AudioActive's SHIFT project. A randomised controlled trial efficacy study with internal pilot.

Cordis Bright

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YOUTH ENDOWMENT FUND

Centre for Evidence and Implementation

AudioActive's SHIFT project. A randomised controlled trial efficacy study with internal pilot.

Evaluation protocol

Evaluating institution: Cordis Bright

Principal investigator(s): Dr Kathryn Lord, Caitlin Hogan-Lloyd, Dr Stephen Boxford, Professor Darrick Jolliffe.

Project title	AudioActive's SHIFT mentoring project. A randomised controlled trial efficacy study with internal pilot.
Developer (Institution)	AudioActive
Evaluator (Institution)	Cordis Bright
Principal investigator(s)	Dr Kathryn Lord, Caitlin Hogan-Lloyd, Dr Stephen Boxford, Prof Darrick Jolliffe
Protocol author(s)	Dr Kathryn Lord, Caitlin Hogan-Lloyd, Dr Stephen Boxford, Prof Darrick Jolliffe, Bonnie Butler.
Trial design	Two-armed parallel randomised controlled trial with random allocation at the young person level
Trial type	Efficacy study with internal pilot.
Evaluation setting	The intervention is delivered at a variety of safe spaces in the young people's community, including schools.
Target group	Young people aged 11-17 at risk of, or already involved with, violence and crime across East Sussex, West Sussex, and Brighton and Hove.
Number of participants	586 (293 in treatment group, 293 in control group)

Primary outcome and data source	Delinquent behaviour. Measured by Self-Reported Delinquency Scale (SRDS) volume score (see, Smith & McVie, 2003)
Secondary outcome and data source	Delinquent behaviour, measured by the SRDS variety score.
	Wellbeing, measured by the Shortened Warwick Edinburgh Mental Wellbeing Scale (S-WEMWBS) (Stewart-Brown et al., 2009).
	Behavioural difficulties, measured by the Strength and Difficulties Questionnaire externalising score (SDQ) (Goodman, 1997).
	Pro-social values and behaviours, measured by the SDQ pro-social sub-scale (Goodman, 1997).
	Quality of relationship with mentor/case worker, measured by the Social Support and Rejection Scale (SSRS) (Roffman, Paganao, and Hirsch, 2000).
	Conduct problems, measured by the SDQ conduct problems sub-scale (Goodman, 1997).
	Emotional problems, measured by the SDQ emotional problems sub-scale (Goodman, 1997).
	Peer problems, measured by the SDQ peer problems sub-scale (Goodman, 1997).
	Hyperactivity/inattention, measured by the SDQ hyperactivity/inattention sub-scale (Goodman, 1997).

Protocol version history

Version	Date	Reason for revision
4.0	September 2024	Reflecting changes made during manualisation and feedback from Youth Endowment Fund.

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1. Study rationale and background

1.1.   Introduction

This is an efficacy with internal pilot study trial protocol. The efficacy and internal pilot study will include a two-armed parallel randomised controlled trial (RCT) evaluation and implementation and process evaluation (IPE) of AudioActive's SHIFT mentoring programme.

The efficacy study including the internal pilot trial will begin in May 2024 (fieldwork and delivery will begin in October 2024), and final reporting will take place in February 2027 and be finalised in May 2027.

This section provides:

- An overview of the local context of the SHIFT mentoring programme.
- The rationale for the SHIFT mentoring model.
- The rationale for an efficacy study approach.

1.2.   Local context

The SHIFT mentoring programme is a voluntary 1:1 music mentoring intervention. It was developed by AudioActive in 2018 when they were commissioned by Brighton and Hove Public Health to deliver diversionary activities to young people involved in substance misuse or risky sexual behaviour, including those at risk of sexual and/or criminal exploitation. AudioActive were then commissioned by West Sussex Violence Reduction Partnership (VRP) to adapt SHIFT to a violence reduction model which was delivered in Crawley, and in 2019 East Sussex VRP commissioned the same model in Hastings for around six months.

With YEF funding, the programme will be delivered across six sites in East and West Sussex and Brighton and Hove local authorities: Eastbourne, Hastings, Brighton and Hove, Crawley, Horsham, and Worthing. Eastbourne and Hastings will be new delivery areas for SHIFT in East Sussex.

AudioActive has existing relationships with key personnel in East Sussex County Council, including statutory services such as Children's Services and the Youth Offending Service, which will facilitate the introduction of SHIFT in Eastbourne and Hastings. Additionally, AudioActive has three existing activities running in Eastbourne as well as a strong network of contacts within the voluntary sector in Hastings. To further ensure the uptake of SHIFT within these new areas, AudioActive will focus on relationship building with key referral partners in Eastbourne and Hastings as part of their comprehensive onboarding process through regular, ongoing meetings.

The programme will work with young people who have offended or are at risk of offending due to risk factors such as violent behaviour, educational exclusion and associations with peers involved in offending. It aims to support young people to develop more positive relationships, improve their behaviour, and enhance their wellbeing, with the ultimate aim of reducing delinquent behaviour. More information about the programme and who it supports can be found in Sections 2.2 and 2.3.

The present, YEF funded work is being commissioned in the context of local research which shows:

- Concern in Sussex over what the Violence Reduction Partnership considers to be a high proportion of serious violent crime committed by young people. Offending committed by under 25-year-olds represents 42% of all serious violent crime in Sussex and 15–18-year-olds account for 18% (Sussex Violence Reduction Partnership, 2022).

- Worse or increasing levels of some indicators that may increase young people's risk of involvement in violence in Sussex compared with the national rate. Rates of persistent absenteeism are worse in both East Sussex and Brighton and Hove than the national average (23% in East Sussex and 24% in Brighton and Hove compared to 22.5% in England)[1]. The percentage of permanent exclusions in primary and secondary schools in West Sussex is slightly worse than the rate in England (0.07 compared to 0.06) (Sussex Violence Reduction Partnership, 2022).

- High numbers of young people associated with violence in Sussex and participating in VRP projects have been excluded or are absent from school, have special educational needs, have low educational attainment, have poor mental health and relationships, or are experiencing criminal exploitation (Sussex Violence Reduction Partnership, 2022).

- Government statistics indicate that minoritised ethnic groups are over-represented throughout the criminal justice system; for instance, in 2020 a higher proportion of prosecutions against children were for Black (12%) and Mixed ethnic (14%) groups than for White (5%) defendants (Ministry of Justice, 2021). The SHIFT programme aims to address risk factors and strengthen preventative factors associated with delinquent behaviour with the aim of reducing the likelihood of young people including those from minoritised ethnic backgrounds from involvement with the criminal justice system.

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[1] https://explore-education-statistics.service.gov.uk/data-tables/pupil-absence-in-schools-in-england/2021-22?subjectId=aeab75a7-c293-432b-97bf-08db208dd21b Last accessed: 22 February 2024

1.3.   Rationale for the SHIFT model

The SHIFT music mentoring model aims to respond to the challenge of serious youth violence in East and West Sussex and Brighton and Hove outlined above. The response is based on evidence which shows:

- Mentoring programmes can positively impact on outcomes which are often associated with later involvement in violence, e.g., substance misuse, behavioural difficulties, educational outcomes, social connects, emotional health (Gaffney, Jolliffe, and White, 2022).

- 'Non-traditional approaches' that involve creative, dynamic and multisensory music-based strategies can lead to improvements in engagement and mental health for adolescents in diverse contexts (Rowdin et al., 2022).

- Interventions focusing on pro-social leisure or recreation should be structured or have a skills-based focus to be potentially beneficial in preventing offending (HM Inspectorate of Probation, 2023).

- Arts-based interventions may lead to positive emotions, the development of a sense of self, development of positive personal relationships for young people at risk of, or already involved in, violence and/or crime (Mansfield et al, 2024). However, there is a need for more rigorous quantitative evaluation evidence to support this (Mansfield et al, 2024; Daykin et al, 2011).

- The SHIFT mentoring programme may have a positive impact on young people's mood, confidence, emotional regulation, behaviour, relationships, motivation and attitude, according to qualitative evaluation evidence (National Children's Bureau, 2023).

- Evaluations of music-based interventions similar to SHIFT which suggest that they may:
  - Improve mental wellbeing (Noise Solution, 2023).
  - Encourage engagement with statutory services (e.g., increased likelihood of young people attending YOT appointments) (Caulfield et al., 2020).

- Targeted programmes which consider the individual characteristics and needs of young people are more likely to reduce attrition and reoffending rates (Christensen, Hagler, and Stams et al., 2020).

- Voluntary participation tailored to individual interests, taking a trauma informed approach encourages better engagement by young people with services than statutory interventions for this cohort (Big Lottery Fund, 2018).

1.4. Rationale for the efficacy RCT

The rationale for an efficacy randomised controlled trial (RCT) with an internal pilot trial and implementation and process evaluation of SHIFT is strong. A recent YEF mixed methods systematic review on the effects of arts interventions for young people at risk of, or already involved in, violence and/or crime on behavioural, psychosocial, cognitive, and offending outcomes found insufficient evidence from quantitative studies to support or refute the effectiveness of arts interventions for any outcome. Evidence from qualitative studies reviewed suggested that arts-based interventions may lead to positive emotions, the development of a sense of self, successful engagement in creative processes and practices, and development of positive personal relationships for young people at risk of, or already involved in, violence and/or crime (Mansfield et al, 2024).

Evaluating SHIFT therefore provides an excellent opportunity to rigorously examine any effect of music-as-a-'hook' interventions on violence-related outcomes via an independent evaluation using a robust RCT design.

To date, there have been few robust impact evaluations examining the effectiveness of arts-based interventions on violence-related child outcomes. Research examining the impact of arts engagement on young people's involvement in violence and crime is in the very early stages and there is therefore a clear need to develop this evidence base. Similarly, there is sparse evidence to date from robust impact evaluations of music programmes specifically, especially those delivered with young people at risk of, or already involved in, violence and/or crime (Mansfield et al, 2024).

Moreover, across the UK there is limited robust evidence for what works to reduce offending among young people and in particular, the evidence is limited for the long-term effectiveness of interventions that work with young people aged 11-17 at risk of involvement in crime (Ross et al., 2011). There is emerging evidence that programmes that include mentoring approaches may support young people to stay out of crime, but more research is needed in this area (Jolliffe and Farrington, 2008). While the YEF Toolkit suggests the evidence for mentoring is moderately strong, this is for mentoring programmes as a whole and not with a specific focus on young people already involved in crime or violence. An efficacy RCT study of SHIFT will therefore contribute to knowledge and understanding of what works to reduce delinquent behaviour for this cohort.

2. Intervention

2.1. Overview

This section provides an overview of AudioActive's SHIFT project (SHIFT). It covers:

- SHIFT's theory of change
- Who does SHIFT aim to work with?
- What is required to deliver SHIFT?
- How does SHIFT work with young people?
- What does SHIFT aim to achieve?
- The support that will be received by the control group.

2.2. Theory of change

Figure 1 presents AudioActive's theory of change which was co-developed by Cordis Bright and SHIFT colleagues. It is based on:

- Documentation provided by AudioActive.
- AudioActive's existing theory of change.
- Theory of change and evaluation co-design workshops between Cordis Bright and AudioActive.
- A rapid review of literature to root the theory of change in the existing evidence base.

Figure 1: SHIFT programme theory of change

Why: evidence-based observation	Why: evidence-based need	Who: target population	How: intervention activities that will address the need	What: short-term outcome	What: medium-term outcome	What: long-term outcome
The YEF-funded SHIFT music mentoring programme has been developed to address: 1) A high proportion of serious violent crime committed by young people in Sussex.[2] 2) Worse or increasing levels of some indicators that may increase a young person's risk of involvement in violence in Sussex compared with the national rate, including absenteeism and permanent exclusion.[34] 3) Local analysis showing that high numbers of young people associated with violence in Sussex and participating in VRP projects have: been excluded or are absent	SHIFT seeks to impact on areas of need which are known to increase propensity for involvement in offending. These include: A) Difficulties with emotional regulation. B) Low levels of aspiration. C) Low levels of pro-social skills/values D) A lack of positive relationships with pro-social peers. E) School exclusion and entering pupil referral units. SHIFT also seeks to support young people with their wellbeing. The prevalence of mental health needs amongst young people within the youth justice system has been found to be higher than within the general population of adolescents. To do this, SHIFT takes a **personalised one-to-one**	SHIFT supports young people living or attending school in East Sussex, West Sussex, or Brighton and Hove, aged 11-17, who have either been: 1. Convicted of a criminal offence. 2. Arrested, but have not received a criminal conviction. 3. Considered at high/medium risk of offending due to demonstrating one or more of the following factors: a) Carrying weapons such as knives. b) Known association with high-risk peers known to be	**Key features of the SHIFT mentoring model:** • 18 sessions of 90 minutes, delivered over a six-month period. • One-to-one delivery to facilitate trusted relationship with mentor. • Delivered in: school as preference to support school attendance, appropriate community venues or at AudioActive facilities. • Music-based sessions. Music acts as a therapeutic tool and outlet and improves confidence. • Young people will focus on a musical project and may work towards a City 7 Guilds affiliated digital badge • Discussion-based mentoring. Opportunities for reflection are built in flexibly by mentors in response to young people's needs.	**Trusted relationship with mentor.** Young people: • Build a trusted relationship with their mentor. • Open up to their mentor about their feelings and emotions. • Feel listened to, understood and like their needs are being met. **Skills/knowledge gained from mentor.** Young people: • Learn strategies for emotional regulation. • Learn coping strategies to	**Young people:** • Demonstrate improved behaviour, less risk-taking behaviour and improved emotional regulation. • Report improved relationships with pro-social peers and family. • Report feeling more positive about the future and the opportunities available to them. • Access other relevant	• Young people report improved wellbeing. • Young people's involvement in delinquent behaviour is reduced/prevented.

