

EVALUATION REPORT

United Borders music mentoring programme

Pilot trial report

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**UNIVERSITY OF
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Centre for Crime,
Policing and Justice



About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people from becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

Children and young people at risk of becoming involved in violence deserve services that give them the best chance of a positive future. To make sure that happens, we'll fund promising projects and then use the very best evaluation to find out what works. Just as we benefit from robust trials in medicine, young people deserve support grounded in the evidence. We'll build that knowledge through our various grant rounds and funding activities.

And just as important is understanding children and young people's lives. Through our Youth Advisory Board and national network of peer researchers, we'll ensure that they influence our work and that we understand and are addressing their needs. But none of this will make a difference if all we do is produce reports that stay on a shelf.

Together, we need to look at the evidence and agree on what works, then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we'll do it. At its heart, it says that we will fund good work, find what works and work for change. You can read it [here](#).

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About the evaluator

Professor Siddhartha Bandyopadhyay (SB) was the Principal investigator and overall Project Manager and co-lead the impact study. He is the main point of contact for the study:

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The quantitative data gathering and analysis was co-lead by Professor Yiannis Karavias.

The Theory of Change (ToC) and process work was led by Professor Eddie Kane from the University of Nottingham.

Professor Caroline Bradbury-Jones supported the ToC and process work.

Lorraine Khan supported our work with the peer researchers as part of the process evaluation.

Dr Emily Evans supported the process, implementation and ToC work and supported SB in project management.

The team had a small group of experts who advised them and provided quality assurance:

- Professor Paul Montgomery provided expert input into the overall research design.
- Dr Mel Jordan advised on trauma-informed care and practice.
- Dr Kausik Chaudhuri provided quality assurance of the statistical analysis.
- Professor Anindya Banerjee provided quality assurance to the study.

The project

The Building an Understanding of Self (B.U.S) programme is a music mentoring intervention that aims to reduce behavioural problems, improve well-being and self-esteem, and enhance personal relationships. In the long term, B.U.S intends to reduce involvement in violence and offending. Delivered by the charity United Borders (UB), B.U.S is a 10-week intervention where young people make music in a specially adapted bus that features a recording studio. The bus is parked in neutral spaces in London and invites young people for two-hour weekly, 1:1 or group music production sessions, where they also receive mentoring support from a matched mentor. Mentors then offer the child and their families as-needed support beyond the sessions. This includes four additional sessions of 1:1 mentoring and Math and English tutoring, in addition to as-needed work with other professionals involved with the family. The sessions close with a graduation ceremony, where some children perform songs they have created. Key components of the B.U.S sessions include encouraging young people to authentically express themselves in their music, working with other children from different postcodes during the sessions and exploring the trauma children have faced through songs. Children recruited are aged 10–17, live in London and have been identified by the police, children’s services, youth offending services, schools or alternative education providers as at high risk of involvement in violence. They may have been charged for an offence previously, been involved in violence or associated with children and young people who have high levels of disruptive behaviour or have been excluded from school.

YEF previously funded and published a feasibility study of B.U.S. It found B.U.S to be a feasible intervention ready to undergo further evaluation. YEF, therefore, funded this pilot trial of the programme. This evaluation aimed to assess the feasibility of progressing to a full efficacy study, understand how the intervention was experienced, establish a feasible way to measure outcomes of interest, consider the possibility of unexpected outcomes and explore whether there is evidence of promise. To test an approach to a trial, the evaluation established an intervention group (that received B.U.S) and a control group. The control group received a lighter touch mentoring intervention, with six one-hour, 1:1 weekly mentoring sessions delivered by UB mentors (on the bus or in school). No wraparound support, graduation or music creation activities were provided to the control group. Eighty-three children and young people were involved in the pilot trial; 39 received B.U.S, 42 were randomly assigned to the control group and two withdrew consent after randomisation. The evaluation collected a range of quantitative and qualitative data, including case management data, demographic data, the Strengths and Difficulties Questionnaire (SDQ) and the International Self-Report Delinquency Study (ISRD) questionnaire. Interviews were conducted with 16 participants, eight UB staff and seven representatives from referring organisations, in addition to observations of sessions. The pilot trial ran from April 2023 to February 2024.

Key conclusions
Both intervention and control conditions were delivered with a high degree of fidelity. The pilot findings also confirm the findings of the previous feasibility study in highlighting the key mechanisms by which we might expect B.U.S to have an impact. These include the creative nature of the programme, the neutral space where the programme occurs and the trauma-informed approach.
Progressing to a full efficacy study is feasible, randomisation is possible and there is a sufficiently large target group of children. An estimated 352 children would be required for an efficacy study. UB remains a relatively small organisation, but it has begun exploring ways to increase its capacity and deliver at the scale required in an efficacy study.
Interviews conducted with participants and referrers reveal that both are positive about UB and the delivery of the intervention and control group programmes. All interviewed children reported feeling safer as a result of their contact with UB.
Feasible ways to measure outcomes of interest were established. The SDQ and ISRD were feasible to deliver, and Metropolitan Police administrative data was gathered for 100% of the participants.
No unexpected detrimental outcomes were reported. One positive unexpected outcome was the creation of a United Mum’s parents/carers group to act as peer support for participants in some schools.

Interpretation

Both intervention and control conditions were delivered with a high degree of fidelity. The pilot findings also confirm the findings of the previous feasibility study in highlighting the key mechanisms by which we might expect B.U.S to have an impact. These include the creative nature of the programme, the neutral space where the programme occurs, meeting children 'where they are' to work with the needs and individual issues they have, and taking a trauma-informed approach.

Progressing to a full efficacy study is feasible. Although randomisation initially posed some challenges (such as referrers' disappointment that half of the children would not receive the music programme), referrers understood why the process was in place, and randomisation proved possible. Only 17 children (15% of eligible referrals) withdrew. In addition, there is a sufficiently large target population for an efficacy study, and UB has successfully cultivated several referral routes. The main referral routes were via schools and alternative education providers (providing 59% of children) and Borough of Brent Local Authority. The increase in referrals from the local authority between the feasibility and pilot studies reflects work by UB to strengthen relations with the local authority. The schools referring during the pilot study were also a mix of new and established referrers. This use of educational establishments as referral routes did mean referrals were affected by school holiday periods, and as a result, it took two months longer than planned to recruit the planned sample size. UB received referrals for and recruited into the interventions an ethnically mixed group of children reflective of the local communities the referrals came from. An estimated 352 children would be required for an efficacy study. UB remains a relatively small organisation, but it has begun exploring ways to increase its capacity and deliver at the scale required in an efficacy study. A key decision would be the length of time over which an efficacy study would take place to allow UB to recruit a sufficient sample.

Interviews conducted with participants and referrers reveal that both are positive about UB and the delivery of the intervention and control group programmes. Children valued UB, whether as part of the treatment or control intervention, and reported forming close, trusting relationships with mentors. Interviewed children from the B.U.S programme also praised the cathartic and calming effect of creative activity; some reported that they believed they had improved their social and emotional skills, school behaviour, and attitude as a result of the programme. All interviewed children said they felt safer as a result of their contact with UB. There was some evidence from interviews that some children in the control group were resentful that they did not receive the B.U.S intervention. However, there was no evidence from the rates of dropout from the intervention that this led children to leave the programme. These rates were similar across the treatment group and control group (23% and 17%, respectively).

Feasible ways to measure outcomes of interest were established. During the feasibility study, only two of the sample of 55 children completed the Self-Report Delinquency Scale (SRDS), with some participants viewing it with hostility. UB staff suggested this may have been due to the SRDS' lack of consideration of factors associated with offending. Consequently, the evaluator worked with UB to select the ISRD questionnaire as an alternative. This asked participants both about their offending but also about the context in which they live, including their family and school life, experiences of victimisation and values. This proved considerably more acceptable to children, although the evaluation highlighted two small changes to be made in any future study (amending the length of recall periods in questions and requiring closed response options when children report committing acts of delinquency). Administrative data from the Metropolitan Police was successfully matched with UB case management data and could be used to measure participants' levels of contact with the police. Indeed, Metropolitan Police administrative data was gathered for 100% of participants. No unexpected detrimental outcomes were reported. One positive unexpected outcome was the creation of a United Mum's parents/carers group to act as peer support for participants in some schools.

The YEF is currently considering whether to proceed with further evaluation of B.U.S.

Introduction

Background

The core of both United Borders' (UB) programmes is the provision of mentoring. In the case of the Better Understanding of Self (B.U.S) programme, this is delivered through a music-making programme.

Mentoring matches children and young people (CYPs) who, in this case, are at risk of involvement in crime and violence with a mentor. It aims to help CYPs form good relationships with positive role models. This may help CYPs develop important skills like self-regulation, form positive relationships with others and develop positive behaviours, interests and aspirations. In addition, CYPs can directly benefit from the advocacy a mentor provides and from connecting them to services or opportunities of interest or benefit.

Research using both administrative and self-report data has found that it can significantly reduce delinquency outcomes (Blattman et al., 2017; Heller et al., 2017). A toolkit prepared for the YEF on mentoring as a strategy for preventing CYPs from becoming involved in crime and violence (Gaffney, Jolliffe and White, 2022), drawing from three meta-studies, provides key evidence on this issue. The headline findings are that mentoring programmes can lead to a 14.2% reduction in youth offending based on 37 evaluations, a 21.1% reduction in violent behaviour based on eight evaluations and a 20% decrease in reoffending based on findings from 23 studies.

The YEF mentoring toolkit reports that both of these reviews reported mean effect sizes for additional outcomes, with results suggesting that mentoring programmes have the potential to impact a wide range of risk and protective factors for youth offending and violence. For example, one meta-study that was considered found that mentoring programmes had a desirable effect on academic achievement, drug use, family relationships and physical health but not on some other outcomes, such as social and emotional outcomes and school behaviour. Another of the meta-studies included found that mentoring programmes have desirable effects on outcomes across several domains, including school, psychological, social, cognitive and health outcomes (Gaffney, Jolliffe and White, 2022).

This mirrors the findings of other studies in this area. For example, regarding academic outcomes, Falk et al. (2020) and Rodriguez-Planas (2012) have found that mentoring can be supportive. Other studies have found more limited evidence regarding reductions in aggression and drug use (Tolan et al., 2013).

Regarding moderating factors, the YEF toolkit suggests that matching mentees and mentors on sex (evidence found for males) supports the effectiveness of mentoring and that shorter meetings between mentors and mentees are also associated with greater effectiveness (Gaffney, Jolliffe and White, 2022). Indeed, the authors report from qualitative data on the importance of matching mentors to mentees, with failure to do so resulting in cost inefficiencies, premature ending of mentoring relationships that are not going well and poor handling of termination, negating the positive impact of the programme. Tolan et al. (2013) also found evidence that the motivation of the mentors can moderate the effect of the intervention. This study found only limited detailed evidence of what the mentoring programmes actually consisted of and how they were implemented, it found stronger effects when the mentoring offered emotional support and advocacy. However, the authors stated that further studies were required to understand which components of mentoring are having the observed effects, findings mirrored in the YEF toolkit (Gaffney, Jolliffe and White, 2022). This will be important to consider in the current study.

Early-stage evidence regarding the particular potential role of mentoring for CYPs from Black communities has found that mentoring can help challenge negative wider social stereotypes, which CYPs from these communities often feel they are flooded by in the media, which narrow their own perceptions of their potential and which undermine their wellbeing (Khan et al., 2017).

Regarding music, which is the main focus of the UB B.U.S programme, there is only a limited good-quality evidence base for music mentoring interventions (Daykin et al., 2011; Daykin et al., 2013). One systematic review of 11 international studies (from the UK, Canada, Australia, South Africa and the USA) has been published on this type of programme (Daykin et al., 2013). Sample sizes were often small (36 people on average, range 4–150) and included programmes run in the community and custodial or other residential facilities. As such, it is difficult to generalise the findings. However, the review found evidence that music-making programmes can support intermediate outcomes for CYPs, which may, in turn, support a reduction in involvement in offending. These outcomes included social skills and self-efficacy. Successful interventions may allow CYPs to safely express their hopes, dreams and frustrations and thereby offer a means of coping and asserting control over life (Daykin et al., 2013: 207).

Participation in such programmes is particularly supported by using a culturally relevant music genre and allowing CYPs to have ownership of the programme. However, there is currently no evidence of a direct link between such programmes and a reduction in crime.

Mentoring using music aims to improve self-esteem and self-regulation by allowing CYPs to reflect and act on their emotions in a positive and creative way. It is thought that this may, in turn, support positive strategies that lead away from offending behaviours. Music is thought to be particularly well suited to addressing risk factors in CYPs, given the special place music and musical subcultures occupy in adolescence regarding the development of identity and values.

Common themes from early-stage qualitative evidence on the potential outcomes of music interventions with CYPs at risk of offending include the following:

- a) Identity formation and values: it may help CYPs shift from negative identities to more positive identities. Guided reflection on music may also support CYPs' development of values.
- b) Empowerment: it may provide a voice for CYPs to express feelings about challenging experiences and living and learning conditions
- c) Cultural relevance: the use of music can provide a resonant tool which feels relevant and validates cultural heritage.
- d) Expression and emotion: it can also provide a less threatening, more engaging and less medicalised way of opening up a dialogue about vulnerabilities as well as helping CYPs to give voice to and cope more effectively with emotional and mental health distress.

(Miranda and Claes, 2004; Daykin et al., 2013; Cheliotis and Jordanoska, 2016; The Baring Foundation, 2020)

Wider literature and evidence beyond criminal justice link music and other creative practices with prosocial behaviours and positive identity change. Self-improvement and beneficial community inclusion can result from creative practice engagement. For example, Capoeira, a Brazilian martial art and game that is played in the UK, can result in self-benefit for new participants (Jordan et al., 2019). Corporeal and discursive boundary empowerment can be experienced, fostering positive identity work in the wider world (Jordan et

al., 2019). This suggests engagement in new creative practices can have benefits beyond the setting of the intervention. The Capoeira study is part of a larger Creative Practice as Mutual Recovery programme, which seeks evidence of arts initiatives in the community being beneficial for mental health and well-being.¹

Both the established B.U.S music mentoring programme and the light-touch control programme developed by UB are aimed at CYPs who are beginning to become involved with offending. The aim of the programmes is to divert CYPs away from further involvement – as such, it is a diversion programme. Diversion can occur at the point of arrest or as a formal out of court disposal (OOCd) once a person has been charged with an offence. Point-of-arrest diversion allows people to avoid a criminal record in exchange for completing a community-based requirement. An OOCd will feature in a criminal record. Point-of-arrest diversion, or a referral to a diversionary service at an even earlier point, aims to reduce the negative consequences of formal criminal justice sanctions while allowing practitioners in relevant services to focus resources on addressing the behaviour. For CYPs, diversion is aimed at reducing the number of those drawn into the criminal justice system (CJS), and the poorer life outcomes associated with this. These can include labelling CYPs as ‘offenders’; interrupting education, training and employment; and receiving a criminal record. Indeed, contact with the CJS can itself be criminogenic, deepening and extending CYPs’ criminal careers the further they progress into it (Robin-D’Cruz and Whitehead, 2021). As such, there has been increased interest in diversion in recent years, with strong and ever-growing evidence that youth diversion reduces reoffending, lowers costs and produces better outcomes for CYPs (Ely, Robin-D’Cruz and Jolaoso, 2021).

Research findings on diversion prepared for the YEF toolkit outline the ways in which these programmes might ‘work’; these include (1) avoiding labelling, (2) avoiding association with antisocial peers, (3) reintegrative shaming, which holds youth to account for their actions whilst avoiding stigmatizing them so they reintegrate into the community and (4) connection to services which address problems the child is facing that may have led to criminal behaviour (Gaffney, Farrington and White, 2021). Overall, research has shown pre-court diversion programmes to be effective in reducing reoffending compared to formal processing. The observed effect size of 0.144 corresponds to a decrease in reoffending of approximately 13% (Gaffney, Farrington and White, 2021).

The nature of diversionary activities varies, as do the ways in which they are provided nationally. For example, the Centre for Justice Innovation found significant variation in practice regarding requirements on CYPs to plead to or admit guilt, defining eligibility (including which offences were excluded, timing and criteria used) and outcomes monitoring (Lugton, 2021). This variation is linked to a lack of national guidelines for the operation of these schemes, along with rules for recording the work done and clear funding for them (Lugton, 2021). In particular, diversion can in fact exacerbate racial disparities in criminal justice outcomes for CYPs due to the different ways in which racial groups are policed. Robin-D’Cruz and Whitehead (2021) noted that access to diversion is, in part, affected by previous contact with the police, with greater levels of contact often used as a reason to exclude CYPs from diversion, as it can indicate less possibility of or capacity for reform. This means Black and minority ethnic CYPs, who form the majority of CYPs UB works with, may not be referred for diversion or not be eligible for it. Contact with the police tends to be more common for those from Black and minority ethnic communities, which are policed to a greater extent, in turn increasing

¹ Led by Professor Paul Crawford (healthhumanities.org).

the likelihood of arrest. Furthermore, a lack of trust in the police can make it less likely that Black and minority ethnic people who are arrested will plead guilty, again barring them from diversion.

There has been significant and ongoing concern about rising levels of some violent behaviours, street crime and criminal exploitation involving CYPs (HM Government, 2018). This has been a particular and longstanding concern in urban areas, including some areas of London (ONS, 2021; BBC News, 2019), such as the areas covered by UB (Brent Overview and Scrutiny Task Force, 2013). Indeed, the established UB B.U.S music mentoring intervention and the creation of UB as a whole was prompted by significant levels of violent behaviours and violent crime committed and experienced by CYPs in London, including the areas covered by UB in North West London, primarily around Harlesden, Church End and Willesden Green in Brent Borough. This violence is often characterised by territorial disputes, making it difficult to bring CYPs together in one physical location.

These CYPs are frequently at high risk of being involved in violence, either as a perpetrator or a victim or both, and may have experienced domestic violence, gang exploitation, county lines exploitation and/or post-traumatic stress disorder (PTSD) as a result of knife crime.

Previous research specifically regarding those CYPs at risk of gang involvement notes that they – generally come from more deprived communities (Wolff et al., 2020) and are more likely to be exposed to gang and county lines activity (Brent Overview and Scrutiny Task Force, 2013; Khan et al., 2013). The lack of a positive adult role model in a child's life has also been identified as a risk factor for gang involvement (Brent Overview and Scrutiny Task Force, 2013; Home Office, 2011). Furthermore, these CYPs are noted to have higher levels of mental health needs and exposure to trauma and face multiple other vulnerabilities, such as exposure to domestic violence, school difficulties, limited access to opportunities and difficulties with self-regulation (Wolff et al., 2022; Khan et al., 2013).

Given the availability and state of the evidence so far regarding diversionary programmes and mentoring programmes, in particular, for CYPs from Black and minority ethnic backgrounds, who are the primary cohort of UB, the pilot study provided an opportunity to assess the operation of the UB-established music mentoring programme on violence and offending. This will build on a feasibility study conducted during 2022, allowing us to understand what each mentoring programme consists of and how it operates in practice.

The feasibility study allowed the research team to understand the aims, content and implementation of the established UB music mentoring programme from interviews with UB staff, referrers and community partners. We were also able to discuss the impact of the programme with CYPs participating in the programme. The study concluded that UB offers a well-defined and well-implemented programme run by skilled mentors to whom CYPs can relate. There is a clear demand for the programme, and the intervention is adaptable enough to meet individual needs. Across the study period, UB worked with 55 CYPs from a range of referral sources. UB staff successfully consented CYPs into the study and completed measures with them at the start and end of the intervention. The case management system (CMS) introduced at the start of the study provided useful data to the research team on the dosage, reach and responsiveness of the intervention, as well as an understanding of referral routes. Beyond some minor changes to the ways data are recorded, the feasibility study suggested no changes to the way the established music mentoring programme is organised and delivered.

Intervention

Intervention providers

UB is a small third sector organisation working with CYPs, primarily in North West London but also in other areas of the city. It provides early intervention services to younger CYPs identified as at risk by schools and education providers. It also provides diversionary work to older CYPs.

UB take a holistic, strengths-based, person-centred and trauma-responsive approach. Its work focuses on empowering CYPs and helping them to understand the impact past and current experiences have on their well-being. This enables UB to help CYPs identify how they can transform their future opportunities through a better understanding of the past. The mentoring UB provides includes experiences in music production, pathways into creative industries and employment, physical training, and education about knife crime and staying safe. Creative work is the way to build the relationship; this can then start moving towards engaging with education, employment, etc.

UB provide these services through a small pool of mentors who have stayed stable during the course of both the feasibility and pilot studies. UB mentors have worked in a variety of areas, including the music industry, and some have lived experience of living in violent areas/being involved in violence. This helps CYPs and mentors find common ground and build trusting relationships. The skills and qualities specified in the job description for UB mentors are as follows:

- Ability to empathise
- Ability to create optimism and clear pathways for CYPs to succeed
- A background of lived experience
- Experience connecting and supporting marginalised CYPs
- Experience with caseload management, 1:1 mentoring and goal-setting
- Strong social skills, effective communication, ready to right wrongs and be wrong
- Understanding of local complex challenges
- Experience in creative skills and a passion for music
- Very inquisitive and ready to share new thinking via popular social media platforms
- Willingness to write and share an honest account of who you are and how you became the person you are today

These criteria are assessed during the recruitment process UB uses, which includes an application and interview process.

UB uses trained facilitators to deliver some training to their mentoring team, as well as conducting internal training on the programme and procedures. Topics covered include:

- Safeguarding – one full day’s training provided by one National Society for the Prevention of Cruelty to Children facilitator²
- Contextual safeguarding – one full day’s training provided by one Power the Fight facilitator
- Understanding youth violence – one full day’s training provided by two Power the Fight facilitators

² <https://learning.nspcc.org.uk/>

- Introduction to conflict triggers and de-escalation – one full day’s training provided by two facilitators from Leap Confronting Conflict³
- Primary care and mental health – one full day’s training provided by one LEAP facilitator

Throughout their work with CYPs, UB supports families by providing updates on the progress of CYPs. This encourages open communication between parents, mentors and referring agencies.

Treatment intervention

UB delivers a trauma-informed music mentoring programme called Building and Understanding of Self or B.U.S centred around producing music. This is delivered weekly over a two-month period, primarily on a specially equipped bus containing a recording studio space. This is parked in neutral spaces (often around Stonebridge) or taken to the site where CYPs have been referred, such as a school or pupil referral unit (PRU), to allow CYPs from different areas of London to attend.

The CYPs are referred by a local authority agency, such as a youth offending service (YOS), the police, school or other education provider, or CYPs can self-refer. If they meet referral criteria, CYPs complete an online baseline survey assessing their mood, self-esteem, confidence and engagement with education. This helps to identify required areas of support, unlock their passions and confirm pathways to higher learning or employment while aiming to understand the needs and desires of the CYP. The CYP also completes a 16Personalities test⁴ to gauge what personality traits they have; this is based on the Myers-Briggs personality assessment. This is used as an ice-breaker exercise and to understand how this can impact communication with CYPs and their perception of themselves.

The first session (engage through arts) entails mentors exchanging musical tastes with mentees. This helps mentors to understand what the CYP values musically. UB has developed and uses a ‘trauma within music’ scale. The scale is used to measure if trauma can be identified throughout the songs with which CYPs identify, on a scale from 0 to 10, for example, by examining the subject matter and lyrics of such songs. In addition, an interest in ‘drill’ music artists from specific postcodes can allude to postcode wars. This helps to create conversations with CYPs around trauma and its impacts. Working with CYPs through the medium of music provides mentors with a clearer and more authentic understanding of what CYPs may be engaged in through their lyrics or music writing. This informs the strategies mentors employ to support CYPs.

Following this induction session, CYPs determine if they would like to do the music programme and consent if they would.⁵ The programme runs for two months and pairs CYPs with an interest in music and music-making with mentors who are also music producers and writers. CYPs are challenged to express themselves authentically and work with other CYPs from different postcodes throughout the music sessions. This unified approach helps to connect CYPs who reside in areas with existing tensions. However, bringing CYPs together in this way requires careful management by UB staff, as CYPs may be wary or cautious of meeting CYPs from different areas or may have to travel across postcodes, which can be a source of stress and anxiety, which can trigger a PTSD response. Due to safety concerns created by CYPs travelling to UB, staff will make use of

³ <https://leapconfrontingconflict.org.uk/>

⁴ <https://www.16personalities.com/free-personality-test>

⁵ There is also a newer podcasting programme, which does not form part of this study.

taxi services or will accompany CYPs to ensure those who have additional safety concerns and gang associations can travel safely.

The music mentoring programme has the following core aspects:

- CYPs are put into small groups and work through the 10-stop music programme, composed of a number of modules. Each module covers specific themes, such as empathy.
- Through group and 1:1 discussions, a mentor supports the CYP by taking a trauma-informed approach – for example, the trauma in music approach asks CYPs to explore the trauma within songs (i.e. the song creates a point for discussion, helps the CYP identify their own trauma and provides a space to introduce the idea of using music or spoken word as a therapeutic tool or prompt for therapeutic conversations, which CYPs could explore in the future).
- CYPs are challenged to express themselves authentically and to work with other CYPs from different postcodes throughout the music sessions. This unified approach helped to connect CYPs who reside in areas with existing territorial tensions.
- At the end of the programme, a CYP will have recorded around four to five songs to reflect on the journey they have been on.
- Throughout this process, CYPs complete a baseline, mid-point and final survey to assess the impact of the intervention. The survey uses the questions asked in the Getting to Know You survey regarding the character, trust and understanding, well-being and togetherness of participants.⁶
- The information from the final survey is used to refer CYPs to further opportunities and/or support, such as education or employment. These opportunities included some CYPs being linked to other music production activities, referrals to wider music industry opportunities and links with physical education opportunities.

