



EVALUATION PROTOCOL

Toward Sport – A randomised multi-site trial to evaluate a sports-based intervention aiming to enhance positive outcomes for children and young people in the context of youth offending

Alma Economics

Principal investigator: Nick Spyropoulos

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Evaluating institution: Alma Economics

Principal investigator(s): Nick Spyropoulos

YEF trial protocol for efficacy and effectiveness studies

This template should be used for all trial protocols (with adaptations, as necessary) and will be published on the YEF’s website. It has been adapted from the EEF’s trial protocol template. The protocol does not need to follow the order precisely, but evaluators should consider including the following items, based on the CONSORT-SPI extension.¹ The relevant CONSORT item from 1 to 26 is provided in brackets. The protocol should be read in conjunction with the Statistical Analysis Plan (SAP), when this is available, and it is the responsibility of the evaluator to ensure the SAP and the protocol are aligned and up-to-date.

The version history below will help to keep track of any changes to the protocol.

This template should be used in conjunction with the YEF Statistical Analysis Guidance (REF), the EEF IPE Guidance (REF) and the YEF Report Template.

Any guidance notes (in italics) can be deleted on completion and replaced with the actual text which should not be in italics and instead in justified black Calibri font size 12 with 10pt spacing before and after and multiple 1.15 line spacing.

Project title²	<i>Toward Sport – A randomised multi-site trial to evaluate a sports-based intervention aiming to enhance positive outcomes for children and young people in the context of youth offending.</i>
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¹ Please find the full statement at: <http://www.equator-network.org/reporting-guidelines/consort-spi/>

² Please make sure the title matches that in the header and that it is identified as a randomised trial as per the CONSORT requirements (CONSORT 1a).

Developer (Institution)	<i>StreetGames</i>
Evaluator (Institution)	<i>Alma Economics</i>
Principal investigator(s)	<i>Nick Spyropoulos</i>
Protocol author(s)	<i>Nick Spyropoulos, Ravi Somani, Victoria Mousteri, Lucille McKnight</i>
Trial design	<i>Multi-site trial: two-arm individual-level randomisation of CYP within each local authority (5 local authorities). Intervention will take place across multiple (~50) Delivery Partner Organisations, which will adhere to a Shared Practice Model, ensuring a consistent intervention across sites.</i>
Trial type	<i>Efficacy trial with internal pilot</i>
Evaluation setting	<i>5 Local Authorities and 50 Delivery Partner Organisations (DPOs)</i>
Target group	<i>10 to 17-year-olds at a tertiary and secondary level of risk of offending (see detailed criteria below)</i>
Number of participants randomised	<i>3,830 CYP</i>
Number of participants included in analysis	<i>3,446 CYP</i>
Primary outcome and data source	<i>Offending (violent and non-violent, source = Police National Computer and local police force data)</i>
Secondary outcome and data source	<i>Emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour (as measured by the Strengths and Difficulties questionnaire self-rated version for 11-17 year</i>

	<p>olds)* <i>The outcome measure will be the total score, as well as each of the following subscales:</i></p> <ul style="list-style-type: none"> • <i>Emotional symptoms subscale.</i> • <i>Conduct problems subscale.</i> • <i>Hyperactivity/inattention subscale.</i> • <i>Peer relationships problem subscale.</i> • <i>Prosocial behaviour subscale.</i> <p><i>Wellbeing as measured by the ONS 4 questions</i></p> <p><i>Physical Activity Participation**</i></p> <p><i>Transferable Skills and Knowledge***</i></p> <p><i>Data will be collected through surveys with CYP participating in the evaluation, conducted by case workers.</i></p> <p><i>* Goodman R, Ford T, Corbin T, Meltzer H. Using the Strengths and Difficulties Questionnaire (SDQ) multi-informant algorithm to screen looked-after children for psychiatric disorders. Eur Child Adolesc Psychiatry. 2004;13 Suppl 2:II25-31. doi: 10.1007/s00787-004-2005-3. PMID: 15243783. For those aged 10 in the study sample, the case worker will instruct and work with the parent of the CYP to implement the One-sided SDQ for parents or teachers of 4-17 year olds, found on the SDQ tool site here.</i></p> <p><i>**As measured by Milton K, Bull FC, Bauman A. Reliability and validity testing of a single-item physical activity measure. Br J Sports Med. 2011 Mar;45(3):203-8. doi: 10.1136/bjism.2009.068395. Epub 2010 May 19. PMID: 20484314.</i></p> <p><i>***As measured by the National Citizen Service Evaluation by DCMS or the Youth Rating of Socio-emotional Skills (see 'Outcome measures' section for items and references)</i></p>
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Protocol version history

Version	Date	Reason for revision
1.2 [latest]		
1.1		

1.0 [original]		<i>[leave blank for the original version]</i>
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Any changes to the design or methods need to be discussed with the YEF Evaluation Manager and the developer team prior to any change(s) being finalised. Describe in the table above any agreed changes made to the evaluation design. Please ensure that these changes are also reflected in the SAP (CONSORT 3b, 6b).

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Study rationale and background

This efficacy trial aims to contribute to the limited evidence base on the impact of sports programmes on youth offending.³ Sports programmes are regularly delivered through community organisations, adapting approaches and practices to local needs and contexts. This trial is designed as a multi-site trial to: (i) leverage the large networks of Delivery Partner Organisations (DPOs) delivering sports programmes with at-risk cohorts of Children and Young People (CYP), providing sufficient sample sizes for the efficacy trial, and reflecting a delivery model consistent with widespread practice; and (ii) working with an Umbrella Organisation (StreetGames) to ensure a consistent model of delivery is being tested against business-as-usual across sites.

Why do CYP offend? There are many factors that influence young people's behaviour and contribute to an increased likelihood of offending. Offending is typically associated with exposure to a range of individualised 'psychosocial' risk factors, such as: family environment, including parental supervision, history of conflict and dysfunction, and domestic abuse in the home⁴; educational factors, such as academic performance, attendance issues, lack of engagement or interest; peer relationships, such as association with peers with anti-social behaviours, loneliness, experience of bullying⁵; behavioural and mental health factors, such as attitudes towards authority, levels of confidence and self-esteem; community factors, such as rates of gang activity and crime activity in the neighbourhood, access to recreational activities, quality of housing, availability of community support; and previous legal involvement, including prior arrests or involvement with the criminal justice system⁶. For the majority of young people, offending is transient and declines as they mature. For these young people, the best response will be minimal intervention, and engagement with diversionary

³ YEF Toolkit on Sports Programmes: <https://youthendowmentfund.org.uk/toolkit/sports-programmes/>

⁴ <https://www.justiceinspectorates.gov.uk/hmiprobation/research/the-evidence-base-youth-offending-services/specific-areas-of-delivery/family-relationships/>

⁵ Vaswani, N. (2019) Bullying behaviours: adverse experiences for all involved?: https://strathprints.strath.ac.uk/69561/1/Vaswani_CYCJ_2019_Bullying_behaviours_adverse_experiences_for_all_involved.pdf

⁶ Youth Endowment Fund (2020) What works: Preventing children and young people from becoming involved in violence: https://youthendowmentfund.org.uk/wpcontent/uploads/2020/10/YEF_What_Works_Report_FINAL.pdf

activities outside the youth system that are meaningful, productive and relevant to the child's needs⁷.

Context and system-level factors relate to the higher rates of arrests and offending among CYP from Black, Asian, and minority ethnic backgrounds, as observed in official statistics (see section 'Why do young people offend' for statistics and further detail). These factors motivate this trial's focus on CYP from such backgrounds, including a commitment to sampling a sufficiently large proportion of CYP from such backgrounds in the evaluation, and targeting specific research questions to assessing differential experiences and efficacies in the impact evaluation and the IPE, discussed below.

The role of sport in reducing offending: For young people who have offended or are at risk of offending, sport can provide the opportunity to engage and build relationships, and provides a valuable medium through which young people can develop social capital and pro-social identities. Sport plays a useful role in developing the resilience of children and young people and enhances protective factors against offending.⁸

There is currently positive, but low-quality evidence on the impact of sport: Sport-based interventions have been found to have meaningful impacts on offending rates. The mean effect size in the literature suggests an approximate halving of the offending rate of youth participating in sports programmes, but the quality of the evidence is rated at 2 out of 3, based on an adapted version of the AMSTAR evidence rating, due to the small number of evaluations and high levels of variation in estimates.⁹ There is an even smaller body of high-quality evidence around the impact of sport for CYP from Black, Asian, and minority ethnic communities. While some evaluations included in the YEF toolkit on sports programmes include programmes with a high proportion of CYP from Black, Asian, and minority ethnic communities, very few of them conduct sub-group analyses by ethnicity or race. Further, in

⁷ Mason, C., Walpole, C., and Case, S. (2020) Using Sport to Enhance Positive Outcome for Young People in the Context of Serious Youth Violence: <https://www.sasp.co.uk/uploads/theory-of-change-using-sport-to-enhance-positive-outcomes.pdf>

⁸https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

⁹ Sokol-Katz J, Kelley M, Basinger-Fleischmann, L. and Braddock II, H. (2006) Re-examining the Relationship between Interscholastic Sport Participation and Delinquency: Type of Sport Matters Sociological Focus 39:3 173-192

their review of the social impacts of culture and sport, Taylor et al. (2015)¹⁰ found that some studies identify different effects of sport for young people of different ethnicities. This indicates that more research is needed into if and how sport programmes specifically lead to positive outcomes and a reduction in reoffending for CYP from Black, Asian, and minority ethnic communities. The evidence suggests that it is key for the sports offer to be aligned with the identity of the child or young person, taking into account the key risks identified by the Youth Offending Teams and case workers.¹¹

As a contribution to this evidence base, the primary aims of this trial are:

- To estimate the impact of participation in voluntary sports programmes on youth offending rates (violent and non-violent offending).
- To estimate the impact of participation in voluntary sports programmes on secondary outcomes, such as emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour (as measured by the Strengths and Difficulties tool), wellbeing, participation in physical activity, and transferable skills and knowledge, to assess the mechanisms underlying the efficacy of the intervention.

An additional aim of this trial is to contribute to the evidence gap (described above) on the efficacy of such positive activities on offending and reoffending for children and young people from Black, Asian, and minority ethnic backgrounds.

The impact evaluation is designed as a multi-site trial, delivered across 5 local authority areas and 50 DPOs, with ~1,915 individual CYP randomised into treatment at referral (~1,915 offered the opportunity to participate in the sports programme) and control (~1,915 not offered the opportunity to participate in the sports programme and offered business-as-usual support – detailed in the section ‘Control group and business-as-usual’) with 1,550 CYP expected to complete the sports programme and the data collection within the treatment group, based on 10% attrition from follow-up data collection, and a further 10% attrition from

¹⁰ Taylor, P., Davies, L., Wells, P., Gilbertson, J, and Tayleur, W (2015) A review of the Social Impacts of Culture and Sport. Accessed at: https://assets.publishing.service.gov.uk/media/5a74a738ed915d0e8bf1a0d6/A_review_of_the_Social_Impacts_of_Culture_and_Sport.pdf

¹¹ Nichols, G. (2007) Sport and Crime Reduction: The role of Sports in Tackling Youth Crime. London: Routledge

Stansfield, A. (2017) Teen Involvement in Sports and Risky behaviour: A cross-national and gendered analysis British Journal of Criminology 57 172-193

Stephenson, M, Giller, H. and Brown, S. (2011) Effective Practice in Youth Justice Routledge: Abingdon

the sports programme.¹² The delivery of the evaluation will be conducted through Supporting Families teams in the local authority, with the data team in the local authority supporting data-sharing and the identification of eligible CYP, and the case worker engaging with CYP to assess interest in sports and consent to participate in the evaluation. CYP will be identified by Supporting Families teams based on eligibility criteria that are linked to the Supporting Families Outcome Framework.

Race, equity, diversity, and inclusion (REDI) considerations are central to the sampling and recruitment approach for this evaluation. To achieve the additional aim of the trial, the target sample includes at least 30% of CYP participating in the evaluation to be from Black, Asian, and minority ethnic backgrounds. To achieve this, the team is targeting at least 35% of referrals of CYP to be from Black, Asian, and minority ethnic backgrounds.¹³ This is to account for potentially higher rates of non-participation or attrition for such groups.¹⁴ From StreetGames' past work with the Youth Justice Sport Fund, working with a significant proportion of CYP from Black, Asian, and minority ethnic communities, suggests that the network, operating areas, and programme offerings are aligned with the areas and interest of CYP from Black, Asian, and minority ethnic backgrounds (further detail on the areas and the representativeness of CYP from minority ethnic backgrounds are presented in the section 'Recruitment of a diverse sample of young people'). Part of achieving the representativeness of CYP from minority ethnic backgrounds also relates to recruiting DPOs with leadership from Black, Asian, and minority ethnic backgrounds. Through the Ministry of Justice Youth Sport Programme, 50% of the smaller community organisations (with an income between £10,000 and £200,000) engaged by StreetGames identified as having 50% of their leadership as Black, Asian, or minority ethnic, meaning that additional recruitment of DPOs with Black, Asian, or minority ethnic leadership will be required. StreetGames conducts regular network surveys

¹² While the randomisation does not exactly take place at the site, for ethical and evaluation quality and fidelity reasons, the approach is equivalent to randomisation at the DPO site. See below for further details on the referrals and randomisation approach.

¹³ Our definition of minority ethnic includes anyone who identifies as Black, Asian, Arab, Gypsy or Irish Traveller, Roma, and from Mixed or multiple ethnic groups. We will collect data on the sub-groups and our study will also focus on the differences in experiences across race, comparing CYP from white backgrounds with those from Black, Asian, Arab, and mixed groups.

¹⁴ We use the most conservative assumption so that our final sample has the highest chance to achieve the 30% target. We model attrition rates that are double for Black, Asian and minority ethnic CYP, which is conservative relative to the 40%-higher rate observed in Henneberger et al. (2023).

Henneberger A.K, Rose B.A, Feng Y, Johnson T, Register B, Stapleton L.M, Sweet T and Woolley M.E. (2023) Estimating Student Attrition in School-Based Prevention Studies: Guidance from State Longitudinal Data in Maryland. *Prev Sci.* 2023 Jul;24(5):1035-1045. doi: 10.1007/s11121-023-01533-1.

and has strong relationships with a large range of community organisations to support more targeted recruitment efforts.

50 DPOs will be recruited across 5 local authorities¹⁵, with StreetGames leveraging their network of community organisations and a system of expressions-of-interest, similar to the process used in the Youth Justice Sport Fund programme to recruit eligible DPOs and a distribution that ensures that at least 60% of DPOs are led by individuals from Black, Asian, and minority ethnic backgrounds (see section ‘Intervention’ for further details). This targeted recruitment will ensure that a large proportion of Black, Asian, and minority ethnic-led DPOs are included in the impact evaluation and the resulting contribution to the evidence base, and improves the range and quality of support offerings for CYP from diverse backgrounds. In addition, this DPO recruitment strategy is an important component of increasing participation and retention of CYP from Black, Asian, and minority ethnic backgrounds in the evaluation. The DPOs will agree to implement sports sessions with a set of agreed core elements, as set out in the Shared Practice Model detailed in the section ‘Intervention’, to ensure a level of consistent intervention (treatment) across sites but allowing DPOs the flexibility to tailor certain components to the local needs and interests of CYP. DPOs will be provided support by StreetGames and by the evaluation team to ensure that they have the information, understanding, and resources that they need to meet the requirements of the evaluation and delivery model.

With these sample sizes, for the estimate of the efficacy of Toward Sport on offending, we will be able to detect standardised effect sizes of at least 0.13 in terms of Cohen’s d (Cohen, 1988). The large sample recruited for the evaluation allows us to detect a smaller effect size than what is found in previous literature, including the YEF Sports Programme Toolkit, which estimates a 52% reduction in offending. Further detail on the calculations are presented in the section ‘Sample size calculations’, and more detail on previous literature can be found in the section ‘Theory of Change’. The sports programme lasts 24 weeks. Data on CYP outcomes will be collected at three points in time: at baseline, at the end of the 24-week period, and 6 months after the 24-week period (24 weeks plus 6 months after referral). The primary outcome of the impact evaluation is the rate of youth offending (violent and non-violent), which will be collected through local police force data and PNC data (we are pursuing both sources of data for the primary outcome: we have applied for access to the PNC data and have indications that we will also be able to access local police force data through Supporting Families teams). The secondary outcomes are emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour (as measured

¹⁵ The five sites where delivery is expected are: Manchester, Greater Manchester; Bradford, West Yorkshire; Leicester, East Midlands; Birmingham, West Midlands; Plymouth, Devon.

by the Strengths and Difficulties questionnaire), wellbeing (as measured by the ONS 4), participation in physical activity¹⁶, and transferable skills and knowledge¹⁷, which will be collected through one-to-one, face-to-face surveys administered by Supporting Families case workers.

To support the design of the full impact evaluation, an internal pilot trial will be implemented between July 2024 and March 2025, with a review point in January of 2025 to assess lessons and inform the delivery of the full efficacy trial. The pilot trial will take place in one local authority with a target of up to 5 DPOs and 80 CYP recruited (40 in the treatment group and 40 in control). The pilot will allow each implementation step in the trial to be piloted, assessed through data and qualitative research, and revised for the full evaluation. The pilot will be an opportunity to assess the appropriateness and perceptions of the evaluation and the intervention for CYP from minoritised backgrounds. Key learnings from the pilot will be drawn into the discussions and the training to be provided to Supporting Families and DPO teams. These detailed discussions, clear requirements, training sessions, and further ongoing support during the trial will mitigate against the expected variation in operations across local authorities.

There are clear progress criteria linked to the pilot trial (see section ‘Pilot evaluation and progress criteria’), related to referral numbers and participation by CYP from Black, Asian, and minority ethnic backgrounds, randomisation fidelity, participation rates in the baseline survey, attendance rates in the first sports session, attendance rates and dosage received during the pilot period, the percentage of baseline survey questions containing missing values and data issues, the percentage of treatment group participants for which attendance and engagement data is received, DPO fidelity to the Shared Practice Model, attendance to the evaluation training by DPO and Supporting Families staff, and access to offending data.

There will be an implementation and process evaluation (IPE) for the pilot evaluation and the full efficacy trial. For the pilot, data will be collected from: interviews with Supporting Families case workers and local authority-level staff; interviews with DPO leaders and coaches; focus groups with participating CYP; and specific focus groups with CYP from minoritised backgrounds to allow them space to explore their feelings about the intervention, amongst young people with shared experiences. For the full evaluation, data will be collected from: interviews with Supporting Families case workers and local authority-level staff;

¹⁶ As measured by Milton K, Bull FC, Bauman A. Reliability and validity testing of a single-item physical activity measure. *Br J Sports Med.* 2011 Mar;45(3):203-8. doi: 10.1136/bjsm.2009.068395. Epub 2010 May 19. PMID: 20484314.

¹⁷ As measured by the National Citizen Service Evaluation by DCMS or the Youth Rating of Socio-emotional Skills (see ‘Outcome measures’ section for items and references)

interviews with DPO leaders and coaches; focus groups with participating CYP; specific focus groups with CYP from minoritised backgrounds; case studies with ethnographic observations; and participatory research sessions with CYP. The IPE, and relevant research questions are further detailed in the section 'Implementation and process evaluation'.

Intervention

The Shared Practice Model, detailed below, was developed in collaboration between the evaluation team and the project team. The model has been designed to ensure sufficient consistency across sites to allow for a trial of a consistent intervention (ensuring sufficient sample sizes), but that will not significantly interrupt DPOs' usual practice (allowing some flexibility to tailor the programme to the local context and needs). The shared practice model was developed through a targeted review of the literature, in conjunction with in-depth conversations with StreetGames throughout several workshops, leveraging past programmes and learnings.

The five sites where delivery is expected are Manchester, Greater Manchester; Bradford, West Yorkshire; Leicester, East Midlands; Birmingham, West Midlands; and Plymouth, Devon.

The core components of the Shared Practice Model are summarised below; these components have been designed to align with evidence-based practice on sports-based interventions and with operational feasibility for the DPOs in mind. StreetGames supports DPOs to operate non-competitive sports sessions, with a focus on participatory and inclusive elements to engage CYP.

- The programme will be available for 24 weeks for each participating young person.
- Weekly sessions lasting two hours.
- Adult coaches who are paid (rather than volunteers) and recruited by the DPO
- Group-based sessions fostering pro-social relationships with other young people and opportunities for reflection.
- Voluntary participation of young people.
- CYP aged 10-17 years old within the secondary and tertiary level of need will be eligible for this programme.
- Agreed minimum and maximum CYP per session (see Shared Practice Model for details).
- DPOs already working with vulnerable or at-risk children aged 10-17 years old with advanced safeguarding practices and risk assessments in place, or familiar with embedding them.
- Delivery staff will have specified skills, qualifications and experience for the coaches leading the sessions (detailed below).
- Delivery staff will have a young person-centred approach to sports delivery (detailed below).

- DPO staff will have a good awareness of the value of an evidence-based approach and be committed to supporting the successful implementation of the evaluation.
- DPOs will ensure sustained delivery over the intervention period (i.e. to include school holidays and adequate provision for inclement weather if outdoor facilities are utilised).
- Activities will take a child-first approach – being inclusive, participatory, and child-centred.
- Activity sessions are supervised and ‘structured’, in terms of being coach-led, with set start and finish times, clear rules and boundaries.
- Delivery staff will have experience engaging CYP from minoritised communities and be trained for cultural sensitivity and race equity.

The following table shows key practice elements organised within the main structure of the shared practice model: recruitment and eligibility, training, activities, and closure.

Recruitment and eligibility

- **Children and young people aged between 10-17 years within the secondary and tertiary level of need will be eligible for this programme.**
- **At least 30% of young people engaging with the programme will be from Black, Asian, and minority ethnic backgrounds.¹⁸**
- **At least 60% of DPOs will be led by individuals from Black, Asian, and minority ethnic backgrounds. *The definition of a Black, Asian, or minority ethnic-led organisation is where at least 50% of the senior leadership of the DPO (including Board Members and Trustees) is from a Black, Asian, or minority background.***
- **Supporting Families case workers will undertake risk assessments of CYP on a case-by-case basis and identify eligible CYP for referral, based on the agreed criteria outlined below in the section ‘Who is the intervention aimed at?’ (i.e., tertiary and secondary eligibility based on Supporting Families outcomes). The case worker will discuss whether the CYP consents to participate in the evaluation. For those who consent to participate, the referrals into the offer of the sports-based intervention would be randomised within local authorities at the level of the CYP. Further details on this process are presented in the sections ‘Randomisation’ and ‘Outcome measures’.**
- **DPOs will be recruited in areas where Supporting Families teams can identify groups of eligible children and young people of adequate size for the evaluation.**
- **DPOs will already be working with vulnerable or at-risk children aged 10-17 years**

¹⁸ Our primary definition of minority ethnic includes white minority ethnic groups, such as Polish, Irish, Gypsy or Irish Traveller. We will collect data on the sub-groups and our study will also focus on the differences in experiences across race, comparing CYP from white backgrounds with those from Black, Asian, Arab, and mixed groups.

old.

