

Pre-evaluation assessment: the feasibility of different approaches to delivering an impact evaluation of the Ministry of Justice’s Turnaround Programme

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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 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 activity.

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 they influence our work and 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 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

The research team is based at the Evidence Based Practice Unit, which was founded in 2006 as a collaboration between UCL Faculty of Brain Sciences and Anna Freud. It bridges cutting-edge research and innovative practice in children's mental health, wellbeing, and outcomes. The Evidence Based Practice Unit's vision is for all children and young people's wellbeing support to be informed by real-world evidence so that every child thrives.

Our mission is to bridge the worlds of research and practice to ensure that training, tools and support are informed by the latest evidence.

Our values are at the heart of everything we do. We are: children and young people centred, committed to evidence based practice, open to challenge, and rigorous in our work.

We would like to thank the members of our Children and Young People's Advisory Group whose input was invaluable in the conduct of this pre-evaluation assessment. We would also like to thank of all our colleagues in Youth Offending Teams and other stakeholder groups who supported and contributed to this work.

We are also grateful to Matthew Baumann (Matthew Baumann Associates) who had a substantive role in the design, delivery, and reporting of this pre-evaluation assessment.

Project team

The study was delivered by Anna Freud and the Institute for Fiscal Studies. Table 1 below details the team members, their affiliation, and their roles.

Table 1: Team roles and responsibilities.

Name	Roles	Responsibilities
Prof. Julian Edbrooke-Childs Affiliation(s): Head of Evaluation at AFC, Professor of Evidence Based Child and Adolescent Mental Health at UCL, Co-Director of the Evidence Based Practice Unit.	Principal Investigator	Overall leadership and management of budget and risks/issues; responsibility for delivery project to time and target; strategic point of contact for YEF and MoJ.

<p>Prof. Jessica Deighton</p> <p>Affiliation(s): Director of Applied Research and Evaluation at AFC, Professor in Child Mental Health and Wellbeing at UCL, Co-Director of the Evidence Based Practice Unit.</p>	<p>Methods Specialist</p>	<p>Oversight and scrutiny of the methodological conduct of the research as a critical friend to the project and PI.</p>
<p>Prof. Peter Fonagy; Chief Executive of Anna Freud and Head of the Division of Psychology and the Language Sciences at UCL.</p>	<p>Senior Advisor</p>	<p>Senior scrutiny of the methodological and intellectual conduct of the research.</p>
<p>Dr Emily Stapley</p> <p>Affiliation(s): Senior Research Fellow at AFC.</p>	<p>Implementation and Process Evaluation Lead</p>	<p>Leadership and manage of the IPE with a specialism on qualitative research. Line manage researchers.</p>
<p>Liffy McDonnell-Bond, Project Manager, Anna Freud.</p>	<p>Research Project Manager</p>	<p>Operational management of the project, including timelines; risk/issue log; budget; and relationships with YEF, MoJ, and sites.</p>
<p>Nick Tait</p> <p>Affiliation(s): Programme Manager at AFC.</p>	<p>Engagement Lead</p>	<p>Oversee the engagement strategy and YOT Learning Groups, ensuring bidirectional communication between sites and the evaluation team, with a focus on integrating learning from YOTs into the evaluation.</p>
<p>Dr Suzet Tanya Lereya</p> <p>Affiliation(s): Senior Research Fellow at AFC.</p>	<p>Quantitative Co-Lead</p>	<p>Operational management of the design and delivery of quantitative data collection and analysis, with a focus on questionnaire data.</p>

Role: Quantitative Co-Lead.		
Dr Laura Talbot Affiliation(s): Joint AMBIT Lead at AFC.	Safeguarding Lead	Oversee the project's safeguarding policy, working with sites and the Practice Leads to ensure it is in line with sites' practices. Working with researchers to prepare for and respond to safeguarding issues.
Angelika Labno and Navya Malik; Researcher Officer at Anna Freud and the Evidence Based Practice Unit.	Researcher	Operational conduct and delivery of the research.
Lee Atkins and Rachael Grant Affiliation(s): Regional Officers at AFC.	Site Engagement Lead	Operational delivery of the engagement strategy, working with sites to deliver the research and leading the YOT Learning Groups.
Erin Nicholson, Researcher, Anna Freud.	Researcher	Operational conduct and delivery of the research, including contributing to decision making.
Ben Ritchie; Informatics Lead at Anna Freud and the Evidence Based Practice Unit.	Informatics Lead	Oversee the processes and practices for local administrative data, including data submission, cleaning, validation, and analysis.
Martha Reilly, Programme Co-ordinator, Anna Freud.	Evaluation Coordinator	Operational conduct of liaison, communication, and administration across evaluation partners, YEF, MoJ, and sites.
Dr Jenna Jacob	Patient and Public Involvement Lead	Lead and oversee the patient and public involvement work on the

Affiliation(s): Child Outcomes Research Consortium (CORC) Research Lead at AFC.		project, including training and ongoing support.
Rachel Hart, Head of Information Governance, Anna Freud.	Information Governance Lead – Anna Freud Centre	Oversee and support the information governance procedures for the evaluation, including information governance for the entire project and data sharing agreements with sites.
Bernadette Martin, Head of Participation, Anna Freud.	Head of Participation	Senior oversight of the patient and public involvement work on the project to enable the team to evaluate and reflect on these activities.
Charli Atkinson-Ryan, Head of Equity, Diversity, and Inclusions, Anna Freud.	Equity, Diversity, and Inclusion Lead	Senior oversight of the equity, diversity, and inclusion approaches and practices of the evaluation, with a focus on considering disproportionality and supporting the project to not inadvertently reinforce these cycles.
Dr Karla Goodman and Isabelle Gregory Affiliation(s): London Innovation and Improvement Alliance.	Practice Co-Leads	Insights from the implementation of similar intervention in similar settings to help ensure the research is practically meaning and operationally realistic in practice.
Prof. Imran Rasual Affiliation(s): Research Director at IFS, Professor of Economics at UCL	Economics Lead	Oversee the design, delivery, and analysis of the economic evaluation.
Dr Sarah Cattan	Quantitative Co-Lead	Operational management of the design and delivery of quantitative

<p>Affiliation(s): Associate Director and Head of the Education and Skills sector at IFS.</p> <p>Role: Quantitative Co-Lead.</p>		<p>data collection and analysis, with a focus on administrative data.</p>
<p>Nick Ridpath, Research Economist, Institute for Fiscal Studies.</p>	<p>Research Economist</p>	<p>Operational delivery of the economic evaluation, supporting the integration, embedding, and delivery within the full evaluation.</p>

Note. MoJ = Ministry of Justice. YEF = Youth Endowment Fund. YOT = Youth Offending Team.

Executive summary

The aims of the pre-evaluation assessment

This pre-evaluation assessment examined the feasibility of different evaluation designs for assessing the efficacy of a new diversion programme (Turnaround) funded by Ministry of Justice (MoJ) and commenced delivery in 154¹ Youth Offending Teams (YOTs) across England and Wales. The programme is funded from December 2022 to March 2025. The Youth Endowment Fund (YEF) was primarily interested in exploring the feasibility of using a Randomised Controlled Trial (RCT) design, however a wider range of quasi-experimental designs (QEDs) and a theory-based approach were also considered.

The assessment was not a typical YEF feasibility study, due to Government funding being for a national programme, with rollout in all areas at once. YEF feasibility studies are generally undertaken with emerging or new interventions often delivered in a limited number of settings, in situations where YEF and the evaluator are able to suggest and secure modifications to the intervention or its implementation to make rigorous RCT or QED impact evaluations feasible².

By contrast this assessment explored the possibility of undertaking rigorous impact evaluation in extremely challenging circumstances including:

- National roll out in which the readiness of teams to deliver the programme and pace of roll out were expected to vary.
- Broad parameters for what interventions YOTs were expected to deliver through the programme (bespoke support based on assessed need) and a resulting expectation that there would be considerable variation in terms of what is offered to children.
- No control over the contexts in which the interventions are delivered due to the programme being rolled out nationally. As a result, the crime and socio-economic contexts and wider service environments in which the programme is to be delivered were expected to vary and make impact evaluation much more difficult.
- Time limited scope for the impact evaluation (the programme commenced in January 2023 and was expected to finish in March 2025).

¹ There were 155 YOTs at the start of Turnaround and one opted out of the Turnaround Programme.