There is a mix of sessions focused on CYPs creating music with their mentors or with a small number of other CYPs and group sessions in which the music created is reviewed by all CYPs and mentors. There are four sessions which guide CYPs in recording their own music. These are as follows:

- **Bus Stop, Boss Start**
CYPs are encouraged to record lyrics or produce music which is familiar to them, so the expression is modelled on their lived experiences without editing or censoring their expression.
- **Moralising Music (M&M)**
Mentors and CYPs revisit a song to delve deeper into the themes presented in the track after feedback from mentors and the group listening party. In this session, CYPs are challenged to self-edit what they have created, such as lyrics containing references to trauma or glorifying violence, misogyny and homophobia.
- **3peat**
CYPs are challenged to create music with CYPs they aren't familiar with and who reside in different postcodes and then to edit the music with a younger audience in mind, i.e. primary school children. This process is repeated three times.
- **Bus Stop, Boss Up**

⁶ Please refer to Appendix A.

The final session reviews the four songs created and re-edited. If UB and the CYP agree upon a track which fits the UB ethos, they create a music video to promote the CYP's work and highlight UB's work supporting CYPs.

After each of these, there is a group 'listening party' in which other CYPs and mentors can provide feedback on the music created. All of these sessions are intended to be collaborative between UB staff and CYPs, although with expected standards of behaviour so that CYPs feel welcomed and at home, which in turn helps to foster and support trust. For example, food is regularly available at sessions, partly to help create this atmosphere but also to support CYPs whose families may be struggling financially.

Following the end of the formal programme, there is a graduation ceremony at which some of the CYPs perform songs they have created. This is attended by family members, friends, teachers, former programme graduates and other partner agencies.

In addition, UB provides wraparound support, including providing in-house tutors for Maths and English and introducing CYPs to other initiatives as needed based on the interests of CYPs; this has included boxing classes, for example. Additionally, CYPs engage in at least two hours of group mentoring a week with the other CYPs (around 15 people) on the programme. This runs alongside the music mentoring programme and covers a series of themes, e.g. empathy. These are led by UB staff. One-to-one mentoring is available if the CYP is not ready to integrate into a group setting. UB often remains engaged with CYPs following graduation if wanted. A small proportion, estimated by UB staff to be around 5%, return to UB as peer mentors or work to support the technical side of music production in the UB bus, with the potential to progress into an employed staff member.

During the feasibility study, we worked with UB to update an initial Theory of Change (ToC) and logic model for the B.U.S intervention developed during the co-design phase of our work with them. These are presented below.

United Borders Building an Understanding of Self – theory of change

WHY	Problem observation	The levels of violent behaviours and violent crime involving CYPs as victims, perpetrators and witnesses, some of which are linked to gangs. This violence can be characterised by territorial disputes, making it difficult to bring CYPs together in one physical location.
	Need	To support CYPs at high risk of involvement in violence, violent crime and exploitation, prevent any further involvement in violence and promote school attendance and support by other appropriate professionals.
WHO	Target population	CYPs aged between 10 and 17 years living in London, referred by police, local authorities, social services, YOS, schools and PRUs, and who have been impacted by violence (interpersonal, domestic, social media threats, associated with other CYPs who have criminal or gang affiliations) as victims or perpetrators. CYPs who have been charged with an offence but were given an OOC (no further action, community resolution, youth caution, youth conditional caution) qualify for this programme.
HOW	Intervention activities	<ul style="list-style-type: none"> • Pre-intervention engagement with the CYPs and their families to ensure CYPs are in a position to begin the programme, which can bring together CYPs from different postcode areas • A 10-week music and mentoring programme centred on producing music, which consists of the following key activities: <ul style="list-style-type: none"> ○ A number of modules followed by an opportunity for reflective practice – at the end of the programme, a young person will have recorded around four to five songs to reflect on the journey they have been on. ○ A graduation ceremony to mark the end of the programme, where CYPs can perform some of the songs produced – this takes place in a venue away from the bus, with family, friends and other UB supporters present. • Mentoring support is also provided outside of the programme to support CYPs as necessary, including engaging with other organisations. • Throughout the programme, CYPs complete a baseline, mid-point and final survey to assess the impact of the intervention. The information from the final survey is used to refer CYPs to further opportunities and/or support. • At the end of the programme, there are opportunities for CYPs to remain engaged with UB; this can take a number of forms, including ongoing support, working within the intervention and becoming peer mentors or ambassadors within UB.
	Intervention mechanisms	<p>The programme is underpinned by the following key mechanisms:</p> <ul style="list-style-type: none"> • The creative nature of the programme – this is the hook which gets CYPs interested in the programme, builds relationships with mentors who have worked in the music industry and provides a way to discuss trauma through music • The neutral space in which the programme takes place – this allows CYPs from different areas to meet, which they may not be able to in other settings, and provides a safe space to build a positive community, an alternative to being ‘on the road’ and ‘something to look forward to’. • Meeting CYPs ‘where they are’ – being willing and able to work with CYPs on the individual issues and needs they have and focusing on empowering CYPs. Mentors have lived experience of violent areas and violence, and this helps CYP and mentors find common ground and build a trusting relationship. This is supported by CYPs being able to stay in touch with mentors and UB as a whole following the end of the programme. • Taking a trauma-informed approach to the programme - this can help CYPs understand the impact past and current experiences have on their well-being and identify how they can transform their own opportunities.

WHAT	Short-term outcomes	<ul style="list-style-type: none"> • Improved peer relationships • Reduced behavioural problems • Improved emotional functioning • Reduced impulsivity • Improved social and emotional competencies associated with improved success in life • Improved well-being • Improved self-esteem • Improved confidence • Improved personal development
	Medium-term outcomes	<ul style="list-style-type: none"> • CYPs are able to take ownership of their own positive pathways. • Trust is built between CYPs from different areas.
	Long-term outcomes	<ul style="list-style-type: none"> • Improved CYP safety • Reduced gang involvement • Reduced violent crime • Reduced offending • Reduced harm caused by and experienced by CYPs

United Borders Building an Understanding of Self – logic models

INPUTS	What resources are needed?	<p>Provision of a dedicated, trained team of mentors – mentors have worked in a variety of areas, including the music industry, and some have lived experience of living in violent areas/being involved in violence. This helps CYPs and mentors find common ground and build trusting relationships. The mentor team collaborates with partner agencies.</p> <p>Provision:</p> <ul style="list-style-type: none"> • The bus is a neutral space for the intervention activities. • Recording equipment for use by the CYP. • Separate vehicle to transport CYPs to/from the bus.
OUTPUTS	Activities <i>What needs to take place for CYPs to accomplish the short-term outcomes?</i>	<p>Referral</p> <ul style="list-style-type: none"> • Following referral, UB will work with the CYP and their family to introduce the intervention and get the CYP to the point where they can join a group-based programme with CYPs from other geographical areas. This work can take a period of weeks before the CYP can start the set music programme. • Initially, the CYP comes to the bus and completes a baseline survey. The UB leaders use this to identify the needs of the CYP and match them with the most appropriate mentor. There are numerous considerations, including understanding whether a CYP can join a group (and not feel conflicted across borders) and safeguarding assessments. The match will depend on what a CYP hopes to cover (e.g. skillset), where they are in their life stage and other needs. <p>Induction</p> <ul style="list-style-type: none"> • During the induction, the assigned mentor explains what UB is, what it does and how it can help. There is also an assessment of the suitability of group placement. <p>Music programme and mentoring</p>

		<ul style="list-style-type: none"> • CYPs are put into small groups and will work through the 10-stop B.U.S programme, which is composed of a number of modules. Each module covers specific themes. • Through group and 1:1 discussions, a mentor will support the young person by taking a trauma-informed approach – for example, the trauma in music approach asks CYPs to explore trauma within songs (i.e. the song creates a point for discussion, helps the CYP identify their own trauma and provides a space to introduce the idea of therapy). • Creative work is the way to build a relationship; this can then start working to move towards education, employment, etc. • At the end of the programme, a CYP will have recorded around four to five songs to reflect on the journey they have been on. • Throughout this process, CYPs complete a baseline, mid-point and final survey to assess the impact of the intervention. • The information from the final survey is used to refer CYPs to further opportunities and/or support. • There is a graduation ceremony which takes place with family and friends. <p>Wraparound support and referrals</p> <ul style="list-style-type: none"> • There are in-house tutors for Maths and English. • There is also an option to introduce CYPs to other initiatives, excursions or trips. • CYPs often continue to remain engaged following graduation, keeping in touch with mentors long-term. In addition, there are opportunities for CYPs to become peer mentors or ambassadors.
	<p>Participation <i>What outputs must be achieved for the short-term outcomes to be achieved?</i></p>	<p>A number of these CYPs are frequently high risk and may have experienced domestic violence, gang exploitation, county lines and/or PTSD/I as a result of knife crime. Referred via:</p> <ul style="list-style-type: none"> • Youth offending teams • Metropolitan police • Schools • PRUs • Social services
OUTCOMES	Short-term outcomes	<ul style="list-style-type: none"> • Improved peer relationships • Reduced behavioural problems • Improved emotional functioning • Reduced impulsivity • Improved social and emotional competencies associated with improved success in life • Improved wellbeing • Improved self-esteem • Improved confidence • Improved personal development
	Medium-term outcomes	<ul style="list-style-type: none"> • CYPs are able to take ownership of their own positive pathways. • Trust is built between CYPs from different areas.
	Long-term outcomes	<ul style="list-style-type: none"> • Improved CYP safety • Reduced gang involvement • Reduced violent crime • Reduced offending • Reduced harm caused by and experienced by the CYPs

UNDERPINNING ASPECTS	
<i>Assumptions</i>	<i>External factors</i>
<p>There are significant levels of violent behaviours and violent crime committed by CYPs in London, including the areas covered by UB – Brent and Westminster (Wolff et al., 2020; Home Office, 2011; HM Government, 2018). This violence is characterised by territorial disputes, making it difficult to bring CYPs together in one physical location. A number of these CYPs are frequently high-risk and have multiple and higher vulnerabilities than other CYPs (see Khan et al., 2013). They are also less likely to have access to a trusted adult (Brent Oversight and Scrutiny Taskforce, 2011). They are more likely to have experienced domestic violence, gang exploitation, county lines and trauma as a result of knife crime.</p> <p>Based on early-stage evidence, we assume that music production may be a promising engagement tool, providing a non-threatening and culturally responsive intervention to voice CYPs’ experiences and open up a dialogue about CYPs’ values, identities, aspirations, life pathways and well-being. The combination of music production and music-based and personal mentoring addresses an important risk factor associated with gang involvement (lack of a positive adult relationship) and provides an important opportunity to support CYPs (Daykin et al., 2011; Daykin et al., 2013; Miranda and Claes, 2004; The Baring Foundation, 2020; Cheliotis and Jordanoska, 2016).</p> <p>Referral pathways operate effectively, i.e. UB can expect to receive referrals from partner agencies listed above.</p>	<p>The family, social and community circumstances of the CYPs using the UB service</p> <p>The availability of specialist services for mentors to refer to and the thresholds of these organisations</p> <p>The involvement of UB in broader work with local agencies, feeding in the views of voices of CYPs to local decisions</p>

Control intervention

In order to be able to assess the UB B.U.S intervention as part of this pilot study, UB created an alternative light-touch, mentoring-only intervention. The Table below outlines the differences between this and their established B.U.S mentoring intervention.

Table 1: Comparison of the UB B.U.S intervention and control intervention

Established UB B.U.S music programme <i>Intervention condition</i>	Lighter touch mentoring programme <i>Control condition</i>
<ul style="list-style-type: none"> • The music programme and mentoring support lasts for 10 weeks. • Each session lasts around 2 hours. • There is a mixture of 1:1 and group sessions. • Sessions take place up to twice a week. • Emergency interventions are available to support CYP if needed. 	<ul style="list-style-type: none"> • There is no music programme. • Mentoring runs for six weeks. • Weekly sessions last around one hour. • There is no emergency intervention. • Sessions can take place on the UB bus or in a different location, e.g. in school. • There are only 1:1 sessions.
<ul style="list-style-type: none"> • Soft engagement set-up phase including families 	<ul style="list-style-type: none"> • Limited engagement with families to seek consent
<ul style="list-style-type: none"> • Wrap around parental, sibling and peer/friend support 	<ul style="list-style-type: none"> • No wrap-around support, CYP-focused intervention only
<ul style="list-style-type: none"> • CYPs matched with an appropriate mentor. 	<ul style="list-style-type: none"> • Individual mentor assigned
<ul style="list-style-type: none"> • Support is provided to CYPs outside of the sessions. This includes a minimum of four 1:1 mentoring sessions (as needed on needs/issues arising from the CYPs; a hands-on approach rather than just advising), as well as work with other professionals involved with the CYP, e.g. attending meetings/court cases, referral to other services. 	<ul style="list-style-type: none"> • No support is provided – updates are given to the referrer on the progress of the CYP only.
<ul style="list-style-type: none"> • Ongoing support to families during the period of the programme on issues which arise (can involve attending multi-agency meetings, liaising with practitioners involved in the CYP's life and, sometimes, acting as an advocate for the family) 	<ul style="list-style-type: none"> • No family support offered.
<ul style="list-style-type: none"> • Graduation ceremony at the end of the programme. 	<ul style="list-style-type: none"> • There is graduation ceremony.

Research questions

The overarching objective of the pilot trial was to test whether the UB music mentoring programme B.U.S should progress to a full efficacy study.

Objectives of the pilot trial

- 1) Test the programme's evidence of promise for improving CYP's outcomes
 - a) Assess the fidelity of the delivery of the treatment and control interventions.
 - b) Further understand the ToC and relevant mechanisms for the programme.

- 2) Assess the feasibility of progressing to a full efficacy study
 - a) Assess the feasibility and acceptability of the randomisation processes for referrers, CYPs and UB staff.
 - b) Establish a sufficient target population – assess if there is sufficient enrolment of the target population, including the referral routes, and review levels of attrition.
 - c) Estimate the sample size required for an efficacy study and a timeline to achieve this.
 - d) Understand whether the programme is scalable.
- 3) Understand how the treatment and control interventions are experienced by all stakeholder groups (CYPs, UB staff and referring organisations)
 - a) Understand the differences between the treatment and control interventions.
 - b) Assess whether ‘resentful demoralisation’ is occurring for those CYPs in the control group.
- 4) Establish a feasible way to measure the outcomes of interest
 - a) Trialling an alternative to the Self-Report Delinquency Scale (SRDS)⁷, using the questions in the International Self-Report Delinquency (ISRD) study.
 - b) Establish whether administrative data from the Metropolitan Police Service (MPS) can be successfully matched with UB case management data and used to measure levels of contact with the police by CYPs.
 - c) Establish the means, standard deviations (SDs), effect sizes and confidence intervals (CIs) for the outcomes of interest.
- 5) Consider the possibility of unexpected adverse outcomes.

Success criteria and/or targets

Table 2 below outlines the success criteria defined for this pilot study and the indicators for defining these criteria as red, amber or green.

⁷ This was trialled during the feasibility study and found not to be workable with the CYPs UB works with. The research team worked with UB and YEF to find a suitable alternative.

Table 2: UB pilot study success criteria and targets

Category	Outcome/criteria	Green	Amber	Red
Project implementation	<p><i>Fidelity</i></p> <p>UB staff implement the treatment and control interventions as planned. UB staff will complete a fidelity checklist for each CYP accepted onto the trial and will complete records of CYPs' journeys through it on the CMS.</p> <p>RAG criterion: proportion of CYPs for whom a fidelity checklist has been completed</p>	>75%	50–74%	<50%
	<p><i>Eligibility and referral</i></p> <p>There is a clear understanding of the referral routes into the programme.</p> <p>CYPs accepted onto the UB programme meet the eligibility criteria (as assessed by referral form and eligibility criteria).</p> <p>RAG criterion: proportion of CYPs accepted onto the programme who meet the eligibility criteria</p>	>90%	50–89%	<50%
	<p><i>Dosage</i></p> <p>CYPs receive the expected minimum level of contact from UB.</p> <p>RAG criterion: proportion of CYPs receiving the expected minimum level of contact</p>	>75%	50–74%	<50%
	<p><i>Practitioner supervision</i></p> <p>UB mentors receive the agreed supervision and support – assessed by the number of</p>	>75%	60–74%	<60%
		22 supervision sessions		Fewer than 18 sessions

	<p>support/supervision sessions which are meant to be held weekly.</p> <p>RAG criterion: number of supervision meetings held</p>		18–21 supervision sessions	
	<p><i>Evaluation measurement</i></p> <p>Overall recruitment to the trial – the expected numbers of CYPs are recruited onto the trial.</p> <p>RAG criterion: proportion of CYPs recruited as a percentage of target numbers</p>	>75% 60 CYP	50–74% 40–59 CYPs	<50% Fewer than 40 CYPs
	<p><i>Attrition from the programme</i></p> <p>The proportion of CYPs recruited who go on to complete the full programme</p> <p>RAG criterion: completion percentages</p>	>75%	50–74%	<50%
	<p><i>Attrition from the study</i></p> <p>The proportion of CYPs who consent to the study and complete the second set of SDQ/ISRD questionnaires</p> <p>RAG criterion: questionnaire completion percentages</p>	>75%	50–74%	<50%
Measurement and findings	<p><i>Randomisation</i></p> <p>Assess whether UB and its referral partners are content with the randomisation into the two conditions and if it is having an effect on recruitment to the trial.</p>	>75% of CYP referrals consent to randomisation, so it is not found to have an effect on the operation of the trial.	5–74% of CYPs consent, so randomisation is found to be having a minor effect on the operation of the trial.	<50% of CYPs consent, so randomisation is found to be having a major effect on the operation of the trial.

	RAG criterion: target numbers of people consenting to randomisation			
	<i>Police administrative data</i> Can data be matched between MPS and UB records? RAG criterion: percentage of matches to police records	80%	60–79%	60%
	<i>Core measures</i> The completion rate for pre- and post-SDQ and ISRD surveys RAG criterion: completion rates of surveys	>75%	50–74%	<50%

Ethical review

Research into violence and criminality and with CYPs has certain ethical and safeguarding challenges. We ensured that all issues, like confidentiality, safeguarding and disclosure, were fully considered. We had a robust ethics framework in place. The University of Birmingham (UoB) has an overarching code of ethics, and ethical approval is a requirement of the code of practice for research. All research projects go through the ethical review and approval process. The process includes the completion of a self-assessment form. Then, for studies involving human participants, such as the current evaluation, stage 2 is to secure ethical approval via the central research ethics committee.

Ethical approval for the feasibility study was granted in May 2022, reference number ERN_22-0091. For the pilot trial, an amendment to this approval was sought and granted on 13 February 2023 (ERN_22-0091A). This amendment outlined that CYPs would be randomised between the two interventions (B.U.S and the light-touch mentoring control intervention) and that outcome data would be sought from the MPS.

Agreement to participate was based on informed consent, with information about the study laid out in participant information sheets (PISs) for all participant groups. CYPs and their parents/guardians were provided with these, and they were explained by UB staff during the consent process for the intervention. Those CYPs interviewed or observed during the programme by the peer researcher had consent confirmed using a separate consent form in advance of the interview/observation. For UB staff and referrers interviewed, UoB researchers sought consent using a PIS. All PISs are included as Appendices; please see Appendix B. Consent forms and processes included clear contact details in the event of participants having any questions or concerns or wanting to withdraw from the evaluation. The peer researcher’s ongoing presence with the project also facilitated ease of approach on these issues.

The study was registered on <https://www.isrctn.com/> and is available on <https://www.isrctn.com/ISRCTN15509729>.

Data protection

The basis for processing personal data in this trial was a public task. Data-sharing agreements were signed between UoB and UB and between UoB and the MPS, in which UoB and both organisations acted as data controllers of the data.

With regard to special category data – data regarding the racial/ethnic origin of the CYPs who took part in the programme – the special category condition would be archiving, research and statistics. Regarding the administrative and self-reported data on involvement in anti-social and criminal acts, the schedule 1 condition would be research.

For qualitative data collection methods, data was shared on the basis of informed consent. Participants were informed prior to and post the interview and observation that the information they provided would be kept strictly confidential and that no identifying information would be available to anyone external to the research team.

Data management plan

Assessment and use of existing data and creation of new data

The research team respected any conditions of usage set forward by the data owners, and the informed consent sheets set out how the collected data were used.

When prior consent was received, all interviews were digitally recorded. The recorded data were saved on password-protected computers of the research coordinator (Dr Emily Evans [EE]) and leads for the qualitative work (Professor Eddie Kane [EK] and Professor Caroline Bradbury-Jones [CB-J]) and sent electronically to a transcription agency that complied with the University's data protection policy and agreed security standards set by the funder. The transcripts were then thematically analysed.

Quantitative data were stored anonymously. Individual-level data were stored against case management or research ID numbers. A separate list detailing the participant name and research ID code was stored in an encrypted file on the research coordinator's laptop, separate from the rest of the project files. All UOB laptops have secure encryption, which satisfies the requirements of the Data Protection Act 2018. All work involving matching using names was on UoB-encrypted machines used by researchers under Professor Siddhartha Bandyopadhyay's (SB's) supervision.

All data collected was for the specific purpose of carrying out the different phases of the feasibility studies and was GDPR compliant.

Quality assurance of data

Data collection was designed and reviewed to ensure integrity and quality. This was achieved through holding regular project team meetings and consulting research participants on an ongoing basis.

Professor Siddhartha Bandyopadhyay had ultimate accountability and oversight for quality assurance of data; however, all team members had a personal responsibility to produce high-quality data. In order to ensure 360-degree oversight, a selection of each piece of work was peer-reviewed by another member of the research team. Data was also manually examined by more than one person, either using subsets of the data for complete examination against the original data or running frequencies of the original and newly created data for inconsistencies and errors.

Back-up and security of data

The research team stored the data on their password-protected laptops. Further data backup was provided by using the UoB's secure network. Backup copies of data were taken at least on a daily basis or immediately if needed.

The UoB's information security document can be provided upon request. The project team was mindful of not carrying/using devices that contained sensitive data (such as personal details of participants) in 'risky' situations (e.g. all members of the project team were made aware of the issues posed by the theft of laptops, etc.).

The study will comply with YEF's data archive guidance, including the collection and long-term archiving of personal data. Following the conclusion of the pilot, we will deliver the following for sharing purposes:

1. A dataset to the DfE containing only the personally identifying data (e.g. name, address) for the CYPs in the treatment and control groups, with a list of random reference numbers.

The DfE will replace all identifying information about the CYPs who have taken part in the study (their name, gender, date of birth and home address) with the CYP's unique Pupil Matching Reference number in the DfE's National Pupil Database. Once this has been done, it is no longer possible for those with access to the archive to identify any individual CYP from the study data. This process is called pseudonymisation. Once information is transferred to the DfE to be pseudonymised, UoB hands over control to the YEF for protecting personal information.

2. The evaluation dataset and random reference numbers are sent to the Office for National Statistics (ONS) (no directly identifying data will be included)

The DfE will transfer the pseudonymised information to the YEF archive, which is stored in the ONS's Secure Research Service. The YEF is the controller of the information in the YEF archive. By maintaining the archive and allowing approved researchers to access the information in the archive, the YEF is performing a task in the public interest, and this gives the YEF a lawful basis to use personal information.

Information in the YEF archive can only be used by approved researchers to explore whether UB's programmes and other programmes funded by the YEF had impacts over a longer period of time. Using the unique Pupil Matching Reference numbers added to the data by the DfE, it will be possible to link the records held in the YEF archive to other public datasets, such as education and criminal justice datasets. This will help approved researchers find out the long-term impact of projects funded by the YEF because they'll be

able to see, for example, whether being part of a project reduces a child's likelihood of being excluded from school or becoming involved in criminal activity. This process will not reveal the personal details of any CYP in the data archive.

Data monitoring

A data monitoring committee (DMC) was established, which was independent of UB, the funder and the UoB evaluation team. The DMC consisted of two people drawn from the experts supporting the trial, one of whom acted as chair.

The DMC had unblinded access to all trial data and could propose stopping the trial.

Project team/stakeholders

The UB team and their roles for this project are as follows:

- Justin Finlayson (JF) – programme management and deputy safeguarding lead
- Ceri Foster – strategy development, reporting, safeguarding lead
- Nimo Hussein (NH) – programme management, evaluation and peer researcher support. This was a new role for the pilot study requested by the YEF.
- Stephen Graham – lead facilitator/mentor team lead
- Mentors – support for CYPs
- Shae Love (SL) – administrative and data support
- Pascal Pelosi Campbell (PPC) – peer researcher, qualitative data gathering with CYPs, data analysis
- Preston Yorulmaz (PY) – peer researcher, qualitative data gathering with CYPs

The UoB research team provided training in areas such as theories of change, research methods, management of data, ethics, consent and withdrawal from the research, and interview techniques. The team also worked with the peer researcher to analyse the findings from these research activities.