- **DPOs have advanced safeguarding practices and risk assessments in place or are familiar with embedding them, including how to deal with incidents and experiences of stigmatisation and racism.**

Training and staffing

- Sessions will be led by adults (rather than peers) who are paid (rather than volunteers).
- Staff will be those who have (i) a young person-centred approach to sports delivery which prioritises and responds to the needs of the targeted young people, (ii) a strong passion and commitment for the role that sport can play for young people, and (iii) good knowledge and understanding of criminal and youth justice services, with an ability to develop good relationships with young people.
- Delivery staff and coaches will have specified skills, qualifications and experience, including a minimum of two years of delivery experience, previous experience working with similar cohorts of CYP, having attended all StreetGames minimum standards training (e.g., ACES training, training on trauma-informed practice, understanding of complex safeguarding mental health first aid, monitoring and evaluation, 10 principles, managing challenging behaviour, cultural sensitivity and race equity). Similar cohorts of CYP include CYP with similar risk profiles and experiences of the criminal justice system, as well as CYP from diverse ethnic backgrounds.
- DPO staff will have a good awareness of the value of an evidence-based approach and be committed to supporting the successful implementation of the evaluation (including collecting data on programme engagement).

Activities

- **Toward Sport is a sports-based intervention that includes the delivery of weekly sports sessions by 50 local youth organisations and sports clubs (Delivery Partner Organisations) across a range of areas in England.**
- **All DPOs will be funded to deliver one 2-hour sports session per week.**
- **The 24-week programme will be implemented and available for one full year, with sustained delivery over the year (i.e. to include school holidays and adequate provision for inclement weather if outdoor facilities are utilised). Delivery runs every week for a year, and CYP can join at different points, on a rolling basis, with the Toward Sport intervention defined as 24 weeks after their individual start.**
- **Activities will take a child-first approach – being inclusive, participatory, and child-centred.**
- **Activity sessions are supervised and ‘structured’, in terms of being coach-led, with set start and finish times, clear rules and boundaries.**
- **The intervention will be available for 24 weeks for each participant, with the expectation that CYP will be expected to attend for the full 24 weeks made clear at referral, and support provided to CYP to ensure this is the case. Information will be included within programme delivery guidance produced by StreetGames to help minimise drop-out /non-attendance and ensure a consistent approach by DPOs.**
 - **For example, attendance data will be closely monitored to identify non-attendance and trigger follow-up contact with the young person**

(YP)/family/carer contact/family support worker to understand reasons for non-attendance and what support/adjustments may be required to encourage return (e.g., transport, change of activity, language support).

- DPOs will build in regular reward and celebration of achievement ‘moments’, but most importantly it will be about regular support and communication - each DPO will meet with the YP prior to starting delivery (to explain the process and answer any questions). This will also enable them to ensure suitability of the offer, risk assess, and start to build familiarity/relationship. All of these increase the likelihood of YP feeling engaged in the process, suitability of the chosen activity, and ultimately attendance and retention.
 - Participation is voluntary.
 - Participants will be able to start attending sessions once referred to DPOs (identified by the Supporting Families case worker as eligible based on the agreed criteria, referred for the programme/evaluation by the case worker, consenting to participating in the evaluation and sharing data, and randomised into the treatment group to receive sports support).
 - This means that participants will enrol and complete their 24 weeks at different points in time (as participants exit after completion or drop out, newcomers will take their place). A clear exit plan will be developed and tailored for each CYP. This will depend on their needs, interest, and level on the engagement matrix. Exit paths will include:
 - Transitioning into similar universal sports sessions provided by the same DPO, with support provided by DPO staff to identify the most appropriate sessions and groups.
 - Taking on volunteering and leadership roles with the DPO and within the local community.
 - Transitioning into sport offerings at other local venues, such as leisure centres, with support provided by DPO staff to identify the most appropriate venues, sessions, and groups.
 - Each DPO will be able to support a minimum and maximum number of participants at any one time (detailed in the Shared Practice Model).
 - Over the 12-month delivery period for DPOs (where DPOs deliver the 24-week Toward Sport intervention over the 12 months), each DPO is expected to deliver the intervention to an average of approximately 30 children and young people.
-

The components that are expected to differ across sites (non-core) include:

DPO-specific implementation choices:

- The venue where delivery takes place – this will be a safe, accessible community setting (not open access such as a park) but the setting ‘type’ may vary between sites.
- DPO type (e.g., whether the DPO is a Community Interest Company), the turnover and size of the DPO, the capacity and workforce of the DPO.
- The time of day and day of week of the sessions.
- Whether the sessions are single-gender or mixed-gender.

- The gender of the staff.

Site-specific operational variants:

- Group size and CYP to staff ratio (within the minimum and maximum bounds set out in the Shared Practice Model).
- The support offered as part of business-as-usual, which is discussed in further detail in the section 'Control group and business-as-usual'
- The type of sport activities offered to CYP.

Support provided to Supporting Families teams

The evaluation team will develop two joint training sessions with the project team for the Supporting Families teams. The sessions will be an online training offered to all Supporting Families teams within the local authority and will be recorded for staff to revisit if needed. One session will include Supporting Families teams at the local authority level, including the data teams, and another session will be targeted at the case workers. The trainings will cover: the value of rigorous evaluations and Randomised Control Trials (RCTs); the consent and randomisation procedures; the data-collection activities and timelines; and the roles of the different teams (project and evaluation teams) and of the Supporting Families team members (e.g., the data lead and the case workers). The training will cover the important role of the Supporting Families teams in implementing and adhering to the evaluation protocol and communicating with the evaluation team any concerns or information on deviations from intended operating models. The sessions will also include information on racially equitable approaches and considerations, including support on adaptation of evaluation materials, language support, discussing the sensitivity of obtaining consent for using police data or asking about behavioural and demographic topics in the survey. The training materials will be informed by our Ethnically Diverse CYP Engagement Experts, Teswal White and Cheryl White. The training will also include a lengthy Q&A session to ensure everyone is fully informed and address any concerns.

At the end of the training sessions, the Supporting Families teams will receive information on the weekly online drop-in sessions to discuss any training content (or other items of concern). There will also be a designated inbox for Supporting Families teams to reach out to the evaluation team anytime.

Support provided to DPOs

DPOs will be supported by StreetGames Area Teams throughout the delivery period. Additional resources and support will be made available in the form of training, guides, and videos. DPOs will be invited to attend regular networking, information sharing, and community of learning events. As part of StreetGames' onboarding process, all DPOs

complete a robust safeguarding questionnaire, where DPOs provide information on what safeguarding training their staff engage in, the process organisations follow when reporting and managing a safeguarding incident, their harm disclosure policy, as well as open-ended questions about safeguarding culture. This ensures only DPOs with robust safeguarding procedures are involved in the programme and the evaluation.

The evaluation team will develop a joint training session with the project team for the DPOs on the value of rigorous evaluations and RCTs. This session will be an online training offered to all DPOs and will be recorded for DPO staff to revisit if needed. The training will cover the important role of the DPOs in adhering to the evaluation protocol and communicating with the evaluation team with any concerns or information on deviations from intended operating models or potential concerns related to CYP participation and engagement. This training will also include information on racially equitable approaches, cultural sensitivity considerations, and the evaluation's focus on racial equity, diversity and inclusion. Topics will include adapting activities and approaches, considering and providing language support, recording and sharing engagement data and perceptions of the programme with the evaluation team. The training materials will be informed by our Ethnically Diverse CYP Engagement Experts, Teswal White and Cheryl White. The training will also include a lengthy Q&A session to ensure everyone is fully informed and address any concerns.

DPOs, in collaboration with StreetGames, will be provided with clear guidance and assistance in relation to monitoring data requirements and will be asked to contribute to the collection of primary data on children and young people, and to support the recruitment of children and young people for interviews and workshops at various stages of the evaluation. The evaluation team and the project team will develop the materials and provide support for the DPOs jointly.

At the end of the training sessions, the DPO teams will receive information on the weekly online drop-in sessions to discuss any of the training content (or other items of concern). There will also be a designated inbox for teams to reach out to the evaluation team anytime.

Control group and business-as-usual

Services delivered as part of the Supporting Families programme will be our business-as-usual. These are likely to vary across eligible individuals' levels of need and across sites as well. The approach is designed to ensure that business-as-usual does not include sports-related activities. This requirement is to ensure that the treatment group is not being compared to control group CYP that would be participating in sports (diluting the measured effect of Toward Sport). CYP in the control group will not be offered business-as-usual supports that include a sports component. Caseworkers will also receive training informing them of the rationale and importance of this condition for the trial.

Children and young people in the treatment group (offered Toward Sport sessions) will be provided with the same support programmes as those under business-as-usual, with the only difference between CYP in the treatment group and the control group being that those in the treatment group will have access to Toward Sport in addition.

Support for families and CYP within these complex groups of risk and vulnerability requires a tailored response. The number of different interventions and length of interventions provided through business-as-usual support will, therefore, vary depending on the needs of the young person when considered within the wider family's context. There are a wide range of awareness programmes, skill development programmes, programmes with mentoring, empowerment, self-identity, and other support offers; each is tailored to the 10 headline outcomes of the Supporting Families programme (see the [Supporting Families Outcomes Framework](#)). Examples of interventions as part of business-as-usual will vary widely, depending on local need and each local authority's available budget and services. The evidence base that supports practitioners working on this programme can be found [here](#).

The Supporting Families teams at the local authority level will have detailed information on the support offered to and taken up by the CYP as part of the programme. What business-as-usual supports are provided to CYP consenting to participate in the evaluation, and what agencies they are referred to for support are collected qualitatively by the caseworkers. Data on the support each child received can be shared with the evaluation team. Sensitivity analysis taking into account different business-as-usual conditions will be subject to the quality and structure of the data received.

Theory of Change

Why do young people offend?

There were 54,592 arrests of children aged 10-17 years old for notifiable offences between 2021 and 2022, which represents 8% of all arrests. Of these arrests, 38% are arrests of children from Black, Asian, or minority ethnic backgrounds.¹⁹ Over the same period, there were 33,000 proven offences by children aged 10-17 years old, of which 28% were from Black, Asian or minority ethnic groups. Violent offending accounts for 35% of all proven offences among this age group, with non-violent accounting offences for 65%. While the number of violent offences has been decreasing (a reduction from 17,501 in 2019 to 11,471 in 2022), the proportion of violent offences of all offences committed has been increasing (up from 25% in

¹⁹ Even though approximately one-fifth of children and young people are from Black, Asian, and minority ethnic backgrounds (21% of 5-16 years old are from such backgrounds, Office for National Statistics data source [here](#))

2019 to 35% in 2022). The number of non-violent offenses has also been decreasing, from 52,848 in 2019, to 21,550 in 2022, with the proportion of non-violent offences decreasing from 75% in 2019 to 65% in 2022.

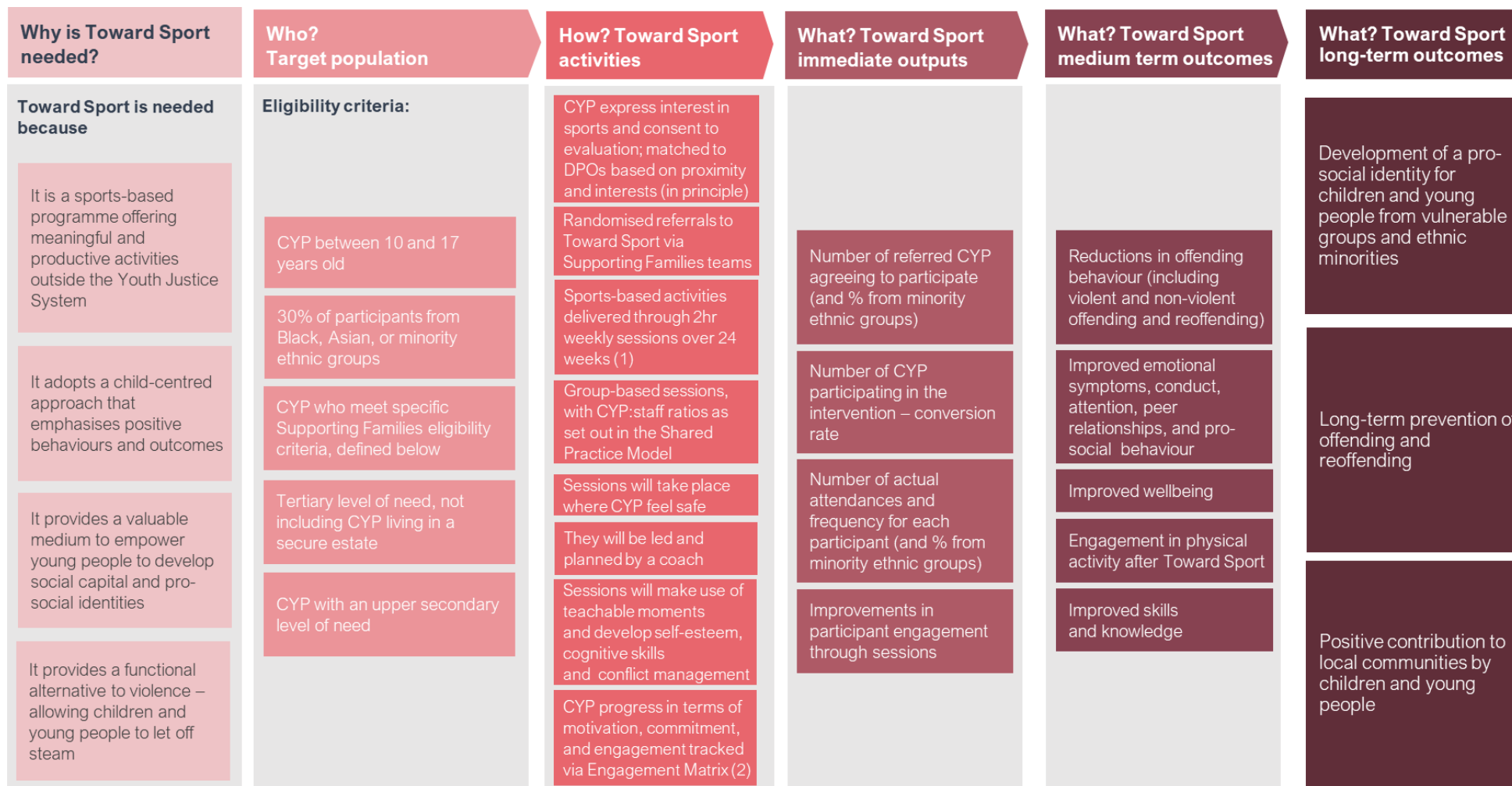
As the Children, Violence and Vulnerability report demonstrates, the immediate consequences of youth violent offences impact a large proportion of teenagers, with 16% of children having been a victim of violence (of which 68% had experienced physical injuries as a result), almost half of children having been a victim or witness to violent crime in the past 12 months, and 15% had reported committing violence. Such offences have important further effects, such as through school attendance and achievement, with 20% of teenagers having missed school due to feeling unsafe, and 47% reporting that violence and fear of violence impacted their day-to-day lives.

There are many factors that influence young people's behaviour and contribute to an increased likelihood of offending. These factors can be at the system level, institutional level, interpersonal level, and individual level and are described in further detail below.²⁰

²⁰ Oishi, S., & Graham, J. (2010). Social Ecology: Lost and Found in Psychological Science. *Perspectives on Psychological Science*, 5(4), 356-377. <https://doi.org/10.1177/1745691610374588>

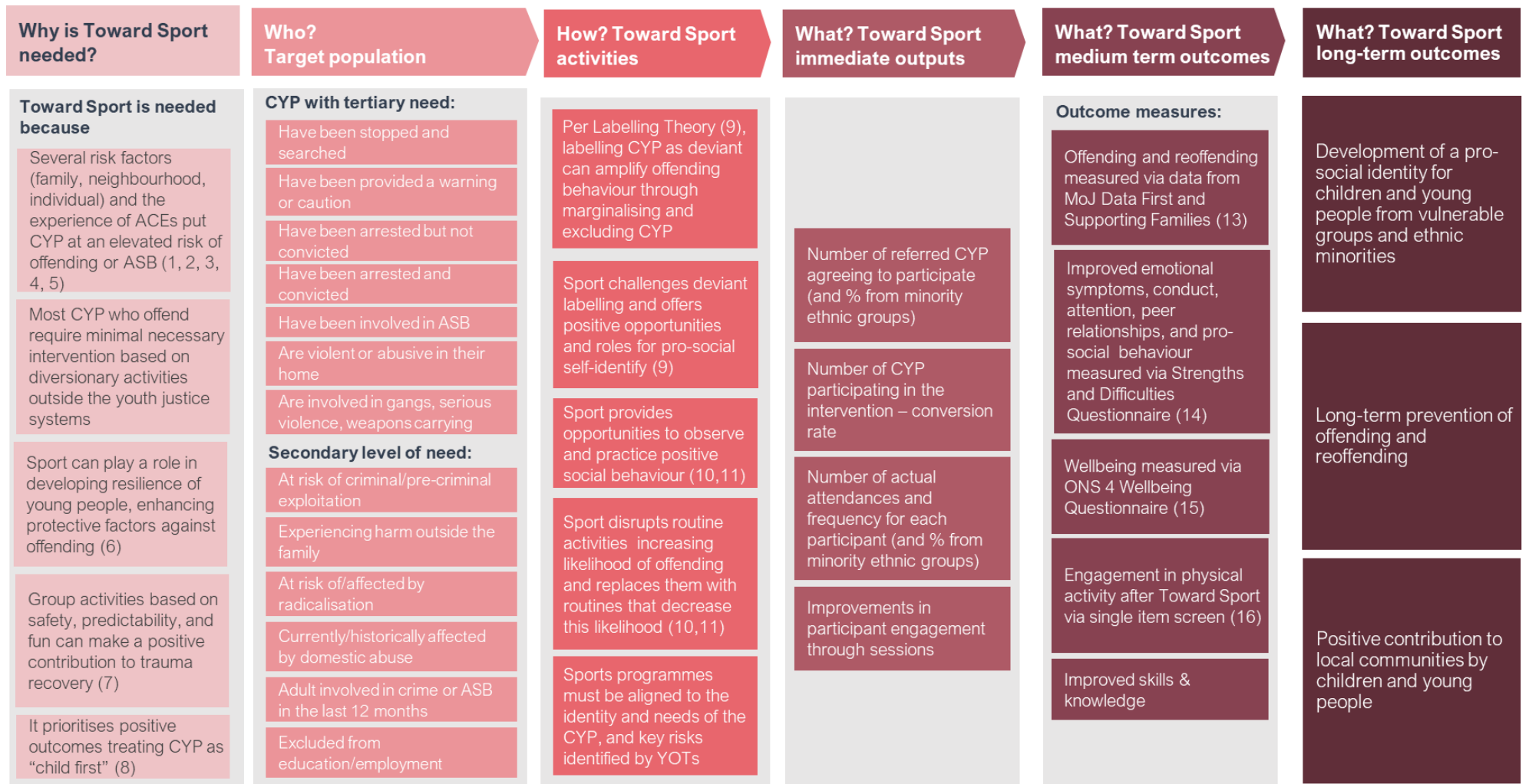
Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98(2), 224-253. <https://doi.org/10.1037/0033-295X.98.2.224>

Toward Sport Theory of Change Diagram



1. The literature does not find consistent evidence linked to intervention duration. See: Gaffney, H, Jolliffe, D, and White, H. 2021. Sports Programmes Toolkit technical report. Youth Endowment Fund. Available at: <https://youthendowmentfund.org.uk/wp-content/uploads/2021/12/Sports-Programmes-Technical-Report.pdf>; Yang Y, Zhu H, Chu K, Zheng Y, Zhu F. Effects of sports intervention on aggression in children and adolescents: a systematic review and meta-analysis. PeerJ. 2023 Jun 13;11:e15504. doi: 10.7717/peerj.15504; van der Sluys, M.E, Zijlmans, J, Ket, J.C.F. The efficacy of physical activity interventions in reducing anti-social behavior: a meta-analytic review. J Exp Criminol. 2022. <https://doi.org/10.1007/s11292-022-09536-8>; Ouyang, N and Liu, J. Effect of physical activity interventions on aggressive behaviours for children and adolescents: A systematic review and meta-analysis. 2023. Aggressive and Violent Behaviour
2. Engagement Matrix was first developed by Substance as part of the Home Office Funded Positive Futures Fund.

Toward Sport Theory of Change Diagram – Supporting Evidence



ACE refers to adverse childhood experience; CYP refers to child or young person; ASB refers to antisocial behaviour; YOT refers to Youth Offending Team; MoJ refers to Ministry of Justice; ONS refers to Office for National Statistics.

1. Farrington, D, Tofi, M, Piquero, A. 2015. Risk, Promotive, and Protective Factors in Youth Offending: Results from the Cambridge Study in Delinquent Development.
2. McVie, S and Norris, P. 2006. Neighbourhood Effects on Youth Delinquency and Crime. University of Edinburgh, Centre for Law and Society.
3. Chassin, L, Mansion, A. D, Nichter, B and Pandika, D. 2016. Substance use and substance use disorders as risk factors for juvenile offending. In Heilbrun, K, DeMatteo, D and Goldstein, N.E.S. APA handbook of psychology and juvenile justice (pp. 277–305). American Psychological Association.
4. Fox, B.H, Perez, N, Cass, E and Baglivio M.T and Epps N. 2015. Trauma changes everything: examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. Child Abuse Negl. 2015 Aug;46:163-73
5. Jackson D.B, Jones M.S, Semenza D.C and Testa A. 2023. Adverse Childhood Experiences and Adolescent Delinquency: A Theoretically Informed Investigation of Mediators during Middle Childhood. Int J Environ Res Public Health. 2023 Feb 11;20(4):3202. doi: 10.3390/ijerph20043202. PMID: 36833897; PMCID: PMC9959059.
6. Home Office, Serious Violence Strategy. 2018.. Accessed via https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf
7. Van der Kolk, B.A. 2005. Developmental Trauma Disorder: Towards a rational diagnosis for children with complex trauma histories. Psychiatric Annals 35(5) 401-408.
8. Haines, K and Case, S. 2015. Positive youth justice: Children first, offenders second (1st ed.). Bristol University Press. <https://doi.org/10.2307/j.ctt1t899qx>
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12. Nichols, G. 2007. Sport and Crime Reduction: The role of Sports in Tackling Youth Crime. London: Routledge
13. <https://www.gov.uk/guidance/ministry-of-justice-data-first>
14. YEF Outcome Measures Guidance, accessed via <https://res.cloudinary.com/yef/images/v1623145463/cdn/20.-YEF-Outcomes-measurement-guidance/20.-YEF-Outcomes-measurement-guidance.pdf>
15. Public Health England, Measuring Mental Wellbeing in Children and Young People. 2015. Accessed via https://assets.publishing.service.gov.uk/media/5c2f66daed915d731281fdc2/Measuring_mental_wellbeing_in_children_and_young_people.pdf
16. Milton, K, Bull, F.C, Bauman, A. 2011. Reliability and validity testing of a single-item physical activity measure. Br J Sports Med. 2011 Mar;45(3):203-8. doi: 10.1136/bjism.2009.068395. Epub 2010 May 19. PMID: 20484314.

For the majority of young people, offending is transient and declines as they mature. For these young people the best response will be minimal intervention, and engagement with diversionary activities outside the youth system that are meaningful, productive and relevant to the child's needs. Young people's offending can include a range of behaviours that could be considered as anti-social. Offending is typically associated with exposure to a range of individualised 'psychosocial' risk factors referring to psychological factors and immediate social factors, such as family, school, neighbourhood and lifestyle factors.

