

- **Intervention from a substance misuse service.** A number of CYP are likely to smoke cannabis or take other illicit substances and may be referred to a substance misuse service. The take-up and frequency of sessions will vary according to their level of substance use and the impact it is having on their life.

- **CAMHS (or another mental health service).** In many London Boroughs the waiting lists for CAMHS referrals can be 12-18 months. Other mental health services only work with low to medium to risk CYP. The support can be very short term, taking place between 9-5 office hours. There are also strict exclusion criteria and restrictions e.g. no use of drugs; no active involvement in gang/youth violence/county lines etc.; meet only in probation/YOS/school.

Attendance at sessions with professionals often depends on various factors, such as whether the intervention has been made a part of the CYP's court order (meaning that in case of non-attendance the CYP could breach their order). The BAU services are expected to differ from the meaningful mentoring support in a range of ways:

- services often offer only short-term support, or they can see the CYP within specific locations, e.g., within YOS/probation meeting rooms;

- professionals focus on quick-fix-solutions related to immediate reduction of risk, without being able to fully consider the readiness/motivation levels of the CYP and contextual factors/issues;

- services may not be culturally competent and lack lived experience, which can act as barriers to engagement.

CYP assigned to the control group in this evaluation will receive BAU support as described above; CYP in the intervention group will also access the BAU services in addition to receiving the intervention. As discussed in the section below describing the implementation and process evaluation, details of BAU services will be collected as part of the CYP survey and also as part of the qualitative research with CYP in the intervention and control groups.

Incentives

The participants involved in the trial are vulnerable CYP who are more likely than average to have complex and unstable lives. This means that it will be challenging to achieve a high response rate for the data collection, particularly for the follow-up data collection at 12 months. Drawing on lessons from behavioural science, we believe that incentives can be an important tool in achieving a high response rate. We have designed an approach based on the following principles:

- **Provide a significant initial thanks:** behavioural science indicates that initial feedback sets expectations and can be an important influence on encouraging repeated behaviour. This is particularly relevant for the CYP in the target group as goal setting, long term planning and delayed gratification are all issues that contribute to their risk of offending and are common challenges for the individuals who will be recruited for this trial.
- **Maintain regular contact:** regular keeping-in-touch points help maintain and reinforce behaviour and also provide early warning, if there is likely to be an issue in obtaining follow-up data.
- **Ensure equity between participants and independence from the intervention:** treating the intervention and control groups the same ensures that the incentives will not represent an advantage to being in one group or the other and or the possibility of CYP's behaviour being influenced by receiving an incentive. It also means that if CYP drop out of the intervention, the keeping in touch process has already been established.

Based on these principals, all CYP involved in the trial will be offered the following incentives in the form of vouchers:

- £10 for completion of baseline measures;
- £5 per month for confirming their contact details have not changed or updating them if they have changed;
- £20 for completion of the 12-month follow-up measures.

In addition, CYP who take part in qualitative interviews will receive an additional £30 voucher.

Delivery period

In order to reach the required sample size (700 CYP in total, 350 in both intervention and control groups), the intervention will be delivered over three years (starting in October 2024 and ending in June 2027). This is to enable Spark2Life to scale up its delivery in a safe and ethical way. The anticipated recruitment schedule is set out below.

Table 1: Trial recruitment schedule

Period	No. recruited to intervention	No. recruited for control group
October 24 – December 24	88	88
October 25 – December 25	88	88
January 26 – March 26	88	88
April 26 – June 26	86	86

Impact evaluation

Research questions

1. The **primary research question** addressed by the efficacy trial will be: What is the impact of meaningful mentoring, a 12-month person-centred, trauma-informed mentoring programme delivered through weekly one-to-one face-to-face sessions alongside additional advocacy support, on self-reported offending of CYP aged 11-18 years who are at risk of or involved in youth violence, gang activity, and/or crime as a perpetrator or victim compared to business as usual?
2. The **secondary research questions** addressed by the efficacy trial will be:

a. What is the impact of meaningful mentoring, a 12-month person-centred, trauma-informed mentoring programme delivered through weekly one-to-one face-to-face sessions alongside additional advocacy support, on the behavioural and emotional difficulties of CYP aged 11-18 years who are at risk of or involved in youth violence, gang activity, and/or crime as a perpetrator or victim compared to business as usual?

b. What is the impact of meaningful mentoring, a 12-month person-centred, trauma-informed mentoring programme delivered through weekly one-to-one face-to-face sessions alongside additional advocacy support, on the pro-social behaviour of CYP aged 11-18 years who are at risk of or involved in youth violence, gang activity, and/or crime as a perpetrator or victim compared to business as usual?

c. What is the impact of meaningful mentoring, a 12-month person-centred, trauma-informed mentoring programme delivered through weekly one-to-one face-to-face sessions alongside additional advocacy support, on the presence and quality of the relationship of CYP aged 11-18 years who are at risk of or involved in youth violence, gang activity, and/or crime as a perpetrator or victim with a trusted adult other than a parent, compared to business as usual?

The outcome for the primary research question will be measured using the Self-Report Delinquency Scale; the outcomes for the secondary research questions will be measured using the Strengths and Difficulties Questionnaire (SDQ) total score, the SDQ prosocial subscale score (for secondary research questions a and b) and the Social Support and Rejection Scale (for secondary research question c). For full details of the outcome measures see the Outcome Measures section below.

Design

The evaluation will be an efficacy trial run as a two-armed randomised controlled trial. Randomisation will occur at the level of the individual CYP and allocation to intervention and control arms will be in the ratio of 50:50. The trial is defined as an efficacy trial as it is delivered directly by the developers (rather than scaled up to be delivered on a large scale by professionals not involved in the development of the approach). A two-arm design was chosen as it is an effective way to answer the primary research question and multi-arm trials require larger sample sizes, which was not felt to be feasible for the delivery organisation. The allocation ratio of 50:50 is the most statistically efficient design and therefore minimises the cost and time to undertake the trial; a similar logic applies to the choice to randomise at an individual level.

A summary of the trial design is set out in table 2 below.

Table 2: Trial design

Trial design, including number of arms		Two-arm randomized controlled trial
Unit of randomisation		Individual CYP
Stratification variables (if applicable)		1) Youth Offending Service Team, and 2) random block length
Primary outcome	variable	Self-reported offending
	measure (instrument, scale, source)	Self-Report Delinquency Scale (volume of offending score)
Secondary outcome(s)	variable(s)	Behavioural and emotional difficulties Prosocial behaviour Presence and quality of relationship with a trusted adult who is not a parent
	measure(s) (instrument, scale, source)	Strengths and Difficulties Questionnaire – total difficulties score Strengths and Difficulties Questionnaire – prosocial subscale Social Support and Rejection Scale
Baseline for primary outcome	variable	Self-reported offending
	measure (instrument, scale, source)	Self-Report Delinquency Scale (volume of offending score)

		Behavioural and emotional difficulties
Baseline for secondary outcome	variable	Prosocial behaviour
		Presence and quality of relationship with a trusted adult who is not a parent
	measure (instrument, scale, source)	Strengths and Difficulties Questionnaire – total difficulties score
		Strengths and Difficulties Questionnaire – prosocial subscale
		Social Support and Rejection Scale

Randomisation

Recruitment and enrolment into the study will be undertaken by a Spark2Life project manager and senior coordinator who will be co-located for this purpose within the referral location, including youth offending services (YOS) and PRUs (moving between different settings over time as needed). The Spark2Life project manager and senior coordinator will meet the eligible CYP within a YOS/PRU, provide information about the trial, confirm eligibility, gain consent to take part in the trial and support the CYP to complete the baseline data collection via an online digital portal. The list of recruited CYP will be shared with the ICF to enable flow randomisation will take place.

The randomisation process will consist of the following five steps.

1. At the start of the trial, the trial statistician will create a random order, stratified by YOS team and with random block length (this will prevent manipulation of the randomisation mechanism by the YOS team or Spark2Life). Box 1 outlines the importance of having a random block length. This random ordering will be used throughout the trial for randomisation. At the point of generating this random ordering, the trial statistician is blind to the identity of the CYP (as it will take place prior to recruitment).
2. When a CYP completes baseline data collection, an ICF researcher will randomise them into the intervention or control group within their YOS team strata based on the chronological order in which their baseline data collection is complete.