Methods

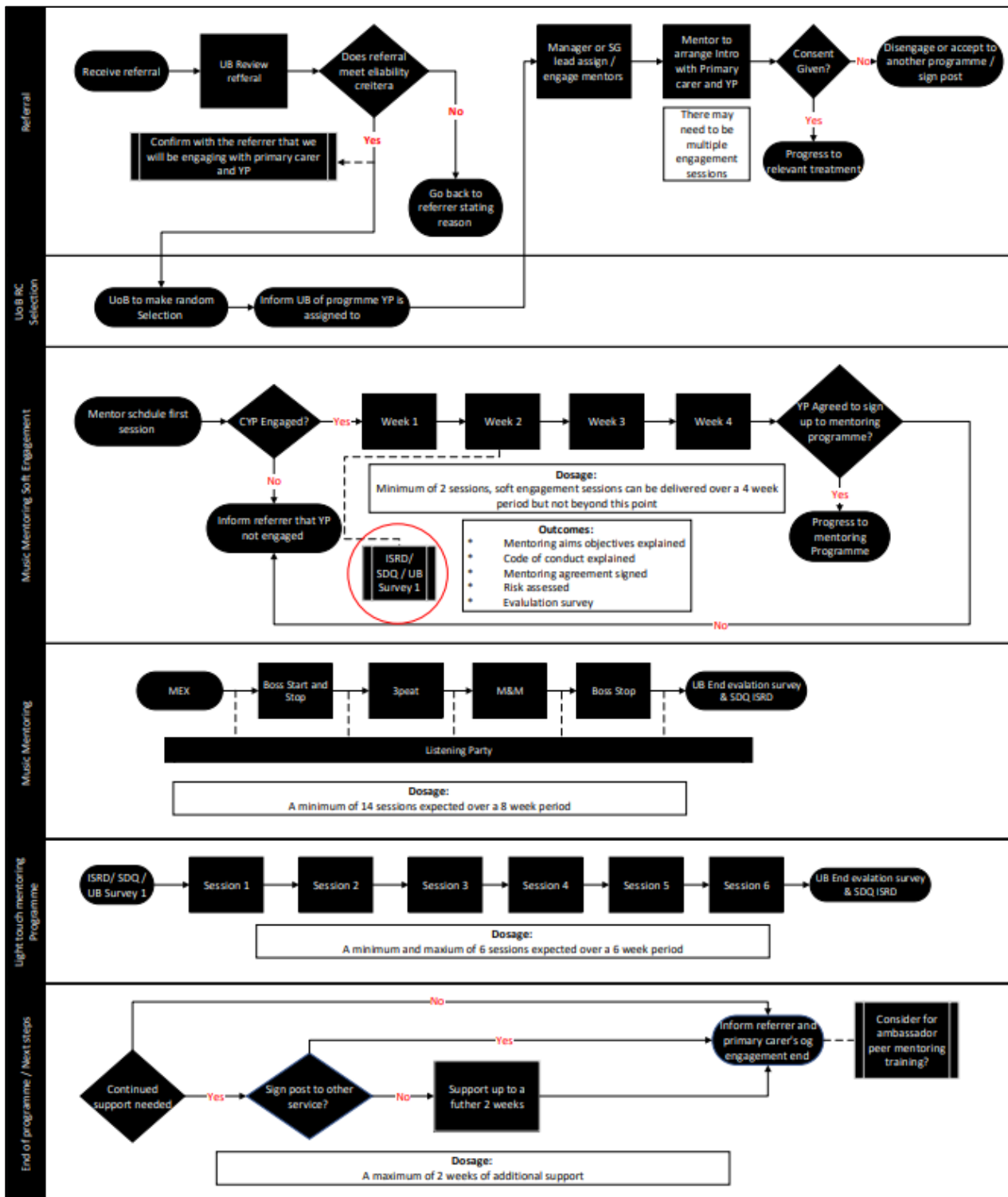
Trial design

The pilot was a two-armed, individually randomised controlled trial. Upon referral to UB, eligible CYPs were randomly assigned to the B.U.S intervention (the treatment group) or the lighter-touch mentoring intervention (the control group) on a 1:1 basis. Outcomes were measured at the individual level using administrative data from UB and the MPS and standardised questionnaires. These outcome measures were obtained at the start and end of the interventions, apart from the MPS administrative data, which was gathered at the end of the trial, for contact the CYPs had with the police, both pre and post the interventions. The full process appears in the table and diagram below.

Table 3: Pilot trial protocol

Step 1:	The CYP is referred to UB; they are told general details about the offer of mentoring support (relevant for both programmes).
Step 2:	UB assesses eligibility. Ineligible cases are excluded but recorded along with the reason for exclusion.
Step 3:	Informed consent/assent is provided by eligible CYPs and parents/carers.
Step 4:	UB will contact UoB to request the randomisation outcome. UoB will conduct the randomisation, and UB will provide the outcome to the CYPs and parents/carers at this point. The CYP is assigned to B.U.S or the control intervention.
Step 5:	Baseline data on CYPs are collected (SDQ, ISRD questionnaire).
Step 6:	CYPs receive B.U.S or control intervention.
Step 7:	Right after the intervention is completed, data on CYPs are collected (SDQ, ISRD questionnaire) for short-term outcomes.
Step 8:	One month before the pilot ends, police administrative data are provided from the MPS.

Figure 1: Intervention and control intervention process summary



Participant selection

The intervention was offered to CYPs who met the following inclusion criteria.

- CYPs aged 10–17 years
- Geographic area: London
- Referral agencies: police, local authority (Children’s Services, YOS), schools and alternative education providers
- Key identifiers:
 - CYPs who have been charged with an offence and given an O OCD⁸.
 - Violence: CYPs impacted by violence (including interpersonal and domestic) as victims or perpetrators and via social media threats
 - CYP associations: CYPs associated with other CYPs who have criminal or gang affiliations
 - CYPs referred from schools and who are not known to other statutory organisations should have one of the following indicators: a high level of disruptive behaviour, exclusion(s) (internal/external), under a managed move, truancy and one of the other key identifiers above.

Relevant referring agencies, including the MPS, local authority agencies, such as Children’s Services and Youth Justice services, and schools and other education providers, identified and referred CYPs, and UB assessed them against the above criteria.

Trained UB staff introduced the trial to CYPs and their parents/carers through information sheets⁹ and discussed the requirements with them. UB staff obtained written assent (and consent where applicable) from CYPs and written consent from parents/carers willing to participate in the trial.

The planned number of pilot study participants was 80 CYPs balanced between the two interventions (the treatment group and the control group). This sample size was based on the level of recruitment achieved by UB during the feasibility study as well as the need to gather information about the operation and evidence of promise of the interventions. During the feasibility study, 62 CYPs started the established programme from 116 referrals across six months, which is very close to the standard 50% attrition for programmes of this kind.¹⁰ UB expected this number to be lower during the pilot study, as they were not able to advertise the intervention as involving music mentoring because of the nature of the control group intervention (which offers only mentoring). UB expected this would somewhat reduce interest from CYPs, although not from referring organisations, who they expected would continue to value their offer of a free mentoring intervention.

Other participant groups for the pilot study include:

⁸ The range of options include: No Further Action, Community Resolution, Youth Caution, Youth Conditional Caution.

⁹ Please see Appendix B for information sheets and consent statements for all groups.

¹⁰ We thank an anonymous referee for this observation.

United Borders staff

The research team interviewed UB staff and mentors to discuss the operation of the two interventions.

Referrers and partners

The research team interviewed practitioners who referred CYPs to UB or who worked with UB in other ways. The research team spoke with a number of referrers and partners during the feasibility study and, during the pilot study, spoke with others suggested by UB.

Consent was sought from all research participants through the use of a PIS and consent statement.¹¹

Data collection

Our data will be a mixture of those generated from the pilot itself, those from administrative sources (police/source of referral) and those gathered as a result of the process and implementation evaluation.

1. Project implementation – qualitative and quantitative data

- Interview/focus group with UB staff and mentors on the implementation and delivery of the pilot trial. This covered the intervention delivery experience.
- UB completed a fidelity checklist for each CYP accepted onto the treatment or control intervention to ensure the key steps of the process described in Table 3 were completed. The checklist was developed with the research team to capture the activities laid out in the logic model and ToC.¹² The research team reviewed a sample of these checklists at two time points during the pilot study (July and October 2023).
- Interviews with referring organisations recommended by UB. Topics included their views of the intervention and benefits, as well as any barriers or areas for improvement.
- Interviews/group interviews with CYPs who experienced both the treatment and control interventions. These explored their perceptions of their mentors and the intervention they experienced, barriers and enablers to their participation, and ways in which the intervention could be improved. These also considered spillover effects and resentful demoralization amongst the CYP in the control programme. As in the feasibility study, the peer researchers conducted these interviews at the start and end of the programme.
- Observations of the operation of both the interventions, including programme sessions. These were undertaken by the peer researchers.¹³ In addition, representatives of the research team attended the graduation ceremony as they did during the feasibility study.

¹¹ These are included in the Appendices to the report, please see Appendix B.

¹² Please see Appendix F for the checklists.

¹³ Please see Appendix C for topic guides for all groups of interviewees and the observation guide.

- UB data on the costs of providing the intervention.

2. Recruitment and retention – quantitative data

- Data from the UB CMS on the journey of a CYP through the UB interventions, including the number and type of contacts made, whether the CYP completes the interventions and whether other support is in place. It also included data captured on UB referral forms, such as reasons for referrals and demographic information, responses to the Getting to Know You questionnaire¹⁴ that UB complete with CYPs at the start of their work and the surveys UB complete with CYP at the start and end of programmes. These gather background information, as well as an assessment of how the CYPs see themselves and their expectations of the programme. These data are detailed below:

Table 4: Referral data captured

Referral data
Case management ID no.
Referral organisation
CYP's age
Gender identity and sex
Ethnic background
Religious background
Living arrangements
Family structure
Area association (if applicable)
Interests
Is the CYP in education?
Name of educational institution
Is the CYP under 18?
Does the CYP have any disabilities?
Name of the disability
Has the CYP been impacted by violence
What was the impact?
Is this CYP undergoing any criminal proceedings?
Has the CYP had any past arrests or convictions?
Is the CYP receiving support from other services/agencies?
What support is the CYP receiving?
Casework status (If applicable)
Has the CYP had any other interventions?
Reason for referral

Table 5: Interaction data

Category	Description
Type of interaction	Core programme, mentoring, early engagement, cool-off session
Where	Where the interaction took place
Who	With whom the interaction took place

¹⁴ Please see Appendix A for full questions.

Number	Number of each type of interaction
Outcome	Whether the CYP started the intervention, whether they disengaged (with reason) and whether they completed

These data were shared by UB at the end of programme delivery.

3. Measurement and findings – quantitative data

- MPS administrative data – these data were gathered by the staff of the MPS in March 2024 for all 81 CYPs who started one of the UB interventions during the pilot study period. Data were gathered for a period of one year prior to the consent date of CYPs up until 12 March 2024. As such, the follow-up period varies in length. Data were extracted from the following databases:
 - CRIS – a database of crime reports showing the names of crime victims and suspects
 - CRIMINT – a database of intelligence reports, including information reports and Stop and Search records
 - Merlin – a database of vulnerable CYPs aged 17 years or under, including Pre-Assessment Checklists (PACs)¹⁵ or missing person reports

All Home Office offence codes were considered during these searches.

- YEF core measure questionnaires:
 - Strengths and Difficulties Questionnaire (SDQ) – a brief emotional and behavioural screening questionnaire for CYP
 - ISRD – study questionnaire to capture data on involvement in offending and disorder. To limit the number of questions asked to CYPs and building on learnings from the feasibility study, we will use Modules 2–7 from the fixed part (part 1) of the questionnaire:
 - Module 2 – family
 - Module 3 – school
 - Module 4 – victimization
 - Module 5 – leisure and peers
 - Module 6 – values and attitudes
 - Module 7 – offending¹⁶

To reduce the possibility of bias, data collection for the quantitative data was blinded for the analyst.

Engaging with peer researchers

¹⁵ These identify risks CYPs may be subject to as part of child safeguarding procedures to allow a risk of harm to be made by safeguarding teams and be shared with partners. These risk types include sexual exploitation, criminal exploitation, mental health, youth violence and domestic abuse.

¹⁶ Please see Appendix D for the full question set.

Following the success of working with a peer researcher during the feasibility study, the research team repeated this approach during the pilot study.

Peer research has become a well-established and valuable part of the research landscape investigating people's lives, views and needs, and the associated literature is plentiful (Bradbury-Jones, Isham and Taylor, 2018). Peer researchers are purposively recruited to work as part of a research team because they share similar demographic characteristics and/or experiences as the study participants. In research with CYPs, adopting a peer research methodology can help overcome the problem of protectionism, whereby CYPs are regarded as being too vulnerable to participate in research and are therefore excluded. This can, in fact, make CYPs more vulnerable by their exclusion, and co-research is one way to bring about meaningful participation for them. Members of the research team have undertaken a number of studies with child and adult peer researchers and published widely on the issue (Bradbury-Jones and Taylor, 2015; Bradbury-Jones, 2014; Taylor et al., 2014). Benefits of such research can include the voices of CYPs being heard, rich insights being gained, and the empowerment and development of new skills among peer researchers. Peer researchers have helped us navigate the cultural and ethical terrain (particularly relevant to the UB project), providing solutions to ethical dilemmas and helping us respond to and, at times, transform understandings of what it means to be ethical and safe in their context.

A fundamental advantage of engaging with CYPs as peer researchers is the insider perspectives that they bring to the research. Peer research encourages closer intimacy and fuller discussion between researchers and those researched because of the mutual understanding of their worlds and sub-cultures (Bradbury-Jones and Taylor, 2015).

However, the risk of bias that the use of peer researchers can bring is a noted issue in the literature (Bradbury-Jones and Taylor, 2015). There is a need for peer researchers to balance their insider peer knowledge along with the need to have the enquiring nature of an outsider or researcher.

These are issues that formed part of the ongoing support and guidance provided during the pilot study and helped to mitigate any potential unchecked bias and assumptions that can be an inherent part of qualitative research per se and with peer research specifically.

There are ethical issues associated with all research, particularly when it involves CYPs. We designed the study to meet the ethical imperative that peer researchers be adequately trained, supported and remunerated and not be over-burdened. Payment for the peer researchers is informed by the INVOLVE guidelines (2016), and for the CYPs who engage as peer researchers, a daily rate of £125 was deemed an appropriate remuneration. Peer researcher involvement in the project was reviewed regularly to ensure it meets best practice guidance in line with GRIPP2 guidelines (Staniszewska, Brett, Mockford and Barber, 2011).

During the pilot study, the research team worked with the same peer researcher from the feasibility study (PPC), as well as a second new peer researcher (PY), both of whom are graduates of UB and still in touch with the organisation.¹⁷ This provided our initial peer researcher (PPC) the opportunity to work alongside

¹⁷ In May 2023 PY was also accepted onto YEF's Youth Advisory Board.

and support a colleague (PY) and provide further resources to the pilot trial.¹⁸ The research team (through Lorraine Khan, CB-J and EK provided training and preparation sessions with both peer researchers in June 2023. However, shortly after the start of the pilot study, PY became unable to continue working with the research team and with UB due to changes in his personal situation. This was discussed with the research team later in the study due to UB being focused on keeping PY safe. He did complete a small number of interviews and one observation. PPC continued to work with the research team throughout the pilot, completing interviews with and observations of the CYPs taking part in the interventions. He was also involved in developing research tools, analysing data and writing up the findings. PPC was supported throughout the pilot study by members of the UoB research team and the UB programme manager (NH). At the graduation ceremony for the pilot study cohort, there was a section dedicated to PPC and the journey he had made from mentee to peer researcher, with a video documenting this.

As in the feasibility study, the UoB research team will provide a summary of the work the peer researchers completed for inclusion in their CVs.

Table 6: Methods overview

Research methods	Data collection methods	Participants/data sources (type, number)	Data analysis methods	Research questions addressed	Logic model relevance
Quantitative	UB CMS Questionnaires (SDQ/ISRD) MPS administrative data	CYPs (N=81) CYPs (N=70) CYPs (N=81)	Descriptive – comparisons pre- and post-intervention for the intervention and control groups	2) a), b), c) 4) a), b), c) 5)	Outcomes
Qualitative	Observations Interviews/focus groups	Three observations of five CYPs completed by peer researchers CYPs – N=16 completed by peer researchers	Thematic	1) a) and b) 2) d) 3) a) and b) 5)	Inputs Activities Participants

¹⁸ UB ensures the peer researchers have a Disclosure and Barring Service check in advance of the start of their work on the project.

		UB staff and mentors – N=8 participants in one focus group Referring organisations – N=7 completed			
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Regarding the qualitative data gathered for the pilot study, the research team and the peer researchers completed more interviews than planned in the study protocol with CYPs and referrers. Five observations were planned, and only three were conducted.

Randomisation

The 'simple' randomisation method (Suresh, 2011) was used during the pilot study, which is a robust method against selection and accidental biases. The research team used the statistical software package Matlab to implement the randomisation. Automated randomisation ensured that the process was transparent and reproducible. Allocation concealment was ensured because Matlab was operated by the research team, which will not release the randomisation outcome until the CYP has been recruited into the trial (see Table 3). Central randomisation was used as the UB staff, who were involved in CYP recruitment, had to contact the research team to receive the allocation of the CYP. Participants and mentors were blind to the randomisation procedure, while the research team responsible for the randomisation was blind to the questionnaire answers in Step 5 of Table 3.

Because several of the evaluation outcomes were self-report and may be susceptible to bias (for example, SDQ and ISRD), we blinded participants with respect to the true hypothesis of the study. UB only let them know that the study was interested in testing two different types of interventions.

Analysis

This pilot study tests the feasibility of implementing a randomised controlled trial in this context, as well as assessing evidence of promise. No power calculations for the pilot were performed, and the data will not be used for frequentist analyses.

The primary outcome is subsequent contact with the police, taken from administrative data. This was defined as arrest, offending and other contact with the police as a perpetrator, victim or witness. The secondary outcomes are the CYP's internalizing and externalizing problems scores derived from the SDQ test and measures of self-reported anti-social behaviour and offending captured from the ISRD questionnaire.

Descriptive statistics, such as means and percentages, are reported for all variables collected from the sample. Such variables included both demographic data, such as age, gender and ethnicity, and the primary outcome data mentioned above. Cross-tabulations are used to show the primary outcome across demographic variables (age and gender). Missing data will not be dealt with, as that would require statistical analysis. As this is a pilot, the reported descriptive statistics will only be based on complete cases.

For qualitative data, all interviews and focus groups were audio-recorded with permission and transcribed. Where permission was not given, notes were taken and analysed in the same way. Data was analysed using Braun and Clarke's (2021) thematic techniques. Nvivo was used to aid data analysis and interpretation. The collection and analysis of qualitative data was an iterative process, enabling emerging themes to be investigated in later interviews.

Timeline

Figure 2: Timeline

Dates	Activity	Staff responsible/leading
Jan–Feb 2023	<p>Project set up – define referral pathways, update record management processes.</p> <p>Evaluation set up – create information sharing agreements, finalise evaluation materials, gain ethics approval.</p>	<p>UB project team</p> <p>UoB: SB/EE</p>
Mar 2023	YEF makes a decision on whether to approve the pilot study.	YEF
April 2023	<p>The project goes live – staff recruitment and training, recruitment of CYPs into intervention and control groups, collection of case monitoring data begins.</p> <p>Begin collecting SDQ/ISRD outcome measures.</p>	<p>UB project team</p> <p>UoB: SB (lead) and IK</p>
April 2023–February 2024	<p>Project operation (referrals accepted April–October 2023)</p> <p>Gather quantitative data (outcome measures, case monitoring data, administrative outcome data).</p> <p>Gather qualitative data (interviews with staff, referrers, CYPs, observations).</p>	<p>UB project team and mentor team</p> <p>UoB: SB (lead) and IK</p> <p>UoB: EK (lead), CB-J, EE and peer researcher</p>
Mar 2024	<p>Data sharing</p> <p>Data cleaning, checking, analysis</p>	<p>UB project team</p> <p>UoB</p> <p>Quants: SB (lead) and IK</p> <p>Qual: EK (lead), CB-J, EE and peer researcher</p>
April 2024	Draft interim evaluation report.	UoB team
May 2024	Peer-review process and submission of final pilot evaluation report	UoB team
Jun 2024	Evaluator support for the YEF publication process and data archiving	UoB team

Findings

Participants

A description of each group of study participants is provided below.

Qualitative data collection

UB staff: The research team held a focus group with UB staff in January 2024 at the end of the delivery of the programme. This was held on the UB bus in Brent. It was attended by the mentoring team of six mentors as well as JF and SL from the core UB team. In addition to this, the research team was in regular contact with the UB team during the pilot study through monthly project meetings during which emerging issues were discussed.

UB referrers: The research team spoke with seven practitioners from partner agencies. Of these, four were from schools or PRUs who had referred pupils to UB as part of the pilot study. These practitioners were either teachers and/or those who held roles within schools regarding links with external agencies or safeguarding. The remaining three worked for Borough of Brent local authority in roles regarding community safety, youth justice or social work. All practitioners were interviewed remotely, primarily at their place of work. These were different individuals from those interviewed during the feasibility study.

CYPs: Interviews were conducted by the peer researchers with 16 participating CYPs. The peer researchers attended a selection of the delivery sessions of the treatment and control interventions and approached CYPs to take part in the interviews. The offer of an interview was open to all CYPs.

Of those CYPs interviewed:

- Ten completed initial and closing interviews
- Five completed an initial interview only
- One completed a closing interview only

Of the 16 CYPs interviewed, 12 had experienced the control light-touch mentoring intervention, and four had experienced the established music mentoring intervention. This was due to the availability of the peer researchers and the fact that one peer researcher had to end their involvement with the project as outlined above. PPC's availability to attend intervention sessions to undertake interviews tended to coincide more with the control intervention than the treatment intervention sessions. During the previously conducted feasibility study, seven CYPs taking part in the treatment intervention were interviewed. As the intervention and interview schedule have remained constant between the feasibility and pilot studies, the findings from these interviews are compared to the findings from these new interviews in this report. Three interviewees were female; the rest were male. These interviews were conducted face to face, either on the UB bus or at the location of programme delivery, often a school. Participation compensation (£20 Amazon vouchers) was given to participating CYPs.

Three observations of programme sessions were completed by the peer researchers (PPC and PY) in September and November 2023. These involved a total of five CYPs, one of who was female. Two

observations were of treatment intervention sessions (one group session and one 1:1 session), and the other observation was of a control programme mentoring session.

One member of the research team also attended the UB graduation ceremony in February 2024.

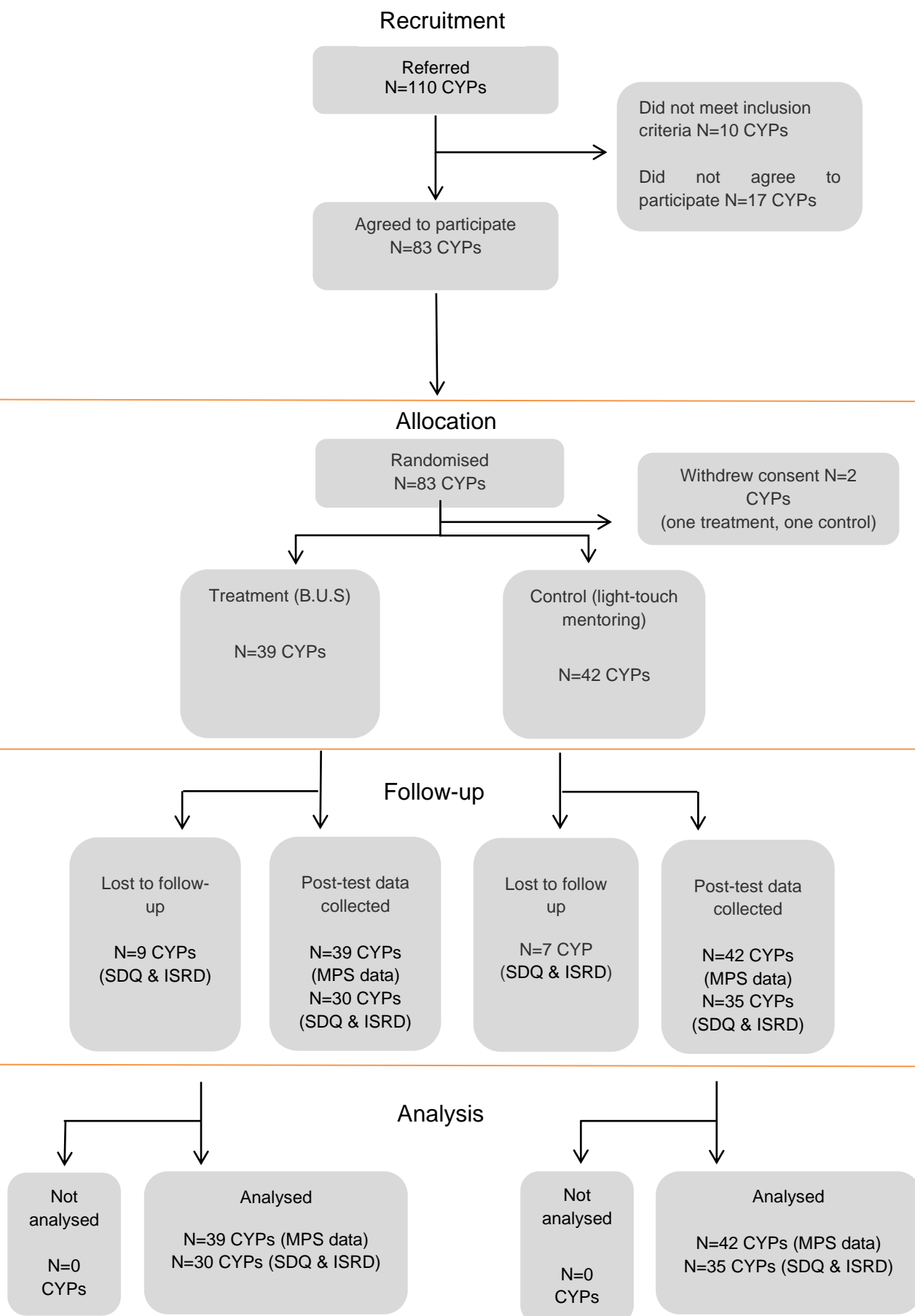
Quantitative data collection

Quantitative data on CYPs who started one of the two programmes came from four different sources: the UB CMS, the MPS and CYPs' individual SDQ and ISRD responses.