The interpersonal and institutional risk factors for offending include: (i) family factors, such as poor supervision, conflict, history of criminal activity, attitudes that condone anti-social behaviour, having lower income and poor housing; (ii) school factors, such as low achievement, aggressive behaviour, lack of engagement, and disruption; (iii) community factors, such as living in disadvantaged communities, availability of drugs, high population turnover and lack of attachment to the neighbourhood. Individual level factors include immaturity, lack of self-control, excitement, money, inability to achieve goals through conventional means, and poor socialisation.²¹ Other factors include drug use, anti-social behaviour, non-attendance at school, and breakdown in family relationships.²² Individual factors also include personal factors, such as hyperactivity, and cognitive impairment, and interpersonal factors can include peers involved in crime and substance use, and attitudes that condone offending.²³ In addition, children and young people exposed to Adverse Childhood Experiences (ACEs) are more likely to commit anti-social behaviour, offending, and are more likely to be arrested.²⁴

Most research into risk factors has focused mainly on psychological/individual factors²⁵ which include impulsivity, hyperactivity, low self-esteem, low social capital and negative self-

²¹ McMahon, G. and Jump, D. (2018) Starting to Stop: Young Offenders' Desistance from Crime Youth Justice, 18, 3-17

²² Stout B, Dalby, H and Schraner, L. (2017) Measuring the Impact of Juvenile Justice Interventions: What Works, What Helps and What Matters? Youth Justice, 17 (3), 196-212

²³ Youth Justice Board (2005) risk and protective factors Youth Justice Board for England and Wales: London

²⁴ Wolff, K.T, Baglivio, M.T. and Piquero, A.R. (2015) The relationship between adverse childhood experiences and recidivism in a sample of juvenile offenders in community-based treatment, International Journal of Offender Therapy and Comparative Criminology

Fox, B.H, Perez, N, Baglivio, M.T. and Epps, N. (2015) Trauma changes everything: examining the relationship between childhood adverse experiences and serious, violent and chronic juvenile offenders Child Abuse and Neglect (46) 163-173

²⁵ Farrington, D. Tofi, M. Piquero, A. (2015) Risk, Promotive, and Protective Factors in Youth Offending: Results from the Cambridge Study in Delinquent Development.

identity, whilst also examining other immediate social factors which are found in the context of the family (e.g., breakdown in family relationships, divorce), school (e.g., non-attendance, exclusion), neighbourhood²⁶ (e.g., lack of facilities, availability of drugs) and lifestyle²⁷ (e.g., drug and alcohol use).

Contemporary research has also focused on the potential role of ACEs to be criminogenic²⁸ - that is to increase the likelihood of crime occurring. ACEs are individual, inter-related negative childhood events that have a cumulative effect on the individual²⁹ and they include abuse, neglect, household substance abuse and domestic violence, parental separation/divorce, household mental illness and a member of the household being in prison. ACEs can be considered an indicator of the young person's vulnerabilities and complex and challenging circumstances, with the idea that they are used to guide the level of support provided. However, ACEs are typically quantified and understood as predictors of future negative outcomes, similar to the concept of 'risk factors'.³⁰

The dominance of psychosocial risk factors and individualised ACEs as explanatory concepts has led to the role of the 'context' or system-level factors being overlooked. The context can be thought of as increasing the likelihood of crime occurring in its own right and also in mediating and interacting with psychosocial risk factors. 'Context' can be understood as socio-structural (e.g., environmental, poverty, unemployment, social disadvantage, race and ethnicity), relational (e.g., relationships and interactions), and situational (e.g., immediate context), which can result in a lack of opportunities and positive activities for the young person. These factors relate to the higher rates of arrests and offending among CYP from Black, Asian, and minority ethnic backgrounds, summarised above, motivating the importance of sampling a sufficiently large proportion of CYP from such backgrounds in the

²⁶ McVie, Susan and Norris, Paul. 2006. Neighbourhood Effects on Youth Delinquency and Crime. *University of Edinburgh, Centre for Law and Society*.

²⁷ Chassin, L., Mansion, A. D., Nichter, B., & Pandika, D. (2016). Substance use and substance use disorders as risk factors for juvenile offending. In K. Heilbrun, D. DeMatteo, & N. E. S. Goldstein (Eds.), *APA handbook of psychology and juvenile justice* (pp. 277–305). American Psychological Association. <https://doi.org/10.1037/14643-013>

²⁸ Craig, J. M., & Zettler, H. R. (2021). Are the Effects of Adverse Childhood Experiences on Violent Recidivism Offense-Specific? *Youth Violence and Juvenile Justice*, 19(1), 27-44. <https://doi.org/10.1177/1541204020939638>

²⁹ Fox BH, Perez N, Cass E, Baglivio MT, Epps N. Trauma changes everything: examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child Abuse Negl.* 2015 Aug;46:163-73. doi: 10.1016/j.chiabu.2015.01.011

³⁰ Jackson DB, Jones MS, Semenza DC, Testa A. Adverse Childhood Experiences and Adolescent Delinquency: A Theoretically Informed Investigation of Mediators during Middle Childhood. *Int J Environ Res Public Health*. 2023 Feb 11;20(4):3202. doi: 10.3390/ijerph20043202. PMID: 36833897; PMCID: PMC9959059.

evaluation, and targeting specific research questions to assessing differential experiences and efficacies in the impact evaluation and the IPE.

Most young people who engage in offending or anti-social behaviour (ASB), require minimal necessary intervention and engagement with diversionary activities outside of the Youth Justice System. Where intervention is considered necessary and supportive, related activities should be meaningful, productive, and relevant to the young person's needs, to support the development of pro-social behaviours and identities.

Prioritising the needs of and positive outcomes for children and young people avoids a focus on risk factors, which results in negative, deficit views of young people. This also avoids adult-centric responses aimed almost exclusively at reducing negative outcomes³¹ without prioritising child-friendly and positive behaviours and outcomes that treat the young person as a 'Child First'.

The role of sport in reducing offending

For young people who have offended or are at risk of offending, sport can provide a twin-track approach that leads them out of or away from the Youth Justice System and towards activities that build strengths, capacities, and potential, whilst emphasising positive behaviours and outcomes. In particular, the opportunity for young people to engage and build relationships in and through sport, provides a valuable medium through which this twin-track approach empowers them to develop social capital and pro-social identities.

Sports, as an activity, supports development through positive influences and peer groups, leading to strengthened social skills, physical and mental health.³² Moreover, by providing at-risk children and young people with alternative activities to spend their time on, participation in sports sessions directly impacts the exposure to negative influences and the opportunities to undertake risky behaviours. Participation in local sports sessions can also be a platform to engage children and young people in further helpful interventions, such as education services, counselling, and support for drug and alcohol misuse.³³ Sport also plays a useful role in developing the resilience of children and young people, and enhancing protective factors

³¹ Haines, K., & Case, S. (2015). *Positive youth justice: Children first, offenders second* (1st ed.). Bristol University Press. <https://doi.org/10.2307/j.ctt1t899qx>

³² Youth Endowment Fund Sports Programmes Toolkit Technical report: <https://youthendowmentfund.org.uk/wp-content/uploads/2021/12/Sports-Programmes-Technical-Report.pdf>

³³ Youth Endowment Fund Sports Programmes Toolkit Technical report: <https://youthendowmentfund.org.uk/wp-content/uploads/2021/12/Sports-Programmes-Technical-Report.pdf>

against offending.³⁴ Group activities based on safety, predictability, and fun can positively contribute to trauma recovery.³⁵ Further detail on sports-based interventions and their role in reducing offending and violent offending among children and young people can be found in the literature reviews hosted [here](#).

Sport-based interventions have been found to have meaningful impacts on offending rates. The mean effect size in the literature suggests an approximate halving of the offending rate of youth participating in sports programmes (for example, the [Youth Endowment Fund Sports Programmes Toolkit](#) estimates an effect size of a 52% reduction from a control baseline offending rate of 25% and a 57% reduction from a control baseline offending rate of 10%).³⁶ However, it is critical for the sports offer to be aligned with the identity of the child or young person, taking into account the key risks identified by the Youth Offending Teams and case workers. The offer should also be challenging but realistic, include exposure to and reinforce pro-social values, and be delivered by staff who can adapt the programme to the needs of participants.³⁷

Who is the intervention aimed at?

The children and young people eligible for the StreetGames programme will be those with a tertiary or secondary level of need. Our criteria are based on and in-line with the Supporting Families outcomes and eligibility criteria.³⁸ Definitions of each level of need are presented below. We anticipate that close to 20% of CYP referred to the evaluation will have a tertiary

³⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

³⁵ van der Kolk, B. A. (2005). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401–408. <https://doi.org/10.3928/00485713-20050501-06>

³⁶ Sokol-Katz J., Kelley M, Basinger-Fleischmann L. and Henry Braddock 11, J. (2006) Re-examining the Relationship between Interscholastic Sport Participation and Delinquency: Type of Sport Matters *Sociological Focus* 39:3 173-192

Youth Endowment Fund Sports Programmes Toolkit Technical report:
<https://youthendowmentfund.org.uk/wp-content/uploads/2021/12/Sports-Programmes-Technical-Report.pdf>

³⁷ Nichols, G. (2007) *Sport and Crime Reduction: The role of Sports in Tackling Youth Crime*. London: Routledge

Stansfield A. (2017) Teen Involvement in Sports and Risky behaviour: A cross-national and gendered analysis *British Journal of Criminology* 57 172-193

Stephenson M., Giller H. and Brown S. (2011) *Effective Practice in Youth Justice* Routledge: Abingdon

³⁸ Supporting Families Programme Guidance, 2022-2025. Department for Education and Department for Levelling Up, Housing, and Communities.

level of need, while 80% will have a secondary level of need. This proportion will be tested and finalised in the pilot³⁹.

Tertiary level of need: young people who have already been involved in crime or anti-social behaviour. This does not include CYP living in the secure estate. This includes CYP aged 10-17 years who meet any of the following criteria:

- CYP who have been provided with a warning or caution.
- CYP who have been arrested but not convicted.
- CYP who have been arrested and convicted.
- CYP who have been involved in anti-social behaviour, defined as conduct that has caused, or is likely to cause, harassment, alarm, or distress to any person.
- CYP who are violent or abusive in their home, are involved in gangs, serious violence, weapons carrying, or other high risk-taking behaviour.

Secondary level of need: young people aged 10-17 years who meet any of the following criteria:

- At risk of or experiencing criminal, or pre-criminal exploitation (e.g., County Lines,⁴⁰)
- Experiencing harm outside the family (e.g., peer to peer abuse, online harassment, or sexual harassment or offenses).
- Currently or historically affected by domestic abuse.
- Identified as being at risk of or affected by radicalisation.
- Lives with an adult (18+) who is involved in crime and/or ASB (at least one: offence/arrest/named as a suspect/ASB incident in the last 12 months).
- Excluded from school and not engaging in education (and not employed).

Supporting Families Teams will be provided with support and training materials, that will include clear guidance around the eligibility criteria and the intended (primary and secondary) outcomes of the programme to ensure appropriate referrals.

Along with the criteria specified above, at least 30% of children and young people participating in Toward Sport will be from Black, Asian, and minority ethnic backgrounds. This is motivated by the disproportionately higher rates of offending and experience with the criminal justice system among CYP from Black, Asian, and minority ethnic backgrounds, and the acknowledgement of key systemic risk factors in driving offending behaviours, discussed in the above section, which disproportionately affect these groups of young people. To allow

³⁹ 20% of CYP with a tertiary level of need is informed by discussions with and data provided by Supporting Families teams from Manchester City Council.

⁴⁰ County Lines involve illegal drugs being transported from one area to another, sometimes by children or vulnerable people who are coerced into the activity.

for potentially higher non-participation and attrition rates for children and young people from Black, Asian, and minority ethnic backgrounds, we are planning for at least 35% of referrals to be from such children and young people.

With the assumption that the attrition rates of children and young people from Black, Asian, and minority ethnic backgrounds will be double those from non-minority ethnic backgrounds, a rate of 35% at the stage of referral will ensure that the 30% rate during participation is achieved. Specifically, we assume an 80% participation rate and 20% attrition rate for children and young people from Black, Asian, and minority ethnic backgrounds, compared to a 90% participation rate and 10% attrition rate for children and young people from non-minoritised backgrounds. This assumption is conservative relative to the existing literature (see Henneberger et al., 2023⁴¹), which suggests that the attrition rate for children and young people from Black, Asian and minority ethnic backgrounds is 40% higher in the highest case. This conservative assumption provides further assurance that the target of 30% will be achieved.

Due to the trial's focus on the participation and outcomes of CYP from Black, Asian, and minority ethnic backgrounds, additional resources and considerations have been dedicated to the recruitment and retention of these young people. These strategies include (i) training and ongoing support to Supporting Families caseworkers to appropriately engage and retain CYP from Black, Asian, and minority ethnic backgrounds; (ii) and additional resources and support for caseworkers and DPOs to re-contact these CYP should they become disengaged from the evaluation. We anticipate that these efforts will lower the attrition and non-participation rates of CYP from Black, Asian, and minority ethnic backgrounds to be in line with the attrition rate of CYP not from Black, Asian, and minority ethnic backgrounds. The study will provide evidence on the existence of differential non-participation rates and attrition rates across race and ethnic groups. Moreover, the experiences and perceptions of CYP from different groups will be assessed during the IPE, which will also allow further in-depth investigation into the potential causes of differential non-participation or attrition rates if they are found to exist.

The past experience of StreetGames' work with the Youth Justice Sport Fund, working with 7,832 CYP across 218 DPOs and with 44% of CYP from ethnically diverse backgrounds lends confidence to achieving this target and level of engagement through the existing network and practices.

⁴¹ Henneberger A.K, Rose B.A, Feng Y, Johnson T, Register B, Stapleton L.M, Sweet T and Woolley M.E. (2023) Estimating Student Attrition in School-Based Prevention Studies: Guidance from State Longitudinal Data in Maryland. *Prev Sci.* 2023 Jul;24(5):1035-1045. doi: 10.1007/s11121-023-01533-1.

At least 60% of the DPOs that deliver the Toward Sport programme will be Black, Asian, or minority ethnic-led organisations. The definition of a Black, Asian, or minority ethnic-led organisation is one where at least 50% of the senior leadership of the DPO (including Board Members and Trustees) is from a Black, Asian, or minority ethnic background. Through the Ministry of Justice Youth Sport Fund, 50% of the smaller community organisations (with annual income between £10,000 and £200,000) engaged by StreetGames identified as having 50% of their leadership as Black, Asian, or minority ethnic, meaning that further targeted recruitment of Black, Asian, or minority ethnic-led DPOs is required.

To achieve 60% of Toward Sport sessions being delivered by Black, Asian, and minority ethnic led organisations, StreetGames will leverage existing relationships with locally trusted organisations (LTOs) and their knowledge of the distribution of DPOs across the delivery network. For example, 31% of LTOs stated that their leadership is from an ethnically diverse background in StreetGames' network survey. This 31% is based on responses by 212 LTOs, but the total network includes over 1,000 LTOs. These numbers of organisations suggest that recruiting at least 30 DPOs with leaders from Black, Asian, and minority ethnic Backgrounds (out of the targeted 50) should be achievable.

Young people will be referred to the programme by a Supporting Families case worker. Supporting Families is a multi-agency programme aimed at delivering direct support to families with complex interconnected problems including, involvement in crime and anti-social behaviour, being at risk of abuse and exploitation, substance misuse and insecure housing, among others. Each family has a single case worker, who works to coordinate support services from relevant agencies, and maintains close contact with the family.

How will the intervention lead to the intended outcomes?

Young people referred from Supporting Families will participate in weekly two-hour group sports-based activity sessions, over the course of 24 weeks. The Toward Sport programme offer will be available for one year (where each DPO will offer and deliver the support for one year and each participating CYP will participate for 24 weeks), delivered to young people on a roll-on-roll-off basis. The sessions will have no more than 15 young people attending.

The sports programme will take place in locations where young people feel safe and comfortable. This includes their journey to and from the venue, meaning that locations close to where children or young people live or attend school should be prioritised (note that some children and young people will participate in sessions outside of their area due to Safeguarding Risk Assessments. In these instances, DPOs will be provided budget allocations to account for transport costs where necessary). They will also take place at a convenient time for the children and young people involved. The sessions will be tailored to the interests of the young people involved and will give them opportunities to co-create their experiences.

The sports sessions will be designed to be flexible to the needs of young people, supportive, and focused on achievements to encourage pro-social identity, provide opportunities to establish new pro-social friendships, and avoid opportunities for 'deviancy training'⁴². Sports sessions will also be designed to make use of 'teachable moments' and will be focused on giving young people the opportunity to reflect on their progress and achievements, develop self-esteem, cognitive skills, and conflict management and will provide them with tools for positive decision-making, and thinking about their future.

The CYP will not have a personal development plan due to the roll-on-roll-off nature of the programme. Still, their level of need will be closely measured and tracked through engagement with DPO staff and mapped to the engagement matrix. (an example is included in the figure below). DPO staff will provide support to the CYP within the sports sessions to help them move up the engagement matrix during the intervention period.

The success of early intervention programmes, such as Toward Sport is reliant on: (i) engagement, including CYP's motivation and commitment to the activities;⁴³ relationships with the practitioner, built through meaningful connections, teachable moments, role-modelling, encouragement, and a low ratio of staff to CYP;⁴⁴ and belief in CYP's ability to change. The engagement of individual CYP in the sessions will be closely monitored and tracked by DPOs using a version of the example engagement matrix. This engagement matrix was originally created and used as part of the Positive Futures programme, funded by the Home Office, and has also been used by StreetGames' in a range of projects, including the Youth Justice Sports Fund, as it provides useful monitoring information which is valued by both those in the sports and youth justice sector on CYP engagement and 'distance travelled'.

Coaches and leaders of the DPOs will engage and support CYP to move up the levels of the engagement matrix, and track progress, based on the behaviours mentioned under each level. The tracking and monitoring of CYP engagement and need through this matrix is part of StreetGames' monitoring system, going into their administrative data systems. All DPO staff will have training on this engagement matrix and will track key Monitoring Evaluation and Learning metrics as part of their Shared Practice Model (detailed below).

⁴² 'Deviancy training' is the reinforcement of a young person's anti-social behaviours or actions by their peers.

⁴³ Youth Justice Board (2008) Engaging Young People who Offend Youth Justice Board for England and Wales: London

⁴⁴ Weaver B. (2011) Co-producing British Justice: The transformative potential of personalisation for penal sanctions British Journal of Social Work (41), 1038-1057

Rhodes J.E. (2004) The critical ingredient: Caring youth-staff relationships in after-school settings New Directions for Youth Development 101, 145-161

This will be tracked at the individual CYP level to see the progress of individual CYP in terms of engagement and these behaviours. Towards the end of the 24-week intervention period, the coaches and leaders will look for 'exit routes' and pathways for the young person via pastoral support. This type of support will vary across sites and CYP, depending on need and availability, but examples include transitioning into primary 'universal' sports sessions that the DPO provides (outside of Toward Sport), sign-posting and support into other appropriate mainstream sporting activities in the area, and volunteering and youth leadership roles, among others.

All sessions will be led by a coach/leader who will plan and deliver the sessions, which will include in-built skill development (e.g. via a game-led approach) and a youth-led approach within sessions. An example of such a youth-led approach is to allow CYP the opportunity to share their views and shape the activities of the sessions, and encourage CYP to support organisational activities – such as helping to set up/put away equipment, which can lead to volunteering and youth leadership roles and qualifications.

Conditional on eligibility, the CYP's interest in sports will be discussed, allowing the case worker to match the CYP to the most appropriate DPO in principle, based on geographical proximity and the availability of sports activities that interest the CYP. The CYP randomised into the treatment group and consenting to partake will begin engagement with the DPO and the Toward Sport programme, as detailed in the 'Consent and randomisation procedure' section. To ensure that the assignment of CYP to DPOs is appropriate to the needs and interests of the CYP, the Supporting Families team will agree on a process with the CYP and the DPO to transition from referral to engagement. This will take the form of a pre-meeting with the CYP and the DPO prior to initial engagement.

There will be variation across sites in terms of whether the sessions are single-gender or mixed-gender, the group size, and the specific ratio of CYP to staff (*within the minimum and maximum bounds set out within the shared practice model*). The allocation of CYP to specific groups will be based on the needs and vulnerability of CYP.

The sports sessions that CYP go through will include 'teachable moments', which include:

- Encouraging positive communication and celebration amongst attendees.
- Learning to win and lose.
- Supporting CYP to manage conflict, deal with peer pressure and make the right choices.
- Providing praise and encouragement.
- Engendering mutual respect and fairness.
- The inclusion of rewards and incentives – to celebrate and recognise achievement (however, small) and help build self-esteem.

This modality means that the CYP referred through this evaluation will potentially attend existing sessions with other CYP (CYP that are not referred to the DPO through this evaluation). This is expected, as referrals that come only through the evaluation will lead to cases with insufficient numbers for exclusive sessions and many small DPOs will be unable to accommodate parallel sessions. Where mixed sessions need to take place, DPOs will ensure that the sessions adhere to the requirements set out in the Shared Practice Model, described below. The StreetGames team will work with DPOs during recruitment and training to establish a good understanding of this requirement by DPOs and will provide the necessary support to achieve this. A key part of our compliance monitoring is to measure the extent to which CYP in the control group access the treatment, the extent to which ineligible CYP participate in the evaluation, the extent to which treatment CYP participate in Toward Sport sessions, and these metrics grouped by risk level. This monitoring is detailed in the section 'Compliance' and part of the pilot progress criteria (see 'Pilot evaluation and progress criteria').

The pre-meeting will include a comprehensive risk assessment with the CYP and information from the Supporting Families teams. In cases where the mixing of sessions will not be appropriate for the CYP being referred and the existing attendees of the sports session, the DPO staff will work with the CYP to identify potential solutions (alternative sessions; rearranging the attendees of existing sessions; explore nearby DPOs if needed) and ensure that the CYP can attend a funded sports session. A key safeguarding practice will be to undertake ongoing risk assessments and enact the above potential solutions as and when session mixing is deemed high risk. This approach avoids the risk of bringing together only vulnerable and high-risk CYP into a single session, which based on the project team's and Supporting Families team's experience can increase the risk of anti-social identities. This approach also follows a modality that is closer in practice to the existing system of referrals from statutory agencies and, therefore, is closer to the intervention design that would exist if it were rolled out as part of statutory services (i.e., this is a policy-relevant modality). Finally, this approach will allow referred CYP to mix and socialise with a broader range of other CYP who have been building pro-social identities. This brings an experience benefit for the referred CYP and also an opportunity to study the importance of peer effects on the referred CYP. To avoid the concern of not being able to separate the costs of the programme accurately, DPOs will be providing StreetGames with a detailed breakdown of operational costs, and since the DPO will need to invest in additional resources to accommodate the newly referred CYP, the data will be able to provide an assessment of the marginal costs of attending existing sessions with accuracy. Combined with detailed data on the establishment of new sessions, which the project team will have from all DPOs, this information will provide sufficient information to undertake detailed cost-benefit analyses of different policy scenarios (e.g., policy scenarios where existing providers make new slots available, scenarios

where providers make new sessions available, and scenarios where new providers ‘start-up’ anew).

Mechanisms of change

Referencing Labelling Theory (Becker, 1997), ‘labelling’ CYP as deviant can amplify offending behaviour by marginalising and excluding CYP, reinforcing a negative, deviant self-identity. Sport can challenge the negative or deviant label and offer positive opportunities and roles for a positive and pro-social self-identity.⁴⁵

Sport can provide opportunities to observe positive social behaviour and opportunities to practice such behaviour, as well as sanctions for negative behaviour (Bandura, 1962; 1977).⁴⁶ Sports activities can disrupt the routine activities that increase the likelihood of offending and replace them with routines that decrease this likelihood (through positive social learning).