[2] VRP_2022_Annual_Report_V2-Portrait.indd (sussex-pcc.gov.uk) Last accessed 24 February 2024.
[3] https://explore-education-statistics.service.gov.uk/data-tables/pupil-absence-in-schools-in-england/2021-22?subjectId=aeab75a7-c293-432b-97bf-08db208dd21b Last accessed 22 February 2024.
[4] Other indicators listed include children with social, emotional and mental health needs, hospital admissions for self-harm in children, looked after children with a cause for concern around wellbeing, and rate of children on a child protection plan. See: VRP_2022_Annual_Report_V2-Portrait.indd (sussex-pcc.gov.uk) Last accessed 22 February 2024.

Why: evidence-based observation	Why: evidence-based need	Who: target population	How: intervention activities that will address the need	What: short-term outcome	What: medium-term outcome	What: long-term outcome
from school; special educational needs; low educational attainment; poor mental health and relationships, or are experiencing criminal exploitation.[5] 4) Local stakeholders recognising that the available statutory responses on their own are not working effectively to support young people and reduce their involvement in serious youth violence in Sussex. 5) Local stakeholders recognising that many young people are not engaging with or are 'falling through the cracks' of statutory provision, putting them at increased risk of offending. 6) A belief amongst local stakeholders that arts-based interventions may provide a better way of	**music mentoring approach**. This is because: • **Mentoring programmes** have been shown to positively impact on outcomes which are associated with offending (Gaffney, Jolliffe, and White, 2022), particularly when the support is frequent and intensive. • There is some evidence that **arts-based interventions** may lead to positive outcomes for young people at risk of, or already involved in, violence and/or crime (Mansfield et al, 2024). However, there is a need for more rigorous quantitative evaluation evidence to support this (Mansfield et al, 2024; Daykin et al, 2011). • **Tailored programmes** which consider the individual characteristics and needs of young people are more likely to reduce attrition and reoffending rates (Christensen, Hagler, and Stams et al., 2020) (Big Lottery Fund, 2018).	involved in criminal activity. c) Known to have siblings already involved in criminal activity. d) Displaying overt coercive or violent behaviour. e) Excluded or at risk of exclusion from mainstream education (i.e. persistent absences and suspension) due to displaying behaviours including offending, bullying, aggression, violence. f) Signs of possible criminal exploitation e.g., burner phones, unexplained change in finances,	Discussion topics covered are: 1) Behaviour and emotional regulation. 2) Mental health and wellbeing. 3) Relationships with family. 4) Relationships with peers. 5) Keeping safe. 6) Involvement in offending. 7) Engagement in education. 8) Feelings about the future and career opportunities. 9) Pro-social identity. **The programme structure:** Mentors develop a plan for the 18 sessions, structured around three phases with a check-in/review session at the end of each phase. The plan will be applied flexibly and will be revisited regularly. **Aim setting:**	overcome challenges. • Gain an understanding of pro-social values. • Gain an understanding of where they can get help if they need it and feel more able to ask for help. • Gain knowledge and awareness of the impact of crime and violence. **Value gained from music activities.** Young people**:** • Are motivated to sustain engagement in sessions. • Feel more able to express themselves	support services and activities to meet needs and continue to divert them from negative influences. • Demonstrate improved engagement in education, including (where applicable) returning to school, or increased attendance and fewer exclusions. • Develop a positive and pro-social identity. • Feel safer.	

[5] https://www.sussex-pcc.gov.uk/media/6820/vrp_2022_annual_report.pdf Last accessed 22 February 2024.

Why: evidence-based observation	Why: evidence-based need	Who: target population	How: intervention activities that will address the need	What: short-term outcome	What: medium-term outcome	What: long-term outcome
engaging young people who have not engaged with statutory services, to prevent involvement in offending.		missing episodes. g) Drug use or possession. Young people will not be eligible if they: 1. Are currently serving a custodial sentence. 2. Have previously received multiple custodial sentences.	Mentors work with young people to identify areas of musical and personal development and will record these. Progress will be reviewed within the check-in sessions.	through their music. • Develop skills and gain confidence in music-making, providing them with a sense of achievement and pride		

2.3. Who does SHIFT work with?

2.3.1. Eligibility criteria

The target group for AudioActive and therefore the RCT is young people aged 11-17 who meet all three of the following inclusion criteria:

- Criteria 1: have either been:
  - Convicted of a criminal offence.
  - Arrested, but have not received a criminal conviction.
  - Considered at high/medium risk of offending due to demonstrating one or more of the following factors:
    a) Carrying weapons such as knives.
    b) Known association with high-risk peers, known to be involved in criminal activity.
    c) Known to have siblings already involved in criminal activity.
    d) Displaying overt coercive or violent behaviour.
    e) Excluded or at risk of exclusion from mainstream education i.e. persistent absences and suspension due to displaying behaviours including offending, bullying, aggression, violence.
    f) Signs of possible criminal exploitation e.g., burner phones, unexplained change in finances, missing episodes.
    g) Drug use or possession.

- Criteria 2: Are living or attending school in East Sussex, West Sussex, or Brighton and Hove.

- Criteria 3: Are willing to voluntarily engage with and complete SHIFT, as demonstrated through:

  - Confirming willingness to engage following initial meeting and detailed explanation of the project.

  - Provision of informed, written consent to participate in the study.

Young people will not be eligible if they are currently serving a custodial sentence or have previously served multiple custodial sentences. Young people will also not be eligible if they are accessing any other arts-based programmes or programmes using 'music-as-a-hook'. These are the only exclusion criteria that would be applied if the young person had satisfied the inclusion criteria.

Young people convicted of an offence or who have been arrested (the 'tertiary cohort') are anticipated to make up 15% of the cohort. Those who are deemed to be at high/medium risk of offending (the 'secondary cohort') are anticipated to make up 85%.

2.3.2. Securing appropriate referrals

During the mobilisation period the SHIFT Coordinators will deliver a communication and engagement strategy to all referral partners within their 'professionals' network' to ensure referrers have a consistent understanding of the aims, approach and inclusion and exclusion criteria for SHIFT. This will include sharing clear written information with partners and attending their team and other relevant meetings to deliver detailed presentations and training. A short video will also be produced which can be circulated to referral partners, explaining the SHIFT programme and the RCT.

The communication and engagement strategy will be implemented and ongoing throughout the lifetime of the project, ensuring that referring partners' awareness, knowledge and understanding is maintained and any lack of understanding or issues can be proactively addressed.

Referrals into SHIFT will be monitored, and if inappropriate referrals are being received, referrals are not in line with anticipations, or certain demographic groups appear underrepresented, further communication and discussions will take place between AudioActive and the referral partners to address these issues. If required, the communication and engagement strategy will be updated. More information on referrals and screening for eligibility criteria is available in Section 3.7.1.

2.3.3. Supporting young people from diverse backgrounds

AudioActive is an inclusive service that celebrates diversity and is equipped to support young people from a variety of cultural or ethnic backgrounds with a range of needs. A key aim of the communication strategy with referral partners (see above) will be to actively ensure that referral partners understand and promote this approach.

AudioActive expects to recruit and support young people from a range of ethnic backgrounds, and in the past has supported a more diverse cohort than is represented in the general population of East and West Sussex and Brighton and Hove. Young people from ethnic minority backgrounds are over-represented in cohorts which refer into the programme, including those who have been excluded from school or who are accessing youth justice services. SHIFT will also specifically target organisations which represent and support young people from minoritised backgrounds, as part of its communication strategy with referral partners.

The anticipated ethnic make-up of the SHIFT cohort for this study is shown in Figure 2 below, compared to the figures for East and West Sussex and Brighton and Hove. This is an estimate only, based on previous experience of delivery in SHIFT's existing areas. As SHIFT will be delivered in some new areas as well as areas where it has been operating, it is difficult to currently anticipate the breakdown by ethnicity in these areas. However, data will be monitored against the local populations of the areas in which Audio Active is working as part of the study.

Figure 2: Ethnic breakdown of anticipated SHIFT cohort and population figures for West and East Sussex and Brighton and Hove

Ethnic group	Estimated % supported by SHIFT	West Sussex[6] population breakdown	East Sussex[7] population breakdown	Brighton and Hove population breakdown[8]
Asian or Asian British	6%	4%	1%	5%
Black, Black British, Caribbean or African	7%	1%	2%	2%
Mixed or Multiple ethnic group	11%	2%	2%	5%
Other ethnic group	6%	1%	1%	3%
White	70%	91%	94%	85%

AudioActive also anticipates supporting children with special educational needs and disabilities (SEND) and those who are children looked after (CLA). Both groups experience vulnerabilities which result in increased risk of involvement in offending or criminal exploitation. 25% of children in youth offender institutions (YOI) and secure training centres (STCs) have a SEND[9], compared to 17% of school pupils[10]. A 2023 study found that 33% of care-experienced children received a youth justice caution or conviction, compared with 4% of those without care experience[11]. Based on previous delivery of SHIFT, it is estimated that around 25% of the cohort included in this trial will have SEND and 10% will be CLA.

AudioActive is committed to considering and promoting diversity and inclusion and to ensuring that SHIFT mentors can effectively support young people from all of these groups. AudioActive's Equality, Diversion and Inclusion Policy will be embedded in SHIFT programme

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[6] See: https://jsna.westsussex.gov.uk/assets/pdf/census-briefing/WSX-census-21-ethnicity-briefing.pdf Last accessed: 22 February 2024
[7] See: https://www.eastsussexjsna.org.uk/media/s1nkbbox/2021-census-ethnicity-language-and-religion-briefing.pdf Last accessed: 22 February 2024
[8] See: https://www.brighton-hove.gov.uk/census-results-2021#tab--country-of-birth-nationality-english-language-proficiency-ethnicity-and-religion Last accessed: 22 February 2024
[9] https://adcs.org.uk/assets/documentation/ADCS_AYM_LGA_A_Youth_Justice_System_that_Works_for_Children_FINALx.pdf Last accessed: 22 February 2024
[10] https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england Last accessed: 22 February 2024
[11] https://www.adruk.org/fileadmin/uploads/adruk/Documents/Policy_Briefings/Policy-briefing-Katie-Hunter.pdf Last accessed: 22 February 2024

practice around recruitment and training of staff, engaging with referral partners, and delivery of the intervention.

Demographics including ethnicity, SEND and care status, as well as children who qualify for free school meals, will be monitored and data collected by AudioActive from referral, throughout project delivery inform the evaluation in line with YEF's demographic data policy[12]. The approach will be discussed and agreed between Cordis Bright, AudioActive and YEF and modified if required.

For more information on how the evaluation and programme delivery will incorporate diversity, equity and inclusion considerations, please see Section 7.

2.4. What is required to deliver SHIFT?

To deliver its intended activities and outcomes, AudioActive requires the following inputs:

Funding:

- Staff costs (delivery): £860,532
- Staff costs (Central/management/training): £268,476
- Equipment and materials: £6,650
- Travel and expenses (including incentives): £130,882
- Other expenses (discretionary YP expenses, contingency, wind-down costs, YP translation/speech and language): £198,253
- Overheads: £198,290
- **Total: £1,663,083**

Facilities: Access to emotionally and physically safe spaces, including schools or other educational settings, rented music studios, youth centres or other community settings.

Personnel: The funding will support the following full-time equivalent (FTE) roles:

- Senior programme manager (x1).
- Programme managers (x2).
- Programme coordinators (x2).
- Music leader mentors (x 8-9 0.6 FTE and 17-19 0.4 FTE).

- Local authority-based control group practitioners[13] (x3 0.5 FTE, 1 per local authority area). For more information about the role of these practitioners, please see Section 2.7.

2.5. How does SHIFT work with young people?

Following successful referral and obtaining written consent to take part in the project and evaluation, young people will be randomised into the treatment group (i.e., receive SHIFT) or the control group (please see Section 2.7 for more detail).

SHIFT will work with young people allocated to the **treatment group** across the following stages taking place over a six-month period.

2.5.1. Engagement and assessment

In the initial meeting with the young people allocated to the treatment group, the SHIFT programme coordinator/manager will ask the young person what they like to do and how they feel they will work best with a SHIFT mentor. A short online assessment form will also be completed to identify the young person's needs and interests.

On the basis of this assessment, the programme coordinator will match the young person with a mentor. Factors considered will included temperament and character, gender, ethnicity, interests (including interest in specific music genres or disciplines) and particular needs, as well as capacity.

2.5.2. Planning

Mentors will discuss a plan with the young person, including individual activities and goals. This is a fluid plan which is reviewed and updated after each session. Plans for each mentoring session and their outcome are recorded within the mentor log.

2.5.3. Delivery

The SHIFT programme will work with young people randomly allocated to the treatment group over a six-month period. Young people in this group will receive:

- Weekly 1:1 90-minute music mentoring sessions, delivered face-to-face.
- 18 sessions in total over the programme.