The flow of CYPs referred to UB is shown in Figure 3 below. It shows that during the pilot trial period, 83 of the 110 CYPs referred to UB consented to randomisation into one of the interventions. All 83 CYPs were randomised into one of the interventions. Two of these CYPs then withdrew their consent, so 81 started the interventions. In total, 16 CYPs disengaged from the intervention after starting (20%), nine from the treatment B.U.S intervention and seven from the light-touch control intervention. As such, these CYPs did not complete closing SDQs and ISRDs. However, data from the MPS were gathered for all 81 CYPs.

All the CYPs who started the programme met the inclusion criteria set by UB.

Figure 3: Participant flow diagram (two arms)



Below, we present descriptive statistics drawn from the UB CMS data for the CYPs who were referred to UB.

Table 7: Participant flow by demographic characteristics (sex and ethnic group)

	Referred	Recruited	Randomised	ISRD baseline	ISRD post-intervention	SDQ baseline	SDQ post-intervention	All surveys
Sex								
<i>Male</i>	81	63	63	54	54	54	51	51
Treatment	N/A	29	29	23	23	23	23	23
Control	N/A	34	34	31	31	31	28	28
<i>Female</i>	29	20	20	16	16	16	14	14
Treatment	N/A	11	11	9	9	9	7	7
Control	N/A	9	9	7	7	7	7	7
Total	110	83	83	70	70	70	65	65
Ethnic group								
<i>Asian or Asian British</i>	11	8	8	5	5	6	4	4
Treatment	N/A	1	1	0	0	1	0	0
Control	N/A	7	7	5	5	5	4	4
<i>Black, Black British, Caribbean or African</i>	51	39	39	35	35	34	34	34
Treatment	N/A	18	18	15	15	14	14	14
Control	N/A	21	21	20	20	20	20	20
<i>Mixed or multiple ethnic groups</i>	26	18	18	16	16	15	13	13
Treatment	N/A	11	11	10	10	9	9	9
Control	N/A	7	7	6	6	6	4	4
<i>White</i>	13	10	10	7	7	7	7	7
Treatment	N/A	6	6	4	4	4	4	4
Control	N/A	4	4	3	3	3	3	3
<i>Other ethnic group</i>	9	8	8	7	7	8	7	7
Treatment	N/A	4	4	3	3	4	3	3
Control	N/A	4	4	4	4	4	4	4
Total	110	83	83	70	70	70	65	65

Table 7 shows that the majority of CYPs in the pilot study were male (75%) and that the gender of the treatment and control groups was evenly distributed. This shows an increase in the number of female participants since the feasibility study when 95% of participants were male.

Table 7 also shows that UB works with an ethnically diverse group of CYPs. The most common ethnicities in the pilot trial sample were Black, Black British, Caribbean or African (47%), and there was a similar ethnic composition across the treatment and control samples, although more Asian CYPs were randomised into the control programme. This ethnic breakdown is similar to the feasibility study sample and reflects the area of North West London in which UB is most frequently operating. An analysis of the flow of CYPs through the process of referral, recruitment and programme delivery shows that different ethnic groups had similar levels of programme completion. Table 8 below shows the proportion of each group in each stage of the participant flow. The greatest difference was seen in the Black ethnic group, where there was a 6 percentage point difference between the proportion of CYPs referred and recruited and those who completed all of the questionnaires (on a small sample size).

Table 8: Participant flow by ethnic group proportion

Ethnic group	% Referred	% Recruited	% Randomised	% All Surveys
Asian or Asian British	10.0	9.6	9.6	6.2
Black, Black British, Caribbean or African	46.4	47.0	47.0	52.3
Mixed or multiple ethnic groups	23.6	21.7	21.7	20.0
White	11.8	12.0	12.0	10.8
Other ethnic group	8.2	9.6	9.6	10.8

Table 9: Age distribution

Age	Treatment	Control	Total
10	1	0	1
11	3	2	5
12	6	4	10
13	6	7	13
14	7	12	19
15	13	8	21
16	2	8	10
17	1	1	2
Total	39	42	81
Average age	13.7 years	14.1 years	

Table 9 shows the age distribution of those CYPs who started either the treatment or control intervention.¹⁹ Both groups show a similar distribution, with the average age similar across the two groups. This is also similar to the average age of those CYPs who took part in the B.U.S programme during the feasibility study (14.6 years)

¹⁹ As do the rest of data presented from UB CMS in this section.

Table 10: Referral organization

Referral organisation	Treatment	Control	Total
Brent Children’s Services	11	15	26
Queens Park Community School (Brent)	5	12	17
Southfields Academy (Wandsworth)	10	7	17
Preston Manor School (Brent)	5	5	10
Heath School (PRU, Camden)	3	1	4
MPS	2	1	3
Children Services from other local authorities	3	0	3
West London Zone (Charity)	0	1	1
Total	39	42	81

Table 10 shows that CYPs were most frequently referred from Brent Children’s Services (32%) and schools local to Borough of Brent (33%), although a further 21% of referrals came from Southfields Academy in Wandsworth, South London. In total, 59% of CYPs were referred by a school or PRU. These referral routes had been previously agreed upon with UB and the funder, the YEF, and reflect where UB is based in North West London and their willingness to work with relevant referrers in other areas of the capital.

During the feasibility study, the majority of referrals also came from schools and PRUs (73%). However, during the pilot study, there was a marked increase in referrals from local authorities, especially Borough of Brent, which reflects efforts reported by UB staff to improve relations with the borough. The schools referring during the pilot study were a mix of those who had an existing relationship with UB, such as Queens Park Community School, and those who only started referring during the pilot study period, such as Preston Manor School and Southfields Academy, both of which are large schools with around 1,500 pupils. The referral source is not one of the factors that can affect the statistical validity of the study; therefore, we have no constraints on this process.

When asked about where they were attending school, the majority of CYPs, 70 (86%), reported attending some sort of educational provision, with the majority 58 CYPs (72%) attending a mainstream school and the other 12 attending a special needs school, a PRU or alternative provision or being homeschooled. The remaining 11 (14%) were not in education, employment or training. These categories were split equally across the treatment and control groups.

Table 11: Reason for referral²⁰

Reason for referral	Treatment	Control	Total
Associations of concern	23	29	52
Youth violence	21	20	41
High risk of exclusion	18	20	38
Threats (including social media)	13	17	30
Truancy and missing	10	19	29
Police referral	6	6	12
Anger and mental health due to past issues	3	1	4
Risk of exploitation	4	0	4
Child and parent violence (physical, verbal)	0	3	3
Gang involvement	2	0	2
Not in education, employment or training	0	2	2
Substance abuse	0	1	1
Weapons	0	2	2
Bullying	1	0	1

The table shows that CYPs were most frequently referred for associations of concern (24%), youth violence (19%) and being at a high risk of exclusion from school (17%). This latter group would also have had to have been affected by or involved in violence or offending in order to meet the inclusion criteria. Indeed, when asked if they had been impacted by violence in the initial data gathered by UB, 74 CYPs (91%) stated they had (36 in the treatment sample, 38 in the control sample). These CYPs reported being impacted by friends, family and social media. CYPs were further asked about arrests and criminal proceedings. CYPs were asked if they had had previous arrests or convictions; 19 CYPs (24%) stated they did (10 in the treatment sample, nine in the control sample). CYPs were also asked if they were undergoing any criminal proceedings currently; 10 CYPs (12%) stated they were (six in the treatment group, four in the control group). This suggests that these CYPs are not necessarily the perpetrators of this violence and is similar to the feasibility study sample, where almost all reported being impacted by violence, but a smaller number had been or were directly involved in arrests and criminal proceedings.

Table 12: Family structure

Family structure	Treatment	Control	Total
One parent/family member (biological or other)	22	20	42
Two parents/family members (biological or other)	16	20	36
Foster carer/children's home	1	2	3

²⁰ More than one could be selected and so the table sums to more than 81.

Total	39	42	81
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Table 12 shows that the majority of CYPs in the study sample were living with parents or family members, most often in one-parent or carer households (52%).

Table 13: Disability status

Does CYP have disability?	Treatment	Control	Total
No	27	32	59
Yes	12	10	22
Total	39	42	81

Table 13 shows that over a quarter of the CYPs in the study sample (27%) live with some type of disability, equally distributed across the treatment and control groups. The most common of these was ADHD (eight CYPs, 36% of those with a reported disability²¹).

Table 14: Support from other agencies

Is the CYP receiving support from other services/agencies?	Treatment	Control	Total
No	26	24	50
Yes	13	18	31
Total	39	42	81

Table 14 shows that 38% of CYPs are receiving support from other agencies. The most commonly identified agencies included Children’s Services (e.g. a social worker) or other support from a local authority, mental health teams (e.g. Child and Adolescent Mental Health Service), support within schools or a combination of these forms of support.²²

Finally, CYPs were asked whether they had received any other intervention, and the majority, 68 CYPs (84%), stated they had (equally distributed across the two groups).

Evaluation feasibility

This section of the report outlines findings from the pilot study regarding the feasibility and practicality of progressing to an efficacy evaluation with UB by outlining the experience of key aspects of the pilot study. This section is organized by the relevant research questions.

2) Assess the feasibility of progressing to a full efficacy study

- a) *Assess the feasibility and acceptability of the randomisation processes for referrers, CYPs and UB staff.*

²¹ A full breakdown of these data is provided in Table A1 in Appendix G

²² A full breakdown of these data is provided in Table A2 Appendix G

The need to randomise CYPs into the treatment and control programmes and the randomisation process outlined above, whereby UB gained consent from CYPs and parents prior to requesting randomisation from UoB, did cause a number of issues for all parties in the pilot study – referrers, UB, CYPs and their parents and carers. Before outlining these in this section, it should be noted that despite these issues, only 17 CYPs of the 110 referred (16%) refused to take part, and of the 83 CYPs who did consent and were randomised, only two subsequently withdrew their consent.

One key issue with the randomisation process was the fact that UB was already known locally by referrers and CYPs as offering music mentoring from their adapted bus. As such, they assumed that if UB was delivering to their organisation or that they had been referred to UB, they would receive the B.U.S programme. This meant that UB had to work closely with referrers, especially those who had referred CYPs to UB previously, to explain the pilot study and the need to randomise CYPs into the two programmes. A consequence of this was that UB had to provide a more general outline of their programmes to all referrers so as not to focus on the music aspects of the treatment programme. Referrers interviewed, especially those from schools or PRUs who had referred a number of CYPs, reported that they understood why this process was in place for the pilot study but that they would prefer all CYPs they referred received the established B.U.S programme so that they were able to benefit from the longer and more wrap-around programme of mentoring, which includes music. It was common for referrers to note the benefit of the B.U.S being underpinned by music, primarily because this acted as a hook to engage CYPs referred because it was a common interest. It was thought this would help to keep these CYPs, who tended to be those who were harder to engage in general, engaged in the programme.

‘We would have rather had all the kids on the 12-week programme; we would have rather had them all involved with the music and that element, even though I’m pretty sure that they got fantastic mentors, that element of the of the programme is a real attraction for the kids, and you know it will be a real motivator not only to get them to do the right things and participate in the mentoring programme’ (Referrer #2).

UB staff also noted the issues created by the need for randomisation; these were discussed during the focus groups conducted and also throughout the pilot study. Whilst UB staff fully understood why this was necessary and worked on how to explain this to referrers, CYPs and their parents/carers, it nonetheless went against their standard ways of working, whereby they work with CYPs on the basis of their individual needs and are seen in a group in order to break down the barriers between CYPs from different areas of London. In addition, one reason the B.U.S programme is built around music is to provide a way for CYPs to express themselves, which they can find difficult in a 1:1 situation, such as was the case in the control programme.

As a result, UB staff reported working hard to make sure that the control programme sessions were as useful as possible for CYPs. This was also noted by referrers, who mentioned that UB staff used these sessions to do different activities with CYPs, including sports-based sessions, rather than sessions solely being an hour of talking. Despite this, UB staff found the limits placed on their work with CYPs in the control intervention difficult, and they felt this limited the benefits these CYPs received.

The need for randomisation also meant that UB staff had to spend longer providing information to referrers and to parents and carers in order to gain consent to take part. As such, UB staff arranged information sessions at schools referring a number of CYPs, which were reported to work well.

Despite these issues, CYPs did consent to take part and be randomised into one of the programmes. From the research team’s point of view, the randomisation process worked smoothly, with requests for randomisation made as agreed upon and responded to quickly.

- b) *Establish sufficient target population – assess whether there is a sufficient enrolment of the target population, including the referral routes, and review levels of attrition.*

The target overall sample size for the pilot study was 80 CYPs split between the two interventions. This was achieved; 83 CYPs consented and were randomised, with two later withdrawing their consent. However, UB needed two months longer than planned to recruit this number of CYPs. This was in part due to the recruitment period starting close to the Easter school holidays in 2023 and then being affected by the summer and Christmas holidays that year. As noted above, a substantial proportion of the referrals (44%) came from schools or other education providers, and so the school holidays seem to have had a substantial effect on the recruitment of CYPs and the delivery of the interventions. It was also affected by the issue outlined above, which was that the randomisation process meant that consenting participants and their parents and carers took longer and involved more work from UB staff. Indeed, during the pilot study, they recruited an additional member of staff to support this process.

The referral sources are outlined above and are similar to the feasibility study, although UB has created relationships with new schools for the pilot study, some of them local to Brent and some of them in other areas of London. In addition, a greater proportion of referrals came from Borough of Brent. Interviews with staff from the local authority showed that this re-established relationship had also meant UB had been invited to deliver other services locally, including the provision of outreach to CYPs during school holidays.

- c) *Estimate the sample size required for an efficacy study and a timeline to achieve this.*

The sample size calculation was based on ensuring any future trial is sufficiently powered. This is defined as being able to detect a Cohen’s d of at least 0.3, which is in line with the funder guidelines and the previous literature. For example, O’Connor and Waddell (2015) found that mean effect sizes for youth violence interventions of between 0.19 and 0.4. As such, sample size calculations are provided for a minimum detectable effect size of 0.2, for which a sample of 788 (394 in each group) would be required, and 0.3, for which a sample of 352 CYPs (176 in each group) would be required. The calculations are done in Matlab based on Rosner (2011) and are laid out in the table below. These calculations are based on individual randomization and not any type of clustering.

Table 15: Sample size calculations

	Parameter	
Minimum detectable effect size (MDES)	0.2	0.3
Alpha	0.05	0.05

		Parameter	
Power		0.8	0.8
One-sided or two-sided?		Two-sided	Two-sided
Number of participants	Intervention	394	176
	Control	394	176
	Total	788	352

Regarding the time period needed to recruit this number of CYPs, during the pilot study, UB took eight months to recruit the 81 CYPs who started the interventions, around 10 per month, which, as noted above, was affected by the school holidays and issues created by the randomisation. Using these calculations, UB would require around three years to recruit the required sample size for an MDES of 0.3 and around six and half years to recruit the required sample size for an MDES of 0.2. This timeline could be shortened if the capacity of UB was increased, allowing them to work with more referrers and more CYPs.

d) *Understand whether the programme is scalable.*

UB is a relatively new organisation and relatively small in terms of its staffing. However, during both the feasibility and pilot studies, UB has been able to identify and work with new referrers, most notably schools and other education providers. These referrers are able to refer groups of CYPs from across the schools, making it feasible for UB to visit with the bus to deliver the programmes. Furthermore, during both the feasibility and pilot studies, they have worked with schools and education providers outside of Brent, demonstrating that the programme is applicable to and workable in other London boroughs.

During the feasibility study, the research team interviewed a town centre manager for Borough of Brent, who discussed the planned opening of a local youth provision, which UB was bidding to operate and run on their behalf. These discussions have continued since 2023, and UB is in the final stages of bidding to run this service. If UB is successful, the new premises will increase its capacity to work with CYPs, both regarding the number of CYPs and the type of services they can offer. This would also enable UB to scale up its provision of the B.U.S and control programmes.

4) Establish a feasible way to measure the outcomes of interest.

a) *Trialling the ISRD questionnaire as a replacement for the Self-Report Delinquency Scale (SRDS)*

During the feasibility study, only two of the sample of 55 CYPs completed the SRDS, whereas 100% of CYPs completed the SDQ. The SRDS was reported by UB staff to be unwelcome and viewed with hostility by the CYPs. UB staff reported that this could be linked to the lack of questions within the SRDS regarding factors which can be associated with offending, with it instead being a list of questions asking which behaviours CYP have engaged in and how many times. This was interpreted by CYPs completing the SRDS as 'victim blaming'.

As such, the research team worked with UB staff to find an alternative and identified the ISRD questionnaire. Specifically, we agreed to ask CYPs modules 2–7 from the fixed part (part 1) of the survey, which asked CYPs both about their offending and about the context in which they live, including their family and school life, experiences of victimization, leisure and peers, and values and attitudes.

This proved much more acceptable to CYPs, with completion rates for the ISRD among the pilot study sample being the same as that for the SDQ. The rate was lower for the baseline, with 82% of the treatment sample and 91% of the control sample completing both questionnaires. Across both questionnaires, 100% of CYPs who completed the treatment and control interventions completed both questionnaires at follow-up.

There were two key issues found with the ISRD, which the research team proposes should be altered for any future efficacy trial. Firstly, the questions asking about offending ask, ‘Have you ever in your life...’. As such, the answers post-intervention are bound to be highly correlated to the answers at baseline because they include that original time period. This can be remedied by changing the time period over which these questions are asked, like the SDQ, which asks about a fixed time period. Secondly, the questions which asked how many times a behaviour has happened are open-ended and do not have closed-form answers like the SRDS. This resulted in many unusable answers. Again this could be remedied by using closed response options. This would then allow volume and variety of offending scores to be generated as is possible with the SRDS.

Despite these issues, the ISRD has proved to be a more acceptable self-report questionnaire for this sample of CYPs, with much higher response rates than the SRDS during the feasibility study.

- b) *Establish whether administrative data from the Metropolitan Police can be successfully matched with UB case management data and used to measure CYPs’ levels of contact with the police.*

This was achieved during the pilot study. The research team was able to establish contact with the relevant team within the MPS, which agreed to provide the requested data. Both the UoB and UB agreed to data-sharing with MPS. UB agreed on a secure way to share the personal details of the CYPs who had consented to take part in the study with MPS, who then matched their details against a number of their databases – outlined in detail, where we discuss the data collection from the MPS. These data were then pseudo-anonymised so that they could be linked to the UB CMS data. UoB then used the same secure transfer method to receive a dataset from MPS in March 2024. MPS was able to match 100% of the 81 CYPs who started one of the two programmes.

Having established this connection with MPS, UoB expects to be able to access similar data for any future efficacy trial.

Evidence of promise

This section of the report outlines findings from the pilot study regarding the evidence of promise of the UB interventions. This section is organized by the relevant research questions.

1) Test the programme’s evidence of promise for improving CYPs’ outcomes

- a) *Assess the fidelity of the delivery of the treatment and control interventions.*

The research team developed a fidelity checklist for UB to use during the pilot study.²³ This specified the actions for the UB team and the activities required in each of the interventions, including data collection using the SDQ and ISRD questionnaires. The UoB undertook two fidelity checks during the pilot study in July and October 2023. During these, the research team reviewed a 10% sample of CYPs to assess that actions were being undertaken and in the correct order. These reviews showed that UB had incorporated the fidelity checklist into its processes for programme delivery and was using the stages defined to ensure mentors were working through these.

Furthermore, it was clear from interviews with the UB team and with referrers that a clear line was maintained between the two interventions during the pilot study. For example, representatives of schools and PRUs who had referred multiple CYPs to UB noted how the treatment and intervention groups were seen separately, often with those in the treatment group seen on the UB bus and those in the control group in a classroom.

UB did note that in some cases, this created issues for CYPs in the control group, who had been excluded and so were unable to take part in the intervention within school buildings. In these cases, CYPs in the control group were mentored upstairs on the bus. This did mean that CYPs in the control group were physically close to the delivery of the treatment intervention; however, again, mentors were careful to ensure the two interventions were kept separate.

Indeed, the focus group with UB staff held in January 2024 revealed that whilst mentors found it difficult to limit delivery to CYPs in the control group to six sessions when they are used to offering a longer intervention under the B.U.S programme with more wrap-around care involving parents/carers and other professionals, they did offer the agreed upon dosage and maintained the fidelity of the two interventions.

b) Further understand the theory of change and relevant mechanisms for the programme.

The original ToC developed by the research team for the B.U.S music mentoring programme at the start of engagement with UB was revised during the feasibility study and is presented above in the intervention section. Findings from the pilot have confirmed this ToC. The key mechanisms identified in that ToC are as follows:

- **The creative nature of the programme** – this is the hook which gets CYPs interested in the programme, builds relationships with mentors who have worked in the music industry and provides a way to discuss trauma through music.
- **The neutral space in which the programme takes place** – this allows CYPs from different areas to meet, which they may not be able to in other settings, and provides a safe space to build a positive community, an alternative to being ‘on road’ (involved in offending) and ‘something to look forward to’.
- **Meeting CYPs ‘where they are’** – this means being willing and able to work with CYPs on the individual issues and needs they have and focussing on empowering CYPs. Mentors

²³ A copy can be found in Appendix F.

have lived experience of violent areas and violence, and this helps CYPs and mentors find common ground and build trusting relationships. This is supported by CYPs being able to stay in touch with mentors and UB as a whole following the end of the programme.

- **Taking a trauma-informed approach to the programme** – this can help CYPs understand the impact that past and current experiences have on their well-being and identify how they can transform their own opportunities.

These themes were present in the focus group with the UB staff and the interviews conducted with referrers and CYPs. These findings are presented in the sections below.

Creative activity as cathartic and calming

A number of CYPs interviewed said that being involved in creative activity, such as rapping for the treatment group and podcasting in the case of some of the control group participants, had a calming impact on their mental health and general functioning.

One CYP from the treatment group identified how involvement in creative activities had, in its own right, a cathartic and calming effect:

‘Even like when it comes to the studio, you just write lyrics and just say what’s on your mind. And as soon as I step on the bus, my whole worry changes [...] it’s going to be calm’.
(Interviewee 13, intervention group participant)

Another explained how being involved in podcasting allowed him to have honest discussions about real-life experiences, which had helped him become less stressed and more relaxed:

‘I’ll say that I’m more relaxed, especially after the podcast and that [...] Like I’m more relaxed’.
(Interviewee 3, control group participant)

During the graduation ceremony for the pilot study cohort, some of the CYPs who had experienced the B.U.S intervention (all male) performed tracks they had written. Lyrics from these tracks reflect their experiences and the importance of a creative outlet:

- Often focused on trauma – life being ‘sink or swim’, ‘pouring emotions into my lyrics’, ‘pouring my pain into something that you want to hear’
- The impact of ‘no man in the house’ and of ‘suppressing feelings’
- The impact of living in a ‘world full of sin’, a ‘hard place’

Rap therapy has been an emerging approach that uses the analysis and creation of rap lyrics as a means for emotional and psychological exploration. It encourages reflective dialogue in which participants often engage in group activities, including critical thinking and analysing lyrics and messages in relation to their own experiences and lives (Allen, 2005).

Although research remains at an early stage, such therapeutic approaches, where *‘healing is ignited through the power of artistic expression’* and through developing a *‘collective voice’*, have been hypothesised as having particular relevance for communities distrustful of more conventional therapeutic interventions and those affected by longstanding social injustices, institutional and

community violence and trauma, intersectional challenges, racial hierarchies, and structural oppression (Camacho, 2016; Padilla, 2016).

Although such interventions require more high-quality investigation, there is early-stage evidence of the potentially positive cathartic effects of such therapeutic interventions in terms of promoting positive identity, collective social and emotional consciousness, increased sense of purpose, higher self-esteem and improved behavioural outcomes (Daykin et al., 2013).

A 'calm' and respectful space and a 'good vibe'

Some CYPs talked about the importance of the atmosphere of the UB programmes and how this 'vibe' was central to the psychologically informed environment, which helped them move forward:

'I think just everyone being so welcoming. There [were] no bad vibes or whatever, so it's been pretty comfortable to be here. It hasn't really been awkward'. (Interviewee 9, intervention group participant)

'Everything was actually calm. At first, I wasn't expecting it to be as good as it was. But I got proved wrong'. (Interviewee 12, control group participant)

Whilst school was often described by CYPs as 'stressful', in contrast, UB was frequently described as 'calm' and fun. The fact that the bus has a PlayStation console was mentioned by referrers and CYPs. The peer researcher PPC noted that this could be a chance to lose oneself and brings CYPs together as a chance to channel competitive streaks.

Indeed, one referrer who worked at a school noted the difference in the experience of the UB interventions from the rest of the school day:

'Just to see them in a different environment where [...] they're engaging [...] There's a dialogue and the communication is quite, it's flowing, and it's quite interesting to see that part'. (Referrer #1, school)

CYPs interviewed noted that part of this 'vibe' was being surrounded by 'good people to be around' and seeing how differences in opinions were handled in practice, modelling and reinforcing positive life skills and effective conflict management strategies:

'When you come here, it's just like an environment that people want to be in. You're not arguing; like everyone is getting along; people are just having fun. So, maybe that can help people, like, realise that they just got to get on with what they're doing'. (Interviewee 16, control group participant)

Overall, UB's interactive learning appeared more suited to the learning styles of many CYPs attending the programme. CYPs also valued the strength-based approach and doing activities *alongside* and together with UB staff and other attendees. This was often contrasted with other mentoring or CAMHS support where the focus was much more on talking.