However, it is key for the sports offer to be aligned with the identity of the CYP, take into account the key risks identified by the Youth Offending Teams and case workers, be challenging but realistic, include exposure to and reinforce pro-social values, and be delivered by staff who can adapt the programme to the needs of participants.⁴⁷ Change happens by providing CYP the opportunity to engage in supervised, positive, fun activities; to build pro-social relationships; to connect with positive role models; and to strengthen protective factors against offending behaviours.⁴⁸ Such group activities that are based on safety, predictability, and fun can make a positive contribution to trauma recovery, directing CYP away from offending behaviours.⁴⁹

⁴⁵ Becker H. (1997) *Outsiders: Studies in the Sociology of Deviance*. New York: Free press

⁴⁶ Bandura A. (1962) *Social Learning through Imitation*. Lincoln NE: University of Nebraska Press

Bandura A. (1977) Self-efficacy: Toward a unifying theory of behavioural change *Psychological Review*, 84 (2), 191-215

⁴⁷ Nichols, G. (2007) *Sport and Crime Reduction: The role of Sports in Tackling Youth Crime*. London: Routledge

Stansfield A. (2017) Teen Involvement in Sports and Risky behaviour: A cross-national and gendered analysis *British Journal of Criminology* 57 172-193

Stephenson M., Giller H. and Brown S. (2011) *Effective Practice in Youth Justice* Routledge: Abingdon

⁴⁸ Nichols, G. (2007) *Sport and Crime Reduction: The role of Sports in Tackling Youth Crime*. London: Routledge

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

⁴⁹ van der Kolk, B. A. (2005). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401–408. <https://doi.org/10.3928/00485713-20050501-06>

There is an important evidence gap for the role of sport in reducing offending for children and young people from Black, Asian, and minority ethnic backgrounds. This study, with a specific focus on this population of CYP, will aim to provide a further understanding of the potential efficacy of sports programmes in reducing offending for CYP from minoritised backgrounds. The trial will provide a detailed understanding of the perceptions of CYP from minoritised backgrounds, reasons for non-participation and attrition, and further understanding of their lived experience with the criminal justice system and support programmes, and will take adaptive measures during the trial to mitigate the risks of lower participation rates and higher dropout rates of CYP from minoritised backgrounds.

Intervention duration

The proposed programme design is for CYP to be offered 24 weeks of sports through Toward Sport if they are referred and randomised into the treatment group. The evidence on the impact of programmes duration as a key mediating factor is limited and there is a range of evidence pointing to the potential efficacy of shorter programmes.

Evidence from Sports-based interventions

Our review of the evidence has found a range of effect sizes from sports interventions and no consistent evidence linked to intervention duration. For example, the Sports Programmes systematic review⁵⁰ notes that studies with longer durations have larger effects, but the evidence on offending outcomes is based on six studies, with substantial heterogeneity and low or moderate confidence. In their meta-analysis, Yang et al. (2023)⁵¹ found that interventions of six months or less were associated with lower aggression in participating children and young people (SMD = -0.99). However, Sluys et al. (2022)⁵², in a review of the effects of physical activity on reducing anti-social behaviour in children and adults, does not find that intervention frequency nor intervention duration significantly moderates the effect of physical activity. Finally, in another study reviewing the literature on the effects of physical

⁵⁰ Gaffney, H, Jolliffe, D, and White, H. (2021) Sports Programmes Toolkit technical report. Youth Endowment Fund. Available at: <https://youthendowmentfund.org.uk/wp-content/uploads/2021/12/Sports-Programmes-Technical-Report.pdf>

⁵¹ Yang Y, Zhu H, Chu K, Zheng Y, Zhu F. (2023) Effects of sports intervention on aggression in children and adolescents: a systematic review and meta-analysis. PeerJ. 2023 Jun 13;11:e15504. doi: 10.7717/peerj.15504.

⁵² van der Sluys, M.E., Zijlmans, J., Ket, J.C.F. et al. The efficacy of physical activity interventions in reducing antisocial behavior: a meta-analytic review. J Exp Criminol (2022). <https://doi.org/10.1007/s11292-022-09536-8>

activity on aggression, Ouyang and Liu (2023)⁵³ do not find that longer interventions are more effective.

Evidence on duration from other programme types

Due to the limited evidence on the relationship between programme duration and programme efficacy within sports, we extended our literature search to non-sports programmes to assess if programme duration is a key mediator: in a meta-analysis conducted by Plourde et al. (2020)⁵⁴, 12-week programmes with weekly (mentoring) sessions did lead to statistically significant positive effects on key outcomes, including soft-skills and drug and alcohol use; in a meta-analysis of programmes for youth with Disruptive Behaviour Problems (DBP), Granski et al. (2020)⁵⁵ did find a statistically significant effect associated with treatment length in weeks, suggesting longer programmes are slightly more effective, but there was no significant effect of programme intensity (weeks x hours).

Other literature also found emotional monitoring skills programmes that are six months or shorter in duration have positive effects on a number of outcomes for young people. Wyman et al. (2010)⁵⁶ found that in programmes where young children were taught emotional monitoring skills over the course of 14 weekly sessions, children in the intervention condition had a 43% decrease in mean suspension events compared to children in the control group.

What are the primary and secondary outcomes?

Toward Sport is expected to reduce offending (violent and non-violent) as a primary outcome, and also generate positive change in critical areas such as emotional symptoms, conduct problems, hyperactivity, inattention, peer relationships, pro-social behaviour, wellbeing, participation in physical activity, and transferable skills and knowledge as secondary outcomes, in line with the literature presented in the previous section.

⁵³ Ouyang, N. and Liu, Jianghong Effect of physical activity interventions on aggressive behaviours for children and adolescents: A systematic review and meta-analysis. 2023. *Aggressive and Violent Behaviour*

⁵⁴ Plourde, K.F, Thomas, R, Nanda, G. Boys Mentoring, Gender Norms, and Reproductive Health-Potential for Transformation. *J Adolesc Health*. 2020 Oct;67(4):479-494. doi: 10.1016/j.jadohealth.2020.06.013

⁵⁵ Granski, M, Javdani, S, Anderson, V.R, Cairns, R. (2020) A Meta-Analysis of Program Characteristics for Youth with Disruptive Behavior Problems: The Moderating Role of Program Format and Youth Gender. *Am J Community Psychol*. 2020 Mar;65(1-2):201-222. doi: 10.1002/ajcp.12377.

⁵⁶ Wyman, P. A, Cross, W, Brown, C, Yu, Q, Tu, X and Eberly, S. (2010). Intervention to strengthen emotional self-regulation in children with emerging mental health problems: Proximal impact on school behavior (Rochester Resilience Project). *Journal of Abnormal Child Psychology*, 38(5), 707-720.

The primary outcome will be a binary variable for whether the CYP has offended (violent and non-violent), such that the primary outcome of the analysis can be interpreted as the impact of the Toward Sport intervention on the probability of offending. As such, the power analysis (detailed in 'Sample size calculations') is conducted based on a binary outcome variable, a comparison of two proportions. A binary variable, rather than a categorical variable capturing different types of offending, was chosen based on (i) data availability, as local offending data will only include an indicator of whether a CYP has offended or not, and (ii) sample size. As proven offending (even within the evaluation cohort) is rare, there may not be sufficient numbers of young people offending to get meaningful estimates for different offense types. Additional analyses with more disaggregated offending measures will be subject to data availability and quality. The secondary outcome variables measured through the Strengths and Difficulties questionnaire will be the total score and the comparison in the analysis will be the mean total score in the treatment group versus the mean total score in the control group. We will also analyse the impact of the treatment on each of the following subscales of the Strengths and Difficulties: emotional symptoms subscale; conduct problems subscale; hyperactivity/inattention subscale; peer relationships problem subscale; and prosocial behaviour subscale.⁵⁷

A similar approach, comparing the mean total score, will be taken with the ONS 4 wellbeing questions and also with the transferable skills and knowledge questions.⁵⁸ The participation in physical activity will be a comparison of the mean response (mean number of days) in the treatment versus control group. Physical activity will be captured via a single-item question from Milton et al. (2010)⁵⁹, which asks CYP the number of days in the past week they did 30-minutes of physical activity, which raised their breathing rate. The full question is provided in the Annex.

Primary outcome data on CYP offending will be collected through two sources: (i) the evaluation team has submitted an application to the PNC data, which will provide offence-level data on the occurrence and date of offences, the type of offence (including seriousness, which can be mapped to the ACPO Gravity Matrix), and the outcomes in the criminal justice system (sentence, verdict of trial); (ii) conversations with the Supporting Families teams have indicated that the teams have access to local police force data with the occurrence of offences, date of

⁵⁷ The scoring of the Strengths and Difficulties will be conducted following the guidance on the tool's website (<https://www.sdqinfo.org/py/sdqinfo/c0.py>).

⁵⁸ See the Appendix 'Survey items' for detail on the questions, scales, and scoring.

⁵⁹ Milton, K., Bull, F.C., and Bauman, A. (2010) Reliability and validity testing of a single-item physical activity measure. *Br J Sports Med.* 2011 Mar;45(3):203-8. doi: 10.1136/bjism.2009.068395. Epub 2010 May 19. PMID: 20484314.

offence, and type of offence (seriousness). However, they have indicated they can only provide the evaluation team access to a more limited set of information including whether or not the CYP has offended, and the date of the offense. Given that our conversations during co-design have focused on two local authorities and that there may be variation in the accessibility and quality of the local police force data, we are pursuing both avenues above. Secondary outcomes of programme participation include emotional symptoms, conduct problems, hyperactivity/inattention, peer-relationship problems, prosocial behaviour improved behaviours, resilience, attitudes and values, and pro-social activity, improved physical and mental wellbeing, and transferable skills and knowledge.

Secondary outcomes will be measured through primary data-collection activities, implemented through the Supporting Families case workers. The data-collection tools consist of: the Strengths and Difficulties Questionnaire⁶⁰ for the 11-17 age group;⁶¹ the ONS 4 Wellbeing questions⁶²; the single item measure for physical activity⁶³ collected at baseline, and following completion of the intervention. For young people in the control group, follow-up surveys will be collected 24-weeks after baseline data is collected. While these instruments have been validated, they have not been validated specifically for CYP from minority ethnic backgrounds, and this evaluation (including the pilot, impact evaluation, and the IPE) provides an important opportunity to assess the potential value of the instruments for different subgroups of CYP.⁶⁴ During the evaluation, we will explore the feasibility of conducting reliability and validity analyses in line with the methods used by Milton et al. (2010) and Mieloo et al. (2012), attempting to limit additional burden these activities may place on CYP and caseworkers. We have also proposed to collect data on the transferable skills and knowledge obtained by the CYP. The items that we have included have been used in the National Citizen Service Evaluation by DCMS. We have also explored the Youth Rating of

⁶⁰ [https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz\(UK\)](https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(UK))

⁶¹ For those aged 10 in the study sample, the case worker will instruct and work with the parent of the CYP to implement the One-sided SDQ for parents or teachers of 4-17 year olds, found on the SDQ tool site [here](#).

⁶² <https://evaluationframework.sportengland.org/media/1333/sport-england-child-question-bank.pdf>

⁶³ Milton K, Bull FC, Bauman A. Reliability and validity testing of a single-item physical activity measure. *Br J Sports Med.* 2011 Mar;45(3):203-8. doi: 10.1136/bjsm.2009.068395. Epub 2010 May 19. PMID: 20484314.

⁶⁴ Mieloo C, Raat H, van Oort F, Bevaart F, Vogel I, Donker M, Jansen W. Validity and reliability of the strengths and difficulties questionnaire in 5-6 year olds: differences by gender or by parental education? *PLoS One.* 2012;7(5):e36805. doi: 10.1371/journal.pone.0036805. Epub 2012 May 18. PMID: 22629332; PMCID: PMC3356337.

Stone LL, Otten R, Engels RC, Vermulst AA, Janssens JM. Psychometric properties of the parent and teacher versions of the strengths and difficulties questionnaire for 4- to 12-year-olds: a review. *Clin Child Fam Psychol Rev.* 2010 Sep;13(3):254-74. doi: 10.1007/s10567-010-0071-2. PMID: 20589428; PMCID: PMC2919684.

Socio-emotional Skills questionnaire on CYP's mental and behavioural skills. We propose using the pilot period to assess the extent to which the additional modules on physical activity and transferable skills and knowledge add burden on the responding CYP and impact response rates. The pilot will also provide an opportunity to understand the appropriateness of the validated instruments for different subgroups of CYP and the potential need for adaptation or translation. Survey measures have been kept as short as possible (taking approximately 10-15 minutes to complete), to be accessible to CYP. The use of incentives will be explored in the pilot for CYP in both treatment and control, to incentivise participation in follow-up data collection. Our approach to incentives can be found in more detail in the section "Incentives for CYP to participate in the evaluation".

When do we expect to see impacts?

We have aligned our data-collection activities with the expected timelines within which we expect to see effects on our primary and secondary outcomes. We expect to see effects on secondary outcomes by the end of the 24-week engagement of the programme (and potentially before), with CYP demonstrating changes in Strengths and Difficulties, wellbeing, engagement with physical activity, and ability and confidence in the measured knowledge domains over the course of the 24-week period.

We recognise that the impacts of Toward Sport on offending and re-offending may take longer than the 24-week intervention period to manifest and appear in the data. For this reason, in addition to collecting data on offending and re-offending at the 24-week mark to measure the short-medium impacts of the intervention on the primary outcome, we also plan to collect primary outcome data at the 24-week-plus-6-month mark to measure the longer-term impacts of the intervention. While we anticipate that all data will be included in the 24 week plus 6 months collection point, collecting at 24-weeks allows for preliminary analysis. We expect that longer-term reductions in offending may be correlated with observed sustained improvements in the secondary outcomes, which we also plan to collect data on at the 24-week-plus-6-month point (in addition to the 24-week point).

Theory of Change assumptions

Our Theory of Change assumes the availability of suitable and high-quality DPOs and delivery staff to deliver the intervention under the requirements of the Shared Practice Model and that suitable DPOs will respond positively to the recruitment process. StreetGames' work with the Youth Justice Sport Fund provides successful past experience to back up this assumption, but it still remains an assumption within the Theory of Change.

Related to the above assumption, our Theory of Change assumes that there will be sufficient interest in sports from eligible CYP and that sessions related to these sports interests will be provided by the recruited DPOs. Again, StreetGames' previous work with the Youth Justice

Sport Fund, working with 7,832 young people and 218 sports organisations, provides relevant past experience behind this assumption.

The delivery model assumed from referrals to participation relies significantly on a strong partnership between Supporting Families teams at the local authority level, Supporting Families case workers, DPOs, StreetGames, and the evaluation team. The Theory of Change describes the important role of the Supporting Families teams (see 'Consent and randomisation procedure' section), which will necessitate strong partnerships. We have had several conversations with Supporting Families teams in the expected delivery sites which provide further confidence in our ability to establish strong partnerships and implement the delivery model as intended.

The Theory of Change assumes that DPOs will be able to accommodate high-risk CYP in their sports sessions and either: (i) develop new sessions for high-risk CYP; (ii) accommodate high-risk CYP in existing sessions without negative consequences for other CYP, developing strong safeguarding practices; or (iii) discuss potential alternatives that meet the needs of the CYP. The Theory of Change also assumes that the DPOs will have the capacity to undertake these conversations with CYP and organise sessions around CYP needs.

The Theory of Change and approaches to measurement assume that the effects of the intervention will be measurable through the selected survey items and offending metrics within the timelines chosen (see the 'When do we expect to see effects?' section above).

Theory of Change risks

The Theory of Change faces the risk of being unable to recruit a sufficient number of DPOs (across the range of potential sports interests and geographies) to meet the target referral numbers needed (1,550 in the treatment group completing the sports programme based on the power calculations). Related to this risk is the possibility of being unable to attract sufficiently large numbers of Black, Asian, and minority ethnic CYP to meet the REDI targets for the evaluation. The past experience of the Youth Justice Sport Fund, working with 7,832 CYP across 218 DPOs and with 44% of CYP from ethnically diverse backgrounds lends confidence to mitigating this risk through existing practices, such as operating in diverse communities, engaging with diverse community organisations and organisations with experience working with CYP from diverse backgrounds, and providing a diverse range of sports options.

There is a risk is that the proposed recruitment strategy of DPOs makes it challenging to meet the 50% target of DPOs Black, Asian and minority ethnic-led. Previous recruitment experience, understanding the distribution of DPO leaders' backgrounds through StreetGames' network information (past network surveys) and engagement with local authority teams, and close monitoring and rigorous selection practices during recruitment

will mitigate against this risk. The evaluation will provide an opportunity to better understand the existence of differential attrition rates for Black, Asian, and minority ethnic CYP, as well as the potential factors behind attrition.

The evaluation delivery model faces the potential risk of Supporting Families teams not fully understanding the intended referral/randomisation process or not fully adhering to the randomised assignment in the field, for example, finding ways to offer the CYP in the control group additional support. By randomising CYP into treatment and control groups centrally, the evaluation team will be able to monitor and identify any cases where control group members are attending the intervention (as if treatment group members). Our proposal also includes training for Supporting Families teams, including a training for teams specifically at the local authority level and a training for all staff including case workers. In addition, we have planned for weekly online drop-in sessions and a designated inbox that will be regularly monitored to provide Supporting Families teams with ongoing support during the project.

A potential risk for high-risk referred CYP, linked to the assumption above, is that DPOs may be unable to find sessions appropriate for such CYP within their organisations. This can be due to a limited number of high-risk referrals (or low capacity) making it infeasible to hold exclusive sessions, and/or due to no available slots in existing sessions that would be appropriate for the high-risk CYP, without potentially harming existing lower-risk CYP participants.

There are potential risks around limited acceptance rates by CYP when offered sports (low interest), potential non-attendance within sports sessions (not actually taking up the sports offer) and dropping out during the programme (attending but then leaving before the 24-weeks programme is complete).

When will the intervention be delivered?

The pilot phase will include delivery of the intervention from September 2024 to March 2025 (with a review point in January 2025, prior to the start of the full efficacy trial). The full evaluation will include a delivery phase from March 2025 to February 2026.

Impact evaluation

Research questions or study objectives

The impact evaluation is designed to answer the following primary research questions:

1. What is the impact of participation in the Toward Sport voluntary sports programme by 10-17 year-old children and young people at secondary and tertiary level of risk (defined above in section 'Who is the intervention aimed at?') on youth offending rates (violent and non-violent offending), as measured by local police force data, and compared to a control group experience of business-as-usual support without sports programmes (business-as-usual is defined further in section 'Control group and business-as-usual')?
2. What is the impact of participation in the Toward Sport voluntary sports programme on emotional symptoms, conduct problems, hyperactivity/inattention, peer-relationship problems, prosocial behaviour, wellbeing, participation in physical activity and transferable skills and knowledge, as measured through face-to-face surveys with Supporting Families case workers?

In addition, the impact evaluation aims to provide evidence on the following secondary questions:⁶⁵

1. Is there significant evidence of a differential impact of Toward Sport on youth offending (measured by police force data) for CYP from white backgrounds compared to CYP from Black, Asian, Arab, and mixed backgrounds? Similar for the impact of the intervention on the listed secondary outcomes. This analysis focuses specifically on race. We separate white from non-white CYP in this research question based on a potential shared experience of racism or racialisation amongst non-white CYP, which may impact their outcomes or interaction with the police or justice services.
2. Is there significant evidence of a differential impact of Toward Sport on youth offending based on specific facilitators? (e.g., when the CYP share the same sex as the coach, or when CYP share the same ethnicity as the coach) Similar for the impact of the intervention on the listed secondary outcomes.
3. Is there significant evidence of a differential impact of Toward Sport on youth offending for youth with different characteristics including gender, eligibility criteria

⁶⁵ We acknowledge the existence of multiple tests here. Given that these research questions and analyses will be underpowered, especially after accounting for multiple hypothesis testing, we consider this analysis explorative in order to improve the understanding of how the programme potentially leads to impacts. This analysis will also allow the generation of hypotheses which can be further explored in the IPE.

(tertiary versus secondary risk levels), and if the CYP has special education needs?⁶⁶
 Similar for the impact of the intervention on the listed secondary outcomes.

4. Does the impact of Toward Sport vary by the number of weeks that CYP attend for?
5. Does the impact of Toward Sport vary by geography (local authority)?

Design

Table 1: Trial design

Trial design, including number of arms		<i>Efficacy trial. Two-armed multi-site trial with randomisation at the individual (CYP) level. Within each local authority, CYP are randomised after referral, when they have provided their consent to participate in the evaluation. The randomisation occurs on a rolling basis after the eligible CYP is referred to the Supporting Families programme, engages with the case worker, and provides their consent. More details on the process are included in 'Randomisation'</i>
Unit of randomisation		<i>Individual CYP level, within local authorities on a rolling basis, on a 50-50 treatment-control basis to maximise power</i>
Stratification variables (if applicable)		<i>Randomisation will take place within local authorities (stratification at the local authority level). Within local authorities, randomisation will occur on a rolling basis at the CYP level.</i>
Primary outcome (Baseline and follow-ups)	variable	<i>Binary variable if an offence (violent and non-violent) occurs in the data. At baseline this variable is equal to one if any offence occurs prior to baseline; at follow-up this is equal to one if any offence occurs between baseline and follow-up (true for both follow-ups).</i>
	measure (instrument, scale, source)	<i>Number of recorded incidents to date, 0 upwards, PNC and local police force data.</i>

⁶⁶ We will also analyse cases where the gender is different to the majority gender of the CYP in the group.

Secondary outcome(s) (Baseline and follow-ups)	variable(s)	Emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour
	measure(s) (instrument, scale, source)	<p>Strengths and Difficulties questionnaire (<u>one-sided self-rated SDQ for 11-17-year-olds</u>), response scale is Not True/Somewhat True/Certainly True, scoring follows <u>the SDQ scoring approach</u>, administered via 1-to-1 face-to-face survey by the Supporting Families case worker. The measure will be the total score, as well as each of the following subscales:</p> <ul style="list-style-type: none"> • Emotional symptoms subscale. • Conduct problems subscale. • Hyperactivity/inattention subscale. • Peer relationships problem subscale. • Prosocial behaviour subscale. <p>For those aged 10 in the study sample, the case worker will instruct and work with the parent of the CYP to implement the One-sided SDQ for parents or teachers of 4-17 year olds, found on the SDQ tool site here.</p>
Secondary outcome(s) (Baseline and follow-ups)	variable(s)	ONS4 Wellbeing
	measure(s) (instrument, scale, source)	<u>ONS4 Wellbeing Questions</u> , Scale 0-10, administered via 1-to-1 face-to-face survey by the Supporting Families case worker
Secondary outcome(s) (Baseline and follow-ups)	variable(s)	Physical Activity
	measure(s) (instrument, scale, source)	<u>Milton et al (2010) single-item physical activity measure</u> , Scale 0-7, administered via 1-to-1 face-to-face survey by the Supporting Families case worker
Secondary outcome(s) (Baseline and follow-ups)	variable(s)	Transferable skills and knowledge
	measure(s) (instrument, scale, source)	Transferable skills and knowledge questions used in <u>DCMS evaluation of National Citizen Service</u> ,

A multi-site trial is required for this evaluation, to gather sufficient sample sizes of CYP receiving comparable support through community-based sports organisations. Since such organisations are typically small, it is infeasible to design an RCT within a single organisation. The multi-site trial allows a larger number of CYP to be recruited for the evaluation, by partnering with multiple organisations. To ensure that the treatment being tested is consistent across CYP and organisations, a Shared Practice Model has been developed (see section 'Intervention'), such that organisations deliver common sports programme components. Multi-site trials also improve the external validity of evaluations versus single-site settings.