² <https://youthendowmentfund.org.uk/wp-content/uploads/2022/04/2.-YEF-Evaluations-Guidance-Feasibility-studies-April-22.pdf>

- Limited scope to suggest and secure modifications to the programme, given responsibility for implementation and delivery, within broad parameters, was devolved from MoJ to individual YOTs.
- A requirement to secure agreement to participate in any preferred evaluation design with each YOT, building on a high-level agreement to support an evaluation which was secured as part of grant agreements between MoJ and individual YOTs.

About the Turnaround programme

Turnaround delivery commenced in 154 YOTs across England and Wales and is fully funded by Government. Funding for the programme amounts to £56.5m.

The aim of Turnaround is to enable YOTs to offer support to children on the cusp of the criminal justice system (i.e. children with some contact with the Youth Justice System but who will not have further statutory involvement). Support through Turnaround is available to children aged 10-17 who are referred (by police or other partners) and meet the programme eligibility criteria. These criteria cover outcomes that fall below thresholds for YOT's statutory support. Participation is voluntary for the child and children do not have to admit guilt to receive support.

The intended outcomes of the programme are to prevent children going on to offend, as well as achieving a range of positive outcomes for children such as socio-emotional and mental health and wellbeing; educational inclusion, attendance and attainment; and wider wellbeing.

Turnaround funding enables YOTs to take a needs-led and tailored approach to supporting an individual child. What is delivered on the ground by YOTs is expected to build on local systems and practices, respond to local requirements, and complement existing local services. Services and support may be delivered directly by the YOTs or arranged for children by YOT staff. Turnaround is not, therefore, a single intervention that is expected to be delivered consistently: what is delivered by YOTs is likely to differ from one area to another.

Pre-evaluation assessment methods and research questions

This pre-evaluation assessment was funded by YEF and its aims were to assess the feasibility of piloting and delivering a rigorous impact evaluation of Turnaround using either a RCT or other QED design. Theory Based approaches were considered but YEF does not use Theory Based methods for impact evaluations and so the findings relating to theory-based methods are not reported here.

The purpose of an efficacy study would have been to build the evidence base for these kinds of interventions, given very little is known about preventative and diversion support for children on the cusp of the Youth Justice System. It would also have informed future MoJ policy making and YOT service design for this group.

Although the pre-evaluation assessment ruled out RCT and QED designs, and a Theory Based design was not used by YEF, MoJ has proceeded with a process and implementation evaluation, which will identify enablers and barriers of Turnaround delivery, develop an understanding of staff/children's experiences and outcomes, and whether Turnaround has led to wider systems change.

As noted above, YEF's primary interest was in deploying a RCT design. In line with this direction the study looked at four key questions:

1. Is the delivery of Turnaround across the YOTs sufficiently mature and developed to warrant an RCT?
2. How acceptable to YOTs is an RCT design, and will enough YOTs take part in a pilot RCT?
3. Are YOTs able to support the delivery of an RCT or other impact evaluation design?
4. Can an appropriate comparator group be established?

A fifth question explored alternative designs:

5. If an RCT is not feasible, what alternatives (e.g., QEDs) are there and how feasible are they?

Brief description of information collected

The main information used to explore the feasibility of assessing the efficacy of Turnaround included:

- An online survey of 154 YOTs exploring progress with implementing Turnaround, the nature of Turnaround in each area and how it compares with existing provision, confidence in delivery of both Turnaround and 'readiness' for taking part in an evaluation.
- Five 'Learning Groups' (or 'workshops') with representatives of 47 YOTs to gain deeper insights into their delivery of Turnaround and their attitudes and readiness for evaluation.
- Analysis of anonymous monitoring data from YOTs covering two quarters (January-March 2023 and April-June 2023) collected by MoJ. This included numbers of children referred to the YOT, numbers of children proceeding to assessment and to support, and numbers of children receiving different categories of support.

The pre-evaluation assessment commenced in March 2023 and concluded in October 2023.

Findings

The findings of the assessment are summarised in Table 1 below. It was concluded that despite considerable efforts it would not be possible to deliver a RCT or QED evaluation of the Turnaround programme.

Table 1: Summary of findings

Research question	Finding
1. Is the delivery of Turnaround across the YOTs sufficiently mature and developed to warrant an RCT?	There was sufficient maturity in delivery amongst a sizeable number of YOTs. Most YOTs confirmed that they were confident to deliver Turnaround in all or all but one of the key criteria for delivery maturity.
2. How acceptable to YOTs is an RCT design, and will enough YOTs take part in a pilot RCT?	Whilst seven YOTs agreed verbally, in principle to take part in the pilot RCT, only four YOTs returned a signed letter of intent to take part in the pilot with an authorised signatory. Concerns about the use of a control group were significant, but also timing and relatively low levels of uptake due to the early stage of delivery of Turnaround were problematic.
3. Are YOTs able to support the delivery of an RCT or other evaluation?	Most YOTs were willing and able to support the delivery of an evaluation, i.e. recruiting children, taking consent, supporting data collection. What they were ultimately not prepared to do was to allocate individual eligible children to a control group (see below).
4. Can an appropriate comparator group be established?	<p>It was not possible to establish an appropriate comparator group. 'Management as usual' was explored, however there were three issues.</p> <p>First, it would have meant YOTs not providing support to children (as would have been the case before</p>

	<p>implementation of Turnaround), which was not an acceptable option³.</p> <p>Second, a key challenge to the feasibility of an effective trial of efficacy was that children in the comparator (and intervention) arm would receive ‘management as usual’ (i.e., other local support not provided by, or referred from, the YOT). This would have meant ‘management as usual’ would have varied greatly from one area to another. Support provided by Turnaround is also heterogenous by design and may overlap with ‘management as usual’. Therefore, it was challenging to define what ‘management as usual’ was, what Turnaround support was, and what difference there was between the two. It would also not have been appropriate to attempt to constrain the types of support provided through ‘management as usual’, even if that would have helped addressed these challenges.</p> <p>Third, there had not yet been sufficient numbers of children receiving Turnaround to enable YOTs to withhold support from half (or a sizeable proportion) of them within the delivery requirements of the Turnaround programme.</p>
<p>5. If an RCT is not feasible, what alternatives (e.g. QEDs) are there and how feasible are they?</p>	<p>Most QEDs require a control group, as the intended purpose of the design is to replicate randomization when it is not possible or appropriate. Due to the key challenges of a lack of excess demand and concerns about the use of a control group, QEDs were not found to be applicable. QEDs that do not require a control group were not deemed more feasible, for example due to the administrative burden for YOTs and</p>

³ MoJ supported the most robust impact analysis possible but did not wish to constrain roll out or delivery of Turnaround interventions and was keen for any concerns YOTs may have around delivery of an RCT to be taken into account by evaluators.

	<p>children with an interrupted time series design or the lack of robust data for a QED using secondary data analysis. There were only a few sites where Turnaround is not going ahead as the programme includes almost all YOTs.</p>
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Introduction

Background

The Turnaround programme, which launched in England and Wales in December 2022, provides Government investment of £56.5M to increase preventative provision by 154 Youth Offending Teams (YOTs) for children on the cusp of the Youth Justice System (YJS) (GOV.UK, 2022). The programme is available to children aged 10-17 who are referred (by police or other partners) and meet the programme eligibility criteria. These criteria cover outcomes that fall below thresholds for YOT's statutory support. Participation is voluntary for the child.

The most recent data (at the time of writing) show that 54,592 children were arrested in England and Wales in 2021/22. Of these, 5,258 received a caution by the police and 17,241 proceeded to court (Youth Justice Board, 2023). Of those proceeding to court, there were 7,646 community sentences, 553 custodial sentences, and 3,189 other court sentences. There were an estimated 8,000 child first time entrants to the YJS. These data indicate there is an important opportunity for preventative support for children on the cusp of the Youth Justice System.

Preventing children from becoming involved in crime and violence is an important policy priority (GOV.UK, 2023). Internationally, there are calls for public health approaches to youth crime and violence (World Health Organization, 2015). It is recognised that such approaches should focus on building on the strengths of a child to foster a prosocial identity enabling them to become involve in, and not separated from, society (GOV.UK, 2023). To achieve this, it is important that children receive support at an early stage for previously unidentified or unmet needs.

The aim of the Turnaround programme is to prevent children going on to offend, as well as achieving a range of positive outcomes for children such as socio-emotional and mental health and wellbeing; educational inclusion, attendance and attainment; and wider wellbeing. The benefits if successful would be to children themselves, the criminal justice system, the public and the public purse.

The aim of the full evaluation had it been feasible, would have been to provide robust evidence on the effectiveness of the preventative support provided through Turnaround to inform future commissioning decisions about the funding of preventative and diversion support for children on the cusp of the Youth Justice System.