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[13] The control group practitioners will be employed for the purpose of this trial, i.e., they will not be doing any other work within AudioActive. AudioActive does not foresee any significant risk in these practitioners ending their employment due to the nature of the role, which will be clearly articulated within recruitment literature (adverts / job descriptions etc). AudioActive, has a consistently high staff retention rate, due to the positive working culture. This is achieved by investing in staff development and effective supervision processes, offering attractive employment benefits, and supporting all AudioActive staff to understand the contribution they make in AudioActive achieving its aims of supporting and safeguarding young people to live more positive lives.

Sessions will be delivered in (estimated proportions of where services will be delivered based on previous SHIFT experience shown in brackets):

- School or other educational setting as standard when young people are in school (67%)[14]
- Rented music studios (32%)
- Youth centre or other appropriate community settings in each area (1%)

Sessions will cover the following:

- **Sessions 1-4: introductory music-based sessions**, focused on building the relationship between the young person and the mentor. Sessions are tailored to the individual based on their musical interests and personal goals. Discussion topics are introduced as the sessions progress.

- **Session 5-15: mentors progress the musical practice and continue to build the relationship with the young person**. The content of sessions is tailored to the needs and preferences of the young person. Progress made in discussion areas is reviewed and new discussion topics are introduced.

- **Session 16/17: Exit review session[15].** The programme coordinator/manager will join the session with the mentor and young person to reflect on the progress made. Signposting to other AudioActive programmes and/or referrals to other services and activities will be agreed in this meeting.

- **Session 18: Final session.**

Discussion topics to be covered across the 18 sessions are: behaviour and emotional regulation; mental health and wellbeing; relationships with family; relationships with peers; keeping safe; involvement in offending; engagement in education; feelings about the future and career opportunities; pro-social identity.

Sessions work towards a final musical performance or production for which young people can gain accreditation through, for example, the City 7 Guilds affiliated digital badge scheme[16].

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[14] These estimates are based on term time delivery. As SHIFT will also be delivered during the school holidays for this YEF-funded study, the overall proportion of sessions delivered in school may in practice be lower, and those delivered in rented studios and community settings slightly higher.

[15] The review session takes place before the official final session (session 16 or 17 of 18) as AudioActive have observed low attendance rates in the final session.

[16] The range of badges available can be seen here: https://www.credly.com/organizations/audioactive/badges. Last accessed: 22 February 2024

2.5.4. Safeguarding

AudioActive have two safeguarding policies: Safeguarding Children Policy and Safeguarding Vulnerable Adults Policy, to cover people we work with who are under and over 18 years old. Both set out how they ensure that safeguarding happens, the overarching principles that guide practice, commitments, responsibilities, and safer working practices, information on recognising abuse and guidelines for responding to incidents and concerns.

Mentors will have a 6-month induction period where they will meet regularly with their manager to ensure that they have read all the relevant policies and procedures, and that they are accessing all the relevant training. This will be signed off and any on-going issues will be resolved, probation will be extended if staff do not meet minimum expectations.

Mentors will have regular supervision, appraisal, and support to complete extensive relevant training to ensure they are well-equipped to manage disclosures. Staff will receive reflective practice supervision to consider issues in a safe and supportive space and nurturing support. Staff will take part in regular team meetings where they are up-skilled through dissemination of information, skills-sharing and self-development opportunities.

2.6.   What does SHIFT aim to achieve?

SHIFT aims to reduce young people's future engagement in violence and delinquent behaviour. The short-, medium- and long-term outcomes are described below.

2.6.1. Short-term outcomes

SHIFT aims to achieve the following short-term outcomes:

- Young people build a trusted relationship with the mentor.
- Young people open up to mentors about their feelings and emotions.
- Young people feel listened to, understood and like their needs are being met.
- Young people learn strategies for emotional regulation.
- Young people learn coping strategies to overcome challenges.
- Young people gain an understanding of pro-social values.
- Young people gain an understanding of where they can get help if they need it and feel more able to ask for help.
- Young people gain knowledge and awareness of the impact of crime and violence.
- Young people are motivated to sustain engagement in sessions.
- Young people feel more able to express themselves through their music.
- Young people develop skills and gain confidence in music-making, providing them with a sense of achievement and pride.

2.6.2. Medium-term outcomes

The programme aims to achieve the following medium-term outcomes:

- Young people's behaviour improves, demonstrating less risk-taking behaviour and improved emotional regulation.
- Young people report improved relationships with pro-social peers and family.
- Young people report feeling more positive about the future and the opportunities available to them.
- Young people access other relevant support services and activities to meet needs and continue to divert them from negative influences.
- Young people's engagement in education improves, including (where applicable) returning to school, or increased attendance and fewer exclusions.
- Young people develop a positive and pro-social identity.
- Young people feel safer.

2.6.3. Long-term outcomes

The long-term outcomes of the programme are:

- Young people report improved wellbeing.
- Young people's involvement in violent and non-violent delinquent behaviour is reduced/prevented.

2.7. Control group conditions

2.7.1. The control group pathway

Young people who are allocated to the control group will receive light-touch signposting and safeguarding support, provided by a member of the AudioActive team based in each of the three local authorities.

Young people in the control group will be offered a maximum of four one-to-one one-hour check-in meetings with a local authority-based control group practitioner. These meetings will take place over the same six-month period as the SHIFT programme. This will ensure that outcomes data collection for the intervention and control groups takes place over the same time periods.

Young people will provide written informed consent, complete baseline measures and be randomised within an initial meeting with an AudioActive programme coordinator/manager, prior to attending the first meeting in the control group pathway with a practitioner.

The control group pathway meetings with the local authority-based practitioner will consist of:

- **Meeting 1:** An initial assessment of needs and risk, which will identify immediate safeguarding concerns and business-as-usual services the young person could be referred to. This may include:

  - Referral to or information sharing with Children's Services in relation to immediate safeguarding concerns.

  - Referral into other service to meet other identified support needs, e.g. Education and Employment. Young people will not be referred to similar music or art-based interventions.

- **Meeting 2 (within two weeks):** An optional second assessment meeting, held if deemed necessary by the practitioner to ensure the full extent of the young person's need is captured and to ensure that appropriate referrals have been made.

- **Meeting 3 (at three months):** A check-in session to maintain light-touch and informal contact with the young person and assess whether their safeguarding or wellbeing needs have changed and whether further signposting is necessary.

- **Meeting 4 (at six months):** A final session, in which practitioners will complete the time 2 questionnaires with the young people. The practitioners will also conduct a final assessment of need and safeguarding concerns, and complete onward referrals as needed.

The contact with young people through this control group approach will help facilitate engagement with the outcome measures and support data collection, as well as ensuring any safeguarding issues are identified and addressed.

To monitor fidelity and compliance and to identify any risk of contamination, the frequency, dosage, and content of sessions held with young people in the control group will be robustly recorded by practitioners as part of SHIFT monitoring data. This data will be shared with Cordis Bright on at least a monthly basis during the pilot to enable an audit and analysis of delivery to identify and mitigate any risks or issues posed to the evaluation. The frequency of sharing data during the efficacy study will be determined when progression is agreed but we anticipate similar regularity. Figure 1 below gives an example of the format of this monitoring data.

Figure 1: Example of session monitoring data

Session & date	Duration	Setting	Content	Referrals/signposting
#1	*Length of session*	*Location of session*	*Topics/issues covered*	*Details of any services young person is referred/signposted onto*
#2				
etc				

Differences in compliance for key demographic groups within the control group will be explored within the analysis where appropriate, in the same way as it will be explored for the treatment group.

The approach to working with the control group will differ significantly from the treatment group. There will be a separate practitioner team working with young people in the control group, while young people in the treatment group will receive support from SHIFT mentors. This will minimise the risk of contamination and ensure that young people allocated to the control group are not supported by a mentor who also supports young people allocated to the treatment group.

The treatment group will receive 18 weekly mentoring sessions over a 6-month period, including music-based activities and discussion around topics such as family, school and offending. The control group will be given a maximum of four sessions but may only require three if one assessment meeting is deemed sufficient. In these sessions, young people will be given basic information to ensure they are safeguarded and are referred to other services that may meet their needs as appropriate. The SHIFT mentoring activities and content will not be available or delivered to young people in the control group.

2.7.2. Business-as-usual services

Young people randomised into the control group will be signposted to business-as-usual services for which they would have been eligible if SHIFT had not existed. Control group young people will not be referred to arts-based/music-based programmes including an element of 'music-as-a-hook', to avoid contamination.

The services available as part of business as usual will vary across the three local authorities and it would not be possible to complete an exhaustive mapping exercise as part of the development of this trial protocol. However, an indicative list of services that young people may be able to access is provided below:

- **Early Help services.** This is a preventative, voluntary service and is designed to ensure an early response to concerns and to prevent the need for prolonged support.

- **Support for children at risk of extrafamilial harm**.

  o In West Sussex, the Serious Violence, Missing and Exploitation Team provide specialist intervention and assessment for children vulnerable to serious violence and to exploitation. This can provide supplementary support for children and families already supported on a Child In Need, Child Protection Plan, or are a Child We Care For. Children experiencing high risk of extrafamilial harm are discussed in a fortnightly MACE Panel, which is managed by children's social care with multi-agency input.

  o In East Sussex, safeguarding concerns are referred into the single point of advice (SPoA). If a referral flags that a child may be at risk of child sexual exploitation and or other criminal exploitation, SPoA will escalate the referral to the multi-agency safeguarding hub (MASH). The safeguarding adolescents from exploitation and risk (SAFER) panel for children aged 10+ is used to produce a plan to increase protective factors and reduce risk of further exploitation. There is a family key work SAFER team.

  o In Brighton and Hove, families in need of intensive interventions access support through the Front Door for Families. Children experiencing exploitation or assessed as being high risk to others have a multiagency plan in place at the adolescent vulnerability and risk panel (AVRM).

- **Youth justice service.** Those children convicted at Court or who receive an Out of Court Disposal are supported via a multi-disciplinary team comprising social workers, probation officers, youth workers, specialist substance misuse workers, family workers, psychologists and therapists. In West Sussex and Brighton and Hove, the service has recently expanded to include the Turnaround scheme which provides enhanced provision for children who can engage voluntarily with the YJS following police intervention/arrests and who meet certain criteria.

- **Non-statutory support specialist support delivered by Sussex VRP/Police.** This includes projects funded by the Sussex VRP such as the Knife Intervention Project which aims to provide enhanced support to children at risk of knife crime or serious violence. It also includes the Reboot project led by Sussex Police which supports children at risk of committing anti-social behaviour (ASB) and vulnerable to extrafamilial harm.

- **Substance misuse services.** This includes Brighton and Hove's drugs, alcohol and sexual health service (DASH) which delivers one to one support to young people up to the age of 18.

- **Child and adolescent mental health services** (CAMHS).

- **Special Educational Needs and Disabilities (SEND) services.** This includes the Inclusion Special Educational Needs Disability (ISEND) offer in East Sussex.

- **Voluntary sector youth work provision.**

    o West Sussex: This includes 4TheYouth who provide outreach one-to-one and drop-in sessions at youth centres in Horsham, sports activities and other support offered by Sidyouth in Crawley and Worthing, outreach support offered by Electric storm and boxing mentoring offered in Worthing.

    o Brighton and Hove: This includes the Brighton Streets Detached youth project, which provides street-based outreach with young people, and Albion in the Community which offers sport-based activities.

    o East Sussex: This includes Xtrax in Hastings, the central focal point for marginalised young people aged up to 25, offering support as needed. It has a dedicated team of outreach workers that visit areas across Hastings and Rother where young people tend to congregate. YMCA DLG runs several youth clubs across Eastbourne for young people aged 11-25. These clubs are located in Langney, Willingdon Trees and Devonshire.

3. Impact evaluation

3.1. Overview

This section presents an overview of information about the impact evaluation of the SHIFT programme. It covers:

- Research questions
- Trial design
- Randomisation approach
- Participant journey through the trial
- Sample size calculations

3.2. Research questions

The primary research question for the impact evaluation is:

Is a music-based mentoring programme delivered with young people aged 11-17 involved in or deemed to be at risk of involvement in violent or non-violent offending, focused on managing behaviour and developing positive relationships and a pro-social identity, an effective approach to reducing young people's future engagement in delinquent behaviour compared to business-as-usual services?

The primary outcome measure for the evaluation will be a reduction in delinquent behaviour as measured by the Self-Reported Delinquency Scale (SRDS). For this study delinquent behaviour is defined as actions or conduct that violate legal, social and moral norms and are deemed harmful or disruptive to individuals, groups or society as a whole. Such behaviour may be categorised into various types based on the nature and severity of the violation, including: (1) criminal offences: Acts that breach criminal laws, such as theft, assault, fraud, and other activities punishable by law; (2) anti-social behaviour: Actions that disrupt societal norms and community standards, like vandalism, public disorder, and harassment; (3) ethical violations: Conduct that breaches moral or ethical standards, such as dishonesty, betrayal, and exploitation, often consider unacceptable.

More information about the outcome measures to be used in the evaluation is provided in Section 4.

The secondary research questions are:

1. **Delivery:** Can the SHIFT programme work under ideal circumstances?

2. **Impact:**

   a) What is the impact of the SHIFT programme on the secondary outcome areas:
      i. Wellbeing
      ii. Behavioural difficulties
      iii. Pro-social values and behaviours
      iv. Quality of relationship with mentor/case worker
      v. Conduct problems
      vi. Emotional problems
      vii. Peer problems
      viii. Hyperactivity/inattention

   b) Do different sub-groups of young people, including those from non-white ethnic groups, those with SEND, those who are CLA and those who are eligible for free school meals, have different outcomes?