Randomisation is conducted at the individual CYP level on a rolling basis within each local authority to maximise statistical power, ensuring that local authority-specific variation does not absorb or confound treatment/control variation. This approach also provides the maximum power to conduct any cross-local authority comparisons. Once local authority-specific stratification is accounted for, the treatment and control groups will be similarly representative of the population of CYP – there will be no differential characteristics between treatment and control CYP driven by the treatment-control allocation differing across sites.

Two arms are chosen because of the trial's design relative to the core research questions: comparing the impact of Toward Sport against business-as-usual activities.

The trial will be delivered across 5 local authorities, 50 DPOs⁶⁷, with ~1,915 individual CYP randomised into treatment at referral (~1,915 offered the opportunity to participate in the evaluation and sports programme) and control (~1,915 offered the opportunity to participate in the evaluation but not offered the opportunity to participate in the sports programme and offered business-as-usual support). The delivery of the programme and evaluation will be conducted through Supporting Families teams in the local authority, with the data team in the local authority supporting the identification of eligible CYP and data-sharing, and the case worker engaging with CYP to assess interest in sports and consent to participate in the evaluation, as well as collecting primary data. From the treatment group, 1,550 CYP are expected to complete the sports programme from a total number of 1,915 referred to the programme. The same number of CYP are expected to partake in the evaluation and business-as-usual activities in the control group. The rationale behind these numbers is detailed in the section 'Sample size calculations' below.

⁶⁷ The five sites where delivery is expected are: Manchester, Greater Manchester; Bradford, West Yorkshire; Leicester, East Midlands; Birmingham, West Midlands; Plymouth, Devon.

Randomisation

The evaluation team, with the support of the project team, will work with the Supporting Families representatives at the local authority level, aligning on the eligibility criteria and how they are recorded, the additional survey items, and the consent and data-sharing agreements to introduce to the eligible families once engagement with the case worker begins. The evaluation team will work with the data lead of the Supporting Families team to ensure that the eligibility criteria for the evaluation (see ‘Who is the intervention aimed at?’) are clearly understood and applied to identify eligible families and CYP. Based on the eligibility criteria, the case workers will be given clear instructions to engage with the families and CYP, including detailed training sessions and ongoing support (see ‘Support provided to Supporting Families teams’).

The Supporting Families case workers will begin engagement with the eligible families and in each case will undertake a comprehensive risk assessment and assess the CYP’s interests, including specific questions on interests in sports (in general). At this stage, there will be no clear offer of a sports programme – the case worker will be assessing the CYP’s interest in sports and in particular sports activities (as well as other interests) as part of the initial engagement and assessment. For those CYP that express a potential interest in sports, the case worker will then ask the CYP if they would be willing to participate in the evaluation study. For those that consent, the case worker will collect baseline data on the primary and secondary outcomes and demographic data.⁶⁸

After consent and the baseline data is collected, the evaluation team will randomise each CYP and feed the result of the randomisation back to the case worker. Randomisation will take place twice a week. The case worker will then be notified with the outcome of the randomisation by the evaluation team. The revelation of treatment assignment occurs after baseline data is collected to mitigate against the risk of selection bias.

We will provide clear guidance and reasoning to the case workers, ensuring that case workers understand the benefits of a high-quality study and fully understand the requirements to achieve this and their roles in meeting them (see ‘Support provided to Supporting Families teams’), as well as our ongoing monitoring of compliance and fidelity (detailed in section ‘Compliance’).

This approach means that there is a single engagement between the case worker and the family, at the referral stage, where the case worker can: (i) assess the CYP’s interest in sports

⁶⁸ The consent materials that the case worker will ask the interested CYP to complete will follow the templates in Annex B of the [YEF Guidance for Projects and Evaluators](#).

and their eligibility for the evaluation and intervention; and (ii) discuss the evaluation and consent procedures linked to participation and the sports offer. The expectation is that this approach will minimise non-engagement with the Supporting Families programme (compared to if this discussion has to occur in two stages, for example). The evaluation team proposes this single-engagement strategy to mitigate against the risk of reduced engagement with the Supporting Families programme (and with the evaluation as a result), as well as to reduce the burden on the case workers (potentially risking aspects of adherence to protocols and the quality of the evaluation). The evaluation team acknowledge that the reduction in the risk of reduced engagement is traded off against the risk of the possibility that the case worker can attempt to access the treatment assignment before recruitment and adjust their recruitment effort based on treatment. Below, we describe the two-stage engagement approach, as well as how the risk of the case worker potentially accessing treatment assignment prior to recruitment will be mitigated. The evaluation team also considered a two-stage engagement strategy, which may reduce the potential for bias due to differential recruitment efforts by the case worker (but would increase the risk of attrition and reduced engagement between the two visits). This strategy would include: (i) the case worker engages with the family and CYP to identify eligible, interested, and consenting CYP and collects their baseline data; (ii) the case worker feeds this information back to the team at the local authority level; (iii) this information is fed back to the evaluation team; (iv) the assignment of the CYP into treatment/control is identified and shared back to the case worker via the Supporting Families team at the local authority. This approach also adds burden on the case worker requiring two visits, which is likely to lead to further negative consequences for the evaluation, as well as the quality of the Supporting Families programme engagement. For these reasons, and since we are able to introduce effective mitigation strategies against the key risk of the single-engagement strategy approach, described below, we prefer the single-engagement strategy.⁶⁹

Our preferred approach is the single-engagement approach, as we expect that the probability of case workers attempting to access treatment assignment information is low, as this requires a deviation from the evaluation instructions and protocol. This means that the probability of the key risk of the single-engagement approach is expected to be low and also avoids the risk of reduced engagement due to the two-stage engagement, as well as the

⁶⁹ A third strategy would involve randomising families prior to the first engagement in principle, creating support offer packages for families in the treatment group (including Toward Sport) and the control group (excluding Toward Sport), and initiating the first engagement with the case worker. At this stage both the family and the case worker are aware of the offer beforehand and the intervention is also offered to a large range of families (including those with CYP not interested in sports). This approach would likely lead to very low rates of take-up, and imbalanced families in the consenting treatment and consenting control groups in terms of both numbers and characteristics.

increased burden on the case worker. In addition, depending on the primary data collection tools used in the local authority, we will work to introduce additional mitigation measures against this risk, such as integrating the assignment process into the survey platform (ensuring that the support offers can only be revealed after data-collection is complete), described above.

During the mobilisation period and the pilot, the evaluation team will assess whether the additional mitigation measures are feasible and whether there is evidence of deviation from the protocol by case workers. This will be done by assessing the proportion of CYP in each treatment group, the balance of key characteristics across treatment groups, and through direct investigation as part of the IPE. In the event that the single-engagement strategy results in evidence of non-compliance, the two-stage engagement approach will be considered.

Supporting Families was selected to provide referrals for several reasons: First, one of the key principles of Supporting Families is measuring outcomes and data, meaning robust data on individual-level outcomes related to offending is collected at regular intervals (quarterly). This is a reliable and consistent way of ensuring regular outcomes data for our outcome metrics. Second, Supporting Families case workers will have regular contact with both the treatment group and control group participants. This will improve the response rates for the secondary outcomes data, which is gathered from surveys, and will reduce the likelihood of differential response rates between the treatment and control groups. Since the Supporting Families teams will have close engagement with the families of the CYP, there will be regular opportunities to encourage the CYP to complete the survey and the marginal cost of doing so will be negligible. Third, Supporting Families case workers will base referrals into offered programmes on their eligibility criteria, derived from the outcomes framework. Since the evaluation and programme design is aligning the eligibility criteria with the Supporting Families framework, this will ensure that the CYP referred into the programme during delivery will be consistent with the intended design. Finally, through this approach, we will have clear information on the types of business-as-usual support available to treatment and control group members for those CYP that consented to participate in the evaluation; and implementing the randomisation of CYP into the sports offer or business-as-usual support through the Supporting Families teams will ensure a level of implementation consistency across sites.

We are aware that there is an important reliance on Supporting Families case workers. Based on informal discussions with Supporting Families representatives in Greater Manchester and Bradford, the proposed approach is considered feasible, with many Supporting Families teams already engaging in primary data-collection on similar outcomes (e.g., implementing the Strengths and Difficulties tool). The main recommendation for our engagement is to streamline the interactions with the Supporting Families case workers, undertaking as much

of the processes for the evaluation ‘upfront’ (i.e., with the local authority team) as possible, following aspects of the implementation approach of the Family Group Conferencing RCT funded by Foundations. We do, however, acknowledge that there are still additional asks of Supporting Families staff and capacity. For this reason, both the project team and the evaluation team are earmarking resources to support data-collection activities that will be used to minimise the burden on case workers, incentivise responses, and/or compensate additional data-collection activities asked of case workers (see the Shared Practice Model document for additional information).⁷⁰ Moreover, the introduction of a full pilot phase will allow the teams to fully rehearse and assess the full set of implementation processes (from identifying eligible families, to referrals, to matching and participation, to data collection) and adapt them as necessary. The evaluation team will work closely with the Supporting Families teams at the local authority level throughout all phases of the study and will provide supporting activities, described in detail below.

Resentful demoralisation

We acknowledge the potential risk of resentful demoralisation for CYP in the control group. We have incorporated the following mitigations into the evaluation to address this risk:

- CYP randomised into the control group will have a clear pathway into business-as-usual services (detailed in the section ‘Control group and business-as-usual’). CYP will experience regular engagement through business-as-usual services and will (in principle) experience the same level of engagement with the case workers as the treatment group (conditional on their risk level and needs).
- The information provided to CYP will clearly lay out how they are involvement in an important and valuable study, without overselling the potential benefits of involvement in the programme.
- We will explicitly explore the existence of resentful demoralisation during the pilot evaluation, as well as through the IPE of the pilot and full trial. We will adapt the design of the trial to this information where possible (e.g., between the pilot and full trial phases).

⁷⁰ StreetGames have earmarked additional resource within their budget under the *capacity contributions to Supporting Families* heading. See Project budget breakdown, *additional budget narrative* tab, for more detail. StreetGames has held extensive discussions with Supporting Families teams at Caseworker, Data analysis and Senior Leadership levels. Following these discussions we are pleased to include in this submission, letters of support from two of the identified delivery areas in Manchester and Bradford Local Authorities, with additional support letters to follow during the scoping and mobilisation period of the programme.

- During the pilot we will assess the extent to which incentives provided to members of the control group help to mitigate against resentful demoralisation and adapt the design of the full trial to the findings.

Participants

The intended participants for the evaluation and the intervention, as well as the rationale behind the eligibility criteria are detailed above in the Theory of Change section ('Who is the intervention aimed at?')

Incentives for CYP to participate in the evaluation

We have accounted for incentives for CYP to participate in the evaluation (engage in data-collection activities) for both the treatment and control group in the full evaluation (£62,000 to accommodate a £10 voucher for participation in each of the follow-up surveys). Our plan is to assess the effectiveness of incentives during the pilot, comparing the response rates and experiences of 40 CYP that are provided a £10 voucher to participate in the evaluation with 40 CYP that are not provided a £10 voucher. The focus will be on the response rates and engagements of the latest follow-up data collection that is possible within the pilot period.

The effectiveness and value of incentives will be discussed with CYP, Supporting Families staff, and DPO staff, as well as assessed through the comparison of response rates and indicators of data quality across the two groups (incentives/no incentives). In addition to their role in improving participation and response rates for the evaluation, incentives play a potential role in reducing resentful demoralisation for the control group (see section 'Randomisation').⁷¹ We will also assess the extent to which members of the control group experience resentful demoralisation and the potential role of incentives in reducing this.

If incentives are not considered to add value to the quality of the evaluation (which is likely due to the existing high-quality engagement between Supporting Families case workers and families and CYP) or to reduce resentful demoralisation in the control group, we have earmarked additional evaluation activities that will be funded instead of incentives (these include additional participatory research activities with CYP during the pilot; additional interviews with DPO staff and coaches; additional interviews with DPO leaders; additional focus groups with CYP; additional case studies; and an additional participatory workshop with CYP during the full evaluation).

⁷¹ The Research Ethics Committee (REC) highlighted potential concerns around equity based on some CYP receiving incentives, while others do not. To alleviate this, incentives will be offered to CYP in the pilot on a randomised basis.

Sample size calculations

The sample size of the evaluation is based on practical (capacity) constraints, from which we estimate the minimum detectable effects under a level of power of 80% and significance level of 5%. The constraints are based on 50 DPOs recruited by StreetGames, each able to deliver weekly sports sessions (of 2-hours) for 24 weeks to a group no larger than 15 CYP.

Based on this capacity, and under the following assumptions, we estimate that a total of 1,915 CYP will be randomised over the evaluation period, of which 1,723 will participate in follow-up data collection and of which 1,550 will complete the intervention. To estimate the ITT, the 1,723 will be the relevant sample included in the analysis, and the 1,550 is the sample that completes the intervention. The assumptions are as follows:

- A rate of attrition from the evaluation of 10% (for both the treatment and control group).
- A rate of participation in the evaluation and in the intervention from the referral stage (the rate from referral to participating in at least one session) of 90%. As we still collect data on these individuals as part of the evaluation, they are not included in the overall attrition rate, leaving overall attrition from the evaluation at approximately 10%.⁷²
- A rate of attrition from the intervention during the programme of 10% -- a proportion of the referred and participating CYP do not complete the full 24 weeks, but these are included in the evaluation analysis and as part of the 1,915 sample that receive some treatment. The attrition from the intervention during the programme is what generates variation in dosage.
- Referrals for the available slots from non-participants are offered to new CYP after a delay of 4 weeks (some delay due to distinguishing between non-participation and a missed session, as well as administrative delay).
 - The referrals for newly available slots will be offered on a randomised basis. All referrals within the evaluation will follow the same consent, randomisation, and referral process as outlined in the Shared Practice Model.
- Referrals for the available slots from CYP dropping out of the programme are offered to new CYP after a delay of 6 weeks (some delay due to distinguishing between non-attendance and a missed session, as well as administrative delay).
 - Those that drop-out of the programme are still included in the analysis of the evaluation. Specifically, all CYP that consent to the evaluation and are

⁷² While a higher attrition rate of CYP from Black, Asian, and minority ethnic backgrounds is initially assumed, additional resources dedicated to recruitment and retention of this group (detailed above in “Who is the Intervention aimed at?”) will aim to lower the attrition rate of CYP from Black, Asian and minority ethnic communities, bringing the overall attrition rate to approximately 10%.

randomised into the treatment group will be included in the analysis as treatment-group members (regardless of number of weeks attending). Subsequent complementary analysis will assess the importance of duration on efficacy.

- Those that consent to participate and share their data but drop out of the programme will be included in the final sample. The proposed operating model ensures that these slots are replaced in order to: (i) maximise the number of CYP that benefit from the available slots (for value-for-money and power reasons); (ii) ensure sufficient CYP numbers in each sports group session.
- The referrals for newly available slots will be offered on a randomised basis. All referrals within the evaluation will follow the same consent, randomisation, and referral process as outlined in the Shared Practice Model.

With 1,550 CYP completing the sports programme and remaining within the evaluation sample, we use the 'power.prop.test' function in R to estimate the minimum detectable effect, assuming a two-sided test, 80% power, and 5% significance level. We estimate the minimum detectable effect for multiple scenarios of the baseline rate of offending (i.e., the rate of offending in the control group at each follow-up):

Control group offending rate assumed	Treatment effect size in percentage points (reduction in offending rate)	Treatment effect size in Cohen's d ⁷³
5%	2.4	0.1289
10%	3.2	0.1167
15%	3.8	0.1119
20%	4.2	0.1090
25%	4.5	0.1070
30%	4.7	0.1054
35%	4.9	0.1039

⁷³ Binary effects are translated into a standardised effect size using the arcsin transformation (Cohen, 1988): insert the two proportions into this function: $2 * \text{asin}(\sqrt{p1}) - 2 * \text{asin}(\sqrt{p2})$. In each of the above, the pre-post test correlation is assumed to be zero for conservativeness.

40%	5.0	0.1027
45%	5.0	0.1017
50%	5.0	0.1007

The main scenario (in bold in the table) is under a 25% offending rate in the control group. This is an approximation based on evidence from a [Department for Education](#) report and recent [Youth Justice Statistics](#) on offending and re-offending. We are reassured that the minimum detectable effect is consistent across the baseline rates assumed, with the standardised effect size detectable always below the 0.2 threshold. To put the minimum detectable effect into context, a 4 percentage-point reduction in the offending rate is the smallest effect size for mentoring interventions in [Department for Education \(2010\)](#) and [Tolan et al \(2013\)](#). The YEF [toolkit](#) for Sports Programmes notes effect sizes on offending of a 52% reduction from a control baseline offending rate of 25% (25% → 13%, i.e., a 12 percentage-point reduction) and a 57% reduction from a control baseline offending rate of 10% (10% → 4.3% ,i.e., a 5.7 percentage-point reduction). While the literature offers guidance on the potential impact, as this is a relatively novel and short intervention, there is some uncertainty around the impact that can be achieved. Therefore, the proposed sample size will allow us to prudently detect even smaller effects and potentially allows for subgroup analysis.

For subgroup analysis comparing CYP from Black, Asian, and minority ethnic backgrounds to other CYP, in terms of the efficacy of Toward Sport: For the case where the control group offending rate is 25% and 30% of participants being from Black, Asian, and Minority Ethnic backgrounds, the minimum detectable effect size within this group for the efficacy of Toward Sport is a decrease of 8.34 percentage points (a 33% reduction or a Cohen’s d of 0.21).

For other subgroup analyses, for reference we provide power calculations where the subgroup accounts for 50% of the population. For the case where the control group offending rate is 25% and 50% of the participating CYP are in the subgroup, the minimum detectable effect size within this group for the efficacy of Toward Sport is a decrease of 6.4 percentage points (a 26% reduction or a Cohen’s d of 0.16).

The efficacy trial is designed and powered to assess the overall efficacy of Toward Sport for the eligible CYP population. Due to the sample-size and power considerations, the subgroup and heterogeneity analyses are intended to be exploratory and complementary to the implementation and process evaluation analyses, which are further detailed in the section ‘Implementation and process evaluation’ and which specifically focus on the differential experiences and perceptions of CYP from different subgroups.

Table 2: Sample size calculations

		PARAMETER
Minimum Detectable Effect Size (MDES)		0.11 (Cohen's d)
Pre-test / post-test correlations	level 1 (participant)	0 (our power calculations have been conducted under this conservative assumption)
	level 2 (cluster)	N/A
Intraclass correlations (ICCs)	level 1 (participant)	0
	level 2 (cluster)	N/A
Alpha ⁷⁴		0.05
Power		0.8
One-sided or two-sided?		Two-sided
Average cluster size (if clustered)		N/A
Number of clusters ⁷⁵	Intervention	N/A
	Control	N/A
	Total	N/A
Number of participants in primary outcome analysis	Intervention	1,723
	Control	1,723
	Total	3,446

⁷⁴ Please adjust as necessary for trials with multiple primary outcomes, 3-arm trials, etc., when a Bonferroni correction is used to account for family-wise errors.

⁷⁵ Please state how the data is clustered, if there is any clustering (e.g., by delivery practitioner or setting).

Outcome measures

Toward Sport is expected to reduce offending (violent and non-violent) as a primary outcome, and also generate positive change in key areas such as emotional symptoms, conduct problems, hyperactivity/inattention, peer-relationship problems, prosocial behaviour, wellbeing, participation in physical activity, and transferable skills and knowledge as secondary outcomes, in line with the Theory of Change presented above and the literature cited within that section. The outcomes are explicitly outlined in the Theory of Change and the measures are described below.

The primary outcome of the impact evaluation is the rate of youth offending (violent and non-violent), which will be sourced from the Police National Computer data and local police force data (we are pursuing both options for assurance), and the secondary outcomes are emotional symptoms, hyperactivity/inattention, peer-relationship problems, prosocial behaviour, participation in physical activity, transferable skills and knowledge, which will be collected through 1-to-1 face-to-face surveys administered by Supporting Families case workers.).

Data on CYP outcomes for the evaluation will be collected at three points in time: at baseline (at the point of referral, after consenting to participate in the evaluation), at the end of the 24-week period, and 6 months after the 24-week period (24 weeks plus 6 months after referral).

Local police force data and secondary outcome data will be collected by the Supporting Families case workers, who will have regular contact with members of both the treatment and control groups for the duration of the intervention. The case workers will be provided training by the evaluation team on obtaining consent for the evaluation, the availability of ongoing support and communication channels, and the availability and process for receiving incentive payments.

In addition, our engagement training, data-collection materials, and support offerings will be directly informed by our Ethnically Diverse CYP Engagement Experts, Teswal White and Cheryl White, ensuring that they take into account key considerations around racial equity. The length of engagement between the case worker and the family can vary but is typically between 6-12 months for families meeting the eligibility criteria that are specified below. For those families where the case is closed by the 24-week-plus-6-month follow-up, we will collect the data through the following means: (i) where the Supporting Families team at the local authority agrees, the case worker will schedule an additional meeting with the family and collect the data directly; (ii) during the baseline engagement and the follow-up engagement, the CYP will be provided a link to complete the survey for secondary outcomes, and be reminded of the incentive; when the time to complete the survey comes around, the CYP will be notified, asked to complete, and provided the incentive. For the primary outcome,

for the consenting CYP, we will have consent to access offending data from local police force data and from the PNC.

Our discussions with Supporting Families representatives and case workers from Greater Manchester and Bradford have suggested that (i) is feasible; however, we will also develop option (ii) in the event that option (i) proves too burdensome in practice, or where there is variation across local authorities in agreeing to option (i). During the mobilisation period, we will have clarity on the feasibility of both options across the sites and will use the pilot evaluation to assess the effectiveness of incentives.

Secondary outcomes of programme participation include improved emotional symptoms, conduct problems, hyperactivity/inattention, peer-relationship problems, prosocial behaviour, wellbeing, participation in physical activity, and transferable skills and knowledge. The data-collection tools consist of: the Strengths and Difficulties Questionnaire⁷⁶ for the 11-17 age group; the ONS 4 Wellbeing questions⁷⁷; the single item measure for physical activity⁷⁸ following completion of the intervention. We have also proposed to collect data on the transferable skills and knowledge obtained by the CYP. The items that we have included have been used in the National Citizen Service Evaluation by DCMS. We have also explored the Youth Rating of Socio-emotional Skills instrument (see questionnaire) on CYP's mental and behavioural skills. We propose using the pilot period to assess the extent to which the additional modules on physical activity and transferable skills and knowledge add burden on the responding CYP and impact response rates. We will also test for the potential existence of ceiling and floor effects during the pilot. We have included a draft survey to measure secondary outcomes in an annex ('Survey items').

Discussions with Supporting Families teams have suggested that offending data from local police force data is available at regular intervals, which will allow us to conduct our primary analyses with offending as the primary outcome on a 'live' basis (e.g., without a large lag). If we successfully access the local police force data, we can then use our alternative source of the Police National Computer data for validity checks on the police force data. We have submitted an application for access to Police National Computer data on offending. Discussions with Ministry of Justice representatives from the Data First Initiative have suggested an expected period of 12 months until access. The data from the Police National Computer also incorporates a lag of up to 6 months

⁷⁶ [https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz\(UK\)](https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(UK)) For those aged 10 in the study sample, the case worker will instruct and work with the parent of the CYP to implement the One-sided SDQ for parents or teachers of 4-17 year olds, found on the SDQ tool site [here](#).