3. An ICF researcher will use the random ordering to identify the allocation of the CYP, and this will be shared with the Spark2Life project manager and senior coordinator.
4. The senior coordinator will then meet with the CYP to inform them of the outcome of randomisation, confirming the result in an email or text message that also provides the £10 voucher, which is given as thanks to the CYP for taking part in the trial.
5. The senior coordinator will explain again to the CYP in the control group the process for maintaining contact and ensuring their contact details are up-to-date; for CYP in the intervention group, they will provide information on the process for beginning mentoring.

This process means the practitioner and the CYP will not be aware of the allocation to intervention and control until after all baselining activities are completed.

Box 1: Example of varied block length in list randomisation

Each block has a length that varies from length six to length ten, in increments of two. Within each block, half of the individuals are allocated to the intervention (T), and half to control (C). For example:

Block 1 *[Length 6]*: T T C C T C
Block 2 *[Length 10]*: T C C C T T C C T T
Block 3 *(Length 6)*: C C T T T C
Block 4 *(Length 8)*: T C T C C T T C
Block 5 *(Length 10)*: T C C C T T T T C C

If, for example, the block length was constant (e.g. length 10) and the random sequence within a specific block followed the sequence outlined for block 2 above, the individual referring young people into the randomisation process would know after referring the fifth person to control, that the remaining individuals in this block would be ranodmised to the intervention. They could then manipulate the randomisation process by referring specific individuals they wanted in the intervention next, and hold back randomising others until the next block of randomisation started. This would introduce *selection bias*, underiming the trial design. Randomally varying the block length makes it virtually impossible for the referrer to anticipate the allocation of the next individual to the intervention or control, minimising the risk of manipulation.

Participants

The target population is CYP aged 11-18 years old who are involved or at risk of involvement in youth violence, gang activity, and/or crime as a perpetrator (a tertiary level of need according to the YEF eligibility triangle), referred via youth offending services or a PRU. CYP must meet at least one of the following criteria:

- be known group/gang offender;
- be known violent offender (violence linked to group/gang activity; carries weapon;
- have a history of violent behaviour;
- have convictions for violent offences.

The evidence for CYP meeting the criteria is gathered through the referral form (see appendix). Referrers are asked to indicate the source of the evidence, which can include multi-agency safeguarding hubs, school information management systems, violence reduction units, the national offender management system, or out of court disposal. Within the referral form as well as during referral consultations between Spark2Life and the referrer, there is an opportunity to gather supplementary information regarding the CYP's levels of risk and contributing contextual factors.

Spark2Life anticipate that the majority of CYP will be aged 15-18 years old (51-75%) and from minoritised ethnic groups (>75%). The recruitment process will involve the followings steps.

- The YOS officer will introduce the CYP to the Spark2Life practitioner.

- The Spark2Life senior coordinator will screen the CYP for eligibility to the trial. If eligible they will introduce the CYP to the trial, including providing an easy-to-read information sheet written in plain English explaining what participation involves.

- The CYP will have the opportunity to ask questions and to take the information sheet away to consider it.

- At the same meeting (or a subsequent meeting if the CYP would like more time to consider participation) the Spark2Life Senior Coordinator will gain consent to take part in the trial.

- CYP who are eligible will be asked to confirm they are happy to take part in the trial and that they understand what taking part means and then asked to sign a consent form. If they are below 16 years old, they will be asked to assent to taking part and their parents or carer approached for consent; this will include sending or emailing parents and carers an information sheet and consent form and the offer to talk with them on the phone or meet face-to-face, ideally together with the CYP.

- CYP who consent/ assent to take part in the trial will be asked to complete the baseline data collection and CYP's details passed on to the evaluation team. If CYP do not consent to taking part in the trial they will not be able to receive the YEF-funded intervention.

A participant flow diagram with expected numbers approached, enrolled, allocated, followed up and analysed, is included in figure 2 below.

Figure 2: Participant flow diagram with expected numbers
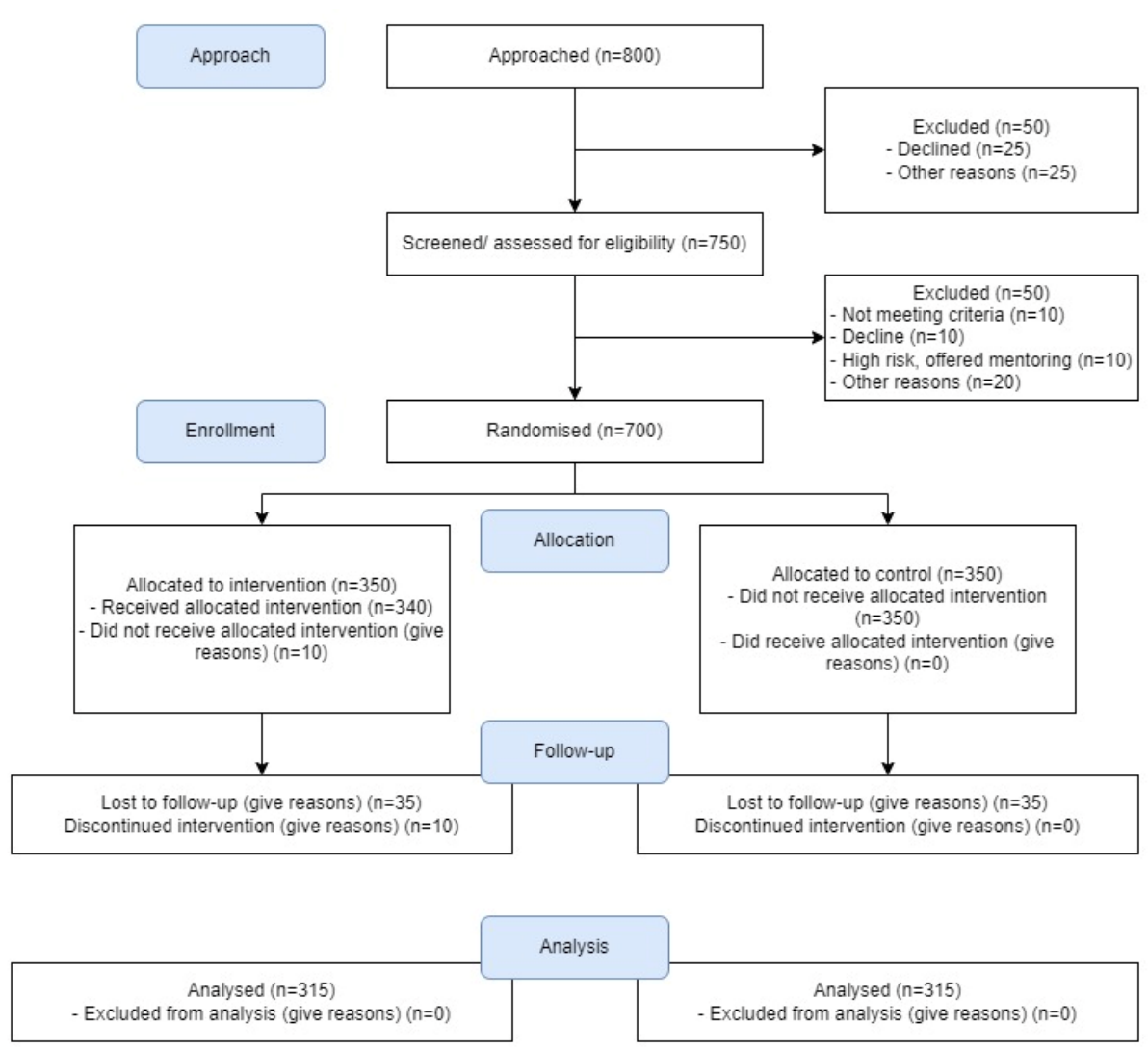
Sample size calculations

The sample size for the trial is based on achieving a minimum detectable effect size (MDES) of 0.2 The literature indicates that the mean effect size of mentoring on reoffending is 0.212 (Gaffney et al, 2022) and the YEF recommends studies are powered to achieve an MDES of 0.2, which aligns well with the existing research literature and hence has been selected for this evaluation.