3. **Unintended consequences:** a) Does the SHIFT programme have any unintentional consequences? If so, what are these? b) Do different groups of young people experience these differently?

4. **Iatrogenic effects:** Are there any serious negative effects that can be attributed to the SHIFT project on any outcomes?

5. **Mechanisms:** a) How does the SHIFT programme work to reduce young people's future engagement in delinquent behaviour? b) Which factors contribute most to the observed outcomes?

We are committed to delivering the evaluation in line with race equity, diversity, equality and inclusion. As part of this, we will, through the IPE, explicitly assess differences in access, experiences and outcomes for young people from racially minoritised and marginalised backgrounds. We will also conduct exploratory subgroup analysis of differences in outcomes achieved by different demographic and socioeconomic groups, including by race/ethnicity, if the sample is appropriate. This will be addressed in analyses under research questions 3, 4 and 5 above. Further information on how the evaluation will be delivered to promote race equity, diversity, equality, and inclusion is provided in Section 7.

3.3. Trial design

The evaluation of SHIFT will be an efficacy study with an internal pilot study. The study will include a two-armed parallel randomised controlled trial (RCT) evaluation.

Stratification will not be deployed within this trial design. While SHIFT will be delivered across six different sites, there will be considerable overlap and movement between the teams of mentors and coordinators who deliver the programme across these sites. We therefore will not be able to clearly define each site and as such are treating delivery as one programme, across all areas.

Figure 2: Trial design

Trial design, including number of arms	Two-armed parallel randomised controlled trial with random allocation at the young person level
Unit of randomisation	Individual young person
Stratification variables (if applicable)	None

Primary outcome	**variable**	Self-reported delinquent behaviour (violent and non-violent)
	measure (instrument, scale, source)	Self-Reported Delinquency Scale (SRDS) volume score (see, Smith & McVie, 2003)
Secondary outcome(s)	**variable(s)**	Delinquent behaviour. Wellbeing. Behavioural difficulties. Positive and pro-social identity. Quality of relationship with mentor/case worker. Conduct problems. Emotional problems. Peer problems. Hyperactivity/inattention.
	measure(s) (instrument, scale, source)	Delinquent behaviour measured by the SRDS variety score. Wellbeing measured by the Shortened Warwick Edinburgh Mental Wellbeing Scale (S-WEMWBS) (Stewart-Brown et al., 2009). Behavioural difficulties, measured by the Strength and Difficulties Questionnaire externalising score (SDQ) (Goodman, 1997). Pro-social values and behaviours, measured by the SDQ pro-social sub-scale (Goodman, 1997). Quality of relationship with mentor/case worker, measured by the Social Support and Rejection Scale (SSRS) (Roffman, Paganao, and Hirsch, 2000). Conduct problems, measured by the SDQ conduct problems sub-scale (Goodman, 1997). Emotional problems, measured by the SDQ emotional problems sub-scale (Goodman, 1997). Peer problems, measured by the SDQ peer problems sub-scale (Goodman, 1997).

		Hyperactivity/inattention, measured by the SDQ hyperactivity/inattention sub-scale (Goodman, 1997).
Baseline for primary outcome	**variable**	Self-reported delinquent behaviour
	measure (instrument, scale, source)	Self-Reported Delinquency Scale volume score.
Baseline for secondary outcome	**variable**	Delinquent behaviour. Wellbeing. Behavioural difficulties. Positive and pro-social identity. Conduct problems. Emotional problems. Peer problems. Hyperactivity/inattention.
	measure (instrument, scale, source)	Delinquent behaviour, measured by the SRDS variety score. Wellbeing, measured by the S-WEMWBS. Behavioural difficulties, measured by the SDQ externalising score. Pro-social values and behaviours, measured by the SDQ pro-social sub-scale. Conduct problems, measured by the SDQ conduct problems sub-scale (Goodman, 1997). Emotional problems, measured by the SDQ emotional problems sub-scale (Goodman, 1997). Peer problems, measured by the SDQ peer problems sub-scale (Goodman, 1997). Hyperactivity/inattention, measured by the SDQ hyperactivity/inattention sub-scale (Goodman, 1997).

3.4. Internal pilot

As part of the efficacy study, we will conduct an internal pilot trial of SHIFT. This will take place between October 2024 and May 2026 (fieldwork and pilot programme delivery will take place between 1st October 2024 and 31st March 2025, then analysis to inform progression will be complete by 31st May). It is anticipated that SHIFT will recruit 221 young people during the pilot period.

A set of co-developed (between Cordis Bright and AudioActive) progression criteria will inform the decision of whether to progress to an efficacy study. Figure 3 outlines the progression criteria. We will continue to discuss and refine these criteria in collaboration with AudioActive and YEF colleagues as part of the set-up and mobilisation stage.

The aims of this internal pilot will be to provide an understanding of whether:

- The pilot recruitment, randomisation and retention processes have been established and embedded effectively, and whether they work in practice.

- SHIFT will recruit and retain enough young people to meet the required sample size for an efficacy study, and what the required sample size will be.

- Data collection processes have been established and embedded effectively.

- Evaluation tools are valid, accurate and practical for the project.

- SHIFT has been implemented with fidelity with the co-designed theory of change.

- The SHIFT programme delivery team has capacity to deliver the intervention and to support the evaluation.

- The RCT design is acceptable to the key programme stakeholders.

- Working relationships between SHIFT colleagues, YEF and Cordis Bright are sufficiently high quality.

Rag ratings → Criteria↓	Green (Go)	Amber (Pause and think)	Red (stop)
1. **Recruitment:** Number of young people who consent and are recruited to the trial's treatment and control groups (as a percentage of the monthly recruitment targets) measured by administered baseline questionnaires.	>80%	30-80%	< 30%
2. **a. Data completion:** Overall completion rate of data for both the treatment and control groups in outcome measurement tools.	>70% complete	40-70% complete	< 40% complete
2. **b. Data completion:** Overall completion rate for both the treatment and control groups in monitoring data concerning activity received and dosage.	>70% complete	40-70% complete	< 40% complete
3. **Attendance:** Young people receive the majority of the programme as intended, as measured by % of young people who have attended a minimum of 11 one-to-one mentoring sessions (out of 18).	>70%	50-70%	< 50%
4. **a. Delivery capacity** SHIFT programme coordinators/managers have capacity to deliver the programme as measured by % of referrers/young people contacted within 5 working days of referral being accepted into SHIFT at the allocation meeting, to arrange the first meeting.	>70%	50-70%	< 50%

Rag ratings → Criteria↓	Green (Go)	Amber (Pause and think)	Red (stop)
4. b. Delivery capacity SHIFT programme coordinators/managers have capacity to deliver the programme as measured by % of young people who have their first meeting with the programme coordinator/manager within 10 working days of referral being accepted into SHIFT at the allocation meeting.	>70%	50-70%	< 50%
4. **c. Delivery capacity** SHIFT mentors have capacity to deliver the programme as measured by % of young people who start mentoring within 20 working days of referral being accepted into SHIFT at the allocation meeting.	>70%	50-70%	< 50%
5. **a. Randomisation:** Successful implementation of the randomisation approach based on % of young people who meet the eligibility criteria and consent to take part who are successfully randomised into the control or treatment group.	>70%	50-70%	< 50%
5. **b. Randomisation:** Randomisation achieves a close to 1:1 ratio based on % of participants randomised to the SHIFT/treatment group.	40-60%	30-39% or 61-70%	< 30% or > 70%
6. **Eligibility:** SHIFT is reaching its intended audience as measured by the % of young people recruited who meet the eligibility criteria	>70%	50-70%	< 50%

3.6. Randomisation approach

This trial will be a two-arm, parallel randomised control trial (RCT). Randomisation will be done at the individual level. All young people who are referred to the programme, who meet the eligibility criteria, who consent to be part of the evaluation and who complete a baseline questionnaire will be allocated at random to the intervention or control group on a 1:1 basis, as per Hutchison and Styles (2010).

There will be one randomisation sequence used across all six sites. Sealed Envelope[17] will be used to generate the sequence and manage the randomisation process.

Randomisation will be conducted using 'blocks' of four, six and eight young people, in which the numbers of young people allocated to the intervention and control group will be the same. For example, in a block of four, there will always be two treatment and two control allocations, but the order of their assignment will be random. Randomly varying block sizes will be used. This is in line with Nesta and other guidance (Edovald and Firpo, 2016; Efird 2011).

The use of blocking will ensure that a relatively even spread of young people will be allocated to the treatment and control groups, even in the early stages of the Pilot phase.

3.7. Participant journey

The trial diagram for the RCT is presented below. This shows the following key steps:

- Identification and assessment processes.
- Collecting informed consent.
- Data collection at baseline and follow-up.
- Conducting randomisation.
- Conducting analysis.

The participant journey will be reviewed and further refined if needed as part of the evaluation and project set-up and mobilisation phase.

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[17] See: https://www.sealedenvelope.com/ Last accessed: 22 February 2024

Key

Purple = consent process for young people 11-15 years old	
Orange = consent process for young people 16-17 years old and can provide consent for themselves	
Green = consent	
Red = no consent/attrition	
Brown = treatment group	
Blue = control group	
Pink = evaluation activity	

Consent process if the young person is 11-15 years old

Referrer speaks to young person about SHIFT and study and gets verbal consent for referral.

Referrer shares information sheet and privacy notice and gains written consent from parent/carer/social worker for participation in SHIFT and study. Parent/carer/social worker is provided with AA contact details if they have questions.

Consent process if the young person is 16-17 years old and can provide consent for themselves

Referrer speaks to young person about SHIFT and study and gets verbal consent for referral. Young person is told that their parent/carer/social worker will be informed.

Referrer speaks to parents/carers about SHIFT and study and informs them that the referral is being made.

Consent not given.

No further contact.

Referrer completes online referral form.

Referral is screened by AA senior programme manager for eligibility. If necessary, referrals are discussed with area specific programme managers/coordinators and Director of Programmes and Operations, and an additional risk assessment may be conducted.

Other available support will be discussed, and referrals made if appropriate.

Outcome of referral is communicated to referrer and referral is passed to the area-specific programme manager/coordinator.

Meeting 1 between programme manager/coordinator and young person to introduce programme and obtain written consent using information sheet (within 10 working days of accepting referral). Privacy notice is also shared with young person where parent/carer consent has not been obtained.

Young person does not provide written consent.

Informed and written consent from young person obtained.

Baseline questionnaires administered in Meeting 1.

Randomisation

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

Treatment – Programme manager/coordinator conducts assessment to identify needs/interests and matches with a mentor.

Sessions 1-4: introductory music-based sessions.

Session 5 onwards: mentors introduce discussion element. Outcome of each session and plan for next is logged.

Exit review session (16/17): reflection on progress with mentor, programme coordinator/manager and CYP. Measures administered/collected. Agree signposting to other AudioActive sessions and/or referrals to other services/activities.

CYP completes programme after 18 sessions. (6 months).

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

Measures administered/collected by programme coordinator in review session.

Control – **Meeting with LA-based control group practitioner.** Practitioner conducts assessment of need, signposts to other services, and undertakes safeguarding.

Control group practitioner conducts a second assessment meeting with the young person, if deemed necessary.

Control group practitioner maintains light touch contact at 3 months.

Control group practitioner maintains light-touch contact at 6 months and administers measures (including catch up, assessment of need, signposting to services, and safeguarding).

CYP completes involvement after 6 months.

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

Measures administered/collected by control group practitioner at 6 months (exit).

Do not complete support package.

Characteristics of attrition from treatment and control group identified.

Differences between full and partial packages of support assessed.

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

Measures administered by programme coordinator/manager at exit.

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

3.7.1. Participant referrals and eligibility

AudioActive will establish varied referral routes in partnership with a range of key referral organisations to ensure that they reach their intended cohort for SHIFT (see Section 2.3). Referring organisations will include statutory organisations and third sector organisations. These will include (but are not limited to):

- Schools and Pupil Referral Units
- Social Services (Children's Services)
- Youth Services
- Youth Offending Services
- Third Sector Organisations

These partners will complete a SHIFT referral form via an online form accessed through a hyperlink.

These referral forms will be checked against the eligibility criteria for SHIFT by AudioActive's SHIFT senior programme manager. If necessary, referrals are discussed with area specific programme managers/coordinators and Director of Programmes and Operations, and an additional risk assessment may be conducted.

If a referral meets the eligibility criteria for SHIFT (please see Section 2.3 for more detail), feedback will be given to the referral partner before an AudioActive programme manager/coordinator will make contact with the young person and family. If a risk assessment is necessary, the referrers will be alerted if anything unusual is identified.

AudioActive have experience of recruiting and engaging with young people from a diverse range of backgrounds. They will work with referral partners to ensure diversity in the recruitment of young people by:

- Confirming referring organisations are fully informed on the service offer and how AudioActive will use assessments to modify the delivery approach to accommodate the needs of different groups. This will enable referral partners to clearly and fully explain the service to young people prior to making the referral and remove any barriers to engagement.

- Ensuring that AudioActive understand the different cohorts /demographics of young people supported by referring organisations so that the programme can effectively support the young people these organisations are likely to refer. This will be achieved via an effective communication strategy and ongoing communication with referral partners.

- Establishing referral routes with organisations where young people from minoritised backgrounds are over-represented (such as Youth Offending, or schools referring young people at risk of exclusion).