The overarching evaluation question that would have been the focus of the future evaluation is: “is preventative support provided by YOTs through Turnaround more effective at reducing (re)offending in official records for children 10 to 17 years on the cusp of the YJS than no support from the YOT?” A secondary question would have been “what factors influence efficacy i.e. is it more or less effective for different groups of children, when implemented in different ways, and / or in different contexts?”

The pre-evaluation assessment described below explored the feasibility of delivering a two-arm RCT with an internal pilot and a nested mixed methods convergence design qualitative-driven implementation process evaluation.

Intervention

Turnaround is a national programme being implemented across 154 YOTs in England and Wales. The aims of Turnaround are to:

- Build on work already done to ensure all children on the cusp of the YJS are consistently offered a needs assessment and the opportunity for needs-led support;
- Prevent children on the cusp of the YJS from (re)offending;
- Improve the socio-emotional, mental health, and wellbeing of children; and
- Improve the integration and partnership working between YOTs and other statutory services to support children.

To achieve these aims, YOTs receive funding to support children on the cusp of the YJS. Most YOTs would not previously have directly supported this group, as this cohort of children does not meet threshold for ongoing statutory involvement. Prior to Turnaround, YOTs would either not have come into contact with children from this cohort at all, or if they did, would have signposted or referred children to support available from other agencies (e.g., Early Help; voluntary, community, and social enterprise (VCSE)), resulting in large variability in the amount and type of support that children would have received. For many, there might have been no support. Children aged 10-17 years are eligible for Turnaround support if they have been involved in the YJS but do not have further statutory involvement (e.g., received an outcome from a court of no further action). The full list of eligibility criteria is shown in Appendix 1. As noted earlier, it is important to note that participation in Turnaround is voluntary for the child.

Stages of delivery for the child

The Turnaround programme involves four stages: 1) referral, 2) triage and screening of referrals, 3) comprehensive assessment of the needs of a child and where appropriate their family, and 4) arrangement or direct provision by the YOT of support to address identified needs. A programme guide was produced by MoJ for YOTs, providing expectations for delivery

of Turnaround. Delivery arrangements are largely for YOTs to decide, focussing on providing additionality to their local provision.

The following summary of key aspects of Turnaround implementation outlines the referral systems, triage and screening, assessment processes, and support provided. The description was generated using data collected by the evaluator and / or wider data available from MoJ. The description of the programme is specific to the time of fieldwork (i.e., May – July 2023). The information sources are described later in this report (see pages 23-26).

How referrals worked during the early stages of Turnaround

Each YOT adopted its own referral process. Some take a multi-agency approach to the referral process, whereas others manage their referrals in-house (e.g., by screening data such as arrest lists for potentially eligible cases). Most YOTs have established a defined route of referral, with some still developing their referral process. Some YOTs have purposely avoided a prescriptive referral process, to allow flexibility.

Referrals can be sent from multiple sources. Referral through the police and wider justice system is the most common route of referral. This includes direct referral from the police, from screening of police data (e.g., Merlin, PENY, arrest lists), through Out of Court Disposals, or referrals through pathways such as prevention and diversion, or anti-social behaviour and community safety. Referrals can also be sent from health and social care (e.g., Front Door, Multi-Agency Safeguarding Hub or MASH), the Early Help team, or education services. There were also a small number of YOTs who mentioned that they also take self-referrals (i.e., child or their family).

How triage and screening worked during the early stages of Turnaround

After a referral has been received by the YOT, the case will be taken through a triage and screening process. The first step of this is to screen the referral for eligibility. For many YOTs, a multi-agency approach is taken to determining eligibility, conducted at regular panel or team meetings. In some YOTs, this is conducted by an individual (e.g., Manager, YJS, Police Officer, Turnaround staff). The screening process often also involves cross referencing of data with partner agencies (e.g., the police, Children's Services, Early Help) and/or the YJS database. This helps to determine eligibility, including identification of any existing support that the child is receiving. In some instances, the YOT has direct access to this information, but in others this is conducted in partnership with external agencies.

If eligible for Turnaround, contact is then made with the child and their family. The purpose of this is to explain Turnaround to the family and obtain their consent, followed by an assessment. Each case is allocated a Turnaround worker. This happens at different stages

across YOTs. For example, in some YOTs the Turnaround worker is the individual who makes initial contact with the family and/or completes the assessment. In other YOTs, the Turnaround worker is allocated after the assessment has been completed.

How assessment processes worked during the early stages of Turnaround

A requirement of Turnaround is that an Early Help style assessment is completed for each child. YOTs reported that they completed a comprehensive assessment of the needs of the child and their family. The format of and framework for the assessment varies between YOTs. Some YOTs use an Early Help assessment that aligns with the assessments being used by Early Help services within the Local Authority. Others have aligned their assessments with those used in other parts of the YOT. In discussions, some YOTs emphasised that the assessment is done with the child and their family, sometimes over a number of meetings, and forms an important part of the relationship building between the Turnaround worker and the child.

YOTs reported using many different tools for early help style assessment. Overall, 79 YOTs (59%) of 135 responding to our survey reported using only one tool. In addition, 34/135 (25%) YOTs reported using two different tools, 15/135 (11%) YOTs reported using three tools, 5/135 (4%) YOTs reported using four tools, and 2/135 (1%) reported using five different tools. The most common tool was the Out of Court Disposal assessment tool (used by 51 YOTs), followed by bespoke Early Help-style assessment tool (used by 47 YOTs).

How support worked during the early stages of Turnaround

Turnaround is not a single intervention that is expected to be delivered consistently: YOTs are permitted to use the funding to take a needs-led and tailored approach to supporting an individual child – and what is delivered on the ground by YOTs is expected to build on local systems and practices, respond to local requirements, and complement existing local services. The MoJ allow YOTs this flexibility in the knowledge that YOTs understand their locality, and have adequate youth justice expertise to make choices about interventions. Guidance was provided to YOTs to encourage the deployment of evidence-informed approaches. As a result of the above, what is delivered by YOTs is likely to differ from one area to another, and from child to child.

Illustrative examples of the types of interventions that MOJ intended YOTs to offer, following an Early Help style needs assessment and using Turnaround funding are set out below:

- Mental health and therapeutic support – such as cognitive behavioural therapy, trauma specific therapies, etc.

- Mentoring and supportive relationships – to match children with mentors who provide advice and support.
- Educational and vocational – support with educational and employability skills
- Substance misuse – support to overcome issues related to alcohol and drug use
- Sports-based recreation activities – engaging children in organised sports or physical or community activities.
- Music and arts-based recreation activities – engaging children in music, theatre, drama and other cultural activities.
- Social and emotional interventions – support to develop children’s ability to regulate their behaviour and communicate effectively.
- Practical life skills – support to develop organisational skills, cooking, making appointments, managing time and money.
- Restorative Justice – supporting someone who has committed a crime to communicate with the victim, understand the impact of their actions, and find a positive way forward.
- Interventions to meet wider family need - e.g. support for housing, hardship or debt, including parenting programmes and similar interventions.

In practice during December-August 2023, Turnaround funding had been used in a variety of ways across YOTs. Turnaround funding has consistently been used to fund dedicated workers who play a fundamental role in the delivery of support, providing a combination of direct support and support in accessing other services. According to learning groups, a core aim is to form positive relationships with the child and their family to facilitate effective delivery and receipt of support.

According to the Year 1 (December 2022-March 2023) Turnaround monitoring and implementation data collected by MoJ, the three most common types of support delivered as part of Turnaround are: social and emotional support, educational and vocational support, and mentoring and supportive relationships. Although there is a focus on these areas, they are typically not delivered in isolation from one another. Given the bespoke nature of Turnaround delivery, workers are able to incorporate support and learning across a range of different interventions. For example, sports activities can be used as a means for the child to spend time within their local community, to support their social and emotional needs, to practice life skills (e.g., budgeting, travelling, planning), and mentoring schemes can often be embedded within a sporting context. For children whose interests are in arts and music, there are similar opportunities provided within this context, through both internal and external initiatives. Children may receive more than one intervention.

In addition to funding Turnaround workers, YOTs use the funding in a variety of ways, including but not limited to: purchasing specialised resources, commissioning specialist interventions, funding leisure or sports activities for children and families, accessing external initiatives and existing services, and creating new facilities. Although there is a wide variety in the way that funding is utilised, YOTs themselves reported that it was being consistently tailored to the individual needs of the child and their family, offering a bespoke service for each case. A key part of any follow up pilot and efficacy study would have been to assess whether this central principle underpinning Turnaround was being consistently achieved.