Power calculations were conducted using PowerUp! (Dong and Maynard, 2013) for a two-level blocked-individual random assignment design using fixed effects (Sheet 2.2 BIRA2_1f). The power calculations were based on the following assumptions:

- A type-one (false positive) error rate of 0.05.

- A type-two (false negative) error rate of 0.20 (synonymous with power of 0.80).
- Two-tailed statistical significance testing.
- A 1:1 allocation ratio between intervention and control.
- The variance in the outcome at endline that is expected to be explained by the baseline measure and blocking covariates is 0.20. We estimate this to be roughly equivalent to a pre-post correlation of 0.45. This is a reasonable assumption given that the same outcome measure is being used at baseline and endline, twelve months apart and is similar to the pre-post correlation assumed by another YEF trial (Mentoring Multi-Site Trial).
- The sample size has been adjusted to account for attrition between baseline and endline of 10%.

To reach an MDES of 0.20, 700 CYP (350 intervention: 350 control) will need to be recruited to the trial. The sample size calculations are summarized in table 3 below.

Table 3: Sample size calculations

			PARAMETER
Minimum Detectable Effect Size (MDES)			0.20
Pre-test/ post-test correlations	level 1 (participant)		0.45
	level 2 (cluster)		n/a
Intracluster correlations (ICCs)	level 1 (participant)		n/a
	level 2 (cluster)		n/a
Alpha			0.05
Power			0.80
One-sided or two-sided?			Two-tailed

		PARAMETER
Average cluster size (if clustered)		n/a
Number of clusters	Intervention	n/a
	Control	n/a
	Total	n/a
Number of participants	Intervention	350
	Control	350
	Total	700

Outcome measures

Primary outcome

The primary outcome for the trial will be self-reported offending as measured by the **Self Report Delinquency Scale** (SRDS), a self-administered measure of offending behaviour. The scale includes 19 items that ask about a range of antisocial and offending behaviours in the past year using a 'yes-no' format, with respondents who answer 'yes' asked additional questions, including how many times they engaged in the behaviour. The measure has been found to have good psychometric properties, including internal consistency and inter-item correlation (Fonagy et al., 2018; Humayun et al., 2017) and good concurrent validity, as indicated by the high correlation with police data on offending (as measured by arrests) (McAra & McVie, 2005). The measure produces two scores, a variety of delinquency score and a volume of delinquency score. This study will use the volume of delinquency score as its primary outcome measure; the variety of delinquency score will be analysed as part of the exploratory analysis.

The SRDS is one of the YEF's core outcome measures and the organisation encourages all evaluators to use it where appropriate (YEF, 2021). The guidance states it should be used for 10-17 year-olds, however the evaluation team contacted the SRDS co-developer, Professor

Susan McVie, co-Director of the Edinburgh Study of Youth Transitions and Crime, who confirmed that the measure is suitable for use with 18-year-olds, and therefore appropriate for the current study. Professor McVie also confirmed that she is happy for the measure to be converted into digital format so data can be collected via online surveys.

The primary outcome aligns with the overall aim of the intervention as set out in the logic model, which is to reduce offending and re-offending. The primary outcome measure will be used with all CYP in both intervention and control groups.

Secondary outcomes

The first secondary outcome measure will be the behavioural and emotional difficulties of the CYP as measured by the self-report **Strengths and Difficulties Questionnaire** (SDQ) (Goodman, 1997) using the total difficulties score. The SDQ measures emotional and behavioural difficulties and has been widely used in clinical and research settings. It has good psychometric properties and is comprised of four sub-scales relating to emotional and behavioural issues, which are: emotional symptoms; conduct problems; hyperactivity/inattention; and peer problems. The individual scores for each subscale are combined to create an overall total difficulties score, which will be used as the primary measure for this study. Scores on the individual subscales will form part of the exploratory analysis for the study. The first secondary outcome aligns with the intervention's intermediate outcomes, which are to improve CYP's social and emotional skills, wellbeing and behaviour. The first secondary outcome measure will be used with all CYP in both intervention and control groups.

The second, secondary outcome measure will be the prosocial subscale of the SDQ. This subscale is not included in the total difficulties score but is considered relevant as prosocial behaviour aligns with the intervention's intermediate outcomes of improved decision-making and behaviour. As it is collected as part of the SDQ, it will also be used with all CYP in both intervention and control groups.

The third, secondary outcome measure will be the Social Support Rejection Scales (SSRS) (Roffman et al, 2000), which is recommended by the National Mentoring Resource Center and is also being used in the YEF-funded evaluation of the STEER mentoring programme. The scale consists of 22 items assessing four dimensions of social support and social rejection that characterise the relationship between young people and a trusted adult such as a mentor. These dimensions are: feeling valued; trust; mentoring and negativity. The mentoring subscale will be used as the secondary measure, with the other sub-scales being analysed as part of the exploratory analysis. The secondary outcome aligns with intervention's mechanism/ most immediate outcome, which is the development of a positive relationship

with a trusted adult who is not their parent and who provides them with helpful guidance and support. This measure will be used at baseline and follow up with both intervention and control groups, which will help us understand both whether the intervention leads to the establishment of a new trusted relationship and the quality of that relationship with the mentor for the intervention group.

Compliance and fidelity

Compliance with the trial requirements will be supported through regular one-to-one contacts between the evaluation team and Spark2Life and through completion of logs recording approach, eligibility checking, consent and randomisation. Any issues identified through these processes will be raised in the meetings and escalated if necessary.

Fidelity will be assessed quantitatively and explored through qualitative interviews as part of the implementation and process evaluation. Data will be collected on the following aspects relating to the practice model (reflecting the description of the key elements of meaningful mentoring as described in the intervention section above using the TiDieR checklist).

1. Risk assessment - the proportion of risk assessments carried out within the first month of the CYP starting mentoring.
2. Dosage – the number of weeks CYP are engaged with mentoring, the number of mentoring sessions and their frequency.
3. Mentor training – the proportion of mentors who received the one-month induction.
4. Consistency of mentor – the number of times a CYP's mentor changes during their mentoring period.

This data will be primarily collected through detailed quarterly monitoring forms that have been developed by Spark2Life that include information on the CYP and mentoring sessions. Thresholds for fidelity have been set as part of criteria for progression from the pilot to the full efficacy stage (see internal pilot section below), but not for the trial overall as fidelity and its potential effect on outcomes is one element the trial is assessing. During the analysis stage, the data on fidelity will be analysed descriptively and if there is substantial variation, we will either develop a scoring matrix using a weighted combination of the criteria and/or look at each of the criteria separately as part of the exploratory analysis to assess whether there is an association between outcomes and mentoring quality (as indicated by fidelity to the practice model). For example, if there is substantial variation in the number of mentoring sessions CYP attend, we will analyse how the number of sessions attended (as a continuous variable) is related to reductions in offending behaviour, reductions in SDQ total difficulties score and increases in the SDQ pro-social score.

In addition to the quarterly monitoring form, data relevant to fidelity will be collected through a survey with mentees and qualitative interviews with a purposively selected sample of mentors and mentees (as part of the implementation and process evaluation). Data on services received by the control group will be collected as part of a survey of their experiences (also part of the implementation and process evaluation).

To note, if a CYP decides to no longer take part in the intervention before the end of the standard 12-month period because they feel they have achieved their goals (such as engaging with education and employment or re-establishing relationships with significant others), this would not be considered 'non-compliant', i.e. the theory of change would indicate that they should have the same positive outcomes in terms of reduced behavioural difficulties and avoiding reoffending. However, the follow up data collection will be 12 months post-randomisation for all CYP in intervention and control groups irrespective of whether they are still receiving the intervention or not.

Analysis

The primary analysis will be on an intention-to-treat basis and will use a linear regression model, where self-reported delinquency 12 months after randomisation is the dependent variable, regressed against self-reported delinquency at baseline and fixed effects for the block within which they were randomised.