Based on his own experience and observations, the peer researcher PPC said that many of the CYPs attending the intervention are likely to be failing in school due to a combination of unmet special educational needs and disabilities combined with an increasingly narrow and pressurised educational curriculum where there are limited resources and time for teachers to cater for those who don't learn in neurotypical ways.

Having access to relatable, trusted mentors with real-life experience of similar challenges

Many of the CYPs interviewed particularly talked about valuing access to mentors and staff who acted as trusted and reliable advisors and with whom they could have 'proper conversations' about the pressures and dilemmas of growing up in North West London.

For example, both young men and women talked about the importance of having access to a pool of mentors who were welcoming, wise, reliable, authentically caring, relatable and kind and who slowly became more like a trusted friend:

'As time went on, you really got a relationship with the staff because it's like they become more of, like, a friend, like someone you can really talk to and someone you can really trust. It's good [...] Even outside, when I'm on the road and stuff, I just talk to people [here...] about it. Obviously, they're older than us, so they're more wise, and they've been through it. They really talk to you and tell you really how it is [...] like, when you're doing stuff you shouldn't. It was mainly [advice like...] be good, get my GCSE and just move on'.
(Interviewee 13, intervention group participant)

'You can speak to them about it. Like, I can talk to them about the situation I have in school, and they'll tell me [how to ...] fix the problem'. (Interviewee 4, control group participant)

Some CYPs also said that it was important that staff were honest and straightforward:

'He would speak his mind, and I like a person who keeps it real. I don't like it when people sugarcoat stuff. It's just like, "Tell me something or don't say it".' (Interviewee 5, control group participant)

'Here, they really tell you how it is; like, they're honest with you. They're saying, "You're here because the teachers are saying this and that; like, we're trying to change that for the better". They're just really honest, and it's better like that. They don't sell you a dream. Like, they won't say something and not do it. They will actually stick to it and do it. Whereas on [another programme...] they're like, "We'll take you bowling, paintballing", and everything. Never touched it once'. (Interviewee 13, intervention group participant)

This was echoed by the referrers interviewed, for example:

'I find that they're very friendly; they're approachable [...] they listen very carefully [...] to, you know, the school's concerns. They listen to the young people's concerns and they [...] will give their honest feedback'. (Referrer #1, school)

'[Mentors are] a good [...] match [...] in terms of age especially [...] old enough, but young enough, if that makes sense, and they seem to [...] be able to speak their language and engage

with them [...] And they seem to really be able to build a rapport very quickly with the young people'. (Referrer #3, local authority)

For another young man, male mentors and staff also provided valued *'father and son'* discussions and guidance:

'It's, kind of, like father and son talk. So [he...] just told me what's right and wrong and stuff and what crowd to follow and what not to follow'. (Interviewee 16, control group participant)

Peer researcher PPC reflected on the importance of such discussions in families where father figures and male role models were sometimes missing (as evidenced from the sample data presented above showing that most CYPs lived in one-parent households). He noted that a lack of male role models could create a 'vacuum', which resulted in some boys' exploration of their gendered identity being dominated by polarised, radicalised and misogynistic social media-influenced discussions surrounding masculinity (Verma and Kurana, 2023), which UB staff would aim to counter.

One particular aspect of the mentors, which was commented upon by many CYPs, was that mentors were relatable, from their local community, who had lived experiences of navigating similar challenges to them when growing up.

'They're very relatable. And because it's North West London, everyone knows someone from somewhere. They've seen the things that we've seen as well. Like, they've been through a lot, and then they've [come] out, and they're on this bus'. (Interviewee 12, control group participant)

'Mainly hearing their story and their past, it's made me think about the stuff that I was planning on doing differently'. (Interviewee 3, control group participant)

These shared experiences seemed to help CYPs speak more openly about views and activities that they could not discuss easily with families, teachers or, sometimes, other support services.

'I feel like the people that are on the bus, they, like, know about the stuff. So they know how to send you down the right path [...] And yeah, just make them realise how their life is [...] teachers don't really know about the life like that'. (Interviewee 4, control group participant)

'With my old mentors, it was always the same questions: "How are you feeling? Is there anything going on?" Or this or that, just like a bunch of rubbish [...] With United Borders, I felt like they're more open than that; they're more free to have proper conversations, and you can actually get [properly] involved [...] I feel like I could express myself; I could be myself, and no one would judge me. I could tell him stuff'. (Interviewee 5, control group participant)

It also helped them trust the advice they were being given more, which felt reliable and relevant to their lives.

Based on observations and interviews with CYPs, peer researcher PPC felt that staff met CYPs where they were at *'in the reality of their day-to-day pressures and lives'*, listened to them and used staff's

own shared experiences, life choices and learning to prompt thinking about alternative ways of moving forward.

During the graduation ceremony for the pilot study cohort, a 'vox pop' video was shown in which CYPs who had worked with UB gave their views. When asked about the UB mentors, they echoed the view expressed above. For example, their comments included:

- 'They give you good advice'.
- 'They give you a safer space'.
- 'You are not judged'.
- 'Can speak about everything'.
- 'They give us advice on how to do it better'.
- 'They have been through stuff that resonates with us'.
- 'They provide care, positivity and support'.

The close relationships mentors formed with CYPs also benefited partner agencies. For example, one interviewee from Borough of Brent noted that:

'[...] what was really useful for us from a community safety perspective was the intelligence that United Borders were bringing to the table [...] United Borders, they've got their ear on the ground [...] Their advocates, they, kind of, speak truth to power for us quite a bit, which is quite refreshing'. (Referrer #3, local authority)

This sentiment that UB will appropriately share information gathered from CYPs was echoed by referrers based at schools, who noted that UB was able to feed back to them CYPs' experiences of school policies, for example, on behaviour.

It is interesting to note that the themes outlined above, which mirror those identified in the feasibility study, came through in these interviews with the CYPs when the majority of those interviewed took part in the control intervention. This demonstrates that UB staff brought the same approach and attitude to both interventions, whilst the dosage varied and the control intervention did not focus on music.

3) Understand how the treatment and control interventions are experienced by all stakeholder groups (CYPs, UB staff and referring organisations)

a) Understand the differences between the treatment and control interventions.

The findings outlined above have touched on the key differences between the two interventions. The pilot study found that the two interventions were being delivered as planned, with the fidelity of both maintained. As such, the key differences were that the control intervention did not have a music element to it, was shorter in duration and did not involve the wraparound care provided by the B.U.S intervention, such as contact with and support to parents or carers and engagement with other professionals working with CYPs.

These differences were picked up in the interviews conducted with all groups included in the pilot study. Regarding the absence of music in the control intervention, as noted above, the creative expression offered by the B.U.S programme through music-making was a key mechanism identified

during the feasibility and pilot study. UB staff interviewed during the pilot study reported that they found the lack of a music framework with which to engage and draw out CYPs in the control intervention did make engagement, at least initially, more difficult, as is demonstrated by these quotes from UB mentors:

'[...] sometimes it's just hard to just have a conversation, like, "Oh, so, how's so and so?" Because a lot of people [...] like to keep things to yourself until you get comfortable. Just talk about certain topics just to ease'. (UB mentor)

'It's a common bond [...] that you'll find in certain areas and certain demographics; music is a big part of the culture with a lot of these people that we grew up. So, to have a common bond with someone, it makes it easier to develop a relationship'. (UB mentor)

'[...] it's a communication tool for us, a two-way communication tool. Because giving them that freedom, especially that freedom where they might not get it in a school setting or at home because, "Turn that music off, no music swearing." We're, kind of, providing that space to say, "Look, play what you want to play. But then we're going to discuss it. We're going to explore what that music is. What are you hearing from it? What is the trauma in the music? How is that impacting you, your mindset, your life, your choices, that kind of stuff? And how can we turn some of that stuff around?"' (UB mentor)

One of the referrers interviewed, who worked for Borough of Brent, also noted how the creative nature of the music-making work in the B.U.S intervention helped reveal support needs amongst CYPs. She noted of one CYP she referred:

'It helped him to express himself in a different sort of way to, kind of, what he [...] would have done otherwise [...] we were able to realize that he actually had, kind of, issues around females because he spoke about that in the lyrics that he created in the music'. (Referrer #3, local authority)

A number of CYPs interviewed liked the fact that the UB activity was not just about *'talking'* but was also about learning through *'doing'*. This was easier to achieve in the B.U.S intervention, but mentors did make different activities available to CYPs in the control group, including podcasting and sports.

The other key difference between the interventions is the dosage. Minimum levels of contact were laid out in the pilot study protocol for both interventions:

- **Treatment group (B.U.S intervention):** a minimum of 16 sessions
Two soft engagements, 10 sessions during the programme and four 1:1 mentoring sessions.
- **Control group (mentoring only):** a minimum of six sessions

UB CMS data show that 100% of CYPs who completed the B.U.S intervention (n=30) received at least 16 sessions, with the average number of contacts with or on behalf of these CYPs being 23.1. Of the CYPs who completed the control intervention (n=35), 94% (33) received at least six sessions. The average number of contacts with or for CYPs in this group was 7.4.

It was clear from the focus group with UB staff that mentors found the limits of the control intervention a challenge, although the CMS data show that they were able to limit their interactions. For example, mentors stated:

'[...] six weeks' mentoring seems to always stop too abruptly for them. I've never had that problem with the music mentoring because it's more in-depth. You're getting them to open up; they're doing something they enjoy it; it's a longer time period. But in six weeks, they're always asking, "When can I come back?" So it's almost like they're not getting enough time'. (UB mentor)

'[...] trying to only do one day a week with some of the young people who have randomly been selected for that, who have got really high needs, is a really difficult journey'. (UB mentor)

'You can have more in-depth relationships with parents, the social workers, the team around the families. You'd [...] go to the meetings if there are more intense issues going on. So in order to make a difference, you do actually need to work with the other professionals involved, which the six-week programme doesn't allow you to actually extend your work. It doesn't allow you to go outside of that one-hour session and network'. (UB mentor)

Echoing this last point, one of the referrers interviewed who had referred two CYPs, who were both randomised into the B.U.S intervention, noted how valuable information from the UB mentor was to the management and care of these CYPs:

'[...] they were able to give updates to the school as well as myself or the other professionals that were involved were updated, sort of in real time about really what was going on [...] it was really nice to, kind of, have those updates and really know, kind of, what was going on for both of those children [...] it helped us to manage the risk'. (Referrer #3, local authority)

Information gathered during the pilot study from the interviews with CYPs, which further explore the research question: *understand how the treatment and control interventions are experienced by all stakeholder groups*, illustrate the effects of the UB interventions. The sample of CYPs interviewed is skewed towards the control group (12 of the 16 interviewees).

All but one of the 16 CYPs interviewed identified changes in themselves since attending the UB programmes. The main areas of these changes are outlined below.

Improved social, emotional and communication skills

Many CYPs indicated that they came to UB hoping to broaden their horizons and further develop social, emotional and life skills. These are skills which previous studies have identified as central to effective learning, developing good self-regulation and positive mental health (Weissberg et al., 2015).

For example, some participants demonstrated a thirst to be exposed to different viewpoints and to develop their understanding (or empathy) towards others' situations:

'Maybe [I'd...] like a different view of certain things. Like, even with the podcast I've been doing recently, [...] that's changed my view on certain things as well, like fighting and different stuff to do with education. So mainly just to change my views on stuff [...] Just thinking a lot of the world and the different [points of view, so with...] the podcast, like, just talking about certain subjects. I think that's probably helped a lot in the way I view certain things'. (Interviewee 3, control group participant)

'For me, like, I say some understanding of what other people are going through, just to help me think of the world and other people in different ways'. (Interviewee 1, control group participant)

This was echoed by UB staff during the focus group conducted:

'[...] when they do build their confidence and self-esteem, it allows them to push away the peer pressure, get rid of that bravado because they are finding themselves. So, [on] the journey, it's helping them find themselves that little bit more and feel comfortable and accept themselves. Having a self-acceptance is like one of the biggest changes'. (UB mentor)

In line with initial hopes and expectations about the UB interventions, many participants enjoyed making new friends, and some felt that they had developed more effective social and communication skills as a result of their involvement with the programme. For example, one young person said:

'I feel like I've been able to socialise with people more because usually I [...] wouldn't talk to nobody. But during this programme, I met new people that I've seen in the school but I've never talked to. I've been able to socialise more [...] It took a bit of time because I don't like to socialise with people, but in terms of how it helped, it did, it did very well, a bit more quickly than I thought it would do'. (Interviewee 12, control group participant)

In an area where there have been historic and ongoing postcode rivalries, a few CYPs said they valued these opportunities to build social capital in a safe environment. UB staff noted that they needed to manage these group interactions carefully and mediate conflicts which could arise during the programme.

Improved anger management, emotional coping strategies and self-control

Other CYPs stated they wanted to manage conflict or their anger more effectively:

'I wanted [...] just to better myself really and just think before I do stuff and things like that'. (Interviewee 13, Intervention group participant)

'I mean [I want to make...] progress for, like, ways of talking to people ... You know, like responding and not reacting - because there's a difference. If you get told to do something,

you respond in a way that doesn't seem like a reaction where they take offence to it'. (Interviewee 12, control group participant)

A number of CYPs said their anger management had improved after attending UB:

'Yeah, I had a lot of anger. [My mentor ...] gave me a lot of information, like he told me a lot of things. Like, if any people [wants] to get onto me, like, any people want to do something, he told me to just leave them alone. Don't get in trouble with them, just leave them'. (Interviewee 11, control group participant)

'[It helped me ...] to learn how to manage stuff better [...] Like my behaviour and not getting mad'. (Interviewee 15, control group participant)

'[My mentor ...] used to say, "Don't let teachers get to you" [...] even if you don't agree with something. Because realistically, a student against a teacher, and the student is not going to win. Like everyone knows that'. (Interviewee 12, control group participant)

'I know I can talk to people better because when I got asked a lot of questions, I would get overwhelmed, and I would just lash out. Now, I've learned to deal with it; I can control myself better [...] it's improved my [communication] skills. I think that's the key thing that's improved'. (Interviewee 5, control group participant)

This was echoed by the UB staff during the focus group:

'[...] especially with the 12-week programme, you can see definite changes in that because there is a bit more consequential thinking. There is a new level of engagement. So where they might be doing nonsense somewhere else, you've now got an alternative place where you can come and have something constructive, but it's still engaging your happiness. It's still keeping your street credibility because music, you're producing something now, you're filming each other on Snapchat. You've got a track at the end of it'. (UB mentor)

These findings mirror research which has found a significant overlap between CYPs' speech, language and communication needs (which can often include difficulties processing excessive information and instructions), CYPs' higher risk of angry responses and also their risk of being excluded from school. Two-thirds of excluded CYPs were identified in one service evaluation as having speech, language and communication needs (RCLST, 2020). Two-thirds of those in contact with youth justice services have also been identified as having speech and language difficulties – difficulties that have often remained under-identified before educational and criminal justice crises (Chow et al., 2022).

Improved attitude

Finally, a few CYPs talked about having a more positive attitude as a result of attending UB:

'When it comes to just respect in general, I think I have more respect now than I did before the programme [...] probably [in] how I talk to people. Usually, I'd just be bad-mouthing at

everyone, but now that I've been on the programme, I feel like you don't always have to be that type of person'. (Interviewee 12, control group participant)

'I think the way [...] I act, the way [...] I talk has changed [...] Yeah, I handle different situations'. (Interviewee 15, control group participant)

Changes in school behaviour

CYPs attending UB programmes were most likely to report changes occurring in school behaviour and in school outcomes:

'I feel like I've improved my behaviour in school more'. (Interviewee 12, control group participant)

'Well, they helped me with school. Sometimes I have problems with teachers, and that, kind of, solved it'. (Interviewee 4, control group participant)

One CYP felt he would have been excluded if he hadn't accessed the UB intervention. A few CYPs reported fewer fights and angry outbursts in school. One explained that mentors had taught him more effective coping strategies for avoiding conflict and managing his relationships with teachers:

'Basically, I used to get in a lot of [trouble] in school, but when the mentor came to me, [...] he gave me a lot of information, and he told me, "There's no point of you doing that [...]" He taught me a lot of stuff, and it's actually changed my life, and I'm getting better [...] The mentors, when they speak to you, they change a lot of things with you'. (Interviewee 11, control group participant)

This same young person had been forced to move from his original school to a new school due to his behaviour and had appreciated the continuity of support and reassurance provided by UB throughout this transition.

Another young person said his school attendance and engagement had improved after attending UB:

'[United Borders ...] helped because I felt like when I joined here, I wasn't really going to class and all those things. But you guys really helped keep me in class and all those things, so yeah, [...] you lot gave me good advice, stuff like that. So yeah, that really helped me understand why I need to go class'. (Interviewee 1, control group participant)

Findings from other early-stage studies using music (hip hop and rap) therapy with CYPs have noted similar potential improvements in anger management and in impulse control (deCarlo and Hockman, 2003).

Feeling safe

All CYPs interviewed said they felt safer as a result of being in contact with UB and the guidance given by programme staff:

'When I didn't have a mentor, [...] I didn't feel safe, but when I had him, I [felt] safe'. (Interviewee 11, control group participant)

'[I feel...] very safe, like untouchable. I feel really safe'. (Interviewee 13, intervention group participant)

'I feel, in terms of being safe, like protection, I feel very safe because they're willing to keep you protected about anything really. And also safe to be myself, like my own person. I feel like I am safe to do that as well because no one is like judgemental [of] you'. (Interviewee 12, control group participant)

Reductions in chances of gang involvement

A number of CYPs said that the UB programmes had reduced their chances of getting involved in local gang activity. Before the programme, a few talked of being involved in or being on the edges of local gang involvement. Many CYPs said they appreciated the opportunity to have confidential, 'real' and frank conversations with mentors who had grown up facing and witnessing similar pressures but who had the benefit of greater life experience. For some CYPs, these were conversations they had not been able to have with other adults in school or with their families.

Those involved in the programme identified two ways in which UB seemed to help divert them from gang involvement. On the one hand, it helped absorb and interest them, keeping them off the streets and out of harm's/temptation's way at high-risk times:

'It calmed me down and got me off [the] road more, so yeah'. (Interviewee 16, control group participant).

'So, like, this is, kind of, taking me off the roads'. (Interviewee 6, control group participant)

In other instances, frank and honest discussions with older mentors had helped others rethink and cost-benefit analyse their involvement 'on road' (in offending). For example, this interviewee said UB had been instrumental in helping him rethink his life goals and his future:

'If I'm being honest, before I come, [here ...] because I'm normally struggling, I'm thinking I have to hop on the road, [...] sell this, sell that [...] But now that I'm on the bus [...] they've told me there's light at the end of the tunnel [...] And when you get a normal job, you could help your mum, your family. That means that benefits everyone, to be honest'. (Interviewee 12, control group participant)

Those interviewed were also asked whether they thought an intervention such as UB could potentially be effective in diverting other CYPs from gang involvement. Almost all agreed that it could be effective.

For this to happen, one CYP clarified that CYPs would need to approach the programme with the right attitude, take it seriously and be at the right stage to make such changes:

'It all depends on the person. It all depends if you're open to change. Because if you're open to change, I feel like this would benefit people. But if you're not, then there's no point'. (Interviewee 5, control group participant)

To the extent that the two samples of CYPs interviewed can be compared, there are similar findings from both groups, primarily that they enjoyed the intervention they experienced, that it had a positive effect on them and that they appreciated the UB staff and the relationships formed. This was underpinned by the staff being honest, following through on what they promised and being relatable and knowledgeable about the CYPs' lives. CYPs felt safe within a calm and open setting (whether on the bus or in a classroom).

'I think it's the staff mostly. They really talk to you. And even if you do say something bad, they won't judge you for it. They will just talk to you, like, "Yeah, I understand it", and just conversation'. (Interviewee 13, treatment group CYP)

Overall, CYPs came to the UB programmes hungry for and hoping to make improvements to their social and emotional functioning. They valued learning and processing information through focusing on practical tasks and activities. They benefited from witnessing role-modelled, effective social and emotional self-management, particularly conflict management. Having access to people who came from their communities, who care about their communities and who had sustained positive life choices helped some CYPs feel more hopeful about the future and consider different life goals.

Those in the control group were more likely to say they wanted more time with mentors and with the programme as one of the things they would improve.

These findings mirror those from the interviews undertaken with CYPs experiencing the B.U.S intervention during the feasibility study. These findings regarding CYPs' experiences of the intervention were summarised as follows:

- The programme starts with something that CYPs want to do/engage with rather than something they had to do.
- The value of the mentoring relationship and the authentic care that CYPs felt from the mentors.
- The therapeutic creative space for CYPs provided by UB.
- The positive sense of family and belonging created by UB by bringing CYPs with a common interest together in an inclusive space.
- The opportunity UB provided for participants to link in with new CYPs.
- Positive opportunities for personal growth provided by UB, enabling CYPs to feel motivated and make better decisions

b) *Assess whether 'resentful demoralisation' is occurring for those CYPs in the control group.*

There was some evidence that CYPs who received the control intervention were resentful. This was picked up by UB staff and referrers and reported during interviews. This was particularly the case for

CYPs referred from schools where delivery took place on-site, so CYPs could see that two different interventions were being delivered: one on the UB bus and one in classrooms (apart from in cases where CYPs had been excluded from school). Furthermore, many CYPs knew about UB prior to starting work with them and knew UB for music mentoring, so expected this to be the intervention they received.

There were two factors which were reported to create a level of resentment. Firstly, the fact that the control intervention often took place in classrooms rather than on the bus because 'going on the bus' was considered a benefit in and of itself to taking part in the B.U.S intervention. As a UB mentor noted:

'They do enjoy coming to the bus though, I think the space itself. Even though they may not necessarily be into music, just a welcoming environment, and the mentors. I think that's always something that keeps them wanting to come in'. (UB mentor)

The appeal of the bus itself was also noted by some referrers; however, they also recognised the work done by UB to make the control intervention appealing:

'And they want to be on the bus because it's quite different. But even though they're not on the bus, [they] are doing a one-to-one mentoring [control group]. The mentors think very carefully [about] what activities [...] they do. It's not just sitting and talking. Sometimes, it's allowing them to [do] physical activity to get their [...] frustrations out'. (Referrer #1, school)

The second factor reported was the shorter duration of the control intervention. As a UB mentor noted:

'I've had instances where the parent on a six-week course has been dejected because they can see there's a change coming. But it's now towards the end, so you're stopping just as they're starting to see a change'. (UB mentor)

However, there was no evidence that this resentment led to demoralisation amongst the CYPs in the control group. For example, the levels of disengagement from the programmes were similar across the treatment group and control group, 23% and 17%, respectively. This could be linked to the efforts UB staff made to ensure CYPs in the control sample received a good level of support and a variety of activities and approaches during their sessions.

4) Establish a feasible way to measure the outcomes of interest.

c) *Establish the means, SDs, effect sizes and CIs for the outcomes of interest.*

To answer this research question, this section outlines the results of the analysis of the SDQ and ISRD questionnaire completed by CYPs at baseline and post-treatment, as well as the data provided by the MPS.

Strengths and Difficulties Questionnaire data

At baseline, there were 11 missing observations (13%: seven from the treatment group, four from the control group). Post-intervention SDQs were completed by all CYPs who completed one of the programmes (30 in the treatment group, 35 in the control group). This level of attrition is reasonable

and evenly spread between the treatment and control groups. The lack of attrition and the good quality of the data are encouraging and suggest that the SDQ can be used to capture the secondary outcomes in any future efficacy study.

The first column of the table below names the subscales measured by the SDQ. The next four columns present the average scores of the treatment and control groups at baseline and post-intervention. The last four columns show the population reference values for the SDQ scores against which difficulty is measured.

Table 16: SDQ data

SDQ scale	Baseline Missing: 11		Post Intervention Missing: 16		Reference Values (% of whole population)			
	Treatment N=32	Control N=38	Treatment N=30	Control N=35	Close to average (80% pop)	Slightly raised (lowered) (10% pop)	High (low) (5% pop)	Very high (very low) (5% pop)
Emotional problems score	3.09	3.39	3.03	3.65	0–4	5	6	7–10
Conduct problems score	4	4.02	3.56	3.82	0–3	4	5	6–10
Hyperactivity score	5.53	5.28	5.53	4.88	0–5	6	7	8–10
Peer problems score	2.59	2.89	3.16	3.34	0–2	3	4	5–10
Prosocial score	5.71	6.34	6.26	6.4	7–10	6	5	0–4
Externalising score	9.53	9.31	9.1	8.71	0–5	6–10	11–12	13–20
Internalising score	5.68	6.28	6.2	7	0–4	5–8	9–10	11–20
Total difficulties score	15.21	15.60	15.30	15.71	0–14	15–17	18–19	20–40

Looking at the average responses, they seem balanced across the treatment and control groups at baseline. Most responses belong to the close to average or slightly raised/lowered reference values. When considering the overall scores, all of these (externalising, internalising and total difficulties) fall into the slightly raised band into which around 10% of the population falls. This indicates the prevalence of difficulties in the sample.

There are no noticeable differences between the baseline and post-intervention averages; however, the differences cannot be analysed statistically due to the small sample size agreed upon for the pilot study, meaning the result will lack power. For this reason, statistical analysis was not planned for the pilot. Still, following the YEF guidelines, we present below-effect size calculations and their CIs. The aim is to cautiously examine the data for evidence of promise or to become aware of any adverse effects produced by the intervention.