⁷⁷ <https://evaluationframework.sportengland.org/media/1333/sport-england-child-question-bank.pdf>

⁷⁸ Milton K, Bull FC, Bauman A. Reliability and validity testing of a single-item physical activity measure. *Br J Sports Med.* 2011 Mar;45(3):203-8. doi: 10.1136/bjsm.2009.068395. Epub 2010 May 19. PMID: 20484314.

in the offending data (for example, the data as of 1st July 2024 will include offending up to 1st January 2024). We will have access to the Police National Computer data in time for the full efficacy trial and we will be able to compare the offending data from the local police force data to the Police National Computer data within the evaluation period (e.g., for offending outcomes 6 months after referral both data sources will be available by the 12-month follow-up point); if they are consistent, then the primary analysis will be conducted on the local police force data without any delay in the timeline (e.g., there will be no need to wait for an additional 6 months to account for the lag). We have planned for the additional time required to account for the lag in the offending data when using the Police National Computer as the source, and if we have access or quality issues with the local police force data, we have planned for the 6-month lag in our timeline. The Police National Computer data allows access to past offending data, meaning that access by the end of the trial will provide offending data for the longer-term follow-up and for the baseline period. However, the Police National Computer data would not be available in time for the pilot. During the mobilisation period and within the pilot, we will assess the extent to which this is the case and the quality of the local police force data. Since we are pursuing both sources of offending data, our primary focus of the pilot trial is on compliance, referral numbers, participation rates, attrition rates, response rates to surveys, and the differential rates and experiences for CYP from Black, Asian, and minority ethnic backgrounds (see section ‘Pilot evaluation and progress criteria’).

Data collection timelines

Data for both the treatment and control participants will be collected at the following intervals:

- Baseline (at the stage of referral, after the CYP consents to participate in the evaluation, but before the CYP’s assignment into treatment/control is revealed).
- At the end of the 24-week timeframe, consistent with programme duration
- 6 months after the 24-week timeframe has ended (up to the end of the data-collection phase for this project).

Additional monitoring data will also be collected (with the support of StreetGames) from DPOs. This includes data on the number of individual young people engaged within the Toward Sport programme; what sports they are participating in (e.g., contact versus non-contact sports), and which sports are most popular, sessional attendance, including the number of sessions and hours provided, the types of activities provided by each DPO, coach characteristics (e.g., ethnicity and gender), each DPO’s attendance rates, and participant engagement levels using an Engagement Matrix to record participant engagement levels every 8 weeks or at least twice during the programme.

Demographic data

We also plan to collect demographic data on participating and consenting CYP on:

- Ethnicity, following the UK government [guidance](#)

- Sex, following ONS [guidance](#)
- Age
- Special educational needs and disability

For the purpose of data archiving, for consenting CYP, we will collect their name, date of birth, and address (postcode).

Methods and data collection

Participating CYP consent to their data being shared with the evaluation team. Supporting Families case workers administer primary data collection activities to collect data on primary and secondary outcomes (see above subsections ‘Primary outcome’ and ‘Secondary outcomes’ for details). This data is then gathered by the Supporting Families data lead at the local authority level. The evaluation team will establish secure data-sharing arrangements with the data team and will clean and consolidate the data from CYP across different rounds.

The materials for data collection will be directly informed by our Ethnically Diverse CYP Engagement Experts, Teswal White and Cheryl White, ensuring that the design takes into account key considerations around racial equity from the start. The pilot evaluation will also provide an opportunity to collect key feedback on the appropriateness of materials across groups of CYP and to adapt the materials as needed.

Compliance

Randomisation assignment will be completed by the evaluation team and will be fed back to the practitioner. Therefore, we will be able to check if any control-group members are partaking in the intervention.

Prior to the first session, during the pre-meeting, the DPO will undertake a short needs assessment, which will indicate where ineligible CYP may have been provided access to the treatment intervention. For the participating CYP, the DPO will also collect regular attendance and engagement data. This data will allow the assessment of compliance of treatment-group participants with actual attendance and engagement with the intervention.

To assess compliance of DPOs with the Shared Practice Model, the evaluation team will receive reports from StreetGames, which has local area teams working with DPOs to provide support and ensure that the Shared Practice Model is being adhered to.

We will collect data on five criteria for compliance, summarised at the DPO level, and within CYP risk level, as well as overall:

- The number of potentially ineligible CYP participating in Toward Sport
- The number of control group members incorrectly participating in Toward Sport

- The number of treatment CYP not attending any Toward Sport sessions
- The number of CYP attending at least 90% of sessions (21 weeks)
- Quality of DPO adherence to Shared Practice Model core components

We will score the DPO based on these criteria and a score of 60% or above will be classified as medium fidelity and 80% or above as high fidelity.

Analysis

The analysis of the data will be on an intention-to-treat basis. The intention-to-treat parameter will be estimated based on a regression of the follow-up outcome on the treatment indicator, the baseline level of the outcome, demographic characteristics, and local authority (strata) fixed effects. This approach follows the ‘Conditional inference’ [YEF guidance](#). The confidence intervals will be based on heteroskedasticity-robust standard errors at the individual level. We will convert this estimate into the relative risk ratio, comparing the control mean probability of offending (adjusted for strata weights) with the control mean plus the estimated treatment effect.

We will estimate the continuous variables of the secondary outcomes with the same regression specification, just changing the outcome variable. The estimates will be converted into Hedge’s g.

To explore the impact of the following variables as mediating factors in the efficacy of the intervention on the primary and secondary outcomes, we will run the same regression specification as above, but interacting the following variables (de-meanned) with the treatment indicator:

- An indicator for whether the CYP identifies as Black, Asian, or minority ethnic (including CYP from Gypsy or Irish Traveller and Roma backgrounds)
- An indicator for whether the CYP identifies as Black, Asian, Arab, and mixed backgrounds⁷⁹
- An indicator for whether the CYP is the same sex as the coach of the sports sessions
- An indicator for whether the CYP is the same ethnicity as the coach of the sports sessions
- An indicator for whether the CYP is male
- An indicator for whether the CYP has a tertiary level of risk

⁷⁹ The first indicator allows us to explore the experience of all groups experiencing racial oppression, while the second allows us to also explore if the impact differs for traditional traveller communities versus non-travelling communities.

- An indicator for whether the CYP has special education needs

In addition, we will interact local authority fixed effects and DPO fixed effects with the treatment indicator to explore whether there is evidence of variation in impacts across areas and organisations.

We will also replace the treatment indicator with a variable for the number of weeks that the CYP attended for to assess the extent to which efficacy varies by duration of attendance.

If we identify evidence of variation in the potential efficacy of the intervention across areas or DPOs, we will run secondary regression analysis to explore whether any of the following could be driving those differences:

- Characteristics of the local authority (e.g., the number of case workers; the ratio of case workers to eligible CYP; average demographic characteristics in the local authority; offending rates in the local authority)
- Characteristics of DPO leaders
- Characteristics of DPO coaches
- Profile of other CYP attending the DPO (demographics)
- Characteristics of sessions (session numbers, profiles of other CYP)
- Attrition rates
- Delivery quality/fidelity as defined above

Longitudinal follow-ups

Data for both the treatment and control participants will be collected at the following intervals, through the Supporting Families teams:

- Baseline (at the stage of referral, after the CYP consents to participate in the evaluation.
 - This will include collection of demographic data and data necessary for data archiving
- At the end of the 24-week timeframe, consistent with programme duration.
- 6 months after the 24-week timeframe has ended (accounting for a lag in the PNC outcomes data of up to 6 months).

Additional monitoring data will also be collected (with the support of StreetGames) from DPOs. This includes data on the number of individual young people engaged within the Toward Sport programme, as well as demographic information; sessional attendance, including the number of sessions and hours provided, the types of activities provided by each DPO, each DPO's attendance rates, and participant engagement levels using an Engagement

Matrix to record participant engagement levels every 8 weeks or at least twice during the programme.

Internal pilot evaluation and progress criteria

The team will implement an internal pilot evaluation within one selected local authority, working with a target of up to 5 DPOs, and 40 CYP in the treatment (intervention) group and 40 CYP in the control group. The pilot is planned to take place between July 2024 and March 2025 with the first 2 months of the pilot period used to coordinate with the Supporting Families team, design and agree consent forms and data-sharing arrangements, design and initiate randomisation protocols, design implementation protocols for data collection, develop practical guidance and training materials for the Supporting Families teams and DPOs, and begin training Supporting Families teams and DPOs. The referral and consent process for the first cohort of CYP will begin to take place during September, with the first CYP in the treatment group expected to start participation in the intervention towards the end of September. This timeline is selected to ensure sufficient time to establish processes before engaging with CYP, and to begin engaging with CYP towards the end/after the school holidays, when engagement is expected to be easier.

In parallel, from May 2024, the mobilisation period ensures that the project and evaluation team are engaging with all local authorities and Supporting Families teams to understand the operating and data environment in each area. This mobilisation period continues in parallel with the pilot, after which the efficacy trial (having been reviewed and revised based on pilot learnings) and associated training sessions begin. This means that as the key learnings from the pilot will be combined with a detailed understanding of the data and operating context in all of the sites, ensuring that the full efficacy trial is ready to launch in each site. Moreover, as the pilot progresses, key operational learnings from the ongoing engagement will be brought into the mobilisation discussions.

The first cohort of CYP in the pilot will have baseline data collected towards the middle of September, and the implementation period of the pilot will finish by the end of March 2025, after which follow-up data will be collected for all cohorts of CYP, including regarding primary and secondary outcomes as listed above. Data analysis from the pilot will be reported in the event the evaluation does not continue past the pilot phase.

From the end of November and through December 2024, the team will analyse the data from the first 8 weeks of the pilot evaluation and will conduct an implementation and process evaluation (IPE) of the pilot. The IPE will include interviews with Supporting Families teams, DPO staff and coaches, several focus groups with CYP in both the treatment and control group, and dedicated focus groups with CYP from minoritised backgrounds, led by our Ethnically Diverse CYP Engagement Experts, Teswal White and Cheryl White.

The draft internal pilot report will be submitted to YEF in December 2024, with 3-4 weeks allocated for YEF to review the pilot and progress criteria and decide whether to proceed with the efficacy study. Learnings from the pilot will be incorporated into the efficacy trial design and associated materials over January and February 2025, with the revised protocol being sent for additional ethical review if necessary. The training sessions for Supporting Families teams and DPOs will start at the end of February and run until mid-March 2025, with the efficacy trial will be ready to launch in full by March 2025.

The expectation is that the pilot will provide key learnings for the full efficacy trial, but that the design of the intervention and the evaluation will be sufficiently similar between pilot and full trial such that the data from the internal pilot can be pooled with the data from the full trial. This will ensure that the benefits of the recruitment efforts and the achieved sample during the pilot can be captured in the full trial. The ability to use the data from the pilot will depend on the effectiveness of the randomisation and whether there are any significant changes to delivery between the pilot and the full efficacy trial. The evaluation and delivery teams will work closely to ensure any issues are caught early and corrected to minimise any effect on the data.

Progress Criteria

The pilot will be assessed against the following progress criteria, where the noted metric will be assessed against the following thresholds of Green = >75%, Amber = 50%-74%, and Red<50%, unless a different threshold is specifically stated. RAG criteria for the pilot are meant to be informative and will be assessed holistically. If Red or Amber is achieved, it provides an indication to the delivery and evaluation teams that elements of delivery may need to be updated for the full efficacy trial based on learnings from the pilot, rather than necessarily an indication that the full trial should not go ahead. YEF will make a decision about progression to efficacy based on the RAG criteria, informed by the evaluator's recommendation in the transition point decision document.

Rag ratings Criteria	Green (Go)	Amber (Pause and think)	Red (pause and think or stop)
Referral and participation numbers. <i>Metric = % of CYP consenting to participate in the evaluation as a % of the 80 CYP target (our target is 90% consent, therefore 36 in the treatment group and 36 in the control group).</i>	>75%	50%-74%	<50%
Referral and participation numbers. <i>Metric = % of CYP consenting to participate in the evaluation that are from Black, Asian, and minority ethnic backgrounds. In line with YEF guidance, 30% of CYP coming from Black, Asian, and ethnic minority backgrounds will correspond to a green rating. Our definition of minority ethnic includes anyone who identifies as Black, Asian, Arab, Gypsy, Irish Traveller, Roma, or from Mixed and multiple ethnic groups.</i>	N/A	N/A	N/A
Randomisation fidelity. <i>Metric = 1 - % of CYP assigned to the control group centrally that appear in the treatment group or participate in treatment.</i>	<10%	11-30%	>30%
Participation rates in the baseline. <i>Metric = % of CYP that respond as a % of the total that agree and consent to participate in the pilot both in the treatment and control group (36 in the treatment group and 36 in the control group).</i>	>75%	50-74%	<50%
Attendance rates in at least one sports session for the treated group that have completed a readiness and risk assessment check. <i>Metric = % of CYP that participate as a % of the total number of treatment group participants (c. 25) that agree and are deemed ready to participate in the intervention.</i>	>75%	50%-74%	<50%

Rag ratings Criteria	Green (Go)	Amber (Pause and think)	Red (pause and think or stop)
The percentage of missing or infeasible data items across all questions in surveys. <i>Metric = 1-% of questions across all surveys that contain evidence of data quality issues.</i>	<25%	26-50%	>50%
The percentage of treatment group participants for which attendance and engagement data is received from the DPOs. <i>Metric = % of CYP in the treatment group attending a sports session/registering with a DPO for whom we receive attendance and engagement data from the DPO.</i>	>75%	50%-74%	<50%
Recruitment of Black, Asian, and ethnic minority led DPOs. <i>Metric = 50% of DPOs recruited that are Black, Asian, and Ethnic Minority led.</i>	N/A	N/A	N/A-
DPO Fidelity. <i>Metric = % of DPOs implementing the sports programme as intended, consistent with the Shared Practice Model.</i>	>75%	50-74%	<50%
Attendance rates at pilot evaluation training sessions by participating DPOs. <i>Metric = % of DPOs with at least 1 senior leader and 1 other member of staff attending the training.</i>	>75%	50-74%	<50%

Rag ratings Criteria	Green (Go)	Amber (Pause and think)	Red (pause and think or stop)
Attendance rates at pilot evaluation training sessions by participating Supporting Families teams. <i>Metric = % of expected attendees attending the session (expected attendees depends on the site, but will include the data lead, the involved case workers, and an administrative coordinator)</i>	>75%	50-74%	<50%
Assessment of availability and quality of local offending data. <i>Metric = access to local offending data in pilot area by week 8.</i>	N/A	N/A	N/A
Progression of access to Police National Computer data. <i>Metric = PNC data application progressing as planned.</i>	N/A	N/A	N/A

Implementation and process evaluation

We will conduct an IPE after the first 8 weeks of the pilot period as well as after the full evaluation. The IPE will focus on the research questions detailed below, using the pilot findings to improve the design of the full evaluation, and using the full evaluation IPE findings to understand potential drivers and mediating factors behind the impact evaluation results.

Our approach to the IPE will be based on the Consolidated Framework for Implementation Research⁸⁰ and we will develop the outcomes for the implementation evaluation using the Proctor et al (2011) framework.⁸¹

Our recruitment during the pilot will reflect the recruitment strategy for the full evaluation, targeting at least 35% of CYP from Black, Asian and minority ethnic backgrounds during referral, with the expectation that at least 30% of CYP attending the programme are from such backgrounds. The recruitment of respondents (detailed below) for the IPE will include a proportional representation of CYP from Black, Asian and minority ethnic backgrounds, ensuring that the below research questions will be explored explicitly considering the experience of CYP from marginalised backgrounds.

The materials for the IPE will be directly informed by our Ethnically Diverse CYP Engagement Experts, Teswal White and Cheryl White, ensuring that their design takes into account key considerations around racial equity from the start. The pilot IPE will also provide an opportunity to collect key feedback on the appropriateness of materials across groups of CYP and to adapt the materials as needed. Teswal and Cheryl will also support the engagement of CYP during the IPE and will provide key guidance on engagement with different groups of CYP, including for our targeted focus groups for CYP from minority backgrounds and our participatory research panel.

⁸⁰ Damschroder, L., Hall, C., Gillon, L., Reardon, C., Kelley, C., Sparks, J., & Lowery, J. (2015). The Consolidated Framework for Implementation Research (CFIR): progress to date, tools and resources, and plans for the future. In *Implementation Science* (Vol. 10, No. 1, pp. 1-1). BioMed Central.

⁸¹ Proctor E, Silmere H, Raghavan R, Hovmand P, Aarons G, Bunger A, Griffey R, Hensley M. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health*. 2011 Mar;38(2):65-76. doi: 10.1007/s10488-010-0319-7. PMID: 20957426; PMCID: PMC3068522.

Research questions

1. To what extent is the referral, randomisation, and consent process being implemented as intended? And how acceptable are these procedures to CYP and other stakeholders?
2. To what extent are the sports programmes being implemented as intended and consistent with the Shared Practice Model?
3. What is the demographic profile of participants, in terms of age, sex, ethnicity, and special education needs?
4. What is the level of engagement (including number of weeks attended and engagement levels as measured by the engagement matrix) by CYP, how do CYP and staff perceive the intervention, what are the aspects contributing to positive and negative experiences, and how does this experience differ across groups of CYP (including specifically for Black, Asian, and minority ethnic groups, and across sex, and CYP with special education needs)?
5. What are the key barriers to participation and further engagement in the programme (including specifically for Black, Asian, and minority ethnic groups, and across sex and CYP with special education needs)? Are these barriers preventing the meeting of the REDI targets of this evaluation?
6. What are the perceptions of the avenues of support, what additional support do Supporting Families teams and DPOs require, and what is the best modality and design of this support? Do Supporting Families teams feel they received sufficient training prior to the evaluation?
7. What external factors (e.g., community and family factors) impact participation and engagement?
8. Are there any unintended consequences of the programme and the evaluation that were not picked up during design (including specifically for Black, Asian, and minority ethnic groups, and across sex and CYP with special education needs)?
9. How robust are the monitoring and evaluation systems in place in the DPOs in order to accurately track participation, engagement, and costs?
10. How appropriate are the evaluation materials, such as the consent forms, information sheets, questionnaires, for different CYP (including specifically for CYP from Black, Asian, and minority ethnic backgrounds and for CYP with special education needs) and how can they be improved?
11. To what extent is there evidence of resentful demoralisation from control group participants? To what extent does the offer of incentives to CYP mitigate resentful demoralisation? What are the other key features of the evaluation design and implementation that help to mitigate resentful demoralisation?
12. To what extent do CYP feel that participation in the sports programme and subsequent data collection activities are voluntary?

Research methods

The IPE will draw in the following datasets:

Supporting Families local authority data: Supporting Families teams at the local authority level have a list of eligible families for the Supporting Families programmes and will have a list of families that meet the eligibility criteria for the Toward Sport programme. For the families that consent to participate in the evaluation, this data will include information on the eligibility criteria, the centrally determined randomisation, the support offerings to each family, and the responses to the data-collection tools (demographic data and outcomes data).

This data will be used to assess the feasibility of the trial and the fidelity to the trial requirements. This data will also be used to understand the reach of the trial to different minoritised groups and how their experiences have differed.

DPO monitoring, evaluation and learning data: DPOs participating in the evaluation will record participation and engagement (using the engagement matrix) with the intervention by CYP assigned to the treatment group. This data will be shared with the evaluation team and merged with the data from the Supporting Families local authority team.

This data will be used to assess the fidelity to the trial requirements, the reach of the trial and the intervention specifically to CYP and different groups of CYP, popularity of different sports or types of sports, and the engagement levels, highlighting likely positive and negative experiences. This data will allow the evaluation team to assess the robustness of the monitoring and evaluation system during the pilot and introduce any changes (e.g., additional variables, frequency of collection, support to DPO staff) required for the full evaluation.

Interviews with Supporting Families teams and DPO staff: We will conduct up to 15 interviews with Supporting Families staff and DPO staff at the end of the pilot evaluation. During the full evaluation, we will interview 20 Supporting Families staff and 20 DPO staff. The interviews will be conducted on a one-to-one basis with experienced social researchers. The interviews will be semi-structured based on detailed topic guides that will be designed to answer the core research questions and adapted based on learnings from the pilot and data analysis. The semi-structured format still allows the respondent and the researcher flexibility to explore additional topics that are important to the respondent and/or to dive into topics in more detail.

This data will be used to assess the trial's implementation quality, appropriateness, and acceptability. This data will explore the successes and challenges faced in the referral process, recruitment process, obtaining consent, and the randomisation process. It will also help understand adherence to the Shared Practice Model by DPOs and identify any concerns and points of deviation, including the business-as-usual supports provided to CYP in the control

group by Supporting Families teams. This data will also be used to assess the adequacy of existing support during the pilot and the need to provide additional support to Supporting Families teams and DPOs during the full evaluation.

Focus groups with CYP: We will conduct 8 focus groups during the pilot evaluation to understand the experience of CYP in the treatment group of the evaluation and the intervention, recruiting a representative sample of CYP (across sex, ethnicity, and special education needs). In addition, we will conduct 2 focus groups specifically with CYP from Black, Asian, and minority ethnic backgrounds to understand their experiences, and give them space to raise issues and experiences with the evaluation that they may not feel comfortable raising amongst the representative sample group. Each young person in the pilot will participate in a maximum of one focus group, to ensure no additional burden is placed on any CYP. The topics will relate directly to the CYP's engagement with and experiences of the evaluation and intervention, as well as any unintended consequences and suggestions for improvement. The additional focus groups will focus on how experiences differ for CYP from minoritised ethnic backgrounds, how these differences impact the evaluation and intervention, and how these impacts can inform an improved evaluation and intervention design. We will invite all CYP in the pilot to participate in the focus groups, with targeted sampling to ensure that views from different ethnicities, sexes and CYP with special education needs are included, and all CYP from Black, Asian and minority ethnic backgrounds to participate in the additional focus groups (also with targeted sampling to attempt to maximise the diversity of views captured across sex and special education needs). Our engagement activities towards CYP from minority ethnic backgrounds will be informed by our Ethnically Diverse CYP Engagement Experts, Teswal White and Cheryl White, ensuring that the approaches, materials, and content are guided by best practices. The pilot IPE will provide an opportunity to assess the appropriateness of evaluation materials for different groups of CYP, including consent materials, information sheets, and others, and adapt them for the full evaluation.

As part of the IPE of the full evaluation, we will conduct 10 focus groups with CYP from the treatment group, recruiting a representative sample of CYP, and 4 additional focus groups with CYP from Black, Asian, and minority ethnic backgrounds. The topics will relate directly to the CYP's engagement with and experiences of the evaluation and intervention, focusing on potential drivers of effects, using the Theory of Change and learnings from past interviews and the data as guidance, as well as any unintended consequences of the evaluation and the intervention. The additional focus groups will focus on understanding how the experiences of CYP from Black, Asian and minority ethnic backgrounds differed and how this feeds into impacts and policy implications. The sampling strategy for the focus groups in the full evaluation will be purposeful, based on local authority, DPO, age, sex, ethnicity, and special education needs, to ensure a diverse range of views are incorporated into the data. Key learnings from the pilot evaluation, in terms of sampling, recruitment, and engagement, will be included into the approaches used during the full trial. The aim will be to have sessions

that are sufficiently large to ensure broad representation of views and interactive discussions, but not too large to crowd out individual voices. We will use the participation rates in the focus groups from the pilot to inform the sampling strategy for the full evaluation. All focus groups will be led by experienced and trained social researchers. Safeguarding will be at the forefront of the research, and CYP and their parents will be provided clear guidelines and information about the focus group in advance.