We propose a linear regression model as this is consistent with other YEF evaluations using the same outcome measures, however we observe that in the general population, self-reported delinquency follows a Poisson distribution. Therefore, we will assess the distribution of the outcome during the internal pilot phase and if suitable, we will instead use a Poisson regression model using the same specification.

The regression model will use the following equation:

$$SRDS_{ij,t1} = \propto \; + \beta_1 Allocation_{ij} + \; \beta_2 SRDS_{ij,t0} + \beta_3 X_j + \; \varepsilon_i$$

Where the SRDS at baseline (t_0) and follow-up (t_1) is measured by the Self-Report Delinquency Scale (volume measure), for individual i in block j. Allocation is a binary indicator of intervention or control group allocation, where the coefficient β_1 is interpreted as the treatment effect. X_j represents the vector of randomisation blocks (random block length nested within YOS team). Alpha represents the intercept and epsilon the random error.

Sensitivity analyses will be conducted in line with YEF guidance (for example, saturated models, including covariates where these are observed as imbalanced as well as important characteristics such as age at randomisation and ethnicity).

Secondary outcome analysis will be conducted to assess impacts using the Strengths and Difficulties questionnaire total score and the prosocial subscale and the SSRS. These will follow the same specifications as the primary analysis, substituting the delinquency scale at baseline and follow-up for the SDQ total score, prosocial subscale score and score for the SSRS at baseline and follow-up. Primary mediator analysis will focus on the mentor relationship, as measured by the SSRS. We will do this by exploring how an increase in the presence and quality of a trusted adult is related to the primary outcome (offending) and the secondary outcomes behavioural difficulties and pro-social behaviour.

Subgroup analysis: We intend to explore whether impacts vary by special educational need and by ethnicity. Based on the target population for beneficiaries, we expect that a large proportion of individuals recruited to the trial will be from Black, Asian or other minority ethnicity backgrounds. It is our intent to separately analyse the outcome for different ethnicity groups tested against a consistent reference group (e.g. White CYP). A dichotomous analysis of White CYP against CYP from minoritised ethnic groups would be over-simplistic and hide nuances in the data. However, as the distributions are currently unknown, the exact groups to be tested will be fully specified in the statistical analysis plan. We anticipate the analyses will be conducted using an interaction model.

Exploratory/moderator analysis: In addition to assessing the effect of the mentor relationship, we intend to assess treatment-effect heterogeneity between areas (e.g. the YOS team, which are based within individual London boroughs) using an interaction between the intervention dummy variable and the fixed effects for sites (Youth Offending Teams). This will help us to understand what the variation in delivery is like and may help us unpick under what conditions the intervention is more or less effective. We will report this in a way that does not disclose the identity of the sites. In addition, if there is significant variation in the length of time mentoring lasts for CYP (based on the data collected as part of fidelity monitoring), we will analyse its impact on the treatment effect using similar methods to those described above.

Missing data: If there is less than 5% missing data, we will assume it is missing at random and conduct complete case analysis. If 5% or more of the data is missing, we will assess if there are observable patterns in the 'missingness' using a logistic regression model, where the dependent variable is a binary indicator of missing outcome data, regressed against all available covariate data. If suitable covariates and auxiliary variables are available, we will conduct multiple imputation through chained equations (MICE) to impute missing values as a sensitivity analysis (see for example Azur et al. 2011).

Implementation and process evaluation

Our approach to the implementation and process evaluation is informed by MRC guidance for undertaking process evaluations of complex interventions and case study research (Moore et al, 2015; Crowe et al, 2011). The guidance is useful in providing a clear structure that reflects key elements of intervention implementation and the factors that influence outcomes (as illustrated in figure 3 below).

Figure 3: Key functions of process evaluation and relations among them
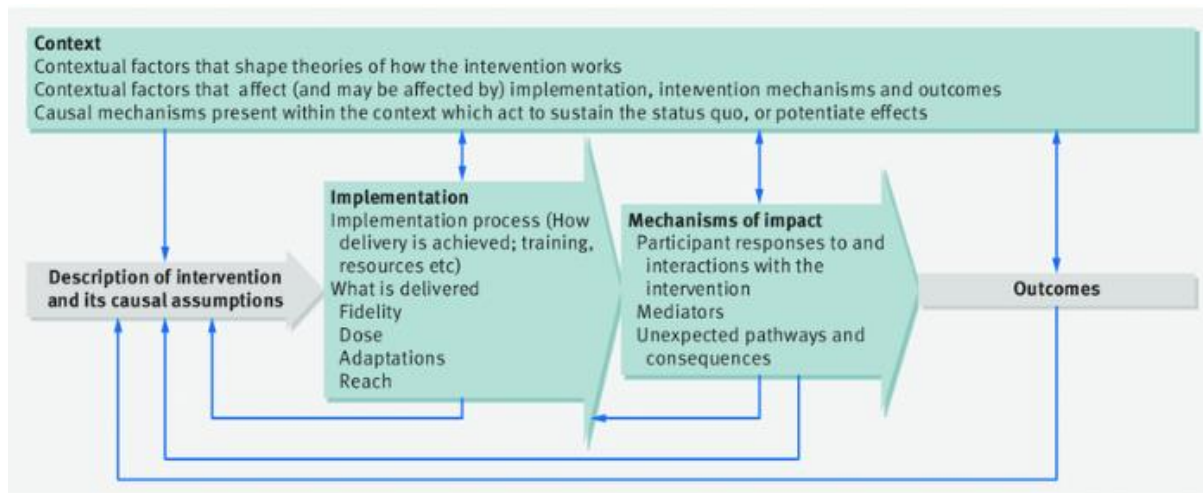
Source: Moore et al, 2015

Research questions

Based on the MRC guidance, the research questions for the implementation and process evaluation are divided into those that address context, implementation, mechanisms and outcomes.

Context

1. What are the range of experiences of the CYP involved in meaningful mentoring (including those relating to culture and the experience of prejudice or hostility based on ethnicity) and how have these influenced their risk of becoming involved in violence as a victim or perpetrator?
2. What range and nature of services and systems working with the CYP involved in meaningful mentoring and how have these influenced the development and implementation of the intervention?
3. How does the environment of CYP involved in meaningful mentoring influence their ability to take part and benefit from the intervention and mentors' ability to support CYP?

Implementation

4. What is the range of experiences of mentors of the training they received and what factors are perceived to influence its effectiveness?
5. To what extent is meaningful mentoring being delivered in the way it is intended?
6. What factors influence the implementation of meaningful mentoring and what are the barriers and facilitators to effective implementation?
7. What is the range of experiences of CYP of meaningful mentoring and what factors influence their experience and the acceptability of the intervention?

Mechanisms of impact

8. What are the range of causal pathways that influence outcomes from meaningful mentoring and do they reflect those specified in the theory of change?
9. What factors influence the causal pathways for meaningful mentoring and what are the range of ways they affect the outcomes experienced by CYP?
10. What factors influence the nature and quality of the relationship between CYP and mentors?

Outcomes

11. Are there any unanticipated positive outcomes for CYP or mentors from involvement in meaningful mentoring?
12. Are there any unanticipated negative or backfire outcomes for CYP or mentors from involvement in meaningful mentoring?

Research methods

The implementation and process evaluation will draw on both quantitative and qualitative methods.

Programme administrative and assessment data

Spark2Life will record information relating to the trial and key characteristics of the CYP and their circumstances. This will include: recruitment data, age, ethnicity, sex, risk assessment, vulnerability, substance use, education, employment and training status and special educational needs. The quality of data collected will be assessed on an on-going basis. Data will also be collected on the attendance of CYP and of the mentor's identity. The programme administrative and assessment data will be used to assess fidelity to the trial and the quality of the mentoring alongside providing contextual information about the characteristics of the CYP. Administrative data will be collected on all CYP involved in the trial (n=700).