The estimated Cohen's *d* for the total difficulties score between the treatment and the control group post-intervention is 0.07, with a 95% CI [-0.42, 0.55]. The effect size has the opposite sign, meaning that the treated group had greater difficulty than the control group, although the effect size is very small and close to zero. The opposite sign could be an indicator of potential adverse effects of the intervention but may also reflect sample imbalances at baseline. To further explore this possibility, we performed a difference-in-difference analysis, which is able to control for imbalances at baseline. Such imbalances should not exist in the efficacy stage due to the large number of individuals in the treatment and control groups, but they may exist in the limited data of this pilot study.

The difference-in-difference estimate, which controls for a possible imbalance in the total difficulties score in the baseline questionnaires, is -0.027 , with a 95% CI $[-4.25, 4.194]$. It seems that once differences between the treatment and control groups on the baseline total difficulty are taken into account, the sign becomes the expected one, i.e. it is in line with our hypothesis that the total difficulties score decreases more in the treatment group. Still, the effect size is small, and the CI includes zero, so no further conclusions can be drawn at this point.

The analysis above and any further effect size analysis which follows below should be treated with caution; the sample size is small and not adequate for meaningful tests of statistical significance, and the follow-up time was short (and not uniform), unlike what it would be in a future efficacy study.

International Self-Report Delinquency Study data

This section presents results from the ISRD questionnaire. The ISRD aims to capture self-reported delinquency. As noted above, one of the aims of this pilot study is to examine whether the ISRD is a viable replacement for the SRDS questionnaire.

The number of missing observations is the same as in the SDQ test, which suggests that there is scope for using the ISRD, especially when comparing this to the very low rate of completion of the SRDS in the feasibility study. There are issues with the recall period used in the ISRD (ever in your life) and with the question that asks about the frequency of delinquent events, as outlined above.

The following table presents data on the ‘Have you ever’ questions, which have a closed-form answer. The first column presents the ISRD questions. The next three columns present the results for the baseline questionnaires, and the final three columns present the results for the post-intervention questionnaires. The questions are binary (yes/no), and the entries in the table are the number of ‘yes’ answers in the group.

Table 17: ISRD data

ISRD question	Baseline (missing: 11)			Post-intervention (missing: 16)		
	Treatment (yes) N=32	Control (yes) N=38	Total	Treatment (yes) N=30	Control (yes) N=35	Total
Illegally downloaded music or films from the internet?	19	24	43	16	19	35
Stolen something from a shop or store?	13	22	35	12	17	29
Stolen something without force or threat?	11	22	33	9	22	31
Taken part in a group fight in a football stadium, street or other public space?	11	14	25	11	12	23
Damaged something on purpose, such as a bus shelter, a window, a car or a seat on a bus or train?	3	10	13	5	9	14

Carried a weapon, such as a stick, knife or gun, for your own protection or to attack others?	6	7	13	6	6	12
Stolen a bicycle?	4	8	12	6	7	13
Used weapon, force or threat for money?	2	6	8	2	6	8
Painted graffiti on a wall, train, subway or bus without permission?	3	4	7	3	3	6
Stolen something off or from a car?	0	6	6	1	6	7
Sold any drugs or helped someone selling drugs?	1	5	6	4	5	9
Broken into a house or another building to steal something?	1	3	4	1	4	5
Beaten up someone or hurt someone with a stick or knife?	1	2	3	0	4	4
Stolen a motorbike or a car?	0	1	1	0	2	2
Hurt an animal on purpose?	1	0	1	2	0	2
<i>Had contact with the police because you did something of the above? (excluded from total and average prevalence)</i>	4	9	13	2	9	11
Total	74	134	210	78	122	200
Average prevalence over all questions	16%	24%		17%	23%	

The most frequent self-reported delinquent activities at baseline and post-intervention were illegally downloading music or films; stealing something from a shop or store or from someone without force or threat; and taking part in a group fight in a football stadium, street or other public space, followed by damaging something on purpose, carrying a weapon and stealing a bicycle. It is noticeable that a minority of CYPs reported having had contact with the police because of one of these activities. The frequency of these activities is higher for control groups but similar across time.

We further proceeded to calculate the average prevalence of delinquency in the sample. To do this, we took the average 'yes' proportion for all the above questions. At baseline, these averages were 16% and 24% for the treatment and control groups, respectively, and post-baseline, they were 17% and 23%, respectively. These are similar to what is found in other populations in the literature (for example, Marshall et al., 2015).

The estimated Cohen's *d* for the sum of the 'Have you ever' incidents between the treatment and the control group post-intervention is -0.3 , with a 95% CI $[-0.79, 0.19]$. The effect size has the hypothesized sign, meaning that the treated group had fewer incidents than the control group. However, the effect size is small and may be zero. For completeness, the difference-in-difference estimate is 0.189 , with a 95% CI $[-1.667, 2.044]$. In both cases, the CIs include 0.

Metroplitan Police Service data

Contact with the police, the MPS in this case, was the primary outcome of this pilot study. Data provided by the MPS for the pilot study participants are presented in this section.

The table below reports a binary variable regarding MPS contact with CYPs in the treatment and control groups. A value of 1 is given if a CYP has any contact with the MPS, and 0 is given otherwise. These measurements are taken for one calendar year before the consent date and up to 12/3/2024 after consent.

The MPS matched the details for all CYPs in the pilot study sample who had pre- or post-intervention contact with the police, so there are no missing observations here. This required contact between UB and MPS during the pilot study to ensure that the personal details of CYPs, used for matching due to lack of a common identifier, were accurate. This is encouraging because it suggests that the intention to treat principle can be applied in the statistical analysis of the data in any future efficacy trial.

Table 18: Binary MPS contact pre- and post-consent

Contact with the police?		Treatment N=39		Control N=42	
		Before consent	After consent	Before consent	After consent
No	No.	8	17	13	23
	%	21	44	31	55
Yes	No.	31	22	29	19
	%	80	56	69	45

The table shows that the majority of CYPs in both the treatment and control groups had some form of contact with the MPS in the year before consenting to work with UB (80% for the treatment group, 69% for the control group). In the follow-up period, this proportion had fallen for both groups (to 56% for the treatment group, 45% for the control group). However, this may be due to the shorter period of observation post-consent, which was less than one year. This demonstrates that the majority of CYPs that UB works with have contact with the police, which we would not expect from a sample of CYPs drawn from the general population.

Considering this binary outcome variable by gender (male and female), Table 19 below shows that males and females in the treatment group experienced a similar level of change from before to after consent. The change for the control group from the before to the after-consent period was more considerable for the male participants.

The estimated odds ratio for the contact with the police variable is 1.57, with a 95% CI [0.65, 3.76]. The odds ratio is greater than 1, meaning that more individuals in the treatment group had contact with the police than in the control group. However, once we control for the imbalance at baseline, the difference-in-difference odds ratio estimate is 0.901, with a 95% CI [0.236, 3.452], which means that the treatment group had about 10% less contact with the police post-intervention when compared to the control group. The effect size in both cases is small and may be zero (as 1 is included in the CIs).

Table 19: Binary MPS contact pre- and post-consent by gender

Contact with the police?		Female				Male			
		Treatment N=11		Control N=9		Treatment N=28		Control N=33	
		Before consent	After consent	Before consent	After consent	Before consent	After consent	Before consent	After consent
No	No.	2	4	2	3	6	13	11	20
	%	18	36	22	33	21	46	33	60
Yes	No.	9	7	7	6	22	15	22	13
	%	82	64	78	67	79	54	67	40

Table 20 shows this binary outcome variable by age group. Due to the small number of participants, these data are shown using two age groups, 10–13 years and 14–17 years. This shows a similar pattern to that above for the breakdown by gender; there is a similar pattern across the two age groups in the treatment group but a more variable pattern for the control group, where the younger age group (10–13) experienced more of a change before and after consent. Due to the small sample size for subgroups we have avoided undertaking any effect size calculations.

Table 20: Binary MPS contact pre- and post-consent by age group

Contact with the police?		10–13 years				14–17 years			
		Treatment N=16		Control N=13		Treatment N=23		Control N=29	
		Before consent	After consent	Before consent	After consent	Before consent	After consent	Before consent	After consent
No	No.	4	8	6	10	4	9	7	13
	%	25	50	46	77	17	39	24	44
Yes	No.	12	8	7	3	19	14	22	16
	%	75	50	54	23	83	61	76	56

The MPS data reported a variety of types of contact with CYPs, consisting of counts of the number of contacts with the police as the victim of a crime, the number of contacts as the suspect of a crime, the number of times the police performed a stop and search action on the CYP, the number of information reports submitted regarding the CYP, PACs completed for the CYP that identify risks the CYP may be subject to as part of child safeguarding procedures, and missing person reports.

The details of the type of contact with MPS that CYPs have experienced are outlined in Table 21, which shows the mean, minimum and maximum number of contacts of all of these types for CYPs in the treatment and control groups pre- and post-consent.

Table 21: Detailed MPS contact pre- and post-consent

Nature of MPS contact	Treatment N=39			Control N=42		
	Mean	Min	Max	Mean	Min	Max
Victim Pre-consent	0.92	0	5	0.38	0	2

Victim Post-consent	0.51	0	4	0.16	0	2
Suspect Pre-consent	1.20	0	16	1.04	0	10
Suspect Post-consent	0.69	0	9	0.28	0	2
Stop and Search Pre-consent	0.30	0	3	0.28	0	3
Stop and Search Post-consent	0.12	0	2	0.02	0	1
Information report Pre-consent	0.33	0	3	0.23	0	6
Information report Post-consent	0.25	0	2	0.07	0	2
PACs re: child safeguarding Pre-consent	5.15	0	32	1.95	0	14
PACs re: child safeguarding Post-consent	1.38	0	8	0.64	0	4
Missing person report Pre-consent	2.10	0	20	0.35	0	5
Missing person report Post-consent	0.46	0	3	0.07	0	2
Total contact pre-consent	10.02	0	73	4.26	0	30
Total contact post-consent	3.43	0	23	1.26	0	11

The post-consent incidences are lower than pre-consent for both the treatment and control groups. The total contact shows that the treatment group had higher police contact counts in all categories, pre- and post-consent. This is driven by the number of PACs and missing person reports completed.

The estimated Cohen's *d* for the total number of police contacts between the treatment and the control group post-intervention is 0.52, with a 95% CI [0.07, 0.96]. The effect size has the opposite sign to what is hypothesized, meaning that the treated group had more contact with the police than the control group. However, once we control for the imbalance at the baseline, the difference-in-difference estimate is -3.59, with a 95% CI [-9.331, 2.151]. The effect size has the expected sign and is numerically large but with a wide CI, indicating less precision of what the effect size could be, and the interval includes 0, which means that the effect is not statistically different from 0.

Table 22 below shows this variable broken down further by gender (female/male). It shows a similar pattern to the previous table, with decreases in the mean number of MPS contacts between the pre- and post-consent periods for both male and female participants. It also shows that in the pre-consent period, female participants were more likely to have had MPS contact as victims and male participants as suspects.

Table 22: Detailed MPS contact pre- and post-consent by gender

Nature of MPS contact	Female						Male					
	Treatment N=11			Control N=9			Treatment N=28			Control N=33		
	Mean	Min	Max	Mean	Min	Max	Mean	Min	Max	Mean	Min	Max
Victim Pre-consent	1.27	0	4	0.66	0	2	0.78	0	5	0.30	0	2
Victim Post-consent	0.45	0	4	0.33	0	2	0.53	0	4	0.12	0	2
Suspect Pre-consent	0.54	0	4	0.77	0	4	1.46	0	16	1.12	0	10
Suspect Post-consent	0.54	0	3	0	0	0	0.75	0	9	0.36	0	2
Stop and search Pre-consent	0.27	0	2	0	0	0	0.32	0	3	0.36	0	3
Stop and search Post-consent	0	0	0	0	0	0	0.17	0	2	0.03	0	1
Information report Pre-consent	0.45	0	3	0	0	0	0.28	0	3	0.30	0	6
Information report Post-consent	0.09	0	1	0	0	0	0.32	0	2	0.09	0	2
PACs re: child safeguarding Pre-consent	4.90	0	18	1.44	0	7	5.25	0	32	2.09	0	14
PACs re: child safeguarding Post-consent	1.54	0	6	0.77	0	3	1.32	0	8	0.60	0	4
Missing person report Pre-consent	1.54	0	5	0.22	0	1	2.32	0	20	0.39	0	5
Missing person report Post-consent	0.63	0	3	0	0	0	0.39	0	3	0.09	0	2
Total pre-consent contact	9	0	25	3.11	0	11	10.42	0	73	4.57	0	30

Total post-consent contact	3.27	0	14	1.11	0	3	3.5	0	23	1.30	0	11
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Table 23 below shows these detailed MPS contact data by age group. It shows that the decrease in MPS contact between the pre- and post-consent periods was more marked for the older treatment group. As for all participants, this was driven by a decrease in the number of PACs and the number of missing person reports completed.

Table 23: Detailed MPS contact pre- and post-consent by age group

Nature of MPS contact	10–13 years						14–17 years					
	Treatment N=16			Control N=13			Treatment N=23			Control N=29		
	Mean	Min	Max	Mean	Min	Max	Mean	Min	Max	Mean	Min	Max
Victim Pre-consent	0.56	0	3	0.30	0	2	1.17	0	5	0.41	0	2
Victim Post-consent	0.5	0	4	0	0	0	0.52	0	4	0.24	0	2
Suspect Pre-consent	0.56	0	4	0.23	0	3	1.65	0	16	1.41	0	10
Suspect Post-consent	0.18	0	1	0.15	0	1	1.04	0	9	0.34	0	2
Stop and search Pre-consent	0.06	0	1	0.15	0	2	0.47	0	3	0.34	0	3
Stop and search Post-consent	0.18	0	2	0	0	0	0.08	0	2	0.03	0	1
Information report Pre-consent	0.31	0	3	0.46	0	6	0.34	0	3	0.13	0	1
Information report Post-consent	0.25	0	2	0	0	0	0.26	0	2	0.10	0	2
PACs re: child safeguarding Pre-consent	2.37	0	12	1	0	6	7.08	0	32	2.37	0	14
PACs re: child safeguarding Post-consent	0.87	0	6	0.23	0	2	1.73	0	8	0.82	0	4
Missing person report Pre-consent	0.5	0	5	0	0	0	3.21	0	20	0.51	0	5
Missing person report Post-consent	0.37	0	3	0	0	0	0.52	0	3	0.10	0	2
Total pre-consent contact	4.37	0	20	2.15	0	17	13.95	0	73	5.20	0	30

Total post-consent contact	2.37	0	14	0.38	0	3	4.17	0	23	1.65	0	11
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5) Consider the possibility of unexpected adverse outcomes.

There was no evidence of adverse outcomes during the pilot study. For example, none of the 16 CYPs interviewed felt that anything had deteriorated or gotten worse, either in terms of their life or educational experiences, since attending a UB programme. None felt they had gotten further behind in their schoolwork through attending a UB programme during school time, and most said it had improved their motivation and ability to learn and not get distracted. Similarly, referrers, including those from schools, spoke positively of their engagement with UB and hoped to keep their relationship with UB going in the future. No unexpected adverse outcomes were reported by UB.

One unexpected positive outcome from the pilot study was the creation of the United Mum's group. This grew out of a number of parents of CYPs referred from the same school coming together to act as peer support. UB staff noted that parents and carers can feel alone having a CYP experiencing difficulties and can feel blamed for these. The information sessions UB held in schools to gain consent also let parents know that they were not alone and perhaps needed to seek further information and support from each other and the school, especially where they felt school policies, for example, around behaviour, were leading their CYPs to have difficulties.

Readiness for trial

The sections above have outlined the findings from the pilot study regarding both the feasibility of the pilot study design and operation and also the evidence of promise from the outcome measures and all participant groups.

Table 24 below reports findings with regard to the success criteria defined for the study. It shows that all criteria are ranked green.

Table 24: United Borders pilot study success criteria outcomes

Category	Outcome/criteria	Result
<p>Project implementation</p>	<p><i>Fidelity</i> UB staff implement the treatment and control interventions as planned. UB staff will complete a fidelity checklist for each CYP accepted onto the trial and will complete records of the CYP’s journey through it on the CMS.</p> <p>RAG criterion: proportion of CYP for whom a fidelity checklist has been completed</p>	<p>100% UB used the fidelity checklist designed by UoB to order the tasks completed by mentors regarding consenting, randomising and collecting outcome data.</p> <p>Two fidelity checks were completed with UB staff on a 10% sample of CYPs.</p>
	<p><i>Eligibility and referral</i> There is a clear understanding of the referral routes into the programme. CYPs accepted onto the UB programmes meet the eligibility criteria (as assessed by referral form and eligibility criteria).</p> <p>RAG criterion: proportion of CYPs accepted onto the programmes who meet the eligibility criteria</p>	<p>100% of CYPs who started the interventions met the inclusion criteria.</p> <p>UB queried some borderline cases with UoB and requested further information from referrers before deciding to accept or exclude them.</p>
	<p><i>Dosage</i> CYPs receive the expected minimum level of contact from UB.</p> <p>RAG criterion: proportion of CYPs receiving the expected minimum level of contact</p>	<p>Treatment group (B.U.S intervention): minimum of 16 sessions (two soft engagements, 10 sessions during the programme and four 1:1 mentoring sessions) 100% of CYPs who completed the intervention (30) received at least 16 sessions.</p> <p>Control group (mentoring only): minimum of six sessions. 94% of CYPs who completed the intervention (33 of 35) received at least six sessions.</p> <p>The average number of contacts with or on behalf of treatment group CYPs who completed the programme was 23.1; for CYPs in the control group</p>

		who completed the programme, it was 7.4.
	<p><i>Practitioner supervision</i> UB mentors receive agreed supervision and support – assessed by the number of support/supervision sessions that are meant to be held weekly.</p> <p>RAG criterion: number of supervision meetings held</p>	<p>100% Data provided by UB show that across the pilot study period, supervision meetings were held (46) twice a week as planned to go through the caseloads and feedback. These were a mix of 1:1 and group sessions. In addition, weekly group well-being sessions (22) were held to discuss the well-being of mentors, as well as monthly in-person bonding sessions (six). Both of these types of sessions were held with a counsellor.</p>
	<p><i>Evaluation measurement</i> Overall recruitment to the trial – expected numbers of CYPs are recruited onto the trial.</p> <p>RAG criterion: proportion of CYPs recruited as a percentage of target numbers</p>	<p>101.25% Eighty-one consented and were randomised from a target of 80.</p>
	<p><i>Attrition from the programme</i> The proportion of CYPs recruited who failed to go on to complete the full programme</p> <p>RAG criterion: drop-out percentages</p>	<p>Treatment group=23% Control group=17%</p>
	<p><i>Attrition from the study</i> The proportion of CYPs who consent to the study and complete the second set of SDQ/ISRD questionnaires.</p> <p>RAG criterion: questionnaire completion percentages</p>	<p>Treatment group=23% Control group=17%</p>
Measurement and findings	<p><i>Randomisation</i> Assess whether UB and its referral partners are content with the randomisation into the two conditions and if it is having an effect on recruitment to the trial.</p> <p>RAG criterion: target numbers of people consent to randomization</p>	<p>83% Of the 110 CYPs referred, 100 were eligible for the interventions. Of these, 83 consented.</p> <p>This includes the two CYPs who subsequently withdrew consent.</p>

	<p><i>Police administrative data</i> Can records be matched between MPS and UB?</p> <p>RAG criterion: percentage of matches to police records</p>	<p>100% of records shared with MPS were matched. MPS checked all relevant databases to assess whether they had contact with all 81 CYPs in the pilot study sample.</p>
	<p><i>Core measures</i> The completion rate for pre and post SDQ and ISRD surveys.</p> <p>RAG criterion: completion rates of surveys</p>	<p>Baseline Treatment group=82% Control group=91%</p> <p>Follow up Treatment group=77% Control group=83%</p>

These results allow the research team to conclude that UB and their B.U.S music mentoring programme are ready to progress to an efficacy trial using the control programme trialled in the pilot study.

Cost information

Cost descriptions were provided from UB's point of view.²⁴ The costs of providing the two interventions were funded by the YEF and did not deviate from those submitted in the initial bid, which totalled £360,996. These costs, broken down by broad cost categories, are presented in Table 25 below.

Table 25: Pilot study costs

Category	Description (amount/number, set-up/ongoing, purpose)	Frequency
Staff		
Mentor/youth workers	Average mentor/youth worker wage: £30,750 per annum, five days a week/minimum 32 hrs a week	Recurring
Management and ops analyst costs	Average wage: £39,361 per annum, five days a week	Recurring
Management delivery preparation	Preparation for the intervention to be delivered in school or organisation (including liaising with teaching staff, weekly debrief meetings with referring organisations) and parents. Approximately 145 hours in total £2,923	Recurring
Mentor/youth worker delivery, preparation and engagement	Gaining consent, attending meetings, engaging with primary carers, attending meetings (multi-agency, schools and other organisations). Approximately 255 hours in total £4,712	Recurring
Mentor training and recruitment	Employability insurance, recruitment and mentor training £4,150 per annum	Set-up
Ambassadors	Ambassador and peer mentoring: £4,500, three peer mentors/ambassadors working a minimum of twice a week, 6 hours weekly, £10.50 per hour	Recurring
Programme		
Youth 3expenditure	Refreshments and travel: £10,359, average £12.35 per week per participant	Recurring
Manuals	Mentor manuals: £80	Set-up
Consultants	Filming, editing and producing: £5,500 per annum	Recurring
Bus facilitates		
Travel	Bus driver, petrol, bus maintenance and travel costs: £12,910 per annum	Recurring
Insurance	Bus insurance: £2,791.66 per annum	Set-up
Materials and equipment		
Tablets	Tablets: £8,625 to get electronic consent and complete questionnaires. Phones, tablet cases and studio recording equipment	Set-up
Software	Surveys and consent software, including for non-English speaking primary carers, case management reporting and analytics: £1,760 per annum	Set-up

²⁴ UB report that the schools who refer CYP do also incur costs, but were unable to establish an estimate of these.

Data and communication	Mobile data used on the bus and mentor mobile phones: £3,120, £260 per month	Recurring
Stationary	Stationary: £450 per annum	
<i>Other optional inputs</i>		
Graduation ceremony	Graduation ceremony – costs vary	One-off
Projects, trips and workshops	Trips and specialist workshops - – costs vary	One-off

Conclusion

Table 26: Summary of feasibility study findings

Research question	Finding
<p>1) What evidence of promise is there for B.U.S for improving young people’s outcomes? a) Assess the fidelity of the delivery of the treatment and control interventions. b) Further understand the ToC and relevant mechanisms for the programme.</p>	<p>The pilot study findings show a number of indicators that the UB programmes are improving outcomes for CYPs. Findings from interviews with all parties – CYPs, referrers and UB staff – report positive effects of taking part in both UB programmes. Data gathered from the MPS and from the SDQ and ISRD questionnaires CYPs completed at the start and end of their programmes were not intended to compare outcomes between the treatment and control groups and pre- and post-intervention. The sample sizes are too small for such analysis, which points to the need for a full efficacy study.</p> <p>Fidelity Interviews with UB staff and an analysis of CMS data show a high level of fidelity in the delivery of both interventions. This is commendable, as both the random allocation of CYPs to an intervention and the delivery of the control intervention were a challenge to the usual practices of UB.</p> <p>Theory of change Findings from the pilot study have confirmed the findings from the previous feasibility study regarding the ToC. It confirms that the key mechanisms at play in the B.U.S programme are:</p> <ul style="list-style-type: none"> • The creative nature of the programme • The neutral space in which the programme takes place • The programme meeting CYPs ‘where they are’, with trained and relatable mentors • The trauma-informed approach.
<p>2) How feasible is progressing to a full efficacy study? a) Assess the feasibility and acceptability of the randomisation processes for referrers, CYPs and UB staff. b) Establish sufficient target population – assess if there is a sufficient enrolment of the target population, including the referral routes, and review levels of attrition.</p>	<p>The pilot study concludes that progressing to a full efficacy study is feasible. A key decision would be the length of time over which such a study would take place to allow UB to recruit a sufficient sample of CYPs.</p> <p>Randomisation Randomisation into a treatment and control condition was a challenge for UB as an organisation and also for its referrers. However, the pilot study has demonstrated that this has been possible, with only 17 CYPs refusing to take part (17% of eligible referrals).</p> <p>Sufficient target population</p>

<p>c) Estimate the sample size required for an efficacy study and a timeline to achieve this.</p> <p>d) Understand whether the programme is scalable.</p>	<p>The pilot study has established that there is sufficient enrolment of the target population. The main referral routes were via schools, alternative education providers and Borough of Brent. The last referral route was a source of many more referrals compared to the feasibility study and reflects work by UB to strengthen relationships with its local authority. The schools referring during the pilot study were a mix of new and established referrers. The majority of CYPs were referred from a school or PRU. This meant that referrals were affected by school holiday periods, and as a result, it took two months longer than planned to recruit the planned sample size.</p> <p>Efficacy study sample size</p> <p>The sample size calculation was based on ensuring any future trial is sufficiently powered. This is defined as being able to detect a Cohen’s d of at least 0.3, in line with the funder guidelines and the previous literature. As such, a sample of 352 CYPs (176 in each group) would be required.</p> <p>Scalable</p> <p>UB is a relatively new organisation and is relatively small in terms of staffing. However, during both the feasibility and pilot studies, UB has been able to identify and work with new referrers, most notably schools, and maintain relationships with established referrers. UB has also explored ways to increase its capacity, which would enable it to scale up its provision of the B.U.S and control programmes.</p>
<p>3) How are the treatment and control interventions experienced by all stakeholder groups (CYPs, UB staff and referring organisations)?</p> <p>a) Understand the differences between the treatment and control interventions.</p> <p>b) Assess whether ‘resentful demoralisation’ is occurring for those CYPs in the control group.</p>	<p>Experience of interventions</p> <p>Interviews conducted with both CYPs and referrers show that these groups are positive about the programmes and about UB as an organisation. CYPs clearly value the work of UB – whether as part of the treatment or control intervention – and form close, trusting relationships with mentors, who they value as knowledgeable and relatable guides. Referrers report being impressed by the way in which UB works with CYPs and is also able to inform the referrers about CYPs and the local area.</p> <p>Differences between programmes</p> <p>As planned in the study protocol, the key differences were the lack of music as a framework for the control intervention, lower dosage and the lack of wrap-around support to parents/carers and other professionals. These differences were noted by CYPs, referrers and UB staff. UB staff reported that initial engagement with CYPs can be more difficult in the control intervention without the framework of music to start conversations. They also reported trying to make these sessions as useful and impactful as possible because of their limited number. Whilst the CYPs from the control group who</p>

	<p>were interviewed wanted more sessions, they still reported forming strong bonds with their mentors.</p> <p>Resentful demoralisation There was some evidence from interviews that some CYPs in the control group were resentful that they did not receive the B.U.S intervention. However, there was no evidence from the rates of dropout from the interventions that this led CYPs to be resentful and leave the programme. These rates were similar across the treatment group and control group, 23% and 17%, respectively.</p>
<p>4) Can a feasible way to measure the outcomes of interest be established? a) Is the ISRD questionnaire a workable alternative to the SRDS? b) Can administrative data from the Metropolitan Police be successfully matched with UB case management data and used to measure levels of CYPs' contact with the police? c) What are the means, SDs, effect sizes and CIs for the outcomes of interest?</p>	<p>The pilot study has demonstrated that feasible ways to measure the outcomes of interest can be established.</p> <p>International Self-Report Delinquency Study The pilot study has shown that this is a workable alternative to the SRDS. The completion rate at both baseline and follow-up was the same as for the SDQ. This shows the positive effect of the preparatory contextual questions asked in the ISRD before asking CYPs to self-report delinquency and offending. There are two ways in which the research team propose to alter the self-report question in the future to improve the quality of the data gathered.</p> <p>Metropolitan Police Service data Data were gathered for 100% of CYP. Data exchange was established between UB and MPS regarding the personal details of the CYP and then between UoB and MPS for the pseudo-anonymised data on contact with CYPs. The research team understands that these data will also be available as part of any future efficacy study.</p> <p>Analysis of outcomes of interest This has been provided for the SDQ, ISRD and MPS data gathered. As a pilot study, the primary concern was to establish that these data could be collected rather than seeking to establish the effect of the interventions.</p>
<p>5) Have there been any unexpected adverse outcomes?</p>	<p>None reported. One positive unexpected outcome was the creation of a United Mum's parents/carers group to act as peer support for CYPs referred from some of the schools.</p>

Evaluator judgement of evaluation feasibility

As outlined above, this pilot study has answered the research questions defined in the study protocol and satisfied all of the success criteria.