Case studies with ethnographic observations: We will conduct case studies of 5 CYP from the treatment group that participate in the intervention, including a detailed understanding of their backgrounds and experiences with the evaluation and intervention. The case study will provide a holistic picture of the CYP's engagement with and experience of the referral process, initial engagement with the DPO, and their experiences of the intervention. The case study will also explore how the intervention plausibly impacted the CYP's outcomes and how external factors and other characteristics and experiences of the CYP interacted with their experience of the evaluation and intervention. Recruitment for the case studies will be designed to provide variation across positive experiences (high engagement), less positive experiences (early dropout), and across ethnic groups. The case studies will include engaging with recruited CYP from the start of their interaction with the evaluation and throughout the evaluation and intervention period, up to the end of the evaluation. The engagement will be adapted to the needs and requirements of participating CYP and can include in-person discussions, telephone or online discussions, family visits, observing and discussing a sports session, discussions with the case worker, and discussions with the DPO staff and coaches. The objective is to bring in a broad range of information from a variety of sources and over time, in order to develop a deep understanding of the lived experience of the CYP. The approach taken will be flexible to the circumstances and preferences of the CYP and will evolve depending on the learnings obtained throughout the engagement (for example, the types of discussions had with the case workers and DPO staff will depend on the learnings from the CYP discussions and their engagement with the intervention).

Analysis

Data and information from each component of the IPE will be analysed separately by the research team and then triangulated. The approach will be to synthesise findings from the qualitative research and identify areas where the sources provide different conclusions or where there is reinforcement. The analytical approach will use the Theory of Change as guidance and highlight areas where new components or pathways to the Theory of Change may be needed.

The data from the Supporting Families teams on referrals, assignment, and fidelity will be merged with the data from the DPOs on actual participation and engagement. This data will be analysed with descriptive statistics to understand and inform the assessment of feasibility,

acceptability, and appropriateness of the trial arrangements. The data will also be used to understand the participation and engagement rates of CYP in the treatment group, indicating CYP that are likely to have more positive and more negative experiences. This data will be used to assess the pilot evaluation against the progress criteria and also the compliance of the implementation to the intended design.

Qualitative data will be digitally recorded, with the notes from social researchers recorded verbatim. We will use Framework Analysis⁸² to examine and interpret qualitative data, identifying key themes through deductive and inductive methods. The qualitative data will assess perceptions of implementation quality by Supporting Families staff and DPO staff and experiences of CYP. This data will be used to understand potential deviations from the evaluation and randomisation protocol, adherence to the Shared Practice Model core components, potential implementation barriers and challenges, and barriers to further participation and engagement. In addition, the qualitative research will explore qualitative descriptions of the impact of the intervention and the perceptions of the causal mechanisms leading to change, as well as any key mediating factors that impact the potential efficacy of the intervention.

We will use well-documented dimensions of implementation science to understand how the trial was implemented, the barriers and facilitators to implementing as intended, and the perceived feasibility, acceptability, and appropriateness of the trial.

Table 3: IPE methods overview (adapt as necessary)

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
Supporting Families local authority data	Data-sharing agreement with local authority	All participating local authorities	Descriptive quantitative analysis	1, 3	Quality/fidelity
DPO monitoring evaluation and learning data	Data-sharing agreement with DPOs (through StreetGames)	All participating DPOs	Descriptive quantitative analysis	1, 3, 4, 7, 9	Quality/fidelity/acceptability/appropriateness
Interviews with Supporting	Qualitative interviews	N=15 for the pilot	Qualitative thematic analysis	1, 2, 4, 5, 6, 7, 8,10, 11	Quality/fidelity/acceptability and appropriateness

⁸² Gale et al. BMC Medical Research Methodology 2013, 13:117 <http://www.biomedcentral.com/1471-2288/13/117>

Families teams and DPO staff		N= 40 for the full evaluation			of the trial and intervention and perceived impacts and pathways
Focus groups with CYP participating in the intervention	Qualitative focus group discussions	N=8 groups for the pilot N= 10 groups for the full evaluation	Qualitative thematic analysis	1, 2, 3, 4, 5, 7, 8, 10	Fidelity/acceptability and appropriateness of the trial and intervention and perceived impacts and pathways
Case studies with CYP participating in the intervention	Qualitative interviews	N=5	Qualitative thematic analysis	1, 2, 3, 4, 5, 7, 8, 10	Fidelity/acceptability and appropriateness of the trial and intervention and perceived impacts and pathways

Cost data reporting and collecting

All DPOs are required to collect detailed cost data on expenditure on materials, staff costs, transport costs, venue maintenance, and venue hire. The detailed costs will allow the estimation of the costs of delivery of funded sports sessions and will allow the individual components of delivery to be costed. This information will be used to estimate a bottom-up cost estimates for the Toward Sport programme.

The sampling will include all DPOs within the evaluation, and the DPOs will collect and share data on the relevant staff costs and time spent on the Toward Sport sessions. For cases where it is difficult to separate venue costs and staff costs attributable specifically to Toward Sports sessions (e.g., in larger DPOs, where there are existing sessions in an existing venue, and staff work on multiple sessions), the data collected will be based on the DPO's best estimate of detailed costs required to deliver the specific Toward Sport sessions.

The resources needed to deliver the intervention include:

- Venue hire (venue hire costs required for individual sessions can be estimated as a fraction of the total venue hire costs; e.g., if the monthly venue hire cost is x, then the cost for 4 2-hour Toward Sport sessions in the month is $x \times (8 \text{ hours} / \text{total operating hours})$).

- Venue maintenance. This can be estimated specifically for the intervention sports session using the above approach as required.
- Equipment procurement. Equipment specifically required for the Toward Sport sessions; and if there is shared equipment, using the above approach.
- Equipment maintenance. Equipment specifically required for the Toward Sport sessions; and if there is shared equipment, using the above approach.
- Transport costs for CYP as needed. Specifically for CYP in the treatment and participating group funded by the intervention.
- Staff time and costs for Toward Sport sessions. This is provided by the DPO, including wage and non-wage costs, and estimated using the above approach if staff time is shared across sessions (e.g., if total staff cost is x per month; and the staff shares time equally across Toward Sport sessions and other sessions, then the estimate is $x*0.5$).

We will explore whether the above list is holistic during scoping and during interviews and discussions with DPO staff. We will also use the pilot evaluation to assess the quality and coverage of the cost data and work with StreetGames' Monitoring Evaluation and Learning team to update the system and guidance where needed.

Diversity, equity and inclusion

Recruitment of a diverse sample of young people

We are confident that the programme will have a broad representation of CYP and DPO leaders from Black, Asian, and minority ethnic backgrounds based on StreetGames' existing network of DPOs, engaged through the Youth Justice Sport Fund. Within the Youth Justice Sport Fund, 44% of young people engaged were from a minority ethnic background, with 18% of young people coming from a Black background.

Further, we have had discussions with representatives from Supporting Families in Greater Manchester, where we expect to operate, which is split into 3 hubs across the city. Current data suggests that the families in the Supporting Families programme exhibit the following distributions of representativeness from Black, Asian, and minority ethnic backgrounds: 80% in the Central Hub; 60% in the North Hub and 40% in the South Hub. As such, and based on past engagement rates with StreetGames through the Youth Justice Sports Fund (described above), the evaluation is well-placed to receive a high proportion of referrals from Black, Asian and minority ethnic backgrounds. In addition to the location, working with DPOs with diverse leadership backgrounds and experience engaging with diverse communities, as well as ensuring the provision of a wide range of support options, will help to strengthen participation and engagement of CYP from Black, Asian, and minority ethnic backgrounds.

The indicative list of operating areas for the intervention are as follows:

- Greater Manchester: Manchester
 - In 2018, 60.9% of school-aged children in Manchester were from a minority ethnic group.⁸³
- West Yorkshire: Bradford
 - In 2019/20, 59.1% of school pupils in Bradford were from Black, Asian or minority ethnic backgrounds.⁸⁴
- East Midlands: Leicester
 - In 2021, 67% of school students in Leicester were from Black and minority ethnic populations.⁸⁵
- West Midlands: Birmingham

⁸³<https://democracy.manchester.gov.uk/documents/s27712/Appendix%201%20-%20Data%20analysis%20of%20youth%20and%20play%20needs.pdf>

⁸⁴https://www.wypartnership.co.uk/application/files/4515/9713/9130/Paper_B_Developing_an_Intelligence_and_Insight_Data_Pack.pdf

⁸⁵ <https://www.leicester.gov.uk/media/2u4btjlq/children-and-young-people-cyp-jsna-chapter-1.pdf>

- In 2023, 75% of students aged 11 to 18 were from minority ethnic backgrounds.⁸⁶
- Devon: Plymouth
 - In 2016, 12% of children aged 5 to 16 were from minority ethnic backgrounds.⁸⁷

This information gives confidence that there is a large number of CYP from minority ethnic backgrounds within these operating sites. It is only in Plymouth where the overall population distribution of CYP from minority ethnic backgrounds is below the 30% CYP target. However, from more detailed data on at-risk CYP in Supporting Families, as well as through targeted engagement strategies of CYP from minority ethnic backgrounds (e.g., recruitment of minority ethnic-led DPOs; and a focus on sports interests linked more closely to minority ethnic CYP), the expectation is that the 30% target will be achievable across all sites. We acknowledge that the presence of high proportions of CYP from Black, Asian, and minority ethnic groups does not guarantee participation, however, the previous rates of engagement with StreetGames through the Youth Justice Sports Fund provide further confidence. Moreover, the pilot evaluation will offer an early opportunity to assess the appeal and appropriateness of the intervention as well as evaluation participation rates across key subgroups, providing direction on how recruitment strategies need to be adapted. This also includes the consent materials, information sheets, briefings and any other components of the evaluation.

We will also have up-to-date data on the distributions of engaged, referred, recruited, and participating CYP from different backgrounds. We will use this data from the pilot to explore potential drivers of differential participation, including a specific focus on race and ethnicity. We will also use this data during the full evaluation to monitor and adapt the sampling approach and identify any potential local authorities, DPOS or subgroups of CYP where further investigation, differential targeting, or additional support is needed. Finally, our first engagements with the Supporting Families' teams will give us access to data on the distribution and numbers of CYP across different risk criteria and subgroups. This will inform any necessary adjustment to our sampling and engagement approach from the outset.

⁸⁶https://www.birmingham.gov.uk/downloads/download/6348/community_health_profiles_-_16_to_24_student_population

⁸⁷ <https://www.education.ox.ac.uk/wp-content/uploads/2019/01/Plymouth-LA-pack.pdf>

Engaging CYP with lived experience in co-design

Several elements of the evaluation and the delivery will be informed by CYP's lived experience. We will also aim to hold 10 focus groups during the pilot stage, 2 of which will be specifically targeted to CYP participants from Black, Asian, and minority ethnic backgrounds. This will allow the evaluation team to identify any parts of the trial or Shared Practice Model that may be unsuitable and adapt them for the full trial. The findings and learnings from these focus groups will feed into the implementation and process evaluation of the pilot evaluation. While we have not included a participatory workshop for the pilot evaluation, our targeted engagement of CYP from Black, Asian, and minority ethnic groups lends confidence that we will hear diverse viewpoints. Additionally, we will invite a sample of CYP from the focus group participants to provide feedback on the preliminary findings and interpretations of the pilot evaluation, with the aim of 50% of invitees being from Black, Asian, and minority ethnic backgrounds.

For the full evaluation, we have planned to conduct an additional 14 focus groups, 4 of which will be targeted specifically towards CYP from Black, Asian, and minority ethnic backgrounds. From the set of participants in the focus groups, and with additional recruitment from CYP participating in the intervention if necessary, we will recruit a CYP participatory research panel, with at least 50% of participants from minoritised communities. The panel will provide guidance on the interpretation of evidence and findings and provide insight on what the implications of different evidence may be. Our Ethnically Diverse CYP Engagement Experts, Teswal White and Cheryl White will lead recruitment and engagement, ensuring that participating CYP are provided with the necessary guidance and resources to provide helpful feedback, as well as information on how their views will be incorporated into key learnings.

Finally, the Shared Practice Model is designed with the lived experience of CYP in mind, and a child-first ethos. All activities take a child-first approach, with a focus on them being participatory, inclusive, and child-centred. Where possible, young people will be able to choose a sports programme that suits their interests, and sessions will be held in spaces where they feel safe and comfortable. The evaluation and delivery model includes regular touchpoints with DPOs and Supporting Families teams, as well as open communication channels, ensuring that key learnings and experiences of CYP are communicated directly to the project and evaluation teams.

Inclusivity and suitability of research materials and activities

All primary data collection tools are designed to maximise accessibility and to limit burden on participants. The Strengths and Difficulties Questionnaire, ONS 4 Wellbeing Questionnaire, and the Transferable Skills and Knowledge Questionnaire have been used previously in research with diverse groups of CYP. Surveys will be administered by Supporting Families case

workers, who are experienced at working with families and CYP with diverse and complex needs, including those with special education needs.⁸⁸ In addition, the pilot evaluation period will provide an opportunity to assess the demand for adapting the survey experience for additional needs, such as language support, special education needs. This information will be gathered from engagement with the Supporting Families teams in the finalised delivery sites, DPO leaders, and staff, and from the administrative data on eligible CYP.

Discussion and topic guides to be used during focus groups and interviews will be drafted by researchers on the evaluation team experienced in qualitative research. Further, Teswal White and Cheryl White, who have a combined 20+ years of experience engaging ethnically diverse CYP through participatory research, will feed in on all fieldwork materials to ensure they are appropriate for use with CYP from Black, Asian, and minority ethnic backgrounds.

The development of consent materials, information sheets, and briefings will be adapted to the needs of participating families and CYP, with the understanding that in some cases parents and families will have different (e.g., language) needs to the CYP. Our experienced social research team will work closely with Teswal and Cheryl to ensure that the materials and engagement strategies are inclusive and adapted to the specific needs to participating families and CYP. Moreover, a key component of the training provided by Alma and StreetGames to Supporting Families teams, case workers and DPO staff and coaches will include discussions on engaging with families and CYP from diverse backgrounds (see sections ‘Support provided to Supporting Families teams’ and ‘Support provided to DPOs’).

Sports activities in which CYP will participate will also be designed to be accessible, and inclusive to CYP from diverse backgrounds. DPO staff will be specifically recruited for their young person-centred approach to sports delivery, prioritising and responding to the needs of young people, and their experience engaging with CYP from Black, Asian, and minority ethnic backgrounds. Further, delivery staff will have a minimum of two years of delivery experience with similar cohorts of young people. Activities will emphasise inclusion and collaboration, to foster pro-social relationships and behaviours between different groups of participating young people.

⁸⁸ See this article for an example: <https://supportingfamilies.blog.gov.uk/2023/11/10/holistic-intervention-to-support-a-child-with-special-educational-needs-return-to-school-and-engaging-parents-as-part-of-the-process-a-familys-perspective/>

Experience of the evaluation team in working with CYP from Black, Asian, and minority ethnic backgrounds

When conducting the evaluation, we will prioritise a culturally competent approach to inform engagement with young people from minoritised backgrounds. All members of the evaluation team will undergo cultural competency training courses, which will provide insights and tools in how to sensitively interact with research participants from minoritised backgrounds, understand how to interpret findings with a lens critical to racial equity considerations, and design research materials such that they are appropriate for use with young people and practitioners from a broad range of backgrounds. The research materials will be designed with awareness of considerations such as language and differing cultural stigmas. We have explored arranging training sessions through organisations with dedicated expertise in cultural competency training, such as [Power the Fight](#).

Further, the team has robust previous experience engaging with CYP from diverse backgrounds. The Ethnically Diverse CYP Engagement Team have over 10 years' experience in Activating Creative Talent CIC, which supports young people from marginalised communities to engage in development activities. Further, Cheryl's experience in multi-agency working and contextual safeguarding gives her expertise in working with minoritised young people in high-risk situations.

The evaluation team have further research experience with vulnerable young people, including young people from Black, Asian, and minority ethnic backgrounds. Team members have contributed to evaluations and feasibility studies of programmes including a 2022 feasibility study of the National Citizen Service, which aims to engage young people from a diverse range of backgrounds in meaningful activities, such as volunteering and residential experiences, a process evaluation of [Violence Reduction Orders](#), an evaluation of the Youth Engagement Fund, which aims to help disadvantaged young people aged 14-17 to participate and engage in education and training, and an impact, economic and process evaluation of the [Families First for Children Pathfinder and Family Network Pilot](#), which will test key reforms to children's social care system.

Along with experience evaluating relevant programmes, the evaluation team have experience with engaging under-represented young people, and those disproportionately impacted by the criminal justice system. This includes [engagement with young people transitioning from children and adolescent mental health services to adult mental health services](#) and [engaging with young people and their carers with lifelong disabilities](#) to understand their experience of council social care support services.

Ethics and registration

Both the pilot evaluation and the full evaluation will undergo two stages of ethical review. Firstly, an internal research ethics committee review within Alma Economics, which includes our Designated Safeguarding Lead, Deputy Safeguarding Lead, Director, and two Principal Economists sitting outside the project. Secondly, an external research ethics committee review made up of external academics and qualified researchers with experience participating in ethics committees and with specialised knowledge tailored to research on youth offending and sports-based interventions. Should the trial be approved for funding, then the evaluation team will ensure the trial is registered at www.controlled-trials.com and include the ISRCTN (International Standard Randomised Controlled Trial Number) in the protocol as soon as it becomes available.

Data protection

GDPR compliance

Informed consent is required. For example, research participants must be informed how their personal data will be processed with the ability to withdraw it at any time. Requirements include:

- Free access to data for participants at any time
- A copy of the data can be provided to research participants
- Allowance for participants to have their data deleted
- Privacy Impact Assessments (PIA) are carried out to analyse the security of the data holders

When working with personal data, compliance with the EU's General Data Protection Regulation (GDPR) and the Data Protection Act 2018 is a priority. As part of this, the following measures are taken, where appropriate:

Our Data Protection Officer at Alma, Evan Spyropoulos, is responsible for explicitly addressing all matters relating to GDPR. Our security policies have been revised to meet GDPR and we have ready-to-use protocols for participants wanting to access or delete data and for data breaches.

Approach to sensitive data handling

Our Data Protection Officer at Alma, Evan, is responsible for maintaining safe storage and usage of sensitive client data. Access to this data can only be approved by the Data Protection Officer, who produces an in-depth record of all activities (access granted, status of files, etc.) associated with client data. Furthermore, the Data Protection Officer is responsible for conducting regular checks to ensure that client data will not be altered, tampered with, or lost.

For sensitive data, we carry out an in-depth review of appropriate storage and security measures on a case-by-case basis, taking into account the appropriate level of security, ensuring compliance with any data provider-imposed restrictions, and ensuring any disruption as a result of disaster or other major event is minimised. All Alma staff are trained to identify and handle sensitive data. In addition, our training focuses on creating a culture of personal responsibility and good security behaviour. We conduct regular in-house training sessions, including on sensitive data protocols and procedures. This allows our team members to produce statistical results using confidential data while also posing minimal risk of disclosure of identity and/or personal information. Under no circumstances will Alma Economics share any data from the research with any third parties outside of the evaluation or project team.

Data storage, transfers, handling, and disposal

All of our company computers utilise full disk encryption (FDE). Full disk encryption automatically encrypts everything the user or the operating system creates. This ensures that the whole disk will remain unreadable in case of accidental loss or theft. For macOS we use Apple's FileVault 2 and for Windows Microsoft's Bitlocker. Both encryption solutions offer 256-bit XTS-AES key strength and are FIPS 140-2 compliant.

While full disk encryption serves as the basis of our encryption strategy, it does not protect against unattended computers where users are logged in or during file transfers. For this reason, we employ an additional targeted file encryption layer for all our sensitive data files. Depending on circumstance we either use VeraCrypt or the Microsoft Office 365 built-in document encryption. Both use AES 256-bit encryption.

Additionally, when data has to be kept off network in secure locations, we use Aegis Fortress external hard drives. These devices offer automatic FIPS 140-2 level 2 validated hardware-based encryption.

When data transits into the service from clients and between data centres, it's protected using transport layer security (TLS) encryption. OneDrive will only permit secure access and will not allow authenticated connections over HTTP but instead redirect to HTTPS. All our email communications are encrypted by default using TLS. If needed, we can deliver further email encryption features such as OME/IRM as part of the Azure RMS and S/MIME.

Alma Economics will always consult with our clients about the most practical and safest way to transfer sensitive data files. We will never initiate a file transfer via email or other file transfer means without first encrypting the files. When we work with sub-contractors, we require that they utilise the same security standards, policies and systems used at Alma Economics. Our Data Protection Officer is responsible for informing our sub-contractors before project commencement.

Modern computers – including ours – use solid-state hard disks (SSD), a technology different from traditional spindle based hard drives. This makes specialised data disposal software unreliable. Our policy of full disk encryption of all our devices counteracts this by rendering any retrieved deleted files unreadable. As an added bonus, application temporary or cache files that are often overlooked during the disposal process are also unreadable in case of retrieval.

If, however, this is required for compliance reasons, we do support all the traditional wiping methods and standards through specialised file shredding software. The majority of our work is conducted electronically. However, we maintain a robust policy of disposing paper records when necessary. All non-electronic information assets are shredded to DIN level 3.

By default, printing or reproducing information assets is strongly discouraged and monitored by the Data Protection Officer.

In the rare instance where hard copy (including removable media) information is required for the needs of a project, we apply strict physical controls to ensure that this data is kept safe and secure. Our Data Protection Officer is solely responsible for allowing any information assets to be printed or transferred to removable data. In the rare instance that this is required for a given project, the Data Protection Officer will be responsible for ensuring safe physical storage and usage of sensitive client data. We have sufficient lockable storage for protectively marked material. This remains locked throughout (unless specifically requested, in which case the Data Protection Officer reviews the request and arranges for access), with keys secured.

We will archive the data in the YEF data archive, sharing the data with ONS and the Department for Education through this process. The legal basis for the processing and sharing of the data will be the ‘public task’ basis.

Stakeholders and interests

Key contacts from StreetGames, who have oversight of the Shared Practice Model and participating DPOs are provided below. Participating DPOs and their lead contacts will be determined during the pilot phase of the evaluation. The key contacts from the evaluation team (Alma Economics, Ecorys, Activating Creative Talent CIC, and Dr Carolynne Mason, our academic partner.) follow.

StreetGames:

- **Stuart Felce** – UK Director of Strategic Business Relationships, will act as Programme Director with full programme oversight
- **Claire Khan** – Insight and Regional Strategy Manager, will act as Programme Data Collection and Compliance Lead
- **Graham Helm** – National Partnership Manager, will act as Regional Relationship Manager Lead

- **Dan Grice** – Research Co-ordinator, will act as Data Quality Control and Compliance with DPOs Lead
- **Project Manager (to be recruited)** – will oversee full programme compliance and delivery

Alma Economics:

- **Nick Spyropoulos** – Project Director, Nick will provide strategic guidance and quality assurance of methods and deliverables.
- **Dr Ravi Somani** – Team Leader, will oversee day-to-day project management and coordinate the four sub-teams within the evaluation team, as well as act as the key contact for Supporting Families and StreetGames.
- **Dr Christina Olympiou** – Shared Practice Model and Development Lead, will lead on collaboration with DPOs and the finalisation of and adherence to the Shared Practice Model. Christina will also liaise with Supporting Families leads to ensure adherence to randomisation and proper data collection procedures.
- **Dr Eleni Kotsira** – Implementation and Process Evaluation Lead, will lead on the implementation and process evaluation, overseeing the design of fieldwork materials, engagement with participating DPOs and Supporting Families staff, and will oversee the collection of programme monitoring data.