Logic model development

During the initial evaluation co-design phase, a logic model was developed in consultation with YEF and MoJ. It was intended that the logic model would be reviewed with YOTs during the pilot and refined where necessary to reflect the reality of programme implementation.

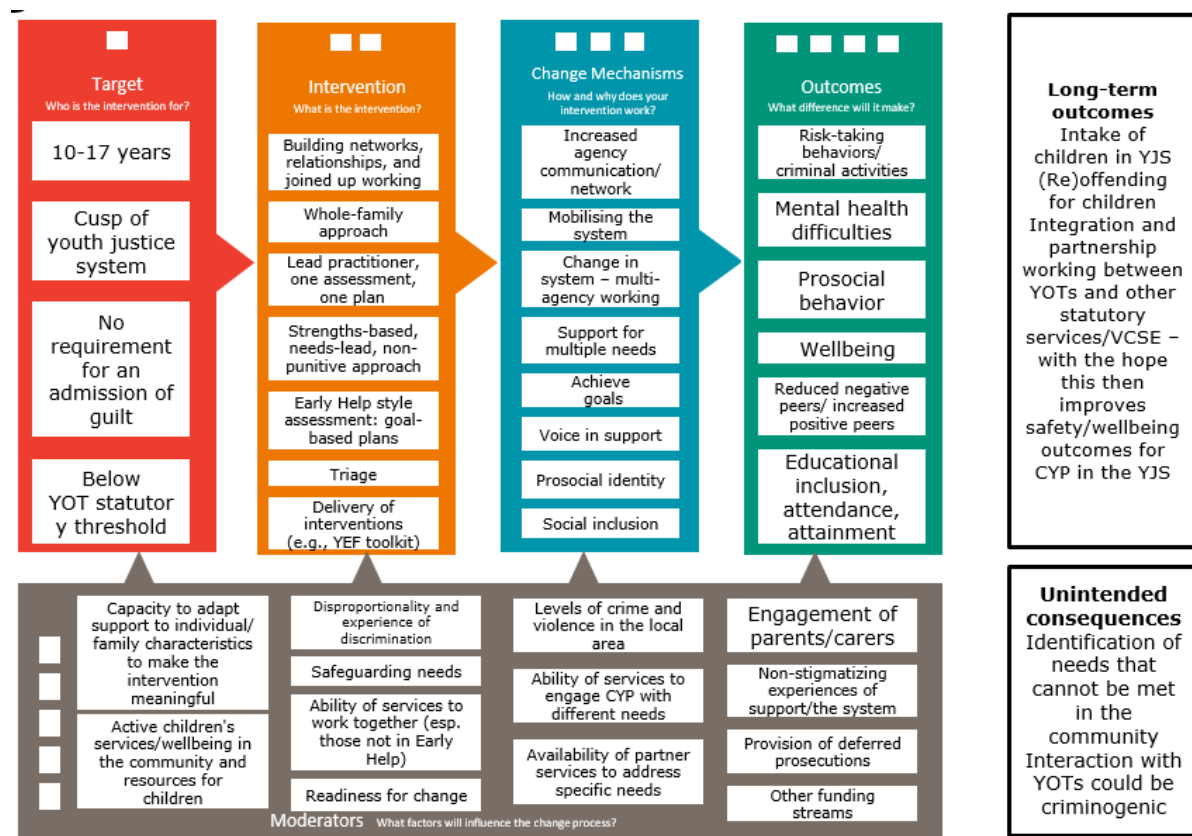


Figure 1: Logic model for the Turnaround evaluation.

Known challenges to an impact evaluation

The pre-evaluation assessment was commissioned in challenging circumstances for the implementation of a research trial and/or impact evaluation. At the outset of the assessment in March 2023 it was known that a range of issues might constrain or limit the scope for a such an evaluation including:

- National roll out in which the readiness of teams to deliver the programme and pace of roll out were expected to vary.
- Broad parameters for what interventions YOTs were expected to deliver through the programme (bespoke support based on assessed need) and a resulting expectation that there would be considerable variation in terms of what is offered to children.
- No control over the contexts in which the interventions are delivered due to the programme being rolled out nationally. As a result, the crime and socio-economic contexts and wider service environments in which the programme is to be delivered were expected to vary and make impact evaluation much more difficult.
- Time limited scope for the impact evaluation (the programme is expected to finish in March 2025).
- Limited scope to suggest and secure modifications to the programme given responsibility for design and delivery, within broad parameters, was devolved from MoJ to individual YOTs.
- A requirement to secure agreement to participate in any preferred evaluation design with each YOT, building on a high-level agreement to support an evaluation which was secured as part of grant agreements between MoJ and individual YOTs.

Pre-evaluation assessment aims and questions

This pre-evaluation assessment was commissioned by YEF to plan for and assess the feasibility of piloting and delivering RCT or other QED designs to assess the efficacy of Turnaround.

The aim of any future efficacy study would be to assess the efficacy of the preventative support provided through Turnaround to inform future commissioning decisions about preventative and diversion support for children on the cusp of the YJS. The primary evaluation question for the future efficacy study: *“is YOT-delivered Turnaround more effective at reducing (re)offending in official records for children 10 to 17 years on the cusp of the YJS than no support from the YOT”?* A secondary question was *“what factors influence efficacy i.e. is it more or less effective for different groups of children, when implemented in different ways, and / or in different contexts?”*

To answer these questions, the preferred design for a future efficacy study was an individual- (i.e. child-) level RCT.

Assessing the feasibility of an RCT involved addressing four key questions:

1. Is the delivery of Turnaround across the YOTs sufficiently mature and developed to warrant an RCT?
2. How acceptable to YOTs is an RCT design and will enough YOTs take part in a pilot RCT?
3. Are YOTs able to support the delivery of an RCT or other impact evaluation design?
4. Can an appropriate comparator group be established?

A fifth question explored alternative designs.

5. If an RCT is not feasible, what alternatives are there and how feasible are they?

Success criteria and / or targets

A range of progression criteria to move from this exploratory pre-evaluation assessment to a pilot efficacy trial were agreed, which were linked to each of the four main research questions (RQs).

Criteria for maturity of delivery (RQ1)

To be considered 'mature' in their delivery of Turnaround YOTs needed to demonstrate confidence in all or all but one of the following aspects of delivery:

- Delivery of triage and screening of children.
- Delivery of Early Help style assessments.
- Ability to provide (or arrange) services that match assessed needs of children.
- Ability to engage children to take up support.
- Ability to engage parents / carers in support.
- Ability to sustain children's involvement to 'completion' of Turnaround support.

These aspects of provision were assessed through questions included in a survey of YOTs (outlined later). Any pilot sites signing up had to demonstrate positive responses across these items.

In addition to the above, YOTs signing up needed to indicate that they had an equity, diversity, and inclusion policy or plan in place to address race and ethnic disparities – a question about this was included in a YOT survey (described later in the report).

Criteria for acceptability to YOTs of an RCT design (RQ2)

It was agreed in advance that a minimum of 10-15 YOTs would need to be recruited to a pilot RCT, with full understanding of what was required as part of the pilot, including the use of random allocation to determine who receives Turnaround support and who does not and confirmation of sufficient sample size.

Acceptability (and potential for scaling up to a full RCT) was to be assessed through behaviours of pilot sites. If 10-15 YOTs signed up to take part in the pilot, this would be evidence of the potential for further scaling up of the trial to the required sample size for a full trial of 45-50 YOTs. To be considered 'signed up' YOTs had to write a letter of intent authorised by the local service manager as well as meeting criteria for maturity of delivery and evaluation capabilities.

Criteria for evaluation capabilities / readiness (RQ3)

YOTs needed to be willing and able to contribute to the evaluation; it was agreed that this would require:

- Buy in from staff to taking part in the survey.
- Buy in from staff to introducing the evaluation to children and families.
- Willingness of staff to complete consent forms with children and families.
- Involvement of staff in supporting children to complete questionnaires at baseline and follow up stages.
- Willingness of staff to help organise one-to-one discussions between a researcher and a child.
- Recording and sharing administrative data.

These aspects of provision were assessed through the aforementioned a survey of YOTs - part of which looked at 'evaluation readiness' using questions addressing these issues. Any pilot sites signing up had to demonstrate positive responses across these items.

Exploratory work was undertaken during the pre-evaluation assessment to clarify the different measures and metrics to use to measure baseline and outcome and to discuss the proposed measures and data sources with stakeholders. There were limited discussions with YOTs about this due to the constraints of the pre-evaluation assessment, and the acceptability of metrics and measures were intended to be tested in the pilot study.