CYP survey

All CYP in both intervention and control groups will be invited to complete a short survey at the end of the intervention period. The survey will be used to address questions relating to the implementation of the intervention, the mechanisms through which it achieves its outcomes, and identification of confounds. The survey themes will include: experiences of mentoring and views of the mentor (among the intervention group only); other services received (including business as usual services); and, CYP goals and their attitudes to violence and offending. The survey will be drafted by the research team and piloted with CYP drawn from Spark2Life's network of current and former mentees to assess its acceptability and accessibility, including ensuring it is racially and culturally sensitive. All CYP involved in the trial will be invited to complete the survey at the end of the intervention period, just prior to exit (n=700)

In-depth interviews with mentors, mentor supervisors, YOS officers and CYP

In-depth interviews will be undertaken with four groups that can provide insight into the implementation of the intervention, the mechanisms influencing its outcomes and the context within which it is operating. Up to ten mentors will be interviewed (using a mix of small focus groups and 1:1 interviews), selected with the aim of achieving diversity in terms of geographical location/ borough, case numbers and case risk profile, and experience/ length of delivery of meaningful mentoring. In addition, two mentor supervisors will be interviewed, and four youth offending service officers who were involved in referring CYP to the intervention. The selection of the youth offending service officers will aim to achieve diversity in terms geographical location/ borough and the volume and/ or risk profile of the CYP referred to the intervention.

In total, 25 CYP will be interviewed, 15 who received the intervention and 10 who were in the control group. The CYP in both intervention and control groups will be invited to be interviewed just after the follow-up data quantitative collection. The CYP survey will include a statement saying that the evaluation team is interested in interviewing a sample of CYP to find out more about their experiences and asking them to tick a box if they do not wish to be contacted to be invited to take part in this element of the study. An opt-out will be used at this point as opt-ins can effectively exclude potential participants who would be happy to take part but would not actively volunteer, undermining the diversity of the sample and potentially having the effect of excluding some groups. A sample of CYP who do not opt out will be selected aimed at achieving diversity in terms of changes to their attitudes to the acceptability of violence, as recorded in the survey, as well as diversity in terms of sex, age, ethnicity and geographical location. These CYP will be contacted by email and/ or text and invited to take part (an opt in), and interviews arranged with those who agree. The qualitative interviews

with CYP will explore the context of their lives (their living arrangements, involvement in EET, experiences of YOS services and offending), experiences of mentoring (for the mentoring group only), and their experiences of other services.

Table 3: Summary of qualitative interviews by participant group

Participant group	Number of interviews
Mentors	10
Mentor supervisors	2
YOS officers	4
CYP in intervention	15
CYP in control	10
Total	41

All interviews will be undertaken by the evaluation research team using topic guides to help ensure that there is consistent coverage across interviews. Guides will be developed for each participant group informed by the research questions but used flexibly as an aide memoir rather than topics always being discussed in the same order or only once during the interviews. The guide will not be seen as an exhaustive list of topics and will not prevent unanticipated, but relevant, subjects being discussed.

Analysis

The administrative data, CYP survey and SSRS will be analysed with descriptive and inferential statistics to understand the characteristics of the CYP population, fidelity to the mentoring model and its quality and to provide insights into the mechanisms associated with the intervention, such as differences between the intervention and control group in terms of attitudes to violence and goals as well as the experience of CYP in the intervention group of the mentoring and their views of their mentor, and the quality of the mentor-mentee relationship. (As noted above, the SSRS will also be used to conduct mediator analysis to assess whether there is an association between the primary and secondary outcome measures and the quality of the mentor-mentee relationship.)

With participants' permission, the qualitative interviews be audio recorded and the recordings transcribed using Trint, a secure online service that translates and transcribes recordings of interviews. The data will then be managed using the Framework approach (Richie et al, 2013). Within this approach, the data gathered from the interviews will be

summarised into a framework developed in Microsoft Excel, subdivided into main themes and sub-themes where columns represent themes, and each row is an individual case. This means the data is arranged in a systematic way that is grounded in the accounts of the participants while closely tied to the research objectives and allows comparative analysis to take place both between and within cases.

The final stage of analysis involves working through the framework in detail, drawing out the range of experiences and views, identifying similarities and differences, developing and testing hypotheses, and interrogating the data to seek to explain emergent patterns and findings. The aim of the analysis is to develop categories and explanations that are comprehensive in the sense of capturing the full range of views and experiences. Following the Framework tradition, a balance between induction and deduction will be used during the analytical process. Early on the focus will be inductive in the sense of aiming to understand participants from their point of view and only later as the process moves up the 'analytical ladder' with existing concepts and the theory of change brought in to deductively help organise and contextualise the findings (Barnard, 2012).

The findings will reflect of three broad types of analysis (Ritchie et al, 2013) as described below.

- Thematic analysis – this provides the foundation of the findings through detailing the different types of processes and approaches used.
- The identification of typologies – though typologies do not always exist, where they do they can be powerful tools for understanding the nature of the phenomena by combining multiple elements identified through the thematic analysis at a case level.
- Explanatory analysis – explanatory analysis aims to understand the connections between different parts of the process and how they contribute to the outcomes and impact and is developed through in-depth intra- and inter-case exploration.

Quantitative and qualitative data gathered as part of the IPE data will be combined and triangulated to test the intervention's logic model and interrogate the causal mechanisms underlying it. This will be supported using an integrated model of behaviour and the categorisation of the causes of violence undertaken using that model (Barnard, 2023). In exploring the factors influencing the effectiveness of meaningful mentoring and the reasons the trials fails to find an impact (if that is the ultimate outcome), the IPE analysis will aim to distinguish between theory failure, programme failure, implementation failure, and methodological failure, while keeping in mind the contextual and environmental factors that can influence all types of failure (EEF, 2019; Coldwell & Moore, 2023).

Cost data reporting and collecting

The following costs data will be collected using a bottom-up approach to produce a cost consequence analysis from the perspective of Spark2Life.

- Personnel time – time to deliver the intervention and provide supervision will be recorded as part of the implementation checklist completed by mentors during delivery.
- Programme costs – costs such as travel, will be recorded as part of the implementation checklist completed by mentors during delivery; venue costs (where relevant) will be recorded by mentors (if they are claimed through expenses) or by Spark2Life (if paid for centrally).
- Training costs – Spark2Life will be requested to record time and resources required to train mentors, including cost of training material and facilities.
- Other programme inputs: mentors and Spark2Life will be asked to record any other costs arising as a result of intervention delivery; the evaluation team will provide a pro forma for recording such costs.

We will aim to produce an average cost for a typical CYP, that is we will use the average contact time between mentors and CYP and associated programme costs rather than using the 12 months, as a percentage of CYP are expected to end their mentoring sooner either because they feel they have met their needs or because they decide they do not want to or cannot continue for other reasons.

Summary of data collection processes and data collection sources and timing

Data collection processes

Quantitative data will be collected using an online portal that can be accessed through desktop & laptop computers, tablets and phones. The portal, which will use the Qualtrics survey platform, will be designed so that it is easy to navigate. The surveys will be self-complete but CYP will be supported by Spark2Life mentors and in addition evaluation team members will provide further support, particularly for CYP in the control group at the 12-month follow up data collection point.

Qualitative interviews will be undertaken by evaluation team staff and take place face-to-face with CYP in safe spaces. These are likely to be the same spaces used for mentoring sessions for those in the intervention group as CYP will be familiar with these. For those in the control group, it may still be possible to use the spaces when mentoring takes place, but if not, alternative spaces, such as schools or community centres will be found. Interviews with mentors, supervisors and YOS officers will take place face-to-face or online, depending on schedules. If face-to-face, they will take place at Spark2Life of YOS offices.