Ecorys:

- **Dr Matthew Cutmore** – Multi-site Trial Lead, jointly will lead the design of the MST at full-trial stage, designing randomisation procedures and responsible for analysis of outcomes data.
- **Dr Andreas Culora** – RCT Design and Implementation Expert, jointly will lead the design of the RCT at full-trial stage, designing randomisation procedures and responsible for analysis of outcomes data.

Activating Creative Talent CIC:

- **Teswal White** – Ethnically Diverse CYP Engagement Expert, will lead the Ethnically Diverse CYP Engagement Team, leading the engagement strategy and design of fieldwork materials.
- **Cheryl White** – Ethnically Diverse CYP Engagement Expert, will work alongside Teswal on the Ethnically Diverse CYP Engagement Team, co-designing the engagement strategy and fieldwork activities, and conducting interviews and focus groups with participating young people.

Loughborough University:

- **Dr Carolynne Mason** – Sports-based Intervention Expert, will work closely with Eleni to engage with DPOs, ensuring fidelity to the Shared Practice Model during the main efficacy trial. Carolynne will also assist with recruitment and fieldwork for the IPE, specifically in engaging DPOs.

Risks

The table below provides key risks to evaluation and delivery, as well as proposed mitigation strategies.

Risk	Mitigation strategy
Low rates of consent and participation in the evaluation by CYP (likelihood: low; impact: high)	<ul style="list-style-type: none">• Our evaluation is linked to the Supporting Families programme, which means that the target CYP for our evaluation already have close engagement with the programme, with regular visits by a case worker.• Our evaluation proposal includes the allocation of incentives to compensate CYP for their time in participating in the study. We will assess the role of incentives in mitigating against this risk during the pilot evaluation.• StreetGames have good engagements with stakeholders and partners in the intended operating areas and the mobilisation period will ensure that a wide range of stakeholders and partners are aware of the programme and the evaluation.• The information sheets that we develop will be easy to understand and provide clear information on the value of the study and the importance of the role of participating CYP.• The training provided to Supporting Families teams and DPOs will include sessions on engaging with CYP, obtaining consent, providing key information, and the ongoing support and resources available during the study.• For CYP from Black, Asian, and minority ethnic backgrounds, additional mitigations will be in place, described below.

Risk	Mitigation strategy
<p>Being unable to recruit a sufficient number of DPOs (across the range of sports interests and geographies) to meet the target referral numbers (1,550 in the treatment group completing the sports programme).</p> <p>(likelihood: low, impact: high)</p>	<ul style="list-style-type: none"> • StreetGames has a large network of locally trusted organisations (DPOs) to draw upon – totalling circa 1,600 and a regional staffing structure which connects in with and provides support to these DPOs on a regular basis. • Initial scoping work has already been undertaken as part of the planning for this project, to identify a ‘long list’ of potential DPOs which have existing experience in working with vulnerable young people. • StreetGames have also been able draw upon previous learning & experience of delivering other large-scale interventions such as the Ministry of Justice funded Youth Justice Sports Fund which involved working with 220 DPOs (over 7,000 CYP) and Sport England funded Doorstep Sport Clubs which involved working with 311 DPOs (over 100,000 CYP).
<p>Being unable to recruit a sufficient number of young people from Black, Asian and minority ethnic backgrounds.</p> <p>(likelihood: medium, impact: high)</p>	<ul style="list-style-type: none"> • The evaluation team will undergo cultural competency training to be aware of the key potential barriers to participation by CYP from Black, Asian and minority ethnic backgrounds. • The engagement materials and the training materials for Supporting Families teams and DPOs will be informed by our Ethnically Diverse CYP Engagement Team (Teswal White and Cheryl White), which has over 10 years’ experience supporting young people from marginalised communities to engage in development activities. • The engagement materials (including consent materials and information sheets) will be informed by our Ethnically Diverse CYP Engagement Team and will be adapted to the needs of participating families and CYP. This includes potentially providing different formats to parents/families, adapted to their needs (e.g., language needs). • The trainings provided to Supporting Families teams and DPOs will include core components on obtaining consent and on racial equity considerations.

Risk	Mitigation strategy
	<ul style="list-style-type: none"> As noted in the Shared Practice Model, the Toward Sport programme includes transport and language support where needed. The ongoing monitoring of attendance data will highlight where non-attendance is an issue and the needs of the CYP will be discussed to increase participation and engagement. Through the Youth Justice Sport Fund, 44% of young people engaged were from Black, Asian or minority ethnic backgrounds. This means that this risk can be mitigated through existing recruitment practices. Information from Supporting Families teams and data from administrative sources on population characteristics (ethnicity) show a high proportion of CYP from minority ethnic backgrounds in the intended delivery sites (see section above for figures and sources). The pilot evaluation and IPE will provide a key opportunity to assess the existence of differential participation and attrition rates, as well as potential drivers, across key subgroups of CYP. This information will be used to adapt the evaluation materials and processes for the full evaluation as necessary, to minimise this risk. DPOs in the StreetGames network are embedded within local communities, run by local people who provide hyperlocal access to services. DPO staff are experienced at engaging young people from local communities into sport. Analysis of monitoring data from previous similar programmes shows their success in this regard. For example, monitoring data from the Youth Justice Sport Fund programme showed that of the 7,832 young people that engaged with this programme, the distribution across ethnicities was: 18% Black, 13% Asian, 8% Mixed, 5% Other and 55% White.
<p>CYP from Black, Asian, and minority ethnic backgrounds withholding consent due to the requirement of accessing</p>	<ul style="list-style-type: none"> The evaluation team will undergo cultural competency training.

Risk	Mitigation strategy
<p>offending data (likelihood: medium; impact: high)</p>	<ul style="list-style-type: none"> • The engagement materials and the training materials for Supporting Families teams and DPOs will be informed by our Ethnically Diverse CYP Engagement Team (Teswal White and Cheryl White), which has over 10 years' experience supporting young people from marginalised communities to engage in development activities. • The engagement materials (including consent materials and information sheets) will be informed by our Ethnically Diverse CYP Engagement Team and will be adapted to the needs of participating families and CYP. • The trainings provided to Supporting Families teams and DPOs will include core components on obtaining consent and on racial equity considerations.
<p>Being able to meet the target of 60% of DPOs being 50% Black, Asian, and minority ethnic-led. (likelihood: low, impact: medium)</p>	<ul style="list-style-type: none"> • StreetGames routinely captures information in relation to the diversity of DPO leadership and workforce in our network through network survey. This information has been reviewed by members of the Research and Insights Team together with data relating to the geographical location of DPOs and expertise in engaging vulnerable young people. • Location selection: four of the five geographic areas selected for this multi-site trial comprise large proportions of minority ethnic communities (see above for figures and sources) • Monitoring data from the delivery of previous similar programmes has also been reviewed, which together with the size and scale of our network has enabled StreetGames to prepare an initial 'long list' of potential DPOs which we could look to draw upon for this programme - which exceeds the 30 DPOs required to meet REDI targets for this programme. • A rigorous selection process of DPOs will be undertaken to meet these requirements

Risk	Mitigation strategy
<p>DPOs dropping out of the programme based on lack of staff, lack of facilities etc.</p> <p>(likelihood: medium, impact: high)</p>	<ul style="list-style-type: none"> • Expectations of DPOs will be made clear during recruitment and selection. • StreetGames and the evaluation team will provide regular drop ins and support sessions to DPOs to provide support and monitor any emerging issues. • In the event of a drop out, StreetGames can identify potential replacements based on their existing network of organisations. • Where feasible, we will adjust the case numbers of each DPOs to ensure no organisation feels overstretched.
<p>Unless a Safeguarding Risk Assessment determines otherwise, CYP will be allocated to DPOs that are in locations close to their home or school, where they feel safe or comfortable. Thus, there is a risk of being unable to recruit a sufficient number of DPOs to provide capacity in the areas where eligible/participating CYP need them.</p> <p>(likelihood: low, impact: high)</p>	<ul style="list-style-type: none"> • Location selection: four of the five geographic areas selected for this multi-site trial comprise large proportions of minority ethnic communities (see above for figures and sources) • Engagement with local authority Supporting Families teams will provide a good understanding of the type of communities eligible young people are based in. This information can be used to ensure that there are enough DPOs in areas where CYP will be likely to need them. • We will use StreetGames existing network of DPOs to ensure enough DPOs are recruited in suitable locations to meet CYP needs.
<p>Supporting Families teams not fully understanding the intended referral/randomisation process or not fully adhering to the randomised assignment in the field, e.g., finding ways to offer additional support to the CYP in the control group.</p>	<ul style="list-style-type: none"> • CYP will be randomised into treatment and control by the evaluation team shortly after the first engagement with the case worker, allowing the evaluation team to monitor the situation if control group members are attending the programme (as if they were treated). • The evaluation team will provide introductory training to all Supporting Families teams, including all-staff training, and trainings for those working at the local authority level. This will highlight the importance of implementing a high-

Risk	Mitigation strategy
(likelihood: low, impact: high)	<p>quality and rigorous evaluation, the roles, and requirements of each of the stakeholders, and the value.</p> <ul style="list-style-type: none"> The evaluation team will offer weekly drop-in support and Q&A sessions for Supporting Families teams, as well as a designated inbox, monitored by the evaluation team to provide Supporting Families teams with support.
<p>DPOs may be unable to find sessions appropriate for high-risk CYP within their organisations. This can be due to a limited number of high-risk referrals (or low capacity) making it unfeasible to hold exclusive sessions, and/or due to limited available slots in existing sessions that would be appropriate for the high-risk CYP, without potentially harming existing lower-risk CYP participants.</p>	<ul style="list-style-type: none"> Engagement with DPOs prior to roll-out to ensure DPOs have sufficient places for high-risk CYP. Within the Youth Justice Sport Fund, 63% of organisations engaged young people who were associated with gangs, and more than half of organisations engaged with young people who had been arrested or cautioned in the last six months, indicating a high number of DPOs capable of facilitating activities for high-risk young people. The eligibility criteria have been designed so that young people with a high level of tertiary need (e.g., CYP in a secure estate) or with specific high-risk needs (e.g., young people experiencing or at risk of sexual exploitation) are not eligible, to ensure DPOs have the resources and training to offer appropriate supports to participating CYP.
(likelihood: low, impact: high)	<ul style="list-style-type: none"> There will be regularly communication and coordination with DPOs throughout delivery to deal with situations such as these in real time. The likely responses will be to work with the DPO in question to identify opportunities to reorganise sessions with minimal disruption, strengthen safeguarding protocols, and work with nearby DPOs to identify possible appropriate slots if needed. Supporting Families Teams will review carefully the needs of each CYP on a case-by-case basis prior to referring them into the intervention.
<p>Limited acceptance rates and non-attendance by young people when offered sports based on low interest.</p>	<ul style="list-style-type: none"> Where possible, young people will be matched with DPOs that offer sports programming they are interested in, in areas convenient to them to prevent non-attendance.

Risk	Mitigation strategy
(likelihood: medium, impact: high)	<ul style="list-style-type: none"> • DPOs will arrange an initial meeting with the young person and family prior to attending the first session to begin building relationships, improve rates of up-take and discuss any worries or concerns. Learning from the Youth Justice Sport Fund found that taking this approach improved engagement rates for referred young people. • Rates of attendance and attrition will be estimated during the pilot and throughout the evaluation period. In combination with past data on attendance and engagement, the teams will have sufficient information to accurately predict rates and adapt predictions during the evaluation period. These modelled rates will allow the team to target a larger number of CYP during referral, taking non-attendance and attrition into account. • Current expectations are for 10% non-participation and 10% attrition (from the evaluation) after engagement, based on this more intensive recruitment and matching process.
<p>A high number of young people drop out before completing the full 24-week session.</p> <p>(likelihood: medium, impact: medium)</p>	<ul style="list-style-type: none"> • Expectation of engaging for 24 weeks will be clear during the first engagement with the Supporting Families case worker, and with the Supporting Families teams providing detailed guidance and materials. • DPOs will be provided training and support to keep young people connected with the programme throughout the full 24-week session. • Monitoring and attendance data will be assessed regularly by the evaluation team. Multiple non-attendances in a row could trigger contact by the Supporting Families case worker.
Reduction in capacity by DPOs or evaluation team based on illness, staff shortage, or other reasons	<ul style="list-style-type: none"> • StreetGames and the evaluation team will be in regular communication with all DPOs to monitor resource allocation and identify any bottlenecks early. • If necessary, StreetGames will draw on their extensive network of past partners and select back up DPOs.

Risk	Mitigation strategy
(likelihood: medium, impact: low)	<ul style="list-style-type: none"> • The evaluation team is large, made up of individuals from multiple institutions, and does not rely on the expertise of one individual, so others can step in, in case of illness/force majeure. • StreetGames has low staff turn-over and has an Operational Programme Board in place to specifically monitor internal capacity. Additional resources have been identified within this in programme budget to recruit programme specific roles where needed (e.g., project management and monitoring evaluation support) and additional capacity has been agreed with relevant existing staff.
Data breach by evaluation team (likelihood: low, impact: medium)	<ul style="list-style-type: none"> • Data sharing agreements will be in place between DPOs, Supporting Families, and the evaluation team. • Only data on consenting CYP will be shared. • Data will be stored by the evaluation team in secure drives and will be shared via a secure platform.
Major safeguarding incident taking place at a DPO session (likelihood: low, impact: high)	<ul style="list-style-type: none"> • DPO staff will be provided with robust safeguarding training and recruited based on specified skills, qualifications and experience working with the target population. • StreetGames and the evaluation team will ensure that each DPO recruited has a safeguarding plan in place, and a named safeguarding lead, prior to the start of delivery. • The project team and the evaluation team will each nominate an internal safeguarding lead, to whom DPOs can refer questions and potential concerns • StreetGames uses the 'tootoot' case management app to record and manage safeguarding incidents. The app provides real-time updating and reporting as well as remote support from StreetGames staff.

Risk	Mitigation strategy
	<ul style="list-style-type: none"> • StreetGames will provide support throughout the intervention period for DPOs to refer questions and potential concerns in to. • Supporting Families Teams will carefully assess the 'risks' of each Individual CYP prior to referral.
<p>One or more of the selected Supporting Families teams 'drops out' of the programme due to financial reasons or policy changes (likelihood: low, impact: high)</p>	<ul style="list-style-type: none"> • Initial scoping conversations have been held with Supporting Families Teams to ascertain interest and identify potential challenges and solutions. • Detailed information and induction sessions will be held with key staff within the Supporting Families Teams during the mobilisation period so that they are well prepared for the intervention. • Given StreetGames' national coverage and strong relationships through existing work it would be possible to connect into a new area and new Supporting Families team should one of the Supporting Families teams from our current list 'drop out' during mobilisation.
<p>Low completion rates of the baseline and follow-up surveys (likelihood: low; impact: high)</p>	<ul style="list-style-type: none"> • Discussions with representatives from a number of Supporting Families Teams in the planning process have given us confidence that the primary and secondary outcomes proposed for this intervention are largely captured by their teams already and that we can embed the intervention surveys into existing touch points that the case workers have with the young person. • We will also use the pilot phase to 'test' the survey content, processes and the 'balance' of support and incentives required to ensure the best possible learning returns during the trial. StreetGames has good experience of resourcing monitoring and evaluation appropriately when needed.
<p>Difficulty in access local police for data or low quality of local police force data (likelihood: medium; impact: low)</p>	<ul style="list-style-type: none"> • The co-design phase has included promising discussions with Supporting Families teams on data availability and access, with supporting letters received. • The mobilisation period will include extensive discussions on the existence, access, and quality of the data.

Risk	Mitigation strategy
	<ul style="list-style-type: none"> • The process of initiating data-sharing will begin immediately after GEC0 approval to minimise delay. • The evaluation team has submitted an application to the Police National Computer data to ensure that data on the primary outcome is being sourced through two avenues.
<p>Mixing CYP of different levels of need within sessions adversely impacting low-risk CYP (likelihood: low; impact: high)</p>	<ul style="list-style-type: none"> • The pre-meeting will include a comprehensive risk assessment with the CYP and information from the Supporting Families teams. • Where mixed sessions need to take place, DPOs will ensure that the sessions adhere to the requirements and safeguarding practices set out in the Shared Practice Model. • In cases where the mixing of sessions will not be appropriate for the CYP being referred and the existing attendees of the sports session, the DPO staff will work with the CYP to identify potential solutions (alternative sessions; rearranging the attendees of existing sessions; explore nearby DPOs if needed) and ensure that the CYP can attend a funded sports session. • Undertake ongoing risk assessments and enact the above potential solutions as and when session mixing is deemed high risk.
<p>Resentful demoralisation experienced by CYP in control group (likelihood: low; impact: high)</p>	<ul style="list-style-type: none"> • CYP randomised into the control group will have a clear pathway into business-as-usual services (detailed in the section 'Control group and business-as-usual). • CYP will experience regular engagement through business-as-usual services and will (in principle) experience the same level of engagement with the case workers as the treatment group (conditional on their risk level and needs). • The information provided to CYP will clearly lay out how they are involvement in an important and valuable study, without overselling the potential benefits of involvement in the programme.

Risk	Mitigation strategy
	<ul style="list-style-type: none"> • Our proposal includes incentives for both the treatment and the control group. We will assess the importance of incentives for CYP participation, perceptions, engagement, and resentful demoralisation during the pilot evaluation. • We will explicitly explore the existence of resentful demoralisation during the IPE for the pilot and the full trial, and adapt the design to the learnings where possible (e.g., between the pilot and full phase).
<p>Ineligible CYP are referred to and participate in the treatment intervention (likelihood: low; impact: medium)</p>	<ul style="list-style-type: none"> • We will be able to monitor the participation of ineligible CYP through the data shared by the DPO, as well as through the DPO's initial risk assessment during the pre-meeting. • We will coordinate closely with Supporting Families teams at the local authority level to ensure that the eligibility criteria are clear and identifiable in their recording. • We will extensively cover the process of eligibility, referrals, consent, and randomisation through our training sessions. Ongoing support will also be available to ensure that there is full understanding of these processes throughout the study.
<p>Limited capacity or buy-in from Supporting Families teams (likelihood: low; impact: high)</p>	<ul style="list-style-type: none"> • The co-design phase has included promising discussions with Supporting Families teams about the evaluation approach and the intervention. Supporting letters have been provided by Supporting Families teams that we have engaged with. • The mobilisation period will include detailed discussions with Supporting Families teams, covering the expectations and requirements of this evaluation. In addition, the benefits of participating will be clear (the provision of funded sports sessions for in-need CYP, as well as participation in a key study). Only Supporting Families teams that can commit to the requirements will be engaged with.

Risk	Mitigation strategy
	<ul style="list-style-type: none"> The project team have earmarked resources for supporting the teams. There will be ongoing support from both the project team and the evaluation team to minimise the burden of Supporting Families teams and case workers and to ensure that key information and support is on-hand.
<p>Unable to pool the pilot and full trial data due to large changes being required based on pilot learnings (likelihood: low; impact: low)</p>	<ul style="list-style-type: none"> We have planned for referrals to achieve the intended 3,100 sample for the evaluation after the pilot, such that the pilot referrals are in addition to the numbers required for the full trial, based on power calculations.

Timeline

See attached Gantt chart for detailed activities.

Dates	Activity	Staff responsible/ leading
<p>May 2024 – July 2024</p>	<p>Project mobilisation set up and mobilisation stage, including recruitment of DPOs and Supporting Families Teams, and preparation of pilot phase.</p>	<p>Alma Economics, StreetGames, Supporting Family team, and DPO teams in local authority for pilot.</p>
<p>July 2024 – March 2025</p>	<p>Pilot evaluation within one local authority and with up to five DPOs, including IPE.</p>	<p>Alma Economics, StreetGames, Supporting Family team, and DPO teams in local authority for pilot.</p>
<p>January 2025 – February 2025</p>	<p>Revision of evaluation design and implementation based on pilot learnings. Training of Supporting Families and DPOs for the full evaluation.</p>	<p>Alma Economics, StreetGames, Supporting Family teams, and DPO teams in local authorities for full evaluation.</p>
<p>March 2025 – February 2026</p>	<p>Toward Sport intervention period</p>	<p>Alma Economics, StreetGames, Supporting Family teams, and DPO teams</p>

		in local authorities for full evaluation.
March 2025 – February 2027	Data collection, including baseline, 24-weeks after referral and 24-weeks-plus-6-months after referral for evaluation study cohorts. We allow an additional 6 months for the PNC data to reflect the offending outcomes relevant to the 240 weeks-plus-6-months after referral. This is because of a potential lag in the PNC data.	Alma StreetGames, Family teams, and DPO teams in local authorities for full evaluation. Economics, Supporting
July 2025 – April 2026	IPE activities for full evaluation, implemented while CYP are still engaging with the evaluation and intervention.	Alma Economics
March 2027 – July 2027	Statistical analysis, synthesising findings from impact evaluation and IPE, participatory workshops to interpret the preliminary findings, and reporting	Alma Economics

Survey items

The following table lists each set of survey questions, and their source, as currently proposed. The exact design of the final questionnaire items will be confirmed during the pilot stage of the multi-site trial, as we test and explore different question sets.

Strengths and Difficulties Questionnaire

Each item is scored on the following scale: not/somewhat/certainly true

1. I try to be nice to other people. I care about their feelings.
2. I am restless, I cannot stay still for long.
3. I get a lot of headaches, stomach-aches or sickness.
4. I usually share with others (food, games, pens, etc.).
5. I get very angry and often lose my temper.
6. I am usually on my own. I generally play alone or keep to myself.
7. I usually do as I am told.
8. I worry a lot.
9. I am helpful if someone is hurt, upset or feeling ill.
10. I am constantly fidgeting or squirming.
11. I have one good friend or more.

12. I fight a lot. I can make other people do what I want.

13. I am often unhappy, down-hearted or tearful.

14. Other people my age generally like me.

15. I am easily distracted. I find it difficult to concentrate.

16. I am nervous in new situations. I easily lose confidence.

17. I am kind to younger children.

18. I am often accused of lying or cheating.

19. Other children or young people pick on me or bully me.

20. I often volunteer to help others (parents, teachers and children).

21. I think before I do things.

22. I take things that are not mine from home, school or elsewhere.

23. I get on better with adults than with people my own age.

24. I have many fears, and I am easily scared.

25. I finish the work I'm doing. My attention is good.

ONS 4 Wellbeing Questions

26. Overall, how happy did you feel yesterday? (on a scale from 0 to 10)

27. Overall, how satisfied are you with your life nowadays? (on a scale from 0 to 10)

28. On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday? (on a scale from 0 to 10)

29. Overall, to what extent do you feel that the things you do in your life are worthwhile? (on a scale from 0 to 10)

Physical Activity Question (Milton et al, 2010)

30. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? (on a scale from 0 to 7)

Transferable skills and knowledge questionnaire (National Citizen Service Evaluation)

To what extent do you feel you can (very confident/confident/neither confident nor not confident/not at all confident)

- Problem solve
 - Self-manage yourself
 - Meet new people
 - Have a go at things that are new to you
 - Work with other people in a team
 - Put forward my ideas
 - Be the leader of a team
 - Explain my ideas clearly
 - Get things done on time
-



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