Criteria for feasibility and suitability of a comparator condition (RQ4)

To be deliverable, the evaluators needed to establish whether a control group could be generated, of sufficient size, that would receive a substantively different (and ideally consistent alternative) form of support to Turnaround. To answer the intended research question of the full trial, the ideal "academic" comparison for a meaningful RCT or QED would have been to compare preventative support (i.e., Turnaround) to no provision, as this would provide a strong basis for determining whether Turnaround / preventative support works. However, YEF, MoJ, YOTs, and Anna Freud were aware of the ethical concerns and risks of denying children access to support they might need following a referral to the YOT.

It was agreed that a pragmatic alternative to this might be for the YOT to provide no other support to those allocated to the control group (which represents business as usual for YOTs who do not normally work with this cohort) but that other agencies would not be prevented from offering and providing services to these children where they identified support needs.

The risk to the trial with this approach was that if other agencies provided very similar services to Turnaround then this would severely limit the trial's ability to detect differences between Turnaround and the control group due to the potentially limited actual differences between the two forms of support – the study would not be sufficiently powered to detect the small effect size. The only mitigation to this risk would be increase the size of the study to enable the trial to detect a very small effect size.

A valid alternative to comparing 'treatment' to 'no treatment' might have been to compare Turnaround with a consistent 'other' service but this was not possible as the availability of other services varies considerably across local authorities.

The *feasibility* of allocating children to a control group and the *suitability* of that control group as a valid comparator were expected to be explored more deeply during the pilot phase in both the pilot sites and the wider population of YOTs.

Feasibility of allocating children to a control group

A central question for the feasibility of allocating children to a control group was whether there would be sufficient numbers of children to both a) meet indicative power calculations for a full trial and b) enable YOTs to not support half (or a sizeable proportion) of the children eligible for Turnaround whilst still meeting their delivery requirements for the programme. For the general population of YOTs, monitoring data reported to MoJ was analysed and additionally the YOT survey asked questions regarding caseload size and the types of support that were to be offered as part of Turnaround and that were already available in the wider local community. Feasibility of allocating children to a control group was assessed against the following questions:

- a) During the first three months of year 2 (April 2023-June 2023) are enough children (estimated at 6-8 children per month⁴) progressing to Turnaround assessment or support stages? It was thought that this would at least indicate that these sites had

⁴ This figure was the average number of children a YOT would need to recruit over 12 months to achieve the target number of children to be allocated to control or treatment according to the evaluators sample size calculations (3,389 children in 50 YOTs).

'excess demand' which could be used to produce a control group. This was assessed using monitoring data.

- b) During the first three months of year 2 (April 2023-June 2023) are there more children in need of Turnaround than the YOT had planned to work with in order to meet their delivery requirements? This was assessed using the survey.
- c) Does the YOT have a waiting list for assessment or support of at least four months? Four months or more was the assumed minimum wait needed to observe an impact of Turnaround in the intervention group. This was assessed using the survey.

For the pilot sites, two tests would be applied: a) would YOTs agree to (random) allocation children to Treatment or a control group and b) would YOTs confirm that there is sufficient excess demand. These were tested initially in site set up meetings and then formally confirmed through a 'letter of intent' from authorised YOT signatories for those agreeing to participate in the pilot.

Suitability of a control group

For the general population of YOTs, the survey (described in the next section) asked about the different types of support provided locally through a) Turnaround and b) existing services. A comparison between these two support forms was undertaken.

A further method of assessing the suitability of the control group would have been deployed during the pilot itself. A key question for the pilot would have been whether and in what ways service uptake amongst treatment and control group differs in practice, i.e. a comparative analysis of what services children in the treatment and control group actually go on to receive. This was thought to be the only definitive means of establishing the suitability of the control group experience.

Feasibility of other impact designs (RQ5)

An aim of the pre-evaluation assessment was to examine alternative QED approaches should an RCT not be feasible. A range of other QED approaches to impact evaluation were in scope for the assessment- these included regression discontinuity design, instrumental variable design, matching designs, difference in difference design, interrupted time-series designs, QEDs involving secondary analysis and theory-based evaluation. We had two objectives. First, to conduct a broad analysis of a range of potential QEDs. Second, should a viable QED be identified, to conduct a detailed analysis of the feasibility of the approach. The analysis of these approaches was undertaken through desk-based research and discussions amongst the evaluation team and YEF. An assessment of the alternative approaches considered can be found in Annex 2. The assessment did not progress beyond the first of these two objectives because no viable QED was identified.

Timeline

Table 2. Timeline for Turnaround and the pre-evaluation assessment

Date	Activity
December 2022	Turnaround goes live
March-April 2023	Evaluation Co-design – Ministry of Justice, Youth Endowment Fund, Evaluators
April 2023	Feasibility phase set up
May-September 2023 <ul style="list-style-type: none"> • May-June 2023 • June-July 2023 • July 2023 • August-September 2023 	Turnaround evaluation feasibility assessment <ul style="list-style-type: none"> • Youth Offending Team survey • Learning Groups with Youth Offending Teams • Children and Young People Advisory Group • Potential pilot site engagement
October 2023	Youth Endowment Fund withdrew from the evaluation
October 2023-March 2024	Turnaround pilot (if feasible)
March 2024-March 2026	Planned timeframes for the main Turnaround evaluation

Methodology

Information sources and analysis

Four types of information were gathered to address the research questions and progression criteria including a) a survey of YOTs b) Turnaround monitoring and implementation data submitted to MoJ, c) information gained in learning group meetings with participating YOTs, and d) pilot set up meetings with potentially eligible and interested YOTs.

Table 4. Methods overview

Method	Information sources	Timing of information gathering	Research area (detailed questions above)
Youth Offending Team (YOT) survey	Single Point of Contact in each YOT	May / June 2023	1-4
Turnaround monitoring and implementation data submitted to Ministry of Justice	Each YOT was required to submit a range of monitoring data to MoJ on a quarterly basis	Quarterly March/April 2023 and June/July 2023	1-4
Learning Group meetings	YOTs were invited to send representatives	June and July 2023	1-4
Pilot set up meetings	YOTs interested in taking part in the pilot were engaged in one-to-one meetings	August and September 2023	1-4

YOT Survey

An online survey was developed and distributed to 154 YOTs in England and Wales, during May 2023 with an intended response from each YOT. In total, 134/154 (87%) YOTs completed the survey. The roles of those completing the survey were varied and included area / service managers within the local authority, YOT managers and YOT practitioners.

The survey explored four topics:

1. *The YOTs existing provision and the availability of other provision for this cohort:* this section of the survey also sought confirmation of the existence and use of policies on race and ethnic disparities and to map the availability of other provision originating from local and / or national initiatives for the cohort of children eligible for Turnaround.
2. *Arrangements for delivering Turnaround in the YOT:* This section of the survey sought descriptions of the referral process, triage and screening processes, assessment tools

and processes, resourcing and staffing for Turnaround, as well as gauging YOTs' confidence to deliver key aspects of the Turnaround programme according to standards and expectations set out in the MoJ programme guide.

3. *Support to be provided through Turnaround and the existing support that is available from YOTs or other agencies for this cohort:* Respondents were asked to describe in detail the kinds of support available across 10 domains including for example mental health and therapeutic, mentoring and supportive relationships, and education and vocational. Amongst other things, respondents were asked to:
 - a. Describe the types of support available.
 - b. Indicate whether the support was provided as part of Turnaround, already available via existing local provision, or both.
 - c. Comment on how similar or different the support for this cohort was – comparing existing support and support arranged through Turnaround.
 - d. Confirm whether such support was provided by the YOT or partner agencies.

4. *Interest in and confidence to support an evaluation of Turnaround:* Respondents were invited to comment on their confidence in delivering different elements of the evaluation and their interest in participating in the pilot or full trial.

Analysis: Quantitative data were analysed using descriptive statistics. Qualitative data were analysed using thematic analysis.

Monitoring and implementation data

YOTs submit Turnaround delivery data quarterly to MoJ. This is anonymous aggregated monitoring and implementation data. These data were analysed as part of the pre-evaluation assessment. The monitoring and implementation data contain information on for example, numbers of children referred to the YOT, numbers of children proceeding to assessment and to support, and numbers of children receiving different categories of support.

Analysis: Quantitative data were analysed using descriptive statistics.