Summary of data collection and time points

Table 4: Summary of evaluation data collection

Evaluation element	Research question/ objective	Measure/ data collected	Participants	Data collection time points			
				Screening	Baseline	Treatment phase	12-month follow-up
RCT process	Approach & eligibility	Recruitment log	Treatment & control	x			
	Consent	Informed consent/ assent	Treatment & control	x			
	Contact details	Contact details individual & significant others	Treatment & control		x		
	Demographics	Demographics	Treatment & control		x		
	Randomisation	Randomisation outcome	Treatment & control		x		
Impact	Offending	Self-Report Delinquency Scale	Treatment & control		x		x
	Social & emotional behaviours	SDQ	Treatment & control		x		x
	Mentor relationship	Social Support Rejection Scale	Treatment & control		x		x

Evaluation element	Research question/ objective	Measure/ data collected	Participants	Data collection time points			
				Screening	Baseline	Treatment phase	12-month follow-up
Fidelity/ confounds	Intervention fidelity	Quarterly monitoring form	Mentors			x	
	Other interventions received	Survey	Treatment & control				**x**
IPE	Feasibility, acceptability, mechanisms and experience	Survey	Mentees				x
	Feasibility, acceptability, mechanisms and experience	Qualitative interviews	Mentors, stakeholders, mentees and control				x
Costs	Costs of delivering the mentoring	Costs data proforma	Mentors			x	
	Costs of supporting the mentoring	Costs data proforma	Spark2Life managers			x	

Internal Pilot

An internal pilot of 176 CYP (88 in the intervention group and 88 in the control group) will take place during the first six months of the trial. An internal pilot forms part of the trial and the outcome data generated will contribute to the final analysis. This is in contrast to an 'external pilot', which is undertaken as test of the processes and procedures of an efficacy

study, but any outcome data collected are not included in the analysis of the full trial or form part of the main data set (Avery et al, 2017). The pilot period will start when the first CYP are randomised and start the intervention or are assigned to the control group. The overarching aim of the pilot is to assess whether a full trial of the meaningful mentoring programme is feasible. The specific research questions the pilot is aiming to answer are:

1. **Intervention acceptability and feasibility:** Is the intervention acceptable to referrers and CYP such that sufficient CYP are referred to Spark2Life and CYP participate fully with it?
2. **Intervention delivery:** Is Spark2Life able to deliver the intervention as intended to sufficient numbers of CYP?
3. **Trial acceptability and feasibility:** Are the trial procedures and processes acceptable to CYP such that they agree to participate, share relevant data and comply with randomisation allocations?

To inform the pilot, we will:

- review the administrative and baseline data collection;
- invite feedback from all mentors, supervisors and referral organisations via email;
- interview two mentors and a supervisor to gather information about the RCT processes;
- interview two CYP in the intervention group and two in the control group to gather information about the keeping in touch and data collection processes.

Continuation criteria

Based on the data gathered and reviewed as part of the pilot, the following progression will be applied to determine whether the main trial should go ahead.

Category	Area	Question	Progression criteria	Red/Amber/Green
A: Project implementation	Fidelity	Do mentees attend sufficient sessions?	Percentage CYP attending weekly sessions.	≥85%
				84%-50%
				<50%
A: Project implementation	Eligibility	Do CYP referred meet the eligibility criteria?	Percentage of referred CYP who meet eligibility criteria.	≥84%
				74%-50%
				<50%
A: Project implementation	Risk assessment	Are CYP assessed for risk when starting mentoring?	Percentage of referred CYP who are risk assessed within the first month.	100%
				99%-75%
				<74%
A: Project implementation	Practitioner training	Do mentors receive the training needed to deliver the intervention?	Percentage of mentors who have received the one-month induction.	100%
				99%-75%
				<74%
A: Project implementation	**Practitioner supervision**	Do mentors receive the supervision needed to deliver the intervention?	Percentage of mentors who have received supervision every 4-6 weeks.	100%
				99%-75%
				<74%
B: Evaluation Measurement Recruitment	Recruitment	Have enough CYP been recruited?	Percentage of first year recruitment target achieved.	>160 CYP
				160-88 CYP
				<88 CYP
B: Evaluation Measurement Recruitment	Attrition from the programme	Are sufficient CYP still engaged with the programme?	Number CYP still attending mentoring sessions at the end of the pilot period.	>75 CYP
				75-66 CYP
				<66 CYP
				>150 CYP

Phase	Element	Question	Indicator	Rating
B: Evaluation Measurement Recruitment	Attrition from the evaluation	Are sufficient CYP still engaged with the evaluation?	Percentage CYP responding to the keeping-in-touch request.	150-132 CYP
				<132 CYP
C: Measurement and findings	Acceptability/ feasibility of randomisation	Is randomisation feasible?	Percentage of CYP allocated to each condition	45%-55%
				35%-44% or 56%-65%
				<35% or >65%
C: Measurement and findings	Data quality	Has sufficient baseline data been collected?	Percentage of CYP who submitted the Self-Report Delinquency Scale and SDQ at baseline	≥95%
				94%-85%
				<85%
C: Measurement and findings	Data quality	Is the data collected of sufficient quality?	Percentage of CYP who completed 90% of questions in Self-Report Delinquency Scale at baseline	≥90%
				89%-80%
				<80%

Diversity, equity and inclusion

Equality and diversity have been central to ICF's values since its foundation in 1969 as the 'Inner City Fund', a purpose-driven company set up to finance minority-owned businesses in Washington, D.C. Throughout its growth, ICF's commitment to fighting inequality and promoting diversity hasn't wavered and is part of the core culture of the organisation. At a corporate level, this is supported by a wide range of policies and practices that promote diversity and inclusion, including annual mandatory training with modules on unconscious bias, microaggressions and practicing allyship. As a research and evaluation team, we conduct research directly related to equality and inclusion and embed inclusive practices into our methodology. Our approach recognises the systemic and structural barriers faced by communities of colour as well the disadvantages experienced by individuals with other characteristics that have led to discrimination and inequality, such as gender, sexual orientation and disability.

Adopting a race equality lens is particularly important for this evaluation as violence disproportionately affects CYP from communities of colour and one of the key mechanisms

through which mentoring is believed to work is by changing the representation of the possible and challenging stereotypes (Morgenroth et al, 2015), the result of historic injustice and prejudice. Added to this is the fact that Spark2Life anticipate that more than three-quarters of the CYP who will be involved in the project will be from Black and other minoritised ethnic backgrounds. Drawing on guidance on how to embed a racial and ethnic equity perspective in research (Andrews et al, 2019), central to our approach will be to develop a genuine and meaningful partnership with Spark2Life. Spark2Life understand the community the intervention is aimed at, both through their ongoing work and as 30% of staff have 'lived experience'. The mentoring approach has been designed to be 'person-centred, trauma-informed and culturally competent', which matches ICF's approach to evaluation, and we shall therefore draw on Spark2Life as well as our own experience to ensure that the evaluation is implemented in this way. This will include ensuring that: all research material is accessible for the full range of participants; aiming to use validated measures that have been developed to be inclusive; and, monitoring participants in terms of key characteristics such as ethnicity and using this data to help understand and contextualise findings. In terms of collecting ethnicity and other EDI data, we will focus on those characteristics that research indicate may influence experiences of violence and offending and interaction with the intervention and avoid placing unnecessary burden on CYP by collecting data that the evidence does not indicate are relevant or where the categories are too small to be suitable for analysis (for example we will not be collecting data on sexual orientation).

In addition, our methodology will embed a racial and ethnic equity perspective through aiming to 'dig deeper' into the data to identify 'root causes', including those related to systemic and structural barriers (ibid). We believe that the qualitative element of the evaluation is particularly well-placed to do this, and our approach emphasizes probing during interviews to fully explore the underlying issues and causes of behaviour and experiences (Lewis et al, 2013). This approach is reinforced by the use of purposive sampling to capture the range and diversity of experiences and the Framework approach to analysis (ibid). Framework is useful in this context as it ensures that all voices and experiences within the data set are treated equally and play their full part in analysis. Framework also facilitates case-based as well as thematic analysis, which enables a more systematic search for root causes and ensures that people's stories are not lost through fragmentation, which can occur using other approaches to qualitative data analysis.

Ethics and registration

The trial was approved by ICF's research ethics committee, which is comprised of senior staff who are independent of the evaluation, and was pre-registered with the ISRCTN registry (ISRCTN81461065 https://doi.org/10.1186/ISRCTN81461065).

Data protection

A Data Protection Impact Assessment will be undertaken for this study. The following assessment is based on our current understanding but will be updated based on the impact assessment. In addition, a data sharing agreement will be put in place between the evaluation team and Spark2Life.