The trial of the ISRD survey has highlighted two changes to be made in any future study to improve the quality of the data collected on self-reported delinquency. Firstly, the recall period should be defined as a period of months such that the two questionnaires report on different time periods. Secondly, questions regarding the number of times CYPs report committing acts of delinquency need closed response options. This would allow any future study to report on the volume and variety of delinquency reported.

In discussions with UB about the operation of the control programme, UB suggested that a two-week soft engagement period would allow it to better engage CYPs, and a two-week cool-off period would provide a better end to the intervention. The research team is content that these suggested additions would not significantly alter the control intervention or the extent to which it differs from the B.U.S intervention, as there will be no music mentoring (which is a key aspect of the treatment programme) or wrap-around support.

Interpretation

The findings from the pilot study show that UB has run two well-regarded and clearly defined interventions as planned, with low levels of attrition. UB has applied agreed-upon inclusion criteria and randomisation processes with referrers. These interventions were experienced positively by the CYPs who have taken part in them and those who have referred into them. The study has demonstrated that UB keeps high-quality records on the operation of the interventions and supports its staff in the delivery of the interventions. The study has shown that CYPs are willing to complete the outcome measure surveys, SDQ and ISRD. Furthermore, the study has shown it is possible for UB and UoB to exchange administrative outcome data with MPS.

While the data collected are for a small sample of CYPs and have short and differing follow-up periods, some exploratory analysis suggests that there are no adverse effects due to the application of the treatment condition. If anything, there is an improvement for both treatment and control groups, with a larger effect in the treatment group once controlling for potential randomization imbalances due to the small sample. The effect sizes are small (as expected by the pilot's research design), CIs include 0 and odds ratios include 1. Overall, the results suggest that the intervention's effect has the hypothesized direction, although the study is currently not adequately powered to detect statistical significance, and hence, any of the findings should be treated with caution. This can be analysed in an efficacy study.

As outlined in the introduction of this report, there is evidence that different groups of CYPs have differing access to diversion programmes, including CYPs from different ethnic groups. Further, previous negative experiences with policing may also affect willingness to participate in programmes where they are referred by the police. In discussions with the UB team during the pilot study and the previous feasibility study, the UB noted that some of the communities local to Stonebridge Park have had negative experiences of policing. For example, PPC, one of the peer researchers, noted that he tended to avoid using the word 'police' during interviews, given that CYPs may have had negative interactions with them. However, the data provided by UB show that they receive referrals for and recruit onto interventions an ethnically mixed group of CYPs that is reflective of the local communities the referrals come from. The analysis presented in Tables 7 and 8 in the participants' findings section also shows that different ethnic groups experience a similar participant flow through the two interventions.

UB, as an organisation, does engage with the police local to Stonebridge Park, as well as other professionals, to share information and intelligence and receive referrals. As such, this study has shown that UB (a Black-led organisation) can recruit and support CYPs from a variety of backgrounds referred from a number of different agencies, including the police.

The study has allowed the research team to confirm the ToC developed during the previous feasibility study. The research team has also continued to work with peer researchers to the benefit of the study; PPC and PY enabled the study to gather data on CYPs' experiences of the interventions, which would not have been available to the same extent or quality without them. The research team and PPC had to work around PY's withdrawal from the study. PPC was able to increase his commitment to the study, and this meant that planned interviews and observations were undertaken with CYPs. PPC has recommended that any future study seek to work with a female peer researcher to explore UB's impact on young women and explore what impact UB has in terms of young men's and women's development.

There are currently limited data on the effect of music mentoring programmes internationally and no specific studies in the UK. The findings from this study chime with findings from previous research, as noted in the evidence of promise section, in the area of supporting at-risk CYPs. Given the availability and state of the current evidence, an efficacy trial would provide an opportunity to examine the effect of music mentoring in the UK, specifically examining the impact on violence and offending.

Future research and publications

This pilot study has demonstrated that it is feasible to evaluate the UB B.U.S intervention using the methodology employed. The key challenge for any future efficacy study will be the timeframe for recruiting a sufficient sample of CYPs. As outlined above, the rates during the pilot study would mean this could be expected to take around three years. However, this could be reduced should the capacity of UB increase, for example, with their planned expansion into a physical space local to Borough of Brent.

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Appendices

Appendix A: United Borders Getting to know you survey questions

Survey asks for name, mobile number and the following information:

- Ethnicity
- Physical disability, mental health condition, health condition, learning difficulty
- Impacted by violence (either witnessed or been personally impacted, open space provided for specifics).
- Viewed/Sent violent images online (images, footage, links)
- Received counselling or trauma therapy
- Would consider counselling or trauma therapy
- Attend youth clubs/hubs or studios
- **Please tick the boxes that indicate how much you agree with each statement:**
(1 strongly agree- 5 strongly disagree)
 - **Character:** I feel able to express myself freely.
 - **Character:** I can communicate my thoughts effectively.
 - **Character:** I feel confident taking on new challenges.
 - **Trust & Understanding:** I am comfortable mixing with people who are different to me.
 - **Trust & Understanding:** I have a good understanding of what life is like for people who are different to me.
 - **Trust & Understanding:** I am willing to build and establish trusting relationships.
 - **Wellbeing:** I feel responsible for my wellbeing.
 - **Wellbeing:** I am accountable for managing my own feelings.
 - **Wellbeing:** I pay attention to my wellbeing.
 - **Togetherness:** I am capable of working with others as part of a team.
 - **Togetherness:** I can positively contribute to my community.
 - **Togetherness:** I am willing to understand beliefs and viewpoints, different to my own.
- Expectations from mentoring
- Had mentoring before?
- Areas you hope your mentor can make an impact on (focus, communication, skill building, personality development, other)
- Role you want your mento to take (listener, motivator, coach, teacher, career development, advisor, other)

Appendix B: Study Participant Information Sheets and Consent Statements

Summary Information Sheet for parents/carers

A pilot randomised controlled study of United Borders mentoring programmes

Who are we?

This study is being organised by the University of Birmingham. The University of Birmingham's Humanities & Social Sciences Ethical Review Committee have reviewed and approved the study.

What are we doing?

We are carrying out a study of people taking part in mentoring programmes provided by United Borders (UB). The pilot study will explore whether such interventions can support young people who may have been impacted by or witnessed violence. The study is being funded by the Youth Endowment Fund (YEF).

Why has your child/the child in your care been invited to take part?

Your child/the child in your care has been asked to take part in this study because they are working with a UB mentor.

Do they have to take part?

No. If you do not want them to take part in the study, they don't have to. However, if they do not agree to take part in the study they may not be able to work with United Borders at this time.

What happens if your child/the child in your care takes part?

If they take part in the study, we will:

- Observe the operation of the programme (we will use former graduates of the programme to do this)
- Ask UB to ask your child / the child in your care some questions about themselves, their family and other circumstances and their involvement in offending, at the start and end of the programme
- We will also ask the former graduates of the programme to interview a small number of programme participants, which **could** include your child/the child in your care if they wish to take part. We will record the conversation so that we can remember everything that's said. We will ask the permission of your child/the child in your care before we ask any questions and they can say no if they want to. If we do speak with your child/the child in your care will give them a £20 voucher, as compensation for the time spent taking part.
- Collect information from UB about their progress through the programme, how things have changed since they started.

- Collect information from the Metropolitan Police on their contact with your child/the child in your care before and after working with their United Borders mentor.

We will use the information to find out how well the United Borders mentoring programmes have worked.

If your child / the child in your care feels upset about a question or issue that arises during the study they can refuse to answer it and tell one of our team, one of the UB team. Or they could make contact with an external support service such as The Samaritans (Tel. 116 123, www.samaritans.org) or Childline (Tel. 0800 1111, www.childline.org.uk).

What happens if you change your mind?

Your child/the child under your care can change their minds about whether they take part in the study, or any part of it at any time after it begins. To withdraw them from the study, contact our team or speak to a member of UB staff. Your/the child in your care do not have to give a reason and the child will still be allowed to take part in the mentoring programme.

What happens to the data we collect?

- We will treat the information that your child/the child in your care shares with us as confidential.
- Any personal information that your child/the child in your care gives us will be stored securely and kept confidential.
- We may have to break confidentiality if they tell us something that makes us concerned about them or others being at risk. If this happens then we will usually discuss the issue with them first.
- We will keep your child's/the child under your care's personal information for 10 years after the study ends. We will first remove any information that could directly or indirectly identify individuals.

We will produce a report on the UB programme. This will not contain any personal information about the people who took part in the study and it will not be possible to identify individuals from the report. The report will be published on the YEF's website. We may also use the information in academic articles or presentations.

YEF Data Archive

At the end of the study we will provide details of all those who have taken part in the study, including your child/the child in your care to a data archive, controlled by YEF.

All personal details (name, gender, date of birth, home address) will be replaced with a Pupil Matching Reference number from the Department for Education.

It will be possible to use this number to match these records to data held by the police and schools. The purpose of this is to allow long term follow up of people who have been through a programme funded by YEF.

Information in the YEF archive can only be used by approved researchers. Information in the YEF archive **cannot** be used by law enforcement bodies or by the Home Office for immigration enforcement purposes.

Once information goes into the YEF archive it can no longer be deleted.

A pilot randomised controlled study of United Borders mentoring programmes

Contact details:

Name of Project Lead – Professor Siddhartha Bandyopadhyay, S.Bandyopadhyay@bham.ac.uk Tel: 07795 418984

Name of Data Protection Officer - Nicola Cardenas Blanco, dataprotection@contacts.bham.ac.uk Tel: +44 121 414 3916

The study is being funded by the Youth Endowment Fund (YEF).

This information sheet contains more information about who we are, what we are doing, and why we are doing it. It also explains how we will use your child's / the child in your care's personal information if you agree for them to take part in our study.

1. Who are we?

This study is being organised by the University of Birmingham (<https://www.birmingham.ac.uk/research/crime-justice-policing/index.aspx>)

When we collect and use participants' personal information as part of the study, we are the controllers of the personal information, which means we decide what personal information to collect and how it is used.

2. What are we doing?

The University of Birmingham is doing a study of people who are taking part in mentoring programmes provided by United Borders. The pilot study will explore whether such interventions can support young people who may have been impacted by or witnessed violence.

We will write a report about what we find, but the report won't include their name or any

other information that could be used to identify them. The report will go on the YEF's website and anyone will be able to read it. We might also write up articles or presentations using our findings, but again they won't include participant names or any other information that could be used to identify individuals.

Once we have finished our study, YEF-approved researchers will explore whether United Borders mentoring programmes, and other programmes funded by YEF, had an impact over a longer period of time, including whether they reduced involvement in crime and violence. This is explained in more detail below.

3. Who has reviewed this study?

This study has been reviewed and approved by the University of Birmingham's Humanities & Social Sciences Ethical Review Committee.

4. Why has your child/the child in your care been invited to take part?

Your child/the child in your care has been asked to take part in this study because they are working with a United Borders mentor.

5. Do they have to take part?

If you do not want them to take part in the study, they don't have to. It's a decision you may want to take together.

We would like as many people as possible to take part in order to aid our understanding about what makes a difference for young people and their families.

If your child/the child in your care chooses not to take part in the study, they might not be able to work with United Borders at this time.

6. What happens if your child/the child in your care takes part?

If they take part in the study, we **may** ask your child/the child in your care some questions about their time working with a United Borders mentor. We will use a former graduate of the programme to do this and are only asking a small number of CYP to take part in interviews. This will take about 30 minutes. We will record the conversation so that we can remember everything that's said. We will ask the permission of your child/the child in your care before we ask any questions and they can say no if they want to. If we do speak with your child/the child in your care will give them £20 in shopping vouchers, as compensation for the time spent taking part.

We will also ask United Borders staff to ask your child/the child in your care some questions at the start of their work. Once they finish the United Borders programme, the mentor will ask them to answer the same questions again. It should take you about half an hour to answer each set of questions.

A former graduate of the UB programme will conduct observations of some of the sessions.

We will also ask your child/the child in your care to allow us to collect information from United Borders records about them and their time working with the mentor.

We will use the information to find out how well the United Borders mentoring programmes work.

We will also ask the Metropolitan Police to give us information about their contact with your child/the child in your care before and after their time working with United Borders.

7. Safeguarding

Occasionally, someone may feel upset about a question or issue that arises during the study. If your child/the child in your care feels upset by any of the questions they are asked as part of this study, they can refuse to answer them and can tell one of our team or one of the United Borders team. If they do not feel able to ask us or United Borders for help, we encourage you to make contact with an external support service such as The Samaritans (Tel. 116 123, www.samaritans.org) or Childline (Tel. 0800 1111, www.childline.org.uk).

We will treat the information that your child/the child in your care shares with us as confidential, but we may have to break confidentiality if they tell us something that makes us concerned about them or others being at risk. If this happens then we or United Borders will usually discuss the issue with them first.

8. How will we use the personal information that we collect?

Data protection laws require us to have valid reason to use your child's/the child in your care's personal information. This is referred to as our 'lawful basis for processing'.

We rely on the 'public task' lawful basis to use their personal information. We will only use more sensitive information (such as criminal offence information) if it is necessary for research purposes.

We will use the information they give us to evaluate how well the United Borders mentoring programmes have worked and to write a report about our findings based on all of the questionnaires, interviews and other data gathering we have carried out.

The final report will not contain any personal information about the people who took part in the study and it will not be possible to identify individuals from the report. The report will be published on the YEF's website and we might also use the information in academic

articles that we write and in presentations we give.

Any personal information that your child/the child in your care gives us will be stored securely and kept confidential.

YEF Data Archive

Once we have finished our study, we will share all of the information we have gathered about everyone who has taken part with the Department for Education (DfE). The DfE will replace all identifying information about the young people who have taken part in the study (their name, gender, date of birth, home address) with the young person's unique Pupil Matching Reference number in the DfE's National Pupil Database. Once this has been done, it is no longer possible to identify any individual young person from the study data. This process is called pseudonymisation.

Once information is transferred to the DfE to be pseudonymised, we hand over control to the YEF for protecting your personal information. The DfE will transfer the pseudonymised information to the YEF archive, which is stored in the Office for National Statistics' Secure Research Service. The YEF is the 'controller' of the information in the YEF archive. By maintaining the archive and allowing approved researchers to access the information in the archive, the YEF is performing a task in the public interest and this gives the YEF a lawful basis to use personal information.

Information in the YEF archive can only be used by approved researchers to explore whether the United Borders mentoring programmes, and other programmes funded by YEF, had an impact over a longer period of time. Using the unique Pupil Matching Reference numbers added to the data by the Department for Education, it will be possible to link the records held in the YEF archive to other public datasets such as education and criminal justice datasets. This will help approved researchers to find out the long-term impact of the projects funded by YEF because they'll be able to see, for example, whether being part of a project reduces a child's likelihood of being excluded from school or becoming involved in criminal activity.

The YEF have put in place strong measures to protect the information in their archive. As well as the pseudonymisation process described above, the YEF archive is protected by the Office for National Statistics' 'Five Safes' framework. The information can only be accessed by approved researchers in secure settings and there are strict restrictions about how the information can be used. All proposals must be approved by an ethics panel. Information in the YEF archive **cannot** be used by law enforcement bodies or by the Home Office for immigration enforcement purposes.

You can find more information about the YEF archive and the Five Safes on the YEF's

website: <https://res.cloudinary.com/yef/images/v1625734531/cdn/YEF-Data-Guidance-Participants/YEF-Data-Guidance-Participants.pdf>

We encourage all parents and guardians to read the YEF's guidance for participants before deciding to take part in this study.

9. What happens if you change your mind?

Your child/the child under your care can change their minds about whether they take part in the study or in any part of it at any time after it begins. To withdraw them from the study, contact the Project Lead using the details provided in the box at the start of this information sheet, or speak to a member of United Borders staff. You do not have to give a reason and you will still be allowed to take part in the mentoring programmes.

If you decide to withdraw, you should tell us as soon as possible. Two weeks after they complete their work with the mentor it will no longer be possible to delete their personal information already collected even though you are no longer taking part in further data collection. This is because we will have used their information, along with all of the information we have gathered from the other participants, to carry out our study and to write our report.

Once information goes into the YEF archive it can no longer be deleted as that would affect the quality of the archived data for use in future research.

10. Retention and deletion

The University of Birmingham will keep your child's/the child under your care's personal information for 10 years after the study finished. We will first remove any information that could directly or indirectly identify individuals – once data has been anonymised in this way, it is no longer 'personal information'.

We will also transfer some information to YEF. The YEF will keep information in the YEF archive for as long as it is needed for research purposes. Data protection laws permit personal information to be kept for longer periods of time where it is necessary for research and archiving in the public interest, and for statistical purposes. The YEF we will carry out a review every five years to assess whether there is a continued benefit to storing the information in the archive, based on its potential use in future research.

11. Data protection rights

You and your child/the child in your care have the right to:

- ask for access to the personal information that we hold about them;
- ask us to correct any personal information that we hold about them which is incorrect, incomplete or inaccurate.

In certain circumstances, you also have the right to:

- ask us to erase the personal information where there is no good reason for us continuing to hold it – please read the information in section 10 about the time limits for requesting deletion of your personal information;
- object to us using the personal information for public interest purposes;
- ask us to restrict or suspend the use of the personal information, for example, if you want us to establish its accuracy or our reasons for using it.

If you want to exercise any of these rights during the study period, please contact our Data Protection Officer using the details provided in the box at the start of this information sheet. We will usually respond within 1 month of receiving your request.

If you want to exercise any of these rights after the study has finished (i.e. after the point when information has been shared with DfE), please contact the YEF. Further information and their contact details are available in YEF’s guidance for participants at this link

The law gives you rights over how we can use your information. You can find full details of these rights the YEF website: <https://res.cloudinary.com/yef/images/v1625734531/cdn/YEF-Data-Guidance-Participants/YEF-Data-Guidance-Participants.pdf>

When exercising any of these data rights, we may need to ask for more information from you/your child/ the child in your care to help us confirm their identity.

This is a security measure to ensure that personal information is not shared with a person who has no right to receive it. We may also contact you to ask you for further information in relation to your request to speed up our response.

12. Other privacy information

You can find more information about how we collect and use personal information in our privacy notice which is available on our website at:

<https://www.birmingham.ac.uk/privacy/index.aspx>

Sharing their personal information

We only ever use your child’s/the child in your care’s personal information if we are satisfied that it is lawful and fair to do so. Section 8 above explains how we share data

with the Department for Education and the YEF.

Data security

We will put in place technical and organisational measures in place to protect your child's/the child's in your care personal information, including:

- limiting access to folders where information is stored to only those people who have a need to know
- replacing identifying information (e.g. name) with a unique code

International transfers

We do not transfer your personal data outside the UK.

13. Feedback, queries or complaints

If you have any feedback or questions about how we use personal information, or if you want to make a complaint, you can contact our Data Protection Officer using the details provided in the box at the start of this information sheet.

We always encourage you to speak to us first, but if you remain unsatisfied you also have the right to make a complaint at any time to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues: <https://ico.org.uk/make-a-complaint/>.

A pilot randomised controlled study of United Borders mentoring programmes

Confirmation statement for parents and guardians on behalf of the children in their care

I confirm that:

- I have read the information sheet for parents and guardians
- I have had an opportunity to ask questions about how personal information is used in the study
- I have enough information to make a decision about whether my child/the child in my care can participate in the study
- I understand that my child/the child in my care is free to withdraw from the study at any time. After two weeks after they have completed the United Borders intervention we will not be able to remove their information from our files.

I agree my child/the child in my care can take part in this study

Name of participant/child (block capitals):

Signed (parent/carer)

Date

Name of adult (block capitals)

Signature of UB staff member

Date

Details of Signature of UB staff member

Name:

Tel:

Email:

A pilot randomised controlled study of United Borders mentoring programmes

What we are doing

The University of Birmingham is doing a study of people who are taking part in mentoring programmes provided by United Borders.

The pilot study will explore whether such interventions can support young people who may have been impacted by or witnessed violence.

Who we are

Name of Project Lead – Professor Siddhartha Bandyopadhyay, S.Bandyopadhyay@bham.ac.uk Tel: 07795 418984

Name of Data Protection Officer - Nicola Cardenas Blanco, dataprotection@contacts.bham.ac.uk, Tel: +44 121 414 3916

We are part of University of Birmingham, and are called the ‘controller’ because we look after your information. The study has been reviewed by the University of Birmingham’s Humanities & Social Sciences Ethical Review Committee.

What you will need to do

If you take part in the study, we **may** ask you some questions about your time working with United Borders. We are only asking a small number of people to be interviewed. We will use a former graduate of the programme to do this. This will take about 30 minutes. We will record the conversation so that we can remember everything that’s said. We will ask your permission before we ask any questions and you can say no if you want to. If we do speak with you will give you £20 worth of shopping vouchers, as compensation for the time spent taking part.

We will also ask the United Borders mentor to ask you some questions at the start of their work with you. Once you finish the United Borders programme, they will ask you to answer the same questions again. It should take you about half an hour to answer each set of questions.

Information we collect

We will ask you to allow us to collect information from United Borders records about your time working with the mentor.

We will ask you to allow us to collect information from the Metropolitan Police about their contact with you before and after your time working with United Borders.

We will also conduct some observations of the United Borders mentoring programmes to understand better how it works. This will be done with a former graduate of the programme.

How we use your information

We will use the information to find out how well the United Borders mentoring programmes have worked.

We will write a report about what we find, but the report won't include your name or any other information that could be used to identify you.

The report will go on the YEF's website and anyone will be able to read it. We might also write up articles or presentations using our findings, but again they won't include your name or any other information that could be used to identify you.

How we comply with the law

We will only use your information if the law says it's ok. Because this study is interesting and important to lots of people, the law says we can use your information to do this kind of work.

We always keep your information safe. During the study, we only let our research team look at your information and we won't share your information with anyone in other countries.

Keeping you safe

If you feel upset by any of the questions we ask you, you should tell us or your parent or guardian or your mentor.

The information you share with us will be non-identifiable unless we think that you or someone else might be at risk of harm. If this happens then we will usually talk to you first to tell you why we want to talk to another person or organisation.

After the study finishes

The University of Birmingham will keep the information we collect for 10 years.

The Youth Endowment Fund, or YEF for short, is giving us money to do this study. When we finish the study, we'll give some of your information to the YEF; this includes your responses to the questionnaires we ask at the start and end. They will become the 'controller' of it. They will keep your information in a safe place called the YEF archive. You can find more information about the YEF archive on the YEF's website: <https://youthendowmentfund.org.uk/faqs-the-youth-endowment-fund-data-archive>.