YOT Learning Groups

Five learning groups were arranged during the pre-evaluation stage. Learning Groups were held in June and July. YOTs delivering Turnaround were invited to join a group. In total 48 YOT staff members joined a learning group, representing 47 YOTs. Learning groups lasted for 90 minutes and involved a combination of presentation and discussion. The evaluation team shared updates on the proposals for the evaluation and invited comment and feedback. The aim of these groups was to engage YOTs in the design and delivery of the evaluation, build interest in the evaluation discuss challenges to the delivery of the evaluation and identify

solutions. They also enabled YOTs to hear from each other about Turnaround practices and to share emergent learning about early Turnaround delivery from the pre-evaluation. The primary purpose of the Learning Groups was to engage and share information with YOTs; they were not primarily a data collection exercise.

The objectives of the groups were:

For participants:

- To understand more about the evaluation.
- To meet colleagues from YOTs outside their region.
- To hear about the types of support offered in other YOTs and how this compares with existing support.
- To give feedback on the feasibility of the approaches to evaluation.

For evaluators:

- To build relationships with Turnaround leads.
- To understand more about the nature of support being provided and how this differs from existing local provision.
- To explore the preferred evaluation methodology.

Analysis: Data from learning groups was collated and analysed descriptively covering the key learning from each group and across groups. (NB The primary purpose was engagement rather than data collection).

Patient and public participation

Children and Young People

Two approaches were used to ensure children and young people's input directly informed the design and delivery of the evaluation. A Peer Researcher was recruited and worked on the project. A children and young people's advisory group (CYPAG) was established. This group had a critical role in ensuring materials were inclusive of all children, especially those from the marginalised groups that are over-represented in the YJS.

Eight children / young people attended the initial CYPAG meeting, which was held on 11 July 2023. The children and young people were recruited via a newsletter item circulated to the YOTs, via social media (Twitter/X), and via through Anna Freud's existing relationships with relevant charities (Peer Power and McPin). The meeting had an introductory focus, with the aim of bringing the group together, to get to know each other, and to identify the role of the group. The CYPAG members were introduced to their overarching goal that they would be asked to work on together in this initial feasibility stage i.e. contributing to the project's running by giving specific feedback on data collection materials.

Participation at the second meeting (9 August 2023) was lower with just three children or young people in attendance. Two additional children / young people were recruited and

consulted in September 2023. The Patient and Public Involvement Lead and Peer Researcher continued to engage during the pre-evaluation assessment to inform the design and materials of the pilot and they are also authors of this report.

YOTs

A monthly evaluation bulletin was sent out to YOTs by the evaluation team. The purpose of this was to update YOTs on progress with the evaluation and to make requests. Several YOT Learning Groups were held during the pre-evaluation assessment (described above).

Ethical review

Arrangements were made for submitting the protocol for the pilot and main stage evaluation to University College London (UCL) Research Ethics Committee (REC) for ethical approval. However, formal ethical review was not conducted for the pre-evaluation assessment as data collection involved only the collection of anonymised information through survey and analysis of existing monitoring data, along with informal consultations via Learning Groups and pilot set up meetings.

Given there was to be some engagement with children and young people through the CYPAG, and to inform the planning and procedures for a pilot/full evaluation, safeguarding processes were established. A safeguarding lead for the project was appointed who worked closely with the team and practice leads to review and tailor the safeguarding policy to the pre-evaluation assessment, ensuring it was compatible with sites. She worked with the evaluation team to prepare for, and debrief after, data collection visits ensuring safeguarding concerns are identified and actioned in a timely manner. She was also available to support on an ongoing basis.

Data protection

The evaluators operate with strict Information Governance (IG) policies in place, complying with relevant legislation (e.g., GDPR, Data Protection Act 2018). IG Leads keep us up to date with security protocols and standards. All staff receive annual data protection training, and researchers receive additional research IG training.

Information governance approval was received from Anna Freud. All participants received a privacy notice outlining how we use, manage, and protect their data. The UK GDPR basis for processing these data is legitimate interest (Article 6(1)(f)) and research purposes (Article 9(2)(j)) and DPA (2018) Schedule 1 part 1 paragraph 4. This allows Anna Freud to process personal data for research or evaluation purposes where appropriate care is taken to manage the data securely.

The Data Protection Impact Assessment (DPIA) and associated documentation have been developed and approved by Anna Freud at the outset of the pre-evaluation assessment. This process ensures we are complying with data protecting regulations and protecting individual data subjects' rights.

Findings

RQ 1. Is the delivery of Turnaround across the YOTs sufficiently mature and developed to warrant an RCT?

Overall, there was sufficient maturity in delivery amongst a sizeable number of YOTs to warrant an RCT. Most YOTs confirmed that they were confident to deliver Turnaround in all or all but one of the key criteria for delivery maturity (see page 16 for information about the criteria used to define 'maturity').

Overall, 76 (62%) of 123 English YOTs responding to the survey confirmed that they were confident to deliver Turnaround in all or all but one of the key criteria for delivery maturity outlined on page 15-16. By contrast, 47 (38%) of those responding to the survey were not confident in more than one of the key delivery maturity criteria. Seventeen English YOTs did not respond to the survey / question. Three areas YOTs reported lower levels of confidence were in being able to achieve their target number of children supported through Turnaround, children being able to complete an intervention as part of Turnaround, and the extent to which children referred by other agencies for Turnaround are eligible. It should be noted that this survey was collected during the early stages of Turnaround delivery. Meanwhile 114 (93%) of 123 English YOTs who responded to the survey confirmed that they had an EDI strategy in place.

In Wales, 7 (53%) of 13 YOTs responding to the survey were confident to deliver Turnaround in all or all but one of the key criteria for delivery maturity. In addition, 6 (46%) were not confident in more than one of the key delivery maturity criteria. Three Welsh YOTs did not respond to the survey / question. Meanwhile 10 (77%) of 13 YOTs responding to the survey had an EDI strategy in place.

RQ2. How acceptable to YOTs is an RCT design and will enough YOTs take part in a pilot RCT?

Just over a fifth of English YOTs responding to the survey (26/120, 21.67%) confirmed their interest in taking part in the pilot evaluation and almost half (56/120, 46.67%) said they were potentially interested in taking part if they had more information'. Approximately a quarter of YOTs (31/120, 25.83%) reported not being interested in the pilot nor full evaluation and a small number of YOTs (7/120, 5.83%) reported not being interested in the pilot but potentially being interested in the full evaluation.

Welsh YOTs most frequently reported in the survey being potentially interested in taking part in the pilot evaluation if they had more information (6/13, 46 %) and one reported being interested in the pilot presently (1/13, 8%). Approximately a quarter of YOTs (3/13, 23%) reported not being interested in the pilot nor full evaluation and approximately a quarter of YOTs (3/13, 23%) reported not being interested in the pilot but potentially being interested in the full evaluation.

Despite this wider willingness to support the evaluation, and despite extensive engagement, only seven in principle verbal agreements to participate in the pilot and only four letters of intent to participate were received from YOTs by the end of the pre-evaluation assessment stage. All of these were from English YOTs. These numbers were a long way short of the required 10-15 pilot sites for an internal pilot RCT.

Some insights into concerns that were barriers to agreement to participate were identified through the learning groups and pilot set up meetings:

- *Concerns about turning children away:* The consistent concern YOTs raised was about the experience of interacting with children referred for Turnaround (through signing them up to the study) but then not providing any support to them if they are allocated to a control group. Given the requirement was for 50% of all children referred to Turnaround in pilot sites to join a control group, this was a considerable issue. This concern was exacerbated by the vulnerabilities present in the cohort of children eligible for Turnaround, and associated risks of not providing services.
- *Timing:* Some YOTs reported that they were still in the mobilization stage of Turnaround (for example raising awareness of the programme with referring agencies) and did not feel ready to be part of the pilot.
- *Low levels of excess demand:* Relatedly in some sites, YOTs had not sought to recruit more children than they had capacity to provide for, so in these sites there would not be 'excess demand' that would be required to randomly assign children to treatment or control.

- *Insufficient staff capacity*: YOTs reported that in some cases there was insufficient staff capacity to take part in the pilot, due to other priorities or wider issues affecting the YOT or Local Authority.

A final challenge to the feasibility of an RCT was that in most sites, the numbers of children progressing through assessment and support was lower than what would be needed to meet the sample size calculations for a full trial, which equates to 6-8 children per calendar month (pcm). For example, 32 English YOTs (25% of the 130 that had submitted monitoring data) had recruited and assessed 6+ children pcm during year 2 and only 26 English YOTs (20% of the 131 providing monitoring data) had exceeded their target for children supported by 150-200% during this period. Meanwhile no YOTs had a waiting list for either Turnaround assessment or support of four or more months.