- Recording and scrutinising referral data in collaboration with Cordis Bright, including young people's demographic information, via monitoring data, and proactively take steps to address should any concerns that may be identified.

3.7.2. Introduction to the project and evaluation

Prior to making a referral, the referrer will speak to a young person about SHIFT and the study and gain verbal consent from a young person to make a referral. If a young person is 11-15 years old, a referrer will share the information sheet and privacy notice with a parent/carer and gain written consent from the parent/carer for participation in SHIFT and the study. If a young person is 16-17 years old and can provide consent for themselves, the referrer will speak to a parent/carer about SHIFT and the study and inform them that the referral is being made, but no written consent is required.

If a young person is referred into AudioActive, screened and assessed as suitable for SHIFT, a SHIFT programme coordinator/manager will arrange an initial meeting with the young person within 10 working days. This will take place in the most appropriate venue i.e. school or a safe community setting.

During this meeting, the programme coordinator/manager will make sure that eligibility criteria has been met (as mentioned above, eligibility has already been screened by the SHIFT senior programme manager – this acts as an additional quality assurance process), introduce the project and evaluation, and gain written consent from young people. This will be done using information sheets and consent forms which will be developed collaboratively by Cordis Bright and AudioActive colleagues during the evaluation set-up and mobilisation phase. If the young person is 16-17 years old and parent/carer consent did not have to be obtained, the study privacy notice will also be shared with the young person in this meeting.

Training and a co-developed (between Cordis Bright and AudioActive) evaluation handbook will be provided to SHIFT programme coordinators/managers/practitioners by Cordis Bright which will support practitioners in administering the informed consent materials.

3.7.3. Data collection

During the initial introductory meeting, after written consent has been collected, SHIFT programme coordinators/managers will administer the baseline questionnaires.

Following this meeting and baseline questionnaire completion, young people will be randomised into either the treatment (SHIFT) or control group. Please see Section 3.6 for more detail on the randomisation approach.

Young people who are randomised into the treatment group will then be allocated to a mentor, from whom they will receive the SHIFT programme sessions. If they are randomised into the control group, they will receive safeguarding and signposting support from an AudioActive practitioner based within the local authority. This ensures consistency of approach across both groups (i.e., no young person will be administered baseline tools by the same practitioner they will work with).

SHIFT programme coordinators/managers will join the 16th or 17th session between the young person and the mentor to administer the six-month questionnaires (T2) to the young people in the intervention group. The local authority-based practitioners will administer the six-month tools to the control group. £20 high street vouchers will be provided to young people in both groups to thank them for participating.

The trusting relationship that SHIFT practitioners develop with young people will be critical in ensuring a good response to the outcome measurement tools. Our approach will also ensure that young people will not be influenced by SHIFT practitioners when completing tools through the following mechanisms:

- We will co-develop a practitioner evaluation handbook and will provide training which will outline dos and don'ts concerning tool administration to help ensure young people complete the tools independently. Ongoing support will also be available from the evaluation teams.
- The tools will be hosted online, and each young person will be able to complete them on a laptop or tablet. Practitioner training will outline the importance of practitioners not looking at the responses young people are providing.
- For the intervention group, tools will be administered by a programme coordinator/manager, rather than the mentor they have been working with.

We will review this process as part of the internal pilot and make changes as necessary for the efficacy trial phase.

3.8. Sample size calculations

Our approach to estimating the sample size for this efficacy study using Power Calculations is conservative and has been influenced by the following:

- **YEF guidance.** YEF guidance suggests that efficacy study RCTs should have a Minimum Detectable Effect Size (MDES) of 0.20. According to Lipsey & Wilson (2001), ½ d = r, which in turn is equivalent to the difference in proportions. Therefore, it is our

understanding that an MDES of 0.20 is about equivalent to 10% difference in proportions.

- **The evidence base.** The YEF mentoring toolkit (Gaffney, Jolliffe and White, 2022) suggests that similar mentoring/case worker programmes can lead to, on average, a 21% reduction on violence, a 14% reduction in all offending, and a 19% reduction in reoffending. In addition, in a meta-analysis using a random effects model (d=.21, 95% confidence interval, .07 to .34) of 18 studies, Jolliffe and Farrington (2008) showed that mentoring programmes make a 10-11% difference in relation to offending.

- **Estimated SHIFT programme recruitment rates.** We have also considered SHIFT's estimated programme recruitment rates. This is outlined in Section 3.8.1 below.

- **Pre-test/Post-test correlation.** We have suggested a pre-test/post-test correlation of 0.0. This is because we have no reason to believe that the variance would be different between the treatment and control group. However, inclusion of a pre-test as a covariate in impact analyses helps to explain (error) variance in the post-test and improves the likelihood of uncovering programme impacts by reducing the standard error of the impact estimate.

  In this case, it is difficult to estimate what the pre-test/post-test correlation will be as this depends on unknown sample characteristics and the characteristics of the measure under investigation (the SRDS volume score when used in a sample similar to SHIFT). The greater the estimated pre-test/post-test correlation, the lower the MDES and the smaller the sample needed to detect this. In practice, however, if the pre-test/post-test correlation changes from 0.0 to 0.4, the MDES for a sample size of 500 decreases from .25 to .23.

  For example, it is possible that there will be a pre-test/post-test correlation between the SRDS at Time 1 and SRDS at Time 2, but we do not have a way of reliably estimating this. Setting the pre-test/post-test correlation at 0 means we have more of a buffer to detect a significant impact if it exists (e.g., if SHIFT does not recruit the numbers anticipated, or if questionnaires are spoiled etc). Using 0 will therefore provide the best opportunity of achieving statistically significant findings whilst working to the parameters outlined in YEF guidance.

  While it is important to examine and control for inter-correlations that may exist between the measures at the point of analysis, one must be careful in doing so at the point of a power analysis. This is because making incorrect assumptions about the magnitude of this correlation and the variance of these measures runs the risk of selecting a sample size that is too small to identify a statistically significant result if it exists.

Based on the considerations above, if we suggest that 30% of the young people that AudioActive does not work with commit an offence (in the control group), and that 20% of the young people that AudioActive does work with (in the treatment group) commit an offence, i.e., a 10% difference in proportions in line with Jolliffe and Farrington's (2008) meta-analysis of mentoring programmes, Figure 2 shows that a total sample of 586 (293 in each group) would be needed to detect a statistically significant result (Power=.80), in a two-tailed test (p<.05). This is based on an MDES of 0.20 which is about equivalent to a 10% difference in proportions which we think is conservative in line with the literature and should enable statistically significant findings if SHIFT performs in line with the evidence concerning mentoring programmes.

SPSS 25 was used for these power calculations.

Figure 4: Power calculation table

		PARAMETER
Minimum Detectable Effect Size (MDES)		0.20
Pre-test/ post-test correlations	level 1 (participant)	0.0
	level 2 (cluster)	N/A
Intracluster correlations (ICCs)	level 1 (participant)	N/A
	level 2 (cluster)	N/A
Alpha		0.05
Power		0.8
One-sided or two-sided?		Two-sided
Average cluster size (if clustered)		N/A
Number of clusters	Intervention	N/A

		PARAMETER
	Control	N/A
	Total	N/A
	Intervention	293
Number of participants	Control	293
	Total	586

3.8.1. Recruitment rates

The fieldwork period for this efficacy study is 24 months. This means that SHIFT will be accepting referrals for 18 months, after which there will be a further 6 months of delivery and collection of T2 questionnaires. We have conducted modelling based on SHIFT's estimated monthly referral rates in the first and second year of delivery, to assess whether they will be able to achieve the calculated sample size of 586 within the 18-month period. The estimated rates are based on AudioActive's experience of delivering SHIFT in Brighton and Hove, Crawley and Hastings.

Estimated attrition of approximately 10% from referral to recruitment, and a further 20% attrition from recruitment to completion of the intervention, has also been factored in. While we recognise that we, as evaluators, and AudioActive will want to keep attrition from randomisation to completion of T2 questionnaire to below 10%, for the purposes of calculating the sample size we think a conservative approach is best.

Figure 5 below summarises the modelling. It shows that over the course of the trial, AudioActive will aim to recruit approximately 400 young people into the treatment group to receive SHIFT mentoring, and approximately another 400 into the control group to receive signposting and safeguarding support (799 in total).

Assuming 20% attrition after the point of recruitment and randomisation, AudioActive should retain approximately 320 young people in each group, or 639 in total. This is 53 more than the sample size of 586 needed for statistical power. This is in line with our conservative approach and provides additional buffer in cases where questionnaires are incomplete or where there is missing data. A bigger sample size may also allow for important sub-group analyses. For example, to assess whether SHIFT has an equal impact for young people from different ethnic groups.

Figure 5: SHIFT programme recruitment rates

		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Quarter →		Oct 24- Dec 24	Jan 25- Mar 25	Apr 25- June 25	July 25- Sep 25	Oct 25 - Dec 25	Jan 25- Mar 26	Apr 26- June 26	July 26- Sep 26
Months →									
Target number of young people **referred into the project**	Quarterly	81	165	105	101	238	198	0	0
	Cumulative	81	246	351	452	690	888	888	888
Estimated number of young people whose referrals **do not result in them being recruited to the project and evaluation**	Quarterly	8	16	11	10	24	20	0	0
	Cumulative	8	25	35	45	69	89	89	89
Target number of young people **recruited to the project and evaluation**	Quarterly	73	148	95	91	214	178	0	0
	Cumulative	73	221	316	407	621	799	799	799
Estimated number of young people who **withdraw/drop out** before completing the full 6 months of intervention/control group	Quarterly	15	30	19	18	43	36	0	0
	Cumulative	15	44	63	81	124	160	160	160
Target number of young people who **complete the full 6 months** of intervention/control group	Quarterly	0	0	58	119	76	73	171	143
	Cumulative	0	0	58	177	253	325	497	639

4. Outcome measures

4.1. Overview

Figure 4 maps the outcomes from SHIFT's theory of change against the validated measures which will be used to measure them. Both the outcomes and measures have been discussed, prioritised and agreed between Cordis Bright, AudioActive and YEF.

Questionnaires will include the YEF core measures:

- **Self-Reported Delinquency Scale (SRDS)** The SRDS contains 19-items covering a range of both antisocial and delinquent behaviours and has been validated for use with young people in the UK and has been used with those aged between 10 and 17. The volume score measure will be the primary outcome measure for the evaluation. [18] The variety score will also be used to measure self-reported delinquent behaviour as a secondary measure.

- **Strengths and Difficulties Questionnaire (SDQ)**. This is a brief behavioural screening questionnaire for 3–16-year-olds. It contains 25 items on psychological attributes, some positive and others negative.[19]

More information on the subscales, psychometric properties and validity of these core measures is available in the YEF outcomes measures database (Youth Endowment Fund, 2022b).

Questionnaires will also include the following key validated scales:

- **Social Support and Rejection Scale (SSRS),** which uses 22 items to measure the quality of the relationship with a mentor for those in the treatment group or a significant adult for those in the control group at six months. This measure was selected because this relationship with a mentor was hypothesised to be a mechanism of change of the SHIFT programme (see the SHIFT theory of change in Section 2.2). The length and the quality of the relationship that develops between young people and their mentors is considered the central avenue through which mentoring can benefit (or, in some instances inadvertently, harm) young people (Karcher & Nakkula, 2010). The SSRS was selected following a review of scales measuring Mentorship Relationship Quality conducted by Cordis Bright.[20] This will

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[18] Further information about the SRDS is available here: https://res.cloudinary.com/yef/images/v1623145465/cdn/19.-YEF-SRDS-guidance/19.-YEF-SRDS-guidance.pdf Last accessed: 22 February 2024

[19] Further information about the SDQ is available here: https://www.sdqinfo.org and https://youthendowmentfund.org.uk/wp-content/uploads/2022/04/18.-YEF-SDQ-guidance-April-2022.pdf Accessed 12 September 2023. Last accessed: 22 February 2024

[20] More information about the SSRS (including its subscales and validity) is available here: https://nationalmentoringresourcecenter.org/resource/measurement-guidance-toolkit/#mentoring-relationship-quality-and-characteristics--social-support-and-rejection-scale Last accessed: 22 February 2024

only be measured once, on exit from support/control group after six months. Comparison of this measure between the intervention and control group will enable interrogation of the ability of the intervention to support the development of positive relationships between young people and case workers, and the potential impact of this relationship on other observed outcomes when compared to the control group.

- **Shortened Warwick Edinburgh Mental Wellbeing Scale (S-WEMWBS),** which uses seven items to measure change in wellbeing. This measure has been chosen because in SHIFT's theory of change (see Section 2.2), increasing young people's wellbeing is viewed as a long-term outcome of the programme, as well as a possible mechanism by which the programme might reduce delinquent behaviour. The scale includes seven items which together give a total score to indicate level of wellbeing.[21]

The decision about which primary and secondary outcomes measures to collect was based on reviewing outcomes included in the theory of change (see Section 2.6), the YEF outcomes framework and core measures and identifying those which felt most key to SHIFT's approach and the impact they are trying to make, and which could be measured using appropriate, validated tools. In line with guidance from YEF, we are also including all the SDQ subscales as secondary outcomes.

More information about how these measures will be administered is available in Section 3.7.3.