Before your information goes into the YEF archive, the Department for Education will take out your name and other personal details like your address. This means that no one who looks at the information in the YEF archive will know who you are.

In the future, people can ask to use the YEF archive to do more studies to find out whether United Borders' mentor programmes, and other projects like it, have helped young people. Only researchers who are approved by the YEF will be able to look at the archive. The police can't use the information in the YEF archive.

Do you want to take part?

We want lots of people to take part because this helps us to understand what makes a difference for young people and their families.

You do not have to take part in the study – it's up to you. If you don't want to take part, tell your parent or guardian or your mentor.

If you decide not to take part in the study, you might not be able to take part in a mentoring programme at this time.

What happens if you change your mind?

You can change your mind about taking part in the study or any part of it at any time after it starts, up until you have completed the second questionnaire at the end of the programme.

If you change your mind tell your parent or guardian, or your mentor and they will let us know. You will still be allowed to take part in the mentoring programme.

We will ask you if you are happy for us to keep the information that we already have about you. If you do not want us to keep this information, we will delete it.

If you are having second thoughts, you should tell someone as soon as possible. Two weeks after you have completed the second questionnaire we won't be able to delete your information. This is because we will have used your information to make our findings and to write our report.

Once your information goes into the YEF archive it can't be deleted because it needs to

be used for future research.

How long we keep your information

The University of Birmingham will keep your information for 10 years after we finish our report. Your data will be stored in a way so that people can't link your name to your information.

Information will be kept safely in the YEF archive for as long as it is needed for future research.

Questions?

If you have any questions about how we use your information, or if you want to complain, you can contact our Data Protection Officer. Their contact details are on the first page of this information sheet.

You also have the right to make a complaint to the Information Commissioner's Office (ICO). You can find more information about the ICO and how to make complain to them on their website: <https://ico.org.uk/make-a-complaint>.

A pilot randomised controlled study of United Borders mentoring programmes

Confirmation Statement for Children and Young People

I confirm that:

- I have read the information sheet for children and young people
- I have had an opportunity to ask questions about how personal information is used in the study
- I have enough information to make a decision about whether to participate in the study
- I understand that I am free to withdraw from the study at anytime. After two weeks after I have completed the United Borders intervention it will not be possible to remove my data from the records of the research team.

I agree to take part in this study

Signed:

(participant)

Date:

Name in block capitals:

(participant)

Signature of UB staff member:

Date:

UB staff member contact details:

Name: -----

Role: -----

Tel: -----

Email: -----

Adult Participant Information Sheet

A pilot randomised controlled study of United Borders mentoring programmes

What we are doing

The University of Birmingham is evaluating of people who are taking part in mentoring programmes provided by United Borders.

The pilot study will explore whether the programmes can help support young people who have witnessed, experienced or perpetrated violence.

You are being invited to take part in an interview about the programme because you have taken part in some aspect of it (as a participant or as a practitioner).

Who we are

Name of Project Lead – Professor Siddhartha Bandyopadhyay, S.Bandyopadhyay@bham.ac.uk Tel: 07795 418984

Name of Data Protection Officer - Nicola Cardenas Blanco, dataprotection@contacts.bham.ac.uk, Tel: +44 121 414 3916

We are part of University of Birmingham, and are called the ‘controller’ because we look after your information. The study has been reviewed by the University of Birmingham’s Humanities & Social Sciences Ethical Review Committee.

What you will need to do

If you take part in the study, we will ask you some questions about the programme. This will take about an hour. We will record the conversation so that we can remember everything that’s said.

Information we collect

We will ask you to give us some information about yourself and your experience of the programme.

How we use your information

We will use the information to find out how well the United Borders mentoring programmes work.

We will write a report about what we find, but the report won’t include your name or any other information that could be used to identify you.

The report will go on the YEF’s website and anyone will be able to read it. We might also write up articles or presentations using our findings, but again they won’t include your name or any other information that could be used to identify you.

How we comply with the law

We will only use your information in compliance with the law.

We always keep your information safe. During the study, we only let our research team look at your information and we won't share your information with anyone in other countries.

Keeping you safe

If you feel upset by any of the questions we ask you, you should tell us, we can stop the interview at any time.

We will keep what you tell us confidential unless we think that you or someone else might be at risk of harm. If this happens then we will usually talk to you first to tell you why we want to talk to another person or organisation.

Do you want to take part?

We want lots of people to take part because this helps us to understand what makes a difference for young people and their families.

You do not have to take part in the study – it's up to you. You can withdraw your consent up to two weeks following the interview.

How long we keep your information

The University of Birmingham will keep your information for 10 years after we finish our report. Your data will be stored in a way so that people can't link your name to your information.

Questions?

If you have any questions about how we use your information, or if you want to complain, you can contact our Data Protection Officer. Their contact details are in the box on the first page.

You also have the right to make a complaint to the Information Commissioner's Office (ICO). You can find more information about the ICO and how to make complain to them on their website <https://ico.org.uk/make-a-complaint>.

A pilot randomised controlled study of United Borders mentoring programmes

Confirmation Statement for Adult participants

I confirm that:

- I have read the information sheet for this study
- I have had an opportunity to ask questions about how personal information is used in the study
- I have enough information to make a decision about whether to participate in the study
- I understand that I am free to withdraw from the study up to two weeks after the interview.

I agree to take part in this study

Signed:

(participant)

Date:

Name in block capitals:

(participant)

Signature of researcher:

Date:

Researcher's contact details

Name: -----

Tel: -----

Email: -----

Confirmation Statement for Children and Young People interviewed

Recording ID:

A pilot randomised controlled study of United Borders mentoring programmes

Confirmation Statement for Children and Young People interviewed

I confirm that:

- I understand that I will be interviewed about my experience of the UB programme
- I have had an opportunity to ask questions about the study.
- I have enough information to make a decision about whether to participate in the study.
- I understand that I am free to withdraw from the study at any time.
- Two weeks after I have completed the United Borders programme it will not be possible to remove my data from the records of the research team.
- I will receive a thank you token for my time in the form of two £10 shopping vouchers.

I agree to take part in this study

Signed:

(participant)

Date:

Name in block capitals:

(participant)

Peer researcher:

Name:

Date:

Appendix C: Topic guides

United Borders Staff

Introduce ourselves

1. Experience of operating the pilot study
 - a. Response of referrers to the randomisation and control intervention
 - b. Staffing additions/changes
 - c. Changes to referrers / referral routes
 - d. Response of CYP to the control intervention
 - e. Fit with other work done by UB?

2. Implementation support:
 - a. Does UB have everything it needs to deliver the interventions (e.g. training and supervision, technical support, staffing, community support, resources)?
 - b. What have been your biggest challenges during delivery?

3. Community
 - a. How much do community level factors contribute to or affect the effectiveness of UB?
 - b. Is the culture, coordination, communication, and leadership in UB sufficient to enable implementation;

4. Adaptations: what might need to change to make UB more effective?

Referring organisations

1. Understanding of the YEF funded intervention
 - a. Its purpose and aims
 - b. How it will achieve these
 - c. How it fits into other out of court disposal work in London
2. Expected benefits of the intervention
 - a. How these align with organisational aims/objectives
3. Ideas for improvements / adaptations of the intervention
4. Challenges of / risks to the intervention

Children and young people

Interview One: initial peer researcher interview

1. Understanding how the young person got involved with United Borders
(including reason for referral)
2. What made them get involved with United Borders?
3. How was their experience of getting on to the project

(e.g how quickly did UB respond, what did they think of the people who engaged with them, of discussions that took place - including with their family?).

4. Hopes and fears:
 - a. What did they hope to get out of getting involved with United Borders?
(e.g. what did they hope would be different?)

- b. Did anything worry them about/put them off getting involved? If so, what?
5. Early Impressions: how would they describe what they like about working with the United Borders so far?
- a. What's been the best or most helpful thing so far?
 - b. What's been the most tricky part of being involved?

Interview Two: Follow-up peer researcher interview

1. Experience: tell us about your experience of being involved with United Borders?
 - a. What did you like?
 - b. What didn't you like?
 - c. How could what is offered be improved?
2. Outcomes: any changes?
 - a. What is different as a result of your involvement with United Borders (e.g. with family, school, friends, knowledge, skills, safety, how they feel about themselves and others, mental health and wellbeing, racial and other trauma, personal development, goals and direction, other parts of their life)?
 - b. What other things have changed in your life since being involved with United Borders?
 - i. what led to these changes happening?
 - c. Has anything not changed for you? If so what?
 - d. Has anything got worse? If so, tell me more about that...
 - e. Any things you didn't expect?
3. How well does the United Borders programme fit in with other parts of your life (e.g. school, other forms of help you get)?
4. Tell us what you think about the staff at United Borders
 - a. how much do they help you (and if they do, how)?
5. What did you think of the mentoring sessions on the United Borders programme?
 - a. How did the mentoring impact you as a person?
6. How would you compare the help you get from United Borders with any past help you have received?
7. How safe does United Borders feel?
8. Do you think this type of support might help someone avoid getting into trouble with the police or getting involved in violence? Why do you say this?

Peer researcher observation guide

You can write a diary, video your thoughts or voice record your thoughts.

Please download them onto a UB computer as soon as you have completed the diary.

Researcher name	
Date	
What did you observe (e.g. music production, mentoring, graduation)	
Who lead the session?	
How many attended? (young people, rough ages of young people and gender, ethnic background)	

Observation questions

1. Please describe the activity that you observed today and how it worked?
2. What did you notice about how young people were engaging with UB?
3. What key themes or topics came up from discussions/activities?
4. Based on what you saw, in what ways did today's activity contribute to the broader goals of United Borders (thinking back to the theory of change)
5. Any other thoughts on what worked and what didn't work today?
6. Any research ethics concerns, questions, discomfort, challenges or dilemmas you faced as a peer researcher?

Please WhatsApp us if you have any questions or concerns about observing the day. Thank you!

Appendix D: International Self-Report Delinquency (ISRD) Study Questions

International Self-Report Delinquency (ISRD) Study

Questionnaire ISRD3 - Standard Student Questionnaire

Part 1 (fixed) - Modules 2-7

All of the answers you give to these questions are treated as confidential, unless the information disclosed may result in significant harm to yourself or others. It is not a test – if you get stuck or need help just ask a member of staff.

Thank you

Module 2: About your family

Note: Some of the following questions ask about your parents. If mostly foster parents, step-parents or others brought you up answer for them. For example, if you have both a stepfather and a natural father, answer for the one that is the most important in bringing you up.

2.1) How well do you get along with your parents?

Tick one box for each line indicating how much you agree or disagree

	Totally agree	Rather agree	Neither/nor	Rather disagree	Totally disagree	There is no such person
I get along just fine with my father (stepfather)						
I get along just fine with my mother (stepmother)						
I can easily get emotional support and care from my parents						
I would feel very bad disappointing my parents						

2.2) How many days a week do you usually eat an evening meal with your parent(s)?

Tick ONE box

- Never
- Once a week
- Twice a week
- Three times a week
- Four times a week
- Five times a week
- Six times a week
- Daily

2.3) How often do the following statements apply to you?

Tick one box for each line

	Almost always	Often	Sometimes	Seldom	Almost never
My parents know where I am when I go out					
My parents know what I am doing when I go out					
My parents know what friends I am with when I go out					
If I have been out, my parents ask me what I did, where I went, and who I spent time with.					
If I go out in the evening my parents tell me when I have to be back by.					

If I am out and it gets late I have to call my parents and let them know.					
My parents check if I have done my homework.					
My parents check that I only watch films/DVDs allowed for my age group.					
I tell my parents who I spend time with.					
I tell my parents how I spend my money.					
I tell my parents where I am most afternoons after school.					
I tell my parents what I do with my free time.					

2.4) Have you ever experienced any of the following serious events?

Tick one box for each line

	No	Yes
Death of your father or mother.		
Very serious illness of one of your parents or someone else close to you.		
One of your parents having problems with alcohol or drugs.		
Physical fights between your parents.		
Repeated serious conflicts between your parents.		
Divorce or separation of your parents.		

Module 3: About your school

3.1) How strongly do you agree or disagree with the following statements about your school?

Tick one box for each line

	I fully agree	I somewhat agree	I somewhat disagree	I fully disagree
If I had to move I would miss my school.				
Most mornings I like going to school.				
I like my school.				
Our classes are interesting.				
There is a lot of stealing in my school.				
There is a lot of fighting in my school.				
Many things are broken or vandalized in my school.				
There is a lot of drug use in my school.				

3.2) If you had to move to another city, how much would you miss your favourite teacher?

(Tick one box)

	not at all	not much	only a bit	somewhat	quite a lot	very much
I would miss my teacher ...						

3.3) How important is it to you how your favourite teacher thinks about you?

totally unimportant	quite unimportant	a bit unimportant	a bit important	quite important	very important

3.4) Have you ever stayed away from school for at least a whole day without a proper reason in the last 12 months? If yes, how often?

- No, never.
- Yes, ____ times (*enter frequency*)

3.5) How well do you do at school?

- Excellent, I'm probably one of the best in my class(es)
- Well above average
- Above average
- Average
- Below average
- Well below average
- Poor, I'm probably one of the worst in my class(es)

3.6) Have you ever been held back, that is did you ever have to repeat a year?

- No, never.
- Yes, ____ times (*enter frequency*)

3.7) What do you think you will do when you finish compulsory school (when you reach the age when you can leave school if you choose)?

Tick ONE box

- I will (continue) going to school preparing for higher education

- I will (continue to) attend a school where I can learn a trade
- I will start an apprenticeship
- I will look for a job to earn money
- Other, _____
- I don't know yet.

Module 4: Some bad things that may have happened to you

4.1. Try to remember: Did any of the following things ever happen to you? If so, was it reported to the police?

a) Someone wanted you to give them money or something else (like a watch, shoes, mobile phone) and threatened you if you refused?

Has this ever happened to you?

- no** *If no, continue with question b)*
- yes** **How often** has this happened to you in **the last 12 months?** _____ times
How many of these incidents **were reported** to the police? _____ incidents

b) Someone hit you violently or hurt you – so much that you needed to see a doctor?

Has this ever happened to you?

- no** *If no, continue with question c)*
- yes** **How often** has this happened to you in **the last 12 months?** _____ times
How many of these incidents **were reported** to the police? _____ incidents

c) Something was stolen from you (such as a book, money, mobile phone, sport, equipment, bicycle...)?

Has this ever happened to you?

- no** *If no, continue with question d)*
- yes** **How often** has this happened to you in **the last 12 months?** _____ times

How many of these incidents **were reported** to the police? ____ incidents

d) Someone threatened you with violence or committed physical violence against you **because** of your religion, the language you speak, the colour of your skin, your social or ethnic background, or for similar reasons?

Has this ever happened to you?

no *If no, continue with question e)*

yes **How often** has this happened to you in **the last 12 months?** ____ times

How many of these incidents **were reported** to the police? ____ incidents

e) Has anyone made fun of you or teased you seriously in a hurtful way through e-mail, instant messaging, in a chat room, on a website, or through a text message sent to your mobile phone?

Has this ever happened to you?

no *If no, continue with question f).*

yes **How often** has this happened to you in **the last 12 months?** ____ times

How many of these incidents **were reported** to the police? ____ incidents

f) Has your mother or father (or your stepmother or stepfather) ever hit, slapped or shoved you? (Include also times when this was punishment for something you had done.)

Has this ever happened to you?

no *If no, continue with question g)*

yes **How often** has this happened to you in **the last 12 months?** ____ times

g) Has your mother or father (or your stepmother or stepfather) ever hit you with an object, punched or kicked you forcefully or beat you up? (Include also times when this was punishment for something you had done.)

Has this ever happened to you?

no *If no, continue with the next section.*

yes How often has this happened to you in the last 12 months? ____ times

Module 5: About leisure time and your peers

5.1) How many times a week do you usually go out in the evening, such as going to a party, go to somebody's house or hanging out on the street?

- Never, I don't go out in the evening
- Once a week
- Twice a week
- Three times a week
- Four times a week
- Five times a week
- Six times a week
- Daily

5.2) When you go out in a weekend evening, what time do you normally get back home?

- I don't go out in the evening at weekends
- generally, I am back home at ____: ____ (enter *hour: minutes*)

5.3) Who do you spend MOST of your free time with?

Please tick only ONE box!

- On my own.
- With my family.

- With 1-3 friends.
- With a larger group of friends (4 and more).

5.4) Think back over the LAST SIX MONTHS: Would you say that most of the time you have been happy?

Most of the time I have been.... [Tick ONE box that best applies]:



very happy	happy	a bit more happy than unhappy	a bit more unhappy than happy	unhappy	very unhappy

5.5) How many of your friends have at least one parent of foreign origin?

- None at all
- A few
- Many of them
- All of them

5.6) What kind of things do you usually do in your leisure time?

	Never	Sometimes	Often
I go to coffee bars or pop concerts.			
I do something creative (theatre, music, draw, write, read books).			
I am engaged in fights with others.			

I do sports, athletics, or exercise			
I study for school or do homework			
I hang out in shopping centres, streets, park, or the neighbourhood just for fun			
I do something illegal to have fun			
I drink beer/alcohol or take drugs			
I frighten and annoy people just for fun			

5.7) Some people have a friend or a group of friends they spend time with, doing things together or just hanging out. Do you have a friend or a group of friends like that?

- No => skip questions 5.8 – 5.9 and continue with question 5.10
- Yes

5.8) If you had to move to another city, how much would you miss your friend or group of friends?

(Tick one box)

	not at all	not much	only a bit	somewhat	quite a lot	a very much
I would miss my friend or my group of friends						

5.9) How important is it to you what your friend or group of friends thinks about you?

(Tick one box)

totally unimportant	quite unimportant	a bit unimportant	a bit important	quite important	very important

5.10) Young people sometimes engage in illegal activities. How many friends do you know who have done any of the following?

(either check “no”, or “yes” and fill in the number with your best guess)

a) I have friends who used soft or hard drugs like weed, hash, ecstasy, speed, heroin or coke.

no yes, ___ friends

b) I have friends who have stolen things from a shop or department store.

no yes, ___ friends

c) I have friends who have entered a building without permission to steal something.

no yes, ___ friends

d) I have friends who have threatened somebody with a weapon or beaten someone up, just to get their money

or other things.

no yes, ___ friends

e) I have friends who have beaten someone up or hurt someone badly with something like a stick or a knife.

no yes, ___ friends

Module 6: What do you think about the following?

6.1) How wrong do you think is it for someone of your age to do the following?

Tick one box for each line

	very wrong	wrong	a little wrong	not wrong at all
Lie, disobey or talk back to adults such as parents and teachers.				
Knowingly insult someone because of his/her religion, skin colour, or ethnic background.				
Purposely damage or destroy property that does not belong to you.				
Illegally download films or music from the internet.				
Steal something small like a chocolate bar from a shop.				
Break into a building to steal something.				
Hit someone with the idea of hurting that person.				
Use a weapon or force to get money or things from other people.				

6.2) Imagine you were caught shoplifting, would you feel ashamed if ...

	No, not at all	Yes, a little	Yes, very much
a) your best friend found out about it			
b) your teacher found out about it			
c) your parents found out about it			

6.3) Imagine you were caught physically hurting another person, would you feel ashamed if ...

	No, not at all	Yes, a little	Yes, very much
a) your best friend found out about it			
b) your teacher found out about it			
c) your parents found out about it			

6.4) Imagine you were arrested by the police for committing a crime, would you feel ashamed if...

	No, not at all	Yes, a little	Yes, very much

a) your <i>best friend</i> found out about it			
b) your <i>teacher</i> found out about it			
c) your <i>parents</i> found out about it			

6.5) How much do you agree or disagree with the following statements?

Tick one box for each line

	Fully agree	Somewhat agree	Somewhat disagree	Fully disagree
I act on the spur of the moment without stopping to think				
I do whatever brings me pleasure here and now, even at the cost of some future goal.				
I'm more concerned with what happens to me in the short run than in the long run				
I like to test myself every now and then by doing something a little risky				
Sometimes I will take a risk just for the fun of it				
Excitement and adventure are more important to me than security.				
I try to look out for myself first, even if it means making things difficult for other people				
If things I do upset people, it's their problem not mine.				
I will try to get the things I want even when I know it's causing problems for other people				

6.6) Did you ever have an accident that was so serious you had to see a doctor, such as during sports or a traffic accident (not just a simple cut)?

- No
- Once
- _____ times (*enter number*)

Next, we will ask you some questions about your neighbourhood. **Neighbourhood is the area within a short walking distance (say a couple of minutes) from your home.** That is the street you live in and the streets, houses, shops, parks and other areas close to your home. When asked about your neighbours think about the people living in this area.

6.7) How much do you agree or disagree with the following statements about your neighbourhood?

Tick one box for each line

	Fully agree	Somewhat agree	Somewhat disagree	Fully disagree
Many of my neighbours know me.				
People in my neighbourhood often do things together.				
There is a lot of crime in my neighbourhood				
There is a lot of drug selling in my neighbourhood				
There is a lot of fighting in my neighbourhood				
There are a lot of empty and abandoned buildings in my neighbourhood				
There is a lot of graffiti in my neighbourhood				
People around here are willing to help their neighbours				
This is a close-knit neighbourhood				

People in this neighbourhood can be trusted				
People in this neighbourhood generally get along well with each other				

Module 7: About things young people sometimes do

7.1) Young people sometimes do things that are forbidden, for example damaging or stealing another person's property. Some hit and hurt others on purpose (we don't mean situations in which young people play-fight with each other just for fun).

What about you? Have you ever done any of the following, and if so, how often within the last 12 months?

All of the answers you give to these questions are treated as confidential, unless the information disclosed may result in significant harm to yourself or others.

Have you ever in your life ... (check "no" or "yes"; if yes: write in how often the last 12 months)

... painted on a wall, train, subway or bus (graffiti)?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... damaged something on purpose, such as a bus shelter, a window, a car or a seat in the bus or train?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... stolen something from a shop or department store?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)-

... broken into a building to steal something?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... stolen a bicycle?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... stolen a motorbike or car?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... stolen something off or from of a car?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... used a weapon, force or threat of force to get money or things from someone?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... stolen something from a person without force or threat?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... carried a weapon, such as a stick, knife, gun, or chain?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... taken part in a group fight in a football stadium, on the street or other public place?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... beaten someone up or hurt someone with stick or knife so badly that the person was injured?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... illegally downloaded music or films from the internet?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

... sold any drugs or help someone selling drugs?

- no
- yes - how often **in the last 12 months?** ____ times (*if never, write "0"*)

7.2) Have you ever had contact with the police because you yourself did something illegal like one of the things listed above?

- No**
- Yes**, I have had contact with the police because I did something illegal.
 - If yes, a) How often in the last **12 months?** ____ times (*enter frequency*)
 - b) **The last time**, because of which offence?
It was because _____
 - c) What happened **the last time** you had contact with the police?

Tick all that apply:

- my parents were notified about the incident
- the school / my teacher was notified
- I was sent to court
- I was given a warning by court/police
- I was punished by a court
- I was punished by my parents
- nothing happened
- something else happened: _____

Appendix E: SDQ Outcome Measure

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain, or the item seems dull! Please give your answers based on how things have been for you over the last six months.

Your Name

Male Female

Date of Birth.....

Not True Somewhat True Certainly True

I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your signature

Today's date

Thank you very much for your help

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Appendix F: Fidelity Checklist

Assessment Phase

CYP ID	
UB	
Date	

	Task	Completed Yes/ No	Date	CRM Updated	Outcome achieved / recorded
Assessment	Referral receipt confirmed				
	Risks assessed				
	Eligibility criteria checked				
	Randomisation complete				

Mentor Signature:

Date:

B.U.S Music Mentoring (Treatment Intervention)

CYP ID	
Mentor Name	
Date	

Task		Completed Yes/ No	Date	CRM Updated	Outcome achieved / recorded
Engagement	Consent				
Soft Engagement	Mentoring objectives explained				
	Code of conduct explained				
	Risk assessed				
	Mentoring agreement signed				
Start Evaluation	United Borders Survey 1				
	SDQ				
	ISR D				
Core Programme	Music Exchange				
	Listening Party				
	3peat				
	Listening Party				
	M&M				
	Listening Party				
	Boss Start and Stop				
Listening Party					
Final Evaluation	United Borders Survey 2				
	ISR D				
	SDQ				
Cool-off					

Mentor Signature: _____
 Date: _____

Light touch mentoring (Control Intervention)

CYP ID	
Mentor Name	
Date	

	Task	Completed Yes/ No	Date	CRM Updated	Outcome achieved / recorded
Engagement	Consent				
Start Evaluation	United Borders Survey 1				
	SDQ				
	ISRD				
Core Programme	Session 1				
	Session 2				
	Session 3				
	Session 4				
	Session 5				
	Session 6				
Final Evaluation	United Borders Survey 2				
	ISRD				
	SDQ				

Mentor Signature:

Date:

Appendix G: Detailed breakdown of selected UB CMS data

Table A1: Type of disability

What type of disability?	Treatment	Control	Total
ADHD	5	3	8
Developmental disabilities	2	1	3
Learning disabilities	1	2	3
Medical disabilities	1	3	4
Psychiatric disabilities	3	1	4
Total	12	10	22

Table A2: Detail of support from other agencies

What support is the CYP receiving from other services/agencies?	Treatment	Control	Total
Brent Early Help Team	0	1	1
Children's Services (e.g. Social Worker)	5	4	9
Brent Inclusion	1	0	1
Education Welfare Service	0	1	1
Mental Health teams (inc. CAMHS)	2	3	5
In School Mentor	1	0	1
Youth Offending Team	0	1	1
Youth or Community clubs	0	1	1
Multiple support from the above	4	7	11
Total	13	18	31