A similar picture was found in Wales where no YOT (out of the 15 who had submitted data) had recruited and assessed 6+ children pcm during year 2 and no Welsh YOTs were exceeding their target for children supported by 150-200%. Meanwhile no Welsh YOTs had a waiting list for either Turnaround assessment or support of four or more months.

RQ3. Are YOTs able to support the delivery of an RCT or other impact evaluation design?

Table 5 shows the survey responses on confidence to deliver an evaluation. Most YOTs were willing and able to support the delivery of an evaluation, i.e. recruiting children, taking consent, supporting data collection. There were three areas of lower confidence, although YOTs indicated they would be confidence with support: 1) Helping to organise one-to-one interviews with researchers and children, which would be part of a process evaluation; 2) introducing the evaluation to children and families; and 3) recording administrative data. From learning group and pilot set-up meetings, these areas did not seem to be substantive barriers to participating in an evaluation. A substantive barrier to participating in an evaluation that uses an RCT (or QED) design was that YOTs were ultimately not prepared to allocate children to a control group (see below).

Table 5: Survey responses on confidence to deliver an evaluation.

	Confident		Not confident yet but could be with support		Not confident	
	No. of YOTs	%	No. of YOTs	%	No. of YOTs	%
Getting buy-in from staff	111	83%	22	16%	1	1%
Introducing the evaluation to children and families	80	60%	50	37%	4	3%

Completing consent forms with children	117	87%	17	13%	-	
Collecting parent/carer consent	115	86%	18	13%	1	1%
Completing surveys with children	108	81%	26	19%	-	
Helping to organise one-to-one interviews	68	51%	55	41%	11	8%
Recording administrative information	88	66%	43	32%	3	2%

RQ4. Can an appropriate comparator group be established?

It was not possible to establish an appropriate comparator group. ‘Management as usual’ was explored, however there were three issues.

First, it would have meant YOTs not providing support to children (as would have been the case before implementation of Turnaround), which was not an acceptable option.

Second, a key challenge to the feasibility of an effective trial of efficacy was that children in the comparator (and intervention) arm would receive ‘management as usual’ (i.e., other local support not provided by, or referred from, the YOT). This would have meant ‘management as usual’ would have varied greatly from one area to another. Support provided by Turnaround is also heterogenous by design and may overlap with ‘management as usual’. Therefore, it was challenging to define what ‘management as usual’ was, what Turnaround support was, and what difference there was between the two. It would also not have been appropriate to attempt to constrain the types of support provided through ‘management as usual’, even if that would have helped addressed these challenges.

Third, there had not yet been sufficient numbers of children receiving Turnaround to enable YOTs to withhold support from half (or a sizeable proportion) of them within the delivery requirements of the Turnaround programme.

Across the 10 support types included in the survey (see pages 24-25) an average of 2.74 support types were different for 120 English YOTs with available data. Across the 10 support types, an average of 1.54 support types were different for 13 Welsh YOTs with available data. In general, YOTs described the types of support being provided through Turnaround and “existing local provision” as being similar, except that in Turnaround this support was provided by the YOT whereas in “existing local provision” it was provided by external partner agencies. The suitability of the control group could have been assessed by monitoring take up of services by control and treatment group but due to the above findings the trial did not progress beyond the pre-evaluation assessment stage.

Third, there had not yet been sufficient numbers of children receiving Turnaround to enable YOTs to not support half (or a sizeable proportion) of them within the delivery requirements of the Turnaround programme (see RQ 2).

RQ5. If an RCT is not feasible, what alternatives are there and how feasible are they?

Quasi-experimental designs (QEDs) are those that attempt to replicate RCT methodology through statistical approaches (e.g., Harris et al., 2006). The aim is to create groups in the analysis that are similar to each other on observed and for some unobserved variables. The exploratory consideration of alternative QEDs included regression discontinuity design, instrumental variable design, matching designs, different in difference design, interrupted time-series designs, QED involving secondary analysis.

The findings for RQ5 are detailed in Appendix 2. Our analysis concluded that most QEDs require a control group, as the intended purpose of the design is to replicate randomization when it is not possible or appropriate. Due to the key challenges of sample size and concerns about the use of a control group (outlined in the findings above), QEDs were not found to be viable. QEDs that do not require a control group (interrupted time series) were not deemed more feasible, for example due to the administrative burden for YOTs and children and the inability to find data for an equivalent comparator group using secondary (historical) data.

Conclusion

This pre-evaluation assessment examined the feasibility of different evaluation designs for assessing the efficacy of Turnaround.

There was sufficient maturity in delivery amongst a sizeable number of YOTs. Most YOTs confirmed that they were confident to deliver core elements of Turnaround in all or all but one of the areas of service delivery that were defined for 'delivery maturity' which included delivery of triage and screening of children, delivery of 'Early Help' style assessments, ability to provide (or arrange) services that match assessed needs of children and an ability to engage children and parents / carers.

Most YOTs were willing and able to support the delivery of an evaluation, i.e. recruiting children, taking consent, supporting data collection. What they were ultimately not prepared to do was to allocate individual eligible children to a control group which might result in them not receiving services YOTS believed they might need or benefit from.

Whilst seven YOTs agreed verbally, in principle to take part in the pilot RCT, only four YOTs returned a signed letter of intent to take part in the pilot with an authorised signatory. Concerns about the use of a control group were significant, but the relatively low levels of service uptake by children at this early stage in the delivery of Turnaround was also problematic.

We were not able to establish an appropriate comparator group. 'Management as usual' was explored, however there were several issues that made this unfeasible, detailed in the main body of the report.

Most QEDs require a control group, as the intended purpose of the design is to replicate randomization when it is not possible or appropriate. Due to the key challenges of a lack of excess demand and concerns about the use of a control group, QEDs were not found to be applicable. QEDs that do not require a control group were not deemed more feasible, for example due to the administrative burden for YOTs and children with an interrupted time series design or the lack of robust data for a QED using secondary data analysis. There were only a few sites where Turnaround is not going ahead as the programme includes almost all YOTs.

We are grateful for the opportunity to share our learning and reflections from this pre-evaluation assessment, which we recognise will not come as a surprise to those working in this area. We hope this report will be helpful to others commissioning and delivering applied research, when there is a need to balance different drivers and needs of service delivery and research design. We summarise our five key reflections on these different drivers and needs below.

1. Longer timelines for setting up an evaluation of a new programme are needed – it is highly challenging to design a complex evaluation when the programme needs to begin delivery quickly.
2. Designing evaluations that include a control condition for programmes that are designed - and need - to be rolled out nationally present significant challenges. Opportunities for building in control conditions should be considered (e.g. phased roll out)
3. It is important to manage carefully ethical and safety issues when designing control conditions in the context of highly vulnerable populations.
4. Ensuring evaluation design does not interfere with service delivery requirements is especially important when public money is funding service delivery.
5. Meeting assumptions required for methodologically appropriate and robust research trials which is extremely challenging in contexts such as Turnaround. However, in addition

to contributing to the evidence base these studies are ultimately intended to inform decisions about support provision and improve outcomes for children.

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Appendix 1: MoJ's Turnaround eligibility criteria

Children aged 10-17 with one of these outcomes:

1. Anti-social behaviour - repeated notice of anti-social behaviour
2. Anti-social behaviour - community protection warning/notice
3. Anti-social behaviour - acceptable behaviour contract (ABCs)
4. Anti-social behaviour - civil order
5. Interviewed under caution following arrest/voluntary interview
6. No Further Action (including Outcome 22)
7. Community Resolution (Outcome 8)
8. First-time youth caution (not including conditional caution)
9. Release under investigation or pre-charge bail
10. Discharged by a court
11. Acquitted at court
12. Fined by a court

Appendix 2: Alternative QED designs

Regression discontinuity design

This design involves identifying a continuous running variable, which is used to determine whether a participant is assigned to the treatment or control arm (e.g., Boon, Craig, Thomson, Campbell, & Moore, 2021). A threshold on the running variable is selected and used to determine whether participants are in the treatment or control group (e.g., those just above are in the treatment group and those just below are in the control group). The comparison of the two groups recovers the treatment effect under the assumption that scoring just below or just above the threshold is random (so those scoring near the threshold are similar to each other on observed and unobserved variables). This method therefore estimates a local treatment effect since only participants scoring just above or just below that threshold are included in the analysis and the method recovers the treatment effect around the threshold.