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[21] More information about the S-WEMWBS is available here: https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/ Last accessed: 22 February 2024

Outcome	Measure	Subscale(s)	Number of items	Collection point(s)
Primary outcomes measure				
Self-reported delinquent behaviour	Self-reported Delinquency Scale	Volume Score	19	Baseline, 6 months post randomisation
Secondary outcomes measures				
Self-reported delinquent behaviour	SRDS	Variety Score	19	Baseline, 6 months post randomisation
Quality of relationship between young person and mentor (treatment group) or young person and case worker (control group)	SSRS	Full measure	22	6 months post randomisation
Wellbeing	S-WEMWBS	Full measure	7	Baseline, 6 months post randomisation

Outcome	Measure	Subscale(s)	Number of items	Collection point(s)
Positive and pro-social identity	SDQ	Pro-social behaviour sub-scale	5	Baseline, 6 months post randomisation
Behavioural difficulties	SDQ	Externalising score	10	Baseline, 6 months post randomisation
Conduct problems	SDQ	Conduct problems sub-scale	5	Baseline, 6 months post randomisation
Emotional problems	SDQ	Emotional problems sub-scale	5	Baseline, 6 months post randomisation
Peer problems	SDQ	Peer problems sub-scale	5	Baseline, 6 months post randomisation
Hyperactivity/inattention	SDQ	Hyperactivity/inattention sub-scale	5	Baseline, 6 months post randomisation

In addition to the self-report measures described above we also plan to work with AudioActive, the police and local authority partners during the mobilisation phase to explore whether local police data (LPD) can be obtained and linked to those in the treatment and control groups. This would provide another source with which to measure delinquent behaviour, allowing for triangulation with the SRDS volume and variety scores.

The exact data to be collected will be agreed in collaboration with the police but will attempt to build on the National Children's Bureau (NCB) evaluation of the West Sussex Schools Exclusions Programme, which included delivery by SHIFT (National Children's Bureau, 2023). The NCB evaluation captured a) whether the young person was linked to offences in police data, b) how many offences they were linked to, and c) the harm scores for these offences, for three time periods (in the 12 months prior to starting intervention, within 3 months of completing the intervention, and within 6 months of completing the intervention). The sample size was limited to 14 young people, however, due to the labour-intensive manual data extraction required.

If we are able to obtain this data, we will use it to conduct exploratory analysis. This will explore whether SHIFT has an impact on offending recorded by the police, in comparison to the control group. The analysis will be exploratory in nature as it is likely the sample size calculated based on using the SRDS volume score as the primary outcome measure in relation to reduced delinquent behaviour will be under-powered to detect statistically significant differences between the treatment and control groups. If once the data is collected, power calculations find the sample size to be appropriate, then we will incorporate local police data as a secondary outcome measure in the trial.

Conversations will be held as part of the set up and mobilisation phase with representatives at Sussex Police to understand how access to relevant data can be facilitated.

4.2. Primary outcome

The primary outcome for the evaluation of SHIFT is a reduction in delinquent behaviour between baseline (before young people start SHIFT) and six months (when young people finish SHIFT). This will be measured by the SRDS volume score. The primary outcome timepoint is T2, i.e., around six months after randomisation or at the end of support from SHIFT. We will explore the impact of SHIFT in comparison to the control group on the SRDS volume score.

4.3. Secondary outcomes

The secondary outcomes that we are investigating are whether young people receiving SHIFT have:

- A positive relationship with their mentor

- Improved wellbeing.

- Improved pro-social values and identity.

- Reduced behavioural difficulties.

- Reduced conduct problems.

- Reduced emotional problems.

- Reduced peer problems.

- Reduced hyperactivity/inattention.

Violent and non-violent delinquent behaviour will also be captured as a secondary outcome (as well as a primary outcome) via the SRDS variety score.

See Figure 4 for more information about these and how they will be measured. For all measures the secondary outcome timepoint is T2, i.e., approximately six months post randomisation. These measures were selected in agreement between AudioActive, YEF and Cordis Bright.

4.4. Compliance

Compliance for the purposes of the efficacy study will be met when young people have been randomised and allocated into the treatment or control group. Any further compliance analysis relating to fidelity to the programme (e.g., quantity of dose) will be exploratory in nature. This is because:

- **We will take an "intention to treat" approach to analysis.** This is in line with YEF statistical analysis guidance (Youth Endowment Fund, 2021b) and means that all those allocated to treatment and control conditions in the randomisation will be included. The study in its current form is not likely statistically powered to be able to demonstrate impact in relation to compliance measures, i.e., as this will be based on sub-group analysis which would likely require a greater sample.

- **Evidence has yet to be collected about what optimum dosage (measured by quantity) is in order for the programme to have an impact on young people.** We plan to conduct exploratory analysis concerning compliance as part of the evaluation.

Our approach to exploratory analysis will be set out in the Statistical Analysis Plan for the study. As part of developing the Statistical Analysis Plan, we will also explore the potential for

using sensitivity testing should the data be sufficiently powered to understand more about compliance in the context of the trial.

4.5. Quantitative analysis

This section outlines our high-level approach to:

- Primary outcome analysis

- Secondary outcomes analysis

- Exploratory subgroup analysis

4.5.1. Primary outcomes analysis

Our analyses will be conducted in line with the YEF Analysis Guidance. First, all analyses will be conducted on an intention to treat basis, which means the data of all those who commence SHIFT will be included regardless of the 'dose' received.

The primary analysis will be an analysis of covariance (ANCOVA), controlling for SHIFT versus the control group on the SRDS volume score measure at baseline (see Youth Endowment Fund, 2021a). The outputs from this analysis will be used to calculate the effect estimate (Hedges' G) for the impact of SHIFT on young people's self-reported delinquent behaviour.

After the completion of this analysis, we will conduct a robustness check particularly related to the demographic characteristics of SHIFT compared to the control group. That is, if these are unbalanced, a model controlling for this would be employed.

It may be possible to examine the extent to which scores on the SSRS may account for any differences observed between SHIFT and the control group on the primary outcome measure. We will also undertake sub-group analyses (e.g., ethnicity), where samples are appropriate.

Further detail around primary outcomes analysis will be included in the evaluation's Statistical Analysis Plan, which will be developed and agreed in collaboration with AudioActive and YEF colleagues within two-three months of the completion of all baseline data collection.

4.5.2. Secondary outcomes analysis

We propose mirroring the analytic approach used for the primary outcome (e.g., ANCOVA) to predict the post-measure scores (e.g., SDQ sub-scale final scores, S-WEMWBS and SSRS final scores) for the secondary outcome measures, based on whether the individual was in the SHIFT (treatment) or control group. We will calculate Hedges' G and the corresponding confidence intervals for these analyses. We will outline more about or approach to analysis in the Statistical Analysis Plan.

4.5.3. Exploratory analysis

We propose conducting exploratory data analysis on the following questions if sufficiently powered:

- **Model compliance.** This will utilise monitoring data collected by AudioActive. We will explore questions concerning what level of dosage was associated with a desirable outcome on the SRDS. For example, does attending 60% of SHIFT's sessions result in a similar impact as attending all sessions?

- **Police data**. We will explore how useful police contact data is for use in RCTs like this. If these data can be obtained, we may be able to evaluate the impact of SHIFT on official data concerning police contacts and triangulate the findings with regards to the SRDS.

- **Race equity, equality, diversity and inclusion.** If the sample is appropriate, we will conduct exploratory analysis exploring differences in outcome for participants from ethnic minority and White British backgrounds. We propose conducting an ANCOVA to evaluate whether SHIFT worked equally well with individuals from different ethnic backgrounds.

4.6. Data quality monitoring and support

We will train SHIFT staff and provide an evaluation handbook that includes guidance to support practitioners with data collection. This includes an evaluation email inbox and contact numbers so that all SHIFT practitioners can easily contact the evaluation team with questions which can be responded to quickly.

We will conduct a data quality audit for data that has been collected for the first 20 young people in the evaluation. We will monitor how tools have been completed and amend administration techniques based on feedback from practitioners and young people to ensure that the data collected is high-quality and complete as possible.

As part of the internal pilot RCT we will assess data completeness, reliability and validity including Cronbach's Alpha and correlation analysis to confirm if the scales are performing as we would theoretically expect them to.

We will conduct regular internal data audits throughout the course of the evaluation.

5. Implementation and process evaluation

5.1. Overview

This section presents information about the implementation and process evaluation (IPE). We intend to deliver a mixed-methods IPE alongside the internal pilot and the efficacy study.

The rest of this section covers:

- Research questions
- Research methods
- Approach to analysis

5.2. Research questions

The IPE has been designed in line with YEF guidance on feasibility studies and IPEs.

The primary objectives of the IPE are to:

- Understand the association between aspects of the SHIFT programme's implementation and successful outcomes.
- Gather data to support guidelines for successful implementation of the SHIFT programme in future.

We will conduct IPE work as part of both the internal pilot and the efficacy study.

As such, key research questions for the efficacy study IPE are as follows:

1. **Dimensions of implementation:** How effectively has the SHIFT programme been implemented?
   a. *Fidelity:* To what extent has support been delivered in line with the SHIFT programme's theory of change and protocols?
   b. *Dosage:* How much of the SHIFT programme has been delivered? How much of the SHIFT programme needs to be delivered to have an impact?
   c. *Quality:* How well have the different components of the SHIFT programme been delivered?
   d. *Reach:* How well has the SHIFT programme reached its intended cohort?
   e. *Responsiveness:* To what extent have young people engaged with the SHIFT programme?
   f. *Intervention differentiation:* How is the SHIFT programme different from existing practices?
   g. *Adaptation:* Are any changes needed to accommodate context and need?

2. **Factors affecting implementation:** Which factors have acted as enablers or barriers to implementation of the SHIFT programme?
   a. *Site level factors:* Which factors have impacted implementation at the site level? For example, level of need, readiness for change, and/or policy practice and funding context?
   b. *Organisation level factors:* Which factors have impacted implementation at the organisational level? For example, capacity, skills and training, co-ordination and resources?
   c. *Unexpected factors:* Which other factors have had an impact?

3. **Experiences of support:** What are young people's experiences of support?
   a. Which aspects of the SHIFT programme have supported positive outcomes?
   b. How have experiences of support differed across sub-groups, e.g., those from racially minoritised/marginalised backgrounds, low-income households or with SEND?

4. **Guidelines for future implementation:** What are the implications for future replication, scale and spread?

Key research questions for the internal pilot include:

1. How has the SHIFT model been implemented, and has it maintained its fidelity with the co-designed theory of change?

2. How acceptable has the randomised control trial (RCT) design been to the key SHIFT programme stakeholders?

3. How have the pilot recruitment, randomisation and retention processes been established and embedded, and how do they work in practice? How have they been experienced by young people?

4. Have data collection processes been established and embedded effectively? How have they been experienced by young people?

5.3. Research methods

The IPE will use a mixed methods approach. The qualitative evidence captured from the IPE will be triangulated with quantitative evidence from the RCT to support evidenced recommendations concerning the ways in which the SHIFT programme could improve in the future and also potential for future development and roll-out of both the initiative and evaluation.

The findings from the IPE in the internal pilot phase will be able to directly inform the ongoing delivery and evaluation of the programme as it moves into the efficacy study phase. Figure 5 provides an overview of data collection methods to address the IPE research questions. The rest of this section outlines these methods in more detail.

Figure 7: IPE methods overview

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
Semi-structured interviews	Interviews with young people	30 young people in the intervention group in the internal pilot phase, and 30 later on in the efficacy phase (sample of 60 in total). At each time point, around 15 young people will be interviewed from West Sussex and 15 from East Sussex, corresponding to roughly 5 young people from each site.	Thematic analysis	RQ1. How effectively has the SHIFT programme been implemented? RQ2. Which factors have acted as enablers or barriers to implementation of the SHIFT programme? RQ3. What are young people's experiences of support? RQ4. What are the implications for future replication, scale and spread?	Dimensions of implementation; factors affecting implementation; experiences of support; and guidelines for future implementation. Beginning these interviews in the pilot phase will surface any problems that need rectifying for the efficacy phase.

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
		The sample will include a range of ages, compliance, year groups and ethnicities.			
Semi-structured interviews	Interviews with SHIFT programme staff	15 programme staff will be interviewed in the internal pilot phase and 10 will be interviewed later on in the efficacy study (sample of 25 in total). Included in the sample will be mentors, programme coordinators and managers, the control group	Thematic analysis	RQ1. How effectively has the SHIFT programme been implemented? RQ2. Which factors have acted as enablers or barriers to implementation of the SHIFT programme? RQ3. What are young people's experiences of support?	Dimensions of implementation; factors affecting implementation; experiences of support; and guidelines for future implementation. Beginning these interviews in the pilot phase will surface any problems that need rectifying for the efficacy phase.

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
		practitioners, and members of the executive team. Programme coordinators, managers and mentors working across both East and West Sussex areas will be included within the sample.		RQ4. What are the implications for future replication, scale and spread?	
Semi-structured interviews	Interviews with wider stakeholders	14 wider stakeholders will be interviewed in the internal pilot phase and 6 will be interviewed later on in the efficacy study (sample of 20 in total).	Thematic analysis	RQ1. How effectively has the SHIFT programme been implemented? RQ2. Which factors have acted as enablers or barriers to implementation	Dimensions of implementation; factors affecting implementation; experiences of support; and guidelines for future implementation Beginning these interviews in the pilot

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
		The sample will include key referral and delivery partners including stakeholders from schools, the YJS, the VRP, the police, and the local authority.		of the SHIFT programme? RQ3. What are young people's experiences of support? RQ4. What are the implications for future replication, scale and spread?	phase will surface any problems that need rectifying for the efficacy phase.
Data analysis	Activity and dosage data collected by SHIFT project co-ordinators	All young people who have received SHIFT (n=298) and those in the control group (n=298)	Simple descriptive statistics (e.g., univariate statistics, frequencies, means, percentages etc) and comparisons (e.g. measures of association and effect sizes,	RQ1. How effectively has the SHIFT programme been implemented?	Dimensions of implementation. Beginning this analysis in the pilot phase will surface any problems that need rectifying for the efficacy phase.