ICF will be the data controller. The lawful basis we will rely on for all data purposes is the legitimate interest of the data controller (as defined by the General Data Protection Regulation (GDPR) Article 6). The aim of the RCT is to gather evidence on the effectiveness of meaningful mentoring on outcomes for CYP and this is expected to have substantial social benefits for CYP, organisations such as youth offending services and children's social care services, and society more broadly, which justifies the legitimate interest of the data controller. In order to assess eligibility, describe the characteristics of the CYP involved in the trial and to undertake analysis of outcomes on subgroups, the following special category data and data on protected characteristics will be recorded: ethnic origin; sexual orientation; SEND status; data on health; sex; and age. Voluntary informed consent will be obtained and participants will be able to withdraw consent for their data to be used up to the point of analysis. A data privacy notice will be made available to participants during the recruitment and consent processes, which will inform participants of their rights and provide further information on the study (detail of the information being collected, how ICF will store, process and protect personal data, and who the data subject should contact if they have any concerns). Data will be stored securely on ICF servers within a UK-based server and only be accessible to the study team.

At the end of the study, the evaluation team will submit data to the YEF archive. The process involves preparing and submitting two datasets.

- One dataset will only contain participants' identifying data and a unique project specific reference number for each CYP. This will be submitted to the DfE and pseudonymised (e.g., personal identifying data is removed and replaced with DfE's pupil matching reference numbers (PMRs)). The PMRs and the project specific reference numbers will then be submitted to the ONS for storage in the YEF archive.
- The second dataset will contain all the evaluation data and the project specific reference numbers. This will be submitted directly to the ONS for storage in the YEF archive.

The evaluation team will destroy its copy of the data sets two years after completion of the final evaluation report.

Stakeholders and interests

Spark2Life

The following are the lead contacts within Spark2Life who will be responsible for overseeing the intervention and working to deliver the trial in collaboration with the ICF team.

- Dez Brown, CEO and Founder of Spark2Life.
- Jamela Ricketts, the Director of Operations of Spark2Life .
- Tanya Gomez, Spark2Life Project Manager for the meaningful mentoring trial.

ICF

The following are the evaluation staff from ICF with primary responsible for implementing the trial.

- Dr Matt Barnard, a consulting director and director of the ICF's Centre for Behaviour Change: principal investigator for the trial with overall responsibility for its design and delivery.
- Dr Lucy Loveless, managing consultant: project manager for the trial, responsible for the day-to-day project management and coordination of the evaluation and lead for the implementation and process evaluation.
- Emma Lovatt, research assistant: project co-ordinator, responsible for supporting all aspects of the delivery of the evaluation.
- Dr Sergio Sallis, head of impact evaluation: quantitative analysis quality assurance lead and lead for the cost-consequence analysis
- Robert Wishart, ICF associate: trial statistician, responsible for sample size calculations and lead for impact analysis
- Dr Triin Edovald, ICF associate: project advisor and overall quality assurance lead
- Laura Campbell, senior consultant: project researcher, responsible for leading the development of the data collection portal and survey and fidelity checklist
- Izabela Jamrozik, researcher: project researcher, responsible for undertaking the IPE and providing research support for the evaluation.

University of York

- Dr Umar Toseeb, senior lecturer: race equity associate, responsible for advising the evaluation team on the race equity implications of their research plans.

Risks

Risk	Mitigation
1 - Challenges generating sufficient referrals to the trial (Likelihood medium; impact: high)	- Exploration of additional referral pathways during set up phase - Adequate recruitment key element of pilot phase and part of continuing criteria - Recruitment regularly and frequently monitored and early action taken if lower than required - Adjustment to internal study timelines to increase recruitment later during the study if earlier recruitment is lower than expected (ie if recruitment is lower for one cohort, the aim will be to increase referral and recruitment for subsequent cohorts)
2 - Inability to recruit sufficient participants will mean the trial is underpowered. (Likelihood medium; impact: high)	- Ensuring sufficient time for Spark2Life representative to introduce and explain the intervention and benefits to CYP - Recruitment material designed to be clear, accessible and attractive - Behaviourally informed incentives to support engagement
3 - Intervention causes harm through re-traumatisation or related issues (Likelihood low; impact: high)	- The evaluation team will work with Spark2Life to develop a serious adverse events protocol that covers reporting and actions - The evaluation team will work with Spark2Life to identify crisis and longer-term referral pathways and sources of advice, such as with local Child and Adolescent Mental Health Services and Young Minds

4 - Attrition from the trial (ie failure to collect follow-up outcome data) **(Likelihood medium; impact: high)**	- Multiple contact details requested from participants - Regular check ins with mentors and participants - Contact details reviewed and updated if needed at each data collection point - Close monitoring of participation numbers and data collection - Assigning additional resource to making contact and supporting completion of measures if lack of initial response - Behaviourally-informed incentive strategy
5 - Attrition from the intervention may lead the trial to find no evidence of impact as too few CYP have received a sufficient dose. **(Likelihood low; impact: medium)**	Spark2Life staff will maintain face to face interactions with the participants on a weekly basis and encourage CYP to remain engaged in the intervention through: - being clear at the start of the research, and throughout, about the value of the research to Spark2Life and the importance of their contribution to this; - keeping in regular contact with the research participants throughout the year – sharing findings from the research – outlining what we have been able to say / funding we have secured – as a result of their support and sharing news and resources about meaningful mentoring; - maintaining contact and keeping up to date contact details, with the Spark2Life staff actively maintaining contact with the participants, for example contacting them at key points in the year such as on their birthday; - providing a specific area on Spark2Life's website where participants can get news and easily contact us for updates and questions; - contacting CYP by telephone to encourage responses alongside email;

	- staff working with involved professionals to increase engagement rates and reduce drop-out rates.
6 – Lack of fidelity to the intervention model may lead the trial to find no evidence of impact due to implementation failure **(Likelihood low; impact: medium)**	- Supervision of mentors every 4-6 weeks to support delivery and identify lack of fidelity - Spark2Life management reviewing mentors' quarterly monitoring forms to check for evidence of lack of fidelity - Qualitative research with mentors and mentees exploring implementation so lack of fidelity can be identified as an explanation if the trial does not find an impact
7 - Lack of distinction between intervention and control **(Likelihood low; impact: medium)**	- Quantitative monitoring of services received by control group through the CYP survey - Qualitative exploration of services received by control group - Discussion with referrers to ensure that CYP being allocated to control group does not prompt them to refer the individual to mentoring via another route
8 – Contamination if CYP are recruited to another YEF-funded intervention as well as the Meaningful Mentoring trial **(Likelihood low; impact: medium)**	- YEF shares details of other interventions it is funding in the London area - Referrers being asked about other interventions CYP may be referred to as part of the referral process - CYP being asked about other interventions they are taking part in when recruited - CYP being asked about other interventions they have received as part of the follow-up survey
7 - Data breach **(Likelihood low; impact: medium)**	- Clear data sharing and storage protocols shared with Spark2Life and evaluation team - Monitoring of data sharing and storage and rapid reporting and response if risk or breach

	- Review and introduce new procedures & training if needed
8 - Reduction of evaluation staff capacity due to sickness or other causes (Likelihood medium; impact: medium)	- Ongoing monitoring of resources and staffing against need - If reduction in staff capacity, draw on additional staff at ICF or its wide network of associates and consultants
9 - Reduction of Spark2Life staff capacity (Likelihood medium; impact: medium)	- Ongoing monitoring of resources and staffing against need - Support Spark2Life to bring in additional capacity
10 – Deterioration in the relationship between the evaluation and project teams leading to a lack of cooperation undermining the proper functioning of the trial. (Likelihood low; impact: medium)	- Regular meetings between evaluation and project team to discuss progress and maintain good communication - Early identification of sources of friction and proactive response from both teams to resolve issues - Keeping YEF appraised of progress of trial and status of partnership and seeking support when needed
11 - Poor data quality manifesting as incomplete or inaccurate quantitative data or qualitative data lacking richness and depth (Likelihood low; impact: medium)	- Support and training provided to staff undertaking data collection - Clear recruitment and data collection tools that facilitate accurate completion by CYP - Monitoring of data collection quality and swift implementation of additional quality controls if necessary