In the Turnaround evaluation, a treatment variable could be baseline levels of risk, for example using a continuous risk score. The Self-Reported Delinquency Scale (SRDS) (Smith & McVie, 2003) could be used as part of this score but may be insufficient alone given the need for a continuous treatment variable. Still, it could be possible to create a composite risk score by supplementing this measure with a number of other questions about risk asked in the baseline survey. However, there are no published cut off scores for the SRDS on which to inform the cut off for this composite risk score. As an illustrative example of this approach, if a score of 5/10 was taken as the cut off, children scoring four would be assigned to the control condition and children scoring five the treatment condition.

Strengths of regression discontinuity are that it is a design that is similar to randomization around the threshold. It may also be more acceptable to practitioners to allocate children to a no Turnaround: management as usual group based on scoring below threshold on the risk score. Limitations are that identifying the cut off threshold will be challenging as there is little data from the population of interest on which to base it. It would also involve having to exclude a large number of children from the evaluation, unless those scoring outside of the threshold can be used as part of a different evaluation design. Specific to the Turnaround evaluation, a limitation of the design is that, as with an RCT, it requires data collected from children in a control condition.

A regression discontinuity design would be the most feasible of the QEDs. However, in addition to requiring a group of children to not receive Turnaround, it introduces other significant challenges, particularly the reduction in sample size given the analysis of children around the cut off. On balance, a regression discontinuity design is likely no more feasible than an RCT.

Instrumental variable design

This design involves identifying a continuous variable that randomly predicts whether a participant receives the treatment or control condition (e.g., Garabedian, Chu, Toha,

Zaslavsky, & Soumerai, 2014). The instrumental variable cannot be correlated with the outcome of interest (other than through determining allocation) or other observed or unobserved variables that may affect the outcome of interest.

It is challenging to identify a candidate instrumental variable for the Turnaround evaluation. Age and baseline SRDS (Smith & McVie, 2003) or externalizing difficulties would all be expected to be associated with crime and violence. Attitudes towards taking part in Turnaround could arguably be considered to be related to only the treatment allocation, although there would be an absence of robust measures and empirical evidence that it is not associated with, for example, prosocial identity and in turn crime and violence. Geographical variation is a commonly used instrumental variable (Garabedian et al., 2014), and in the Turnaround evaluation could be level of provision of support to this cohort of children prior to Turnaround. The quality of evidence generated from instrumental variable designs is controversial, due to mixed views on the extent to which the identified instrumental variable is unrelated to the outcome of interest (e.g., Garabedian, 2022). However, how to measure this and whether or not it is associated with other potential factors related to crime and violence, such as socioeconomic status, is unclear. In regard to the Turnaround evaluation, another limitation is that it still requires a control condition.

Matching designs

These designs involve allocating participants to treatment and control conditions through non-randomized processes. During analysis, participants across the two conditions are statistically matched to each other based on observed variables (e.g., Thoemmes & Kim, 2011). Treatment effects are then estimated based on differences in the outcome of interest between matched pairs of participants.

In the Turnaround evaluation, this would involve statistically matching (e.g., propensity score matching) children who receive Turnaround and who receive the control condition on observed variables collected at baseline (e.g., age, crime and violence, externalizing difficulties) and then estimating treatment effects for similar children in each condition. A limitation of this design is that it relies on the assumption that children who receive, and who do not receive, Turnaround are not different to each other on unobserved variables. This design also assumes that children who receive and who do not receive Turnaround are not substantively different to each other on observed variables because, even after matching, there may be significant differences between groups if there are substantive differences at the outset. Nonetheless, differences in observed variables, after matching, can be tested, unlike differences in unobserved variables. This design would also require data on children who did not receive Turnaround.

A matching design could be applied to a historical control condition. For example, using national administrative data, children in the years before Turnaround was implemented could be statistically matched to children in the years after Turnaround was implemented and treatment effects then compared. A limitation of this design, that would render it unsuitable as a primary impact evaluation, is that effects could be attributed to Turnaround that were

actually temporal effects arising from for example, changes to national policy. In addition, as national data recording can vary over time, there may be different data available for the different groups.

Difference in difference design

This design involves collecting data before and after participants receive the treatment and control condition (Wing, Simon, & Bello-Gomez, 2018). The analysis then compares the amounts of change for participants within a condition across the two conditions. Difference in difference designs can be used alone or in combination with other randomized designs and QEDs. Considering it as a standalone design, a limitation for the Turnaround evaluation is that it requires a control condition.

Interrupted time-series designs

There are different interrupted time-series designs. In general, these designs do not require a control group. Instead, comparisons are examined within individual participants (e.g., Harris et al., 2006). This is achieved through collecting data at multiple measurement points, and different designs take different approaches to when participants are exposed and not exposed to treatment. In the Turnaround evaluation, the repeated baseline design may be appropriate, which requires multiple measurement points before exposure to the treatment. Any changes to the outcome of interest occurring after exposure to the treatment are then compared against the trajectory of the outcome of interest prior to exposure. It would be important that measures are sensitive to change within a relatively short time period. The times at which measures are administered could be randomised, which should balance out any fluctuations in measures unrelated to exposure to the intervention. On the one hand, this design addresses the key limitation of the Turnaround evaluation, in that a control condition is not required. On the other hand, this design is administratively burdensome for data collectors and participants, and in the Turnaround evaluation it would require YOTs to have many interactions with a child for a period of time before offering Turnaround.

QEDs involving secondary data analysis

QEDs can also be conducted without collecting primary data from participants and instead using data that are already routinely collected and available nationally. The synthetic control method is one such QED secondary analysis approach, and it involves creating an “artificial” control group with actual data (e.g., Bouttell, Craig, Lewsey, Robinson, & Popham, 2018).

In the Turnaround evaluation, administrative data that could be used include criminal records from YOTs and/or from the Police National Computer (PNC) and educational records from the National Pupil Database (NPD). However, it is important to note that data for the control YOTs and children (not receiving Turnaround) would still be required. For example, if we were using administrative data to compare YOTs implementing Turnaround we would need to compare to YOTs not implementing Turnaround, which is not possible given it is a national programme. Prospective data both on YOTs implementing and not implementing Turnaround in the

administrative data would then be used to estimate treatment effects. The control condition is “artificial” in that it is made up of a pool of YOTs not implementing Turnaround. YOTs from this control pool may then be used multiple times to provide comparator data, based on how similar they are to the YOTs in the treatment condition. Historical data would be used to understand how to weight the YOTs in the control pool so that, in the pre-Turnaround years, the trends in outcomes of the children in the control pool look as similar as possible to those of the children in the YOTs eventually implementing Turnaround.

Strengths of this approach include not relying on self-reported data and the national coverage of these data. A limitation is that it still requires identifying a group of children or a group of areas who are not receiving Turnaround while others are. Other limitations include the time delay for national administrative data, although this could potentially be mitigated by drawing on data from YOTs directly that they hold on offences. Not all children eligible for Turnaround will be available in the criminal records as not all of the eligibility criteria correspond to a statutory record. Other than offences, only cautions and fines are present in the PNC and, based on the latest monitoring and implementation data, they make up a very small proportion (less than 4%) of those children referred to Turnaround. The administrative data will not cover the range and nuances of outcomes required. However, other datasets of comparable self-report surveys could be drawn on from school or population datasets that we hold, but those samples will be less comparable. It might be possible to create a control group based on individual-level data from control conditions across other YEF-funded evaluations (e.g., using a large control group or several smaller control groups). The comparability of samples and data would need to be examined (although certain measures such as the SRDs (Smith & McVie, 2003) and the Strengths and Difficulties Questionnaire (Goodman, Meltzer, & Bailey, 1998) are likely to be widely available). Another potential option could be to try to access primary data from previous similar trials. Again, the comparability of samples and data is uncertain.

A summary of the findings of this review are set out in Table 6 below.

Table 6: Feasibility and evidence rating for potential quasi-experimental designs in the Turnaround evaluation.

Evidence rating in the context of the Turnaround evaluation	Design	Feasibility for the Turnaround evaluation: primary reason for rating
Equivalent to randomisation	Regression discontinuity design	Low: identifying the treatment variable, need for control group, sample size
Moderate	Instrumental variable	Low: identifying the instrumental variable, need for control group
High but non-equivalent to randomization	Interrupted time-series	Low: burden, need for control group for some designs

High but non-equivalent to randomization	Matching designs	Low: need for control group
High but non-equivalent to randomization	Difference in difference	Low: need for control group
High but non-equivalent to randomization	Synthetic control	Low: need for YOTs not implementing Turnaround