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
			statistical significance).		

5.3.1. Interviews with young people

We will conduct in-depth, semi-structured interviews with 60 young people receiving support from SHIFT (i.e., those from the treatment group). 30 of these young people will be interviews in the internal pilot stage, and 30 will be interviewed towards the end of the efficacy evaluation. These interviews will be used to help understand experiences of SHIFT, including its fidelity to the theory of change. In the pilot stage, these interviews will also be used to understand how recruitment processes and data collection have been experienced by young people.

We will work with SHIFT practitioners to identify young people who are interested and provide informed consent to take part in an interview. We will work with SHIFT practitioners to identify a sample that is as representative as possible of the groups of young people they are working with in terms of gender, age, ethnicity. Cordis Bright will liaise with SHIFT practitioners to organise a suitable time, place and method for a member of the Cordis Bright team to talk to the young people. They will also provide young people with a £20 high street voucher to thank them for their time.

Interviews will be conducted by a member of the Cordis Bright research team who is experienced in conducting sensitive research and interviews. We will work with AudioActive colleagues in the set-up phase to decide whether telephone interviews or face-to-face interviews would be most appropriate, and trial whatever approach is chosen in the internal pilot. To minimise bias, the interviewer will be external (i.e., from Cordis Bright rather than AudioActive) and where possible interviews will take place in a different room to the young person's mentor (although they will have the option to have their mentor present if they wish).

Topic guides for all interviews will be designed by Cordis Bright and will explore the key implementation and process evaluation research questions identified in Figure 5. We will discuss and refine the guides with AudioActive and YEF colleagues before use in the field. We will draw upon AudioActive staff's knowledge of the young people they are working with to ensure that interview guides are as accessible as possible and can be easily understood by children and young people, including those with SEND and/or literacy support needs. We will also use Cordis Bright's internal Equality Diversity and Inclusion Toolkit[22] to ensure that all topic guides are designed with racial and cultural sensitivity and are accessible to all participants.

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[22] Available here: https://www.cordisbright.co.uk/news/equality-diversity-and-inclusion-in-projects Last accessed: 22 February 2024

If any safeguarding issues arise in these interviews the interviewer will discuss them with the SHIFT project co-ordinator. They will follow the AudioActive and Cordis Bright safeguarding policies as appropriate.

5.3.2. Interviews with AudioActive and wider stakeholders

We will also conduct in-depth, semi-structured interviews with a total of 25 SHIFT staff (15 in the pilot study and 10 in the efficacy study), and with 20 key wider stakeholders (14 in the pilot study and 6 in the efficacy study). We will agree a sample with AudioActive colleagues based on stakeholders' level of involvement with SHIFT. Once nominated for interview, the research team will contact the stakeholders giving them more information about the purpose of the research and interview and what it will involve. They will ask for their consent to be involved in the interview and then organise a time to speak with them.

These interviews will be conducted virtually, either by video call or telephone, and will take around 45 minutes to one hour. We will design and agree topic guides for the semi-structured conversations which we will agree in collaboration with colleagues from AudioActive and YEF. These conversations will explore views and perspectives of how successfully SHIFT has been implemented, including dimensions of implementation, factors affecting implementation, experiences of support and guidelines for further implementation. These will inform our understanding of implementation and support future replication, scale and spread of both the evaluation and intervention.

We will ask at the start of interviews if staff and stakeholders consent to the interview being recorded. If they do, we will store the recording for six months after we have delivered the final report. If they do not consent, or if the interview is taking place via telephone, we will not record the interview and will take contemporaneous notes. We will also take contemporaneous notes if the interview is being recorded. These notes will be stored on our secure server and only accessible to research team members, i.e. they will be password protected. We will delete the notes six months after we have delivered the final report.

5.3.3. Activity data

Data collected through the above methods will be triangulated against activity and dosage data collected as part of the impact evaluation. Analysis of this data (including number of sessions, modules received, types of topics covered) will be used to assess the dimensions of implementation, including fidelity, dosage, and reach. This data will be collected for both the treatment and the control group.

5.4. Analysis

The qualitative evidence captured through the IPE study will be recorded in a matrix, which maps responses against the research questions in Section 5.2. We will deploy a mixture of a

priori codes and open coding to categorise and identify recurring themes. This is an iterative process, using initial data collected to establish themes, and using these themes to continue to code further data. This allows for constant comparison of the themes and ensures that any theories or judgements are closely linked to the data they developed from. This mirrors a thematic qualitative analysis approach.

The quantitative evidence will be analysed in SPSS using descriptive statistics and bivariate analysis, i.e., frequencies, percentages and cross-tabulations.

Evaluation reports are strongest when a range of evidence is used to answer each evaluation question. To ensure that data is not presented in 'silos', we will take a rigorous approach to triangulating both qualitative and quantitative data. We will map both quantitative and qualitative data against the research questions to assess how effectively the SHIFT programme has been implemented and the extent to which experiences of support have differed across groups. Taken together, this information will inform decisions around future scale, replication and spread, and whether progression to an effectiveness study will be practical and useful.

6. Cost data reporting and collecting

6.1. Principles

Our approach to cost data collection, analysis and reporting will be informed by YEF guidance on Cost Reporting (available here).

Our approach will be rooted in the following YEF cost reporting principles:

- Estimates are the costs of delivery only.

- Cost estimates will be derived using a 'bottom-up' approach.

- Cost estimates will be informed by the perspectives of all organisations involved in delivering the intervention.

- Estimates will capture the nature of the resource used, the quantity and monetary value in delivering the intervention.

6.2. Capturing cost data

We intend to work with AudioActive to report on the pre-requisite, set up and recurring costs of SHIFT. We will explore appropriate approaches for obtaining this information as part of the pilot study.

We will conduct qualitative consultation with project staff and key stakeholders as part of the IPE within the internal pilot study. In these interviews, we will ask staff and stakeholders questions to inform and develop our understanding of:

- Key partners involved in delivering SHIFT, which will help us further understand where costs may be incurred in the successful implementation and delivery of SHIFT.

- The resources required to implement and deliver SHIFT and how these costs can be monetised using 'bottom-up' principles.

- The most effective approach to capturing information about estimating costs, i.e., through a survey of key partners, time budget approaches, and/or interviews.

In line with YEF guidance, Figure 6 presents the information from the budget which we will use to report against each category:

Figure 8: List of items to be recorded in cost estimates

Category	Information to be used for analysis (upfront, recurring, total costs)
Staff	SHIFT staff budgets, e.g., for programme managers and coordinators, mentors and control group practitioners. Training costs. Administration and preparation costs (may be costed as zero if delivered as part of base salary).
Programme	Cost of providing a handbook if one is developed (i.e., printing costs if hard copies provided). Travel to appropriate settings for young people.
Building and facilities	Costs of buildings and facilities needed to deliver SHIFT.
Materials and equipment	Laptops/tablet computers to complete outcomes tools. Cost of printing referral forms/screening forms/and other materials. Equipment used to record monitoring data.

Category	Information to be used for analysis (upfront, recurring, total costs)
Incentives	Costs of incentives provided by AudioActive.

The approach to developing cost reporting during the evaluation of SHIFT will be developed collaboratively with AudioActive. More about our strategy to developing our approach to cost reporting during the pilot to inform the efficacy evaluation is outlined in the section below.

6.3. Reporting results

We will take the following approaches to reporting cost information, in line with YEF guidance:

- All costs relating to both evaluation and programme development and adaptation will be excluded from cost estimates.

- All costs will be adjusted to constant prices using GDP deflators, using 2024 (the year in which delivery is starting) as the base year. This will account for any data around cost being collected at different points across the study period. We will not discount cost estimates based on time preferences.

- Any costs relating to durable inputs will be pro-rated in line with the proportion of project participants who have benefitted. However, we do not anticipate that there will be durable inputs with benefits to those outside the project.

- All cost estimates will be generated assuming full compliance (i.e., that all participants received the full SHIFT dosage, i.e., six months of weekly 1:1 90-minute music mentoring sessions).

- Each estimate will be disaggregated into pre-requisite, set up and recurring costs.

Total costs will be presented for one year of delivery of SHIFT, for example from October 2024 – September 2025. Total costs and average costs per participant will then be presented for set up, recurring and total costs, using the mandatory tables in YEF guidance, i.e., all assumptions and estimates will be set out in full.

7. Diversity, equity and inclusion

We work hard to ensure our approach considers and promotes diversity and inclusion. As such, we are committed to delivering the evaluation in line with race equity, diversity, equality and inclusion.

All of Cordis Bright's evaluation work is delivered in line with our EDI strategy (available <u>here</u>) and EDI project toolkit (available <u>here</u>). This sets out our commitment, principles and approaches to ensure that our work is accessible to all. We commit to:

(1) Providing equal opportunities in all aspects of employment and ensuring that we do not discriminate in recruitment or employment on the basis of a protected characteristic or any other characteristics or identities.

(2) Opposing discrimination in all its forms, be it at a structural or institutional level or an inter-personal level. This includes direct discrimination, indirect discrimination, discrimination by association, discrimination by perception, victimisation, harassment and bullying.

(3) Seeking to build our understanding of the barriers created by discrimination and inequality and ensure fair, equal and inclusive treatment for our staff, clients and the people whom our work aims to support.

In line with these commitments, to ensure diversity, equity and inclusion in this internal pilot trial and efficacy study, Cordis Bright will:

- Provide clear accessible information so that young people from all communities can participate and delivery staff from all communities understand their involvement in evaluation activities. We will work with AudioActive to determine the best mediums for sharing this information, possibly including a video introduction to the study.

- Use informed consent processes and materials that adhere to good practice guidelines, including YEF's and the Government Social Research Unit's, to ensure they are accessible, inclusive and culturally sensitive.

- Ensure all research methods and tools are accessible for all participants. As part of this, we will pilot tools to check for bias and accessibility.

- Monitor key demographic and socioeconomic information of all participants in the treatment and control groups. This will enable us to analyse any differences in referrals, recruitment, retention, and safe exit across different groups, and to assess whether they are representative of similar cohorts in the youth justice system and wider society.

- Deploy Cordis Bright staff who have completed cultural competency training as well as undertaken projects on equality and inclusion including over-representation of young people from minoritised ethnic groups in the youth justice system.

- Provide a demographic breakdown of the cohort participating in the trial.

- Conduct exploratory subgroup analysis of differences in outcomes achieved by different demographic and socioeconomic groups, including by race/ethnicity, where the sample is appropriate.

- Use the IPE to explore how experiences of support have differed across different subgroups, e.g. those from racially minoritised/marginalised backgrounds, low-income household, or with SEND.

- Work with AudioActive to provide support to enable young people with SEND or literacy support needs to participate in the evaluation as required. This may include supporting tool use for young people with SEND or low literacy levels.

- Work with AudioActive to ensure that where possible, young people from a range of minoritised and marginalised backgrounds who have worked with the programme are sampled as part of our approach to qualitative interviews through the IPE, and that they are explicitly asked about their views and experiences of the intervention in terms of race equity.

All members of our evaluation team are experienced at working with minoritised and marginalised communities at risk of or involved in youth crime and violence. As part of our commitment to continuous improvement we will discuss and reflect with AudioActive and YEF colleagues on the most effective ways to conduct research and evaluation in as equitable, inclusive and accessible a way as possible.

AudioActive is also committed to recruiting and effectively supporting young people from a range of ethnic backgrounds and with a range of different life experiences (see Section 2.3.3 for a breakdown of the cohort they are aiming to support). To ensure SHIFT considers and promotes diversity and inclusion, the following will be in place:

- AudioActive's Equality, Diversion and Inclusion Policy will be embedded in SHIFT programme practice. The policy is reviewed annually, to incorporate the latest good practice and an Equality Impact Assessment is used to ensure that staff are happy with the updates. Staff will be trained to ensure that they understand the policy and how to embed it in practice.

- AudioActive will attract staff with a commitment to equalities practice by making explicit their commitment during recruitment processes.

- Mentors will be provided with training in a range of relevant areas (such as cultural competency, sexuality, gender identity, and SEND). Mentors will have regular reflective practice supervision with trained supervisors, so they can address identity issues and related barriers to inclusivity.

- Project materials and information will be communicated in a range of formats to ensure accessibility, including verbal communication in person, written information, short films and audio clips. Access to interpreting/translation services will be made available if need.

- The communication strategy in place with referral partners will ensure that eligibility criteria, referral process, RCTs and inclusivity are understood by stakeholders to ensure accessibility and anti-discriminatory practice.

- Assessment and interventions will be person-centred, strengths-based, co-produced and tailored to young people's individual needs so that the programme is accessible and engaging. Sessions will take place in mutually agreed safe, inclusive spaces that will help young people feel respected.