Timeline

Dates	Activity	Staff responsible/ leading
Project and Evaluation Set Up and Mobilisation stage - Pilot		
April 2024 – July 2024	Protocol finalisation, development of consent and information sheets, ethical approval application and decision	MB, LL, EL, SS, RW, TE, IJ
March 2024 – July 2024	Project team agree ISAs and referral mechanism with partners/stakeholders, Recruitment, vetting and DBS checks of staff for project delivery, staff training	DB, JR, TG
May 2024 – August 2025	Development of IPE tools and online portal	MB, LL, EL, SS, RW, TE, IJ
Project and Evaluation Launch and Delivery - Pilot		
October 2024 – December 2024	Receipt of referrals	DB, JR, TG
October 2024 – December 2024	Baseline data collection and randomisation	LL, EL, RW, IJ, TG
October 2024 – December 2025	Delivery of intervention	DB, JR, TG
March 2025 – July 2025	Submission of end of phase reports	MB, LL, EL, SS, RW, TE, IJ, DB, JR, TG
Project and Evaluation Set Up and Mobilisation stage - efficacy		
September 2024 – December 2024	Statistical analysis plan drafted	MB, RW, SS, TE

March 2025	Pilot phase review - lessons learned	MB, LL, EL, SS, RW, TE, IJ, DB, JR, TG
Project and Evaluation Delivery - efficacy		
September 2025 – June 2026	Receipt of referrals	DB, JR, TG
October 202**5** – Jun 2027	Delivery of intervention	DB, JR, TG
September 2025 – July 2026	Baseline data collection and randomisation	LL, EL, RW, IJ, TG
October 2025 – July 2027	12-month follow-up data collection	LL, EL, RW, IJ, TG
July 2027	Project delivery report	DB, JR, TG
July 2027 – September 2027	Final evaluation report	MB, LL, EL, SS, RW, TE, IJ
September 2027 – December 2027	Peer review and final report sign off	MB, LL, EL, SS, RW, TE, IJ

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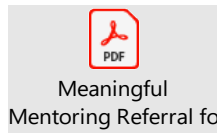Ritchie, J, Lewis, J, McNoughton-Nichols, C, (2013) *Qualitative Research Practice (2nd edition)*. London: Sage

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Appendix

Meaningful mentoring referral form

PDF
Meaningful
Mentoring Referral fo

Spark2Life client assessment form

PDF
Spark2Life Client
Assessment Form.pdf

Meaningful mentoring final action plan moving on template

PDF
Meaningful
mentoring final action

Meaningful mentoring case studies

All identifiable information has been changed to maintain confidentiality.

Case Study 1

Ben, a 17-year-old male, was referred to Spark2Life by London Borough of Barking and Dagenham's Community Safety Ending Gang Youth Violence panel. He was known to the Local authority because he was deemed to be a high-risk individual, gang affiliated and known for going missing frequently. He had been arrested in connection with a known county line and had been caught in possession of a bladed article. The panel felt that Ben was a suitable candidate for Spark2life's meaningful mentoring. He was on a YOS order, known for non-engagement, assaulting professionals, he was at risk of offending and was still hanging out with other high-risk people of concern.

The relationship between Ben and his Mum had broken down due to her finding his behaviour challenging. The police would frequently be searching her home, and she was having to attend the police station every time he was arrested or to report him missing. She tried her best to encourage him to stop hanging around with known gang members; to him he felt that they were his friends. She was also concerned about his mood swings and that he was smoking skunk excessively. As mum was unable to cope with the situation anymore, Ben was placed into local authority care. He had an assigned social worker and a support worker at the care home.

The mentor first went to meet Ben with his social worker at the care home.

Ben was reluctant to engage, due to lack of trust with professionals. At the time, he was, displaying signs of paranoia (undiagnosed), he wouldn't sit still during meetings and would be looking out of the window explaining that the under-cover police were watching and following him, making note of car models and number plates He felt that his care home staff were watching him and colluding with the social worker and police. He seemed to feel that everyone was out to get him. He didn't trust his friends and family, especially his mum, as he felt "violated and abandoned by her kicking him out of the family home".

The mentor's first session was brief. Ben wouldn't maintain eye contact, gave one-word answers, he didn't want to exchange numbers, but took the Mentors business card.

He said he didn't understand what all the meetings were about and why he had to meet with his social worker, care home support worker, YOS worker and now a mentor. He took the business card and said he would call when he was ready; he never called. By working collaboratively with his Youth Offending Service (YOS) worker, social worker, and support staff, they agreed to replace and join up some of their sessions with the mentor so that Ben wouldn't feel so overwhelmed.

The mentor's focus was to build trust and a relationship with Ben and help Ben to understand the benefits for engaging with him. At the time Ben had been suspended from college, because of being present at a fight where one of his friends had been involved. The mentor informed him that he could advocate for him and convey his points to the college. Unfortunately, the college decided to exclude Ben as there had been a pattern of disruptive behaviour.

The mentor engaged Ben in weekly sessions through building rapport and having general conversations with different themes, e.g., consequential thinking, looking at things from other's perspectives.

It was beneficial that his mentor had built a good relationship with one of Ben's friends, who he had been working with for a while. Ben's friend was able to vouch for Spark2Life being an asset. The mentor's own lived experience also helped because Ben could see his mentor could relate to the things he was going through and therefore he listened and paid attention to the mentoring/advice. After a patchy start, Ben started to engage, as he began to see Spark2Life was there to support him. His mentor taught him how to communicate with the placement staff when he would come home late or stay out overnight, so he wouldn't be reported missing. His mentor supported him in mending relationships with his mum and they now speak on a regular basis.

The mentor worked with Ben for a year, who during that time didn't re-offend. During this period, when Ben turned 18 years old the mentor supported him with the move and transition from a under 18s care home, to an 18+ semi-independent. The mentor also supported him with life skills which included budgeting and showing him how to shop within budget and make basic meals.

He was provided with practical support to get his NI number, renewed his passport apply for his provisional driving licence, and attended together attending Job centre appointments.

Ben rarely missed a weekly session, he was engaging well and felt confident that his life was going in the right direction.

At the time of exit, he started completing college applications, and was engaging well with his support worker in the semi-independent home.

Case Study 2

Andy was referred by probation to Spark2Life after he had suffered numerous traumatic experiences while impacted by gang activity. Andy had previously been a victim of violent physical assaults and there were concerns that he was involved in dealing drugs. His mum and sister were the closest family members he had but his relationship with them was challenged by Andy's criminal history. He often felt he cannot be around them for too long "without acting out his anger". Professionals had shared that was known for "getting into fights easily; not working with services".

Andy was introduced to meaningful mentoring through Spark2Life during one of his sessions with probation. During their first sessions, the mentor had the chance to share with Andy that he had lived experience and was able to understand how challenging Andy's life can be. The mentor used a trauma informed approach to slowly build trust. Andy was appreciative of the fact that the mentor "did not push this on him" and that he "was real in what he said".

Andy worked with his Spark2Life mentor in the community for 11 months, during which he achieved to learn how to safeguard himself better and make positive life choices. Andy was very grateful of the fact that his mentor was at his side when Andy was hospitalised and later on, during his court hearings. He shared that "I am not left alone; I feel he [mentor] has my back".

Within a few months, Andy started developing an understanding of the impact his lifestyle had on himself and his family. He was able to identify triggers so to avoid confrontations with peers and at home. After trust had been established, the mentor created a safe space for

Andy to be able to express his emotions and explore how his mental and physical wellbeing were impacted by traumatic past events. His mentor equipped him with practical techniques to help improve Andy's sleep and overall wellbeing.

Andy soon felt confident enough to start exploring apprenticeships and various mechanic roles. His mentor helped him to create a CV that focuses on the skills and strengths he held and looked at the hidden job market, researching local employers. With Spark2Life's support, Andy's relationship with his mother and sister improved and he felt he can now enjoy living with them. Andy's mother shared that the meaningful mentoring support had a positive impact on her son, especially because his mentor was at his side during the tough times. She also found it useful when the mentor conversed with her and signposted her to further support so that she can better cope with Andy's behaviour at home.

At the end of the support, Andy said: "My Spark2Life mentor helped me feel happier, and motivated. He was there for me, no matter what. He trusted me and that I can do better, and this helped me trust myself."

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