- A positive relationship between the mentor and mentee will be prioritised. Any issues between the mentor and mentee can be identified at a review conducted at week four, if not beforehand. If a mentor-mentee relationship isn't the right fit or the relationship breaks down, AudioActive will address the issue as quickly as possible to minimise the disruption to the service they receive. This rarely happens, however if it does, AudioActive has a protocol ready to manage the situation. Where it is helpful to the mentee to do so, AudioActive will have the flexibility to re-allocate them to a new mentor according to their needs.

- AudioActive will use evolving participatory mechanisms to seek out the voices of young people from marginalised communities to ensure that their views, thoughts, preferences and feedback influence decision-making around service developments.

- AudioActive will recognise celebrations and holidays of different religions and cultures, various awareness raising events through the year (e.g. Black History Month) and important historical landmarks or anniversaries that have shaped our multi-cultural history.

8. Ethics and registration

Ethical approval has been obtained from the Royal Holloway University of London Research Ethics Committee. This involved submitting a detailed ethics application (alongside research tools and consent tools) which had been subject to review and scrutiny from YEF and AudioActive colleagues [REC Project ID: 4234].

There has been no delivery of the project or evaluation prior to ethical approval being obtained and confirmation of this provided to YEF.

The trial has been registered on the International Standard Randomised Controlled Trial Number (ISRCTN) website (ISRCTN96905637).

9. Data protection

For this study, Cordis Bright is the data controller of personal data throughout, as well as the processor of data, as specified in YEF data guidance (available here). Cordis Bright will deliver the evaluation in line with its Data Protection and Information Governance Policy, which sets out its approach to storing and handling personal data (available here). Cordis Bright is also registered under the Data Protection Act, has Cyber Essentials Plus accreditation, and is registered under the NHS Data Security and Protection Toolkit.

Cordis Bright will conduct a Data Protection Impact Assessment and agree and sign a Data Sharing Agreement with AudioActive before accessing activity and monitoring data.

For this evaluation, there is:

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

- A robust process to transfer data, i.e., AudioActive will transfer data by secure methods such as secure email (CJMS) or using Switch Egress.

- Secure storage of data, i.e., data will be saved on Cordis Bright's secure, cloud-based Microsoft 365 servers. Personal or sensitive data will have additional encryption with access only to designated/authorised members of the Cordis Bright team. Participants will be informed that all information about them will be stored in this way. All personal data will be separated from questionnaire data and stored separately.

- Anonymisation and pseudo-anonymisation where possible including separating personal data from questionnaire data and separate storage. All participants will be assigned a unique ID number, and pseudonyms will be used for interview notes. Published reports will not identify the research participant at any time.

Participants will be informed, through the privacy notice, of their data protection rights. Young people will have consented to having their data shared with the evaluator.

Once the final evaluation report has been signed off, Cordis Bright will share the data with YEF for data archiving in line with YEF guidance (Youth Endowment Fund, 2022c). Cordis Bright will then anonymise all data (by securely deleting names and other personal data) and

hold it on the Cordis Bright server until six years after the final report has been submitted to the YEF.

10.Stakeholders and interests

10.1. SHIFT delivery team

- **Adam Joolia, Chief Executive Officer of AudioActive,** has overall responsibility for all AudioActive activities. Adam will provide overall strategic direction and regularly review performance.

- **Michelle Hunter, Director of Programmes and Operations**, has responsibility for ensuring that the project is delivered to a high standard via providing strategic direction and overseeing quality assurance processes.

- **Lucy Poleykett, Senior Finance Manager,** responsible for ensuring that resources and budgets allocated to the project are managed effectively.

- **Senior Programme Manager**, has oversight of programme managers and manages relationships with the local authorities.

- **Tom Hines, East Sussex Programme Manager,** line manages programme coordinators, screens referrals, and conducts first meeting with young people, completing assessments and questionnaires.

- **Jo Bates, West Sussex Programme Manager**, line manages programme coordinators, screens referrals, and conducts first meeting with young people, completing assessments and questionnaires.

- **Data/Evaluation Manager** (recruiting in 2024-25), responsible for the ongoing development and management of a new CRM framework and supporting internal data processing and analysis.

- **Programme Coordinators (x2 FTE)**, support the programme managers with processing referrals and conducting assessments and questionnaires with young people.

- **Music leader mentors (Core mentoring team, 6-8 x 0.6 FTE; Freelance mentoring team, 17-19 x 0.4 FTE),** deliver one-to-one mentoring support to a caseload of young people accessing the SHIFT programme.

- **Local authority-based control group practitioners (3 x 0.5 FTE)**, have responsibility for managing a caseload of young people selected for the control group, conducting assessments and delivering light touch signposting and safeguarding support.

10.2. Evaluation team

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

- **Dr Stephen Boxford, Co-Principal Investigator, Quality Assurance**, has responsibility for providing support for evaluation design, approaches, methods, analysis, reporting and quality assurance throughout the project.

- **Professor Darrick Jolliffe, Royal Holloway, University of London, Co-Principal Investigator.** Responsibilities include evaluation design, shaping approaches, designing tools, and conducting analysis and quality assuring evaluation outputs.

- **Caitlin Hogan-Lloyd, Co-Principal Investigator and Project Manager**. Caitlin oversees day-to-day project delivery and is the main point of contact for YEF and the project delivery team.

- **Dorothy Watters, Researcher,** provides ongoing support to SHIFT practitioners with administration of the evaluation tools, conducting fieldwork and drafting analysis, analysis of quantitative data and supports with report drafting.

- **Karim Bukleb, Researcher,** provides ongoing support to SHIFT practitioners with administration of the evaluation tools, conducting fieldwork and drafting analysis, analysis of quantitative data and supports with report drafting.

11. Risks

The following table outlines a number of key risks to the evaluation. We will be using this risk register to support the delivery of the evaluation. It will be reviewed regularly by Cordis Bright and AudioActive and updated to reflect progress. Please also note that these risk factors will be explored in the pilot trial.

Figure 9: Evaluation risks and mitigations

Risk	Likelihood (low/medium/high) Impact (low/medium/high)	Mitigation
Lack of clarity around theory of change and pathways	Likelihood: low Impact: high	• Building on the existing SHIFT mentoring theory of change. • Mapping participant pathways. • Understanding entrance and exit criteria. • Ensuring a screening and assessment approach that is fit-for-purpose.
Challenges with randomisation/counterfactual approaches	Likelihood: high Impact: high	• Working with YEF and AudioActive to explain the benefits of RCTs to referral partners and SHIFT staff. • Embedding randomisation into the project approach. • Building on evaluation engagement to date from the AudioActive team. • Face-to-face staff training and ongoing support. • A co-developed evaluation handbook for SHIFT staff. • Understanding treatment as usual for control group.
Challenges with recruitment and retention in the trial	Likelihood: high Impact: high	• Providing clear and accessible information and consent materials to young people and families. • Embedding recruitment and data collection into everyday practice. • Reviewing data capture progress regularly. • Regular data monitoring and audits.

Risk	Likelihood (low/medium/high) Impact (low/medium/high)	Mitigation
		- Allocating resource to follow-up participants who may have moved-on. - Exploration and application of keep-in-touch techniques used in longitudinal studies, for instance regular contact with participants in the control group, and possible financial or other incentives. - Staff training to explain the study to young people and support engagement including the evaluation handbook we will design for project staff. - Providing £20 high street vouchers as a thank you for young people's time in completing outcomes tools/interviews. - Factoring in slower recruitment rates in the first few months of the project and over the summer holidays to ensure sufficient time is allowed to reach the required sample size. - Allocating resource to support engagement of referral partners to explain the trial and referral process, including in new sites.
Challenges engaging young people from diverse backgrounds with the evaluation	Likelihood: low Impact: medium	- Provide clear accessible information to participants that adhere to good practice guidelines, including YEF's and the Government Social Research Unit's, to ensure they are accessible, inclusive and culturally sensitive. - Ensure all research methods and tools are accessible for all participants. - Deploy staff who have completed cultural competency training and experience working with young people from minoritized backgrounds in similar projects.

Risk	Likelihood (low/medium/high) Impact (low/medium/high)	Mitigation
		• Provide support to enable young people with SEND, literacy support needs or who speak other languages to participate in the evaluation as required. This may include support tool use and/or translation services. • Work with SHIFT to ensure that, young people from a range of minoritized and marginalised backgrounds are sampled in IPE qualitative interviews. • Regular data monitoring and audits to ensure young people from a diverse range of backgrounds are being reached.
Police data becoming unavailable during the evaluation	Likelihood medium Impact high	• Working closely with AudioActive and Police. • Collaborating on Memorandum of Understanding and Data Protection Impact Assessment and Information Sharing Agreement. • Scoping and ensuring Police have resource to draw the necessary data off. • Checking first cuts of Police data to ensure they are fit for purpose. • Using Police data to conduct exploratory analysis around offending, while making use of self-report data to measure delinquent behaviour as a primary outcome.
The SHIFT programme changing its delivery approach during the trial.	Likelihood: medium Impact: high	• Working closely with the project to understand challenges. • Flexibility in research design where possible. • Working to ensure changes are reflected in monitoring data collection processes.

Risk	Likelihood (low/medium/high) Impact (low/medium/high)	Mitigation
		• Ensuring all stakeholders are aware of the impact changes have on evaluation.
Data collected not addressing the key evaluation questions	Likelihood: low Impact: high	• Co-design approach. • Tools and analysis approach will be tested in the internal pilot to ensure they are fit-for-purpose. • Working closely with AudioActive to understand changes. • Building in flexibility in research design where possible. • Working to ensure changes are reflected in monitoring data collection processes. • Ensuring all stakeholders are aware of the impact changes have on evaluation.
Safeguarding/public safety	Likelihood: low Impact: medium	• Evaluation team have ongoing safeguarding training. • Take actions as agreed with YEF/project protocols. • Ensure that there is learning across the team about what happened and what steps could be taken in future. • Take these relevant steps going forward. • Introduce additional training if required. • Re-visit methodology if required.

Risk	Likelihood (low/medium/high) Impact (low/medium/high)	Mitigation
		• Re-allocate team members if appropriate. • Agree an appropriate communications strategy.
Data breach	Likelihood: low Impact: medium	• Drafting a Data Protection Impact Assessment and Data Sharing agreement to securely access data. • Following data protections processes outlined in Section 10. • Take actions as agreed with YEF/project protocols. • Ensure that there is learning across the team about what happened and what steps could be taken to avoid in future. • Take these relevant steps going forward. • Introduce additional training if required.
Illness to attrition in the evaluation team	Likelihood: medium Impact: medium	• The evaluation team includes multiple team members to avoid reliance on an individual. Contingency plan is: • Re-deploy other members of the team to undertake tasks. • If absence is longstanding, draw on wider team members/network of associates and agree with client before doing so (details available on the Cordis Bright website). • As a last resort, consider extending timescales.

12. Timeline

Figure 3: Timeline for evaluation delivery

Dates	Activity	Staff responsible/ leading
May 2024	Set up and mobilisation period begins	Cordis Bright and AudioActive
June-July 2024	Scoping consultation with key stakeholders Research tools agreed and finalised (including outcome tools and IPE topic guides) Consent materials agreed and finalised AudioActive approach to recording monitoring data agreed and finalised Randomisation approach agreed and finalised	Cordis Bright and AudioActive
June-August 2024	Meetings with key police and project stakeholders to agree access to police data	Cordis Bright and AudioActive
June 2024	Drafting ethics form and accompanying documents (including information sharing agreements and data protection impact assessment)	Cordis Bright
July 2024	Submission of ethics form to Royal Holloway ethics committee	Cordis Bright
August-September 2024	Amends to ethics form after feedback Ethical clearance achieved[23]	Cordis Bright

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[23] Based on our experience ethics clearance can take around 2 to 3 months.

Dates	Activity	Staff responsible/ leading
June-July 2024	Refine Trial Protocol Scripts and guidance developed for SHIFT practitioners Incorporate YEF feedback and deliver final revised study protocol	Cordis Bright
July-September 2024	Support for engaging referral partners (visits to schools/other referring services)	Cordis Bright and AudioActive
July-August 2024	SHIFT practitioners receive training and support in rolling out research tools	Cordis Bright and AudioActive
October 1st 2024	Pilot phase launch Delivery of SHIFT begins Baseline data collection begins Pilot tools with first 30 young people and conduct data quality audit	AudioActive with support from Cordis Bright
January-February 2025	Pilot phase IPE interviews with young people, stakeholders, and project staff	Cordis Bright and AudioActive
31st March 2025	Pilot trial data completed. Recruitment paused.	AudioActive
April-May 2025	Pilot analysis to inform progression Efficacy protocol updated Consent materials amended if needed Theory of Change updated if needed	Cordis Bright

Dates	Activity	Staff responsible/ leading
August- October 2025	Draft and deliver statistical analysis plan (SAP)	Cordis Bright
March-May 2026	Efficacy phase IPE interviews with young people, stakeholders and staff	Cordis Bright and AudioActive
31st March 2026	Completion of all baseline data collection Referrals stop	AudioActive
30th September 2026	Delivery of SHIFT ends Completion of all T2 data	AudioActive
October 2026 - January 2027	Efficacy study analysis and reporting	Cordis Bright
28th February 2027	Submission of draft final evaluation report	Cordis Bright
March-May 2027	Report reviewed by YEF, peer review, and AudioActive	YEF, AudioActive
30th May 2027	Submission of final revised evaluation report incorporating feedback	Cordis Bright
June-July 2027	Prepare and submit data to the YEF data archive	Cordis Bright

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