

EVALUATION REPORT

Media Academy Cymru's Cerridwen Project

Pilot trial report

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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 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 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 that children and young people 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.

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About the evaluator

Cordis Bright has been commissioned to evaluate Media Academy Cymru's (MAC) Cerridwen project as part of the Youth Endowment Fund's 'A Trusted Adult'—themed grant round.

Cordis Bright believes that public sector services can change lives for the better. We work collaboratively with our clients to improve outcomes for service users and their families. We provide research, evaluation, consultancy and advice aimed at improving public services. Our team has a unique combination of consultancy, research and evaluation skills, with previous experience in practice, management, leadership and inspection. Cordis Bright offers a range of research and evaluation services which aim to improve the evidence base from which public services are delivered.

The evaluation team for this project comprises:

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The project

Cerridwen is a six-month mentoring and case management programme for 10–17-year-olds at risk of involvement in violence. It aims to prevent violence and offending. Delivered by Media Academy Cymru (MAC), children and their families initially meet with a case manager to set goals for the programme. This is followed by 16 weeks of weekly one-to-one two- to three-hour meetings with their case manager. In these sessions, the case manager aims to support the child to reduce their risk of involvement in violence by building a trusting relationship, exploring feelings and behaviour, improving communication and fostering empathy and self-confidence, alongside setting goals and addressing practical challenges. There is then a month-long disengagement phase, where the case manager designs an exit strategy for the child. Children are selected for the intervention if they are exhibiting or at risk of exhibiting violent behaviours, including expressing pro-violent thoughts and opinions, displaying physical and verbal aggression or committing violence. Children in Cardiff, Swansea, Merthyr Tydfil and surrounding areas can receive the intervention and may be referred by a range of partner services (including schools, youth justice services, social care and the police).

YEF funded this pilot study as the first stage of a large-scale randomised controlled trial (RCT) evaluating the Cerridwen model. The pilot study aims to answer whether recruitment, randomisation, retention and data collection were effective, establish whether the evaluation tools were appropriate and ascertain what sample size would be required for a future efficacy study. It also aims to answer whether Cerridwen could recruit and retain enough children for a robust study, in addition to exploring the implementation of the programme. To address these aims, the evaluation established an efficacy RCT with an initial internal pilot. Children were randomised at the individual level. Between April and December 2024, 74 children were randomised to the treatment group to receive Cerridwen, and 77 children were randomised to the control group to receive a lighter-touch intervention (up to eight one-to-one meetings with a case manager over five months). Children were asked to complete a baseline survey and a survey five months into the programme. This included a range of measures, including the Self-Report Delinquency Scale (SRDS) and the Strength and Difficulties Questionnaire (SDQ). The evaluator also conducted 15 in-depth interviews with children who received Cerridwen, 14 interviews with project staff and 22 interviews with wider programme partners (including referral organisations and participants’ family members). Of the 151 children who were randomised, 90% (136) came from a White ethnic background (slightly lower than the proportion of Wales who identify as White – 94%). 6% identified as being from a mixed ethnic background, 2% from a Black ethnic background and 1% from an Asian ethnic background.

Key conclusions
Children were successfully recruited, randomised and retained in the pilot phase of the trial. 56 children were recruited in the first three months (versus a pre-defined aim of 36). 79% of children in treatment and control groups had completed follow-up data collection or were still receiving support in December 2024.
Data collection processes were effectively established and embedded; over 79% of participants completed at least 80% of the data collection scales used at baseline and after five months. Evaluation tools were found to be reliable and practical, with good internal consistency and alignment with theoretical expectations.
Cerridwen was delivered largely as intended, with adherence to core modules. However, session lengths varied, particularly for some children with neurodivergence, requiring adaptations to sessions. The overall length of the intervention was also longer than anticipated. The programme’s flexibility and youth work approach were valued by participants, with strong engagement from children and positive feedback from parents, carers and staff.
The majority of children received the minimum expected number of sessions or are on track to do so. MAC also demonstrated that they have necessary delivery capacity, contacting 98% of 197 referred children within five days. 80% of children also began the programme within 15 days of their referral being accepted.
The internal pilot has demonstrated that a full efficacy trial of Cerridwen is feasible. A target sample size for the efficacy study of 592 was originally set to achieve a minimum detectable effect size (MDES) of 0.2; given resource and time constraints, this has been revised down to 367 (which could achieve an MDES of 0.25).

Interpretation

The children were successfully recruited, randomised and retained. 56 children were recruited in the first three months (versus a pre-defined aim of 36), and 109 referrals were received. The remaining 53 children were awaiting assessment and initial meetings at the end of the recruitment period. Over the whole pilot period (up until December 2024), 217 referrals were received, and 151 were randomised into the trial. While the referral rates initially exceeded the targets, they later reduced. An action plan was put in place to support recruitment and referral rates in the transition to an efficacy study. Randomisation was successfully implemented, with an equal 1:1 allocation ratio between the treatment and control groups. Retention was also strong; 79% of children in the treatment and control groups had completed the follow-up data collection or were still receiving support in December 2024. Data collection processes were established and embedded effectively throughout the pilot period; over 79% of participants completed at least 80% of the data collection scales used at baseline and after five months. Specifically, 94% of children completed all elements of the SDQ at baseline, 79% the SRDS. High completion rates were maintained at the follow-up survey after five months; the SDQ was completed by 94% of participants after 5 months, and the SRDS by 87%. There was no evidence of systematic missing data, and the children generally found the questionnaires to be accessible. The evaluation tools were found to be reliable and practical, with good internal consistency and alignment with theoretical expectations.

Cerridwen was delivered largely as intended, with adherence to the core modules. However, the session lengths varied, particularly for some children with neurodivergence, who needed shorter sessions than was originally planned. The overall time frame for the intervention was also longer than anticipated (with children taking 24–32 weeks to complete the programme, rather than the anticipated 20). Case managers found it challenging to deliver weekly sessions to the children, and missed sessions led to an extended intervention period for some children. MAC is implementing strategies to improve early engagement and exploring flexible scheduling to help mitigate these challenges. The children who engaged with the Cerridwen project described it as a valuable programme that provides trusted relationships, tailored support and a safe space to reflect on their behaviours and choices. The programme's flexibility and youth work approach were valued by participants, with strong engagement from children and positive feedback from parents/carers and staff. The children appreciated the approachable and supportive nature of staff, valued the ability to meet their case managers in settings where they felt most comfortable and highlighted the value of the reflection and review activities in the sessions. All of the children interviewed described having positive relationships with their case managers.

The majority of children received the minimum expected number of sessions (12) or are on track to do so. After five months of the programme, two of 28 children in the treatment group had completed the programme, with a further 18 still receiving Cerridwen. Of these 18, 10 had completed the expected minimum number of sessions, and eight were on track to do so. Eight children had disengaged early. Effective delivery and engagement was supported by a proactive and responsive approach by MAC, while many children recognised that the consistency and support provided by a trusted adult had supported them to engage. Barriers to delivery and engagement included family instability and children being referred before they were ready to engage in an intensive programme. MAC demonstrated that it has the necessary delivery capacity to deliver at scale (contacting 98% of 197 referred children within 5 days). 80% of the children began the programme within 15 days of their referral being accepted.

The internal pilot has demonstrated that a full efficacy trial of Cerridwen is feasible. YEF is, therefore, proceeding with a full trial. A target sample size for the efficacy study of 592 was originally set to achieve a minimum detectable effect size (MDES) of 0.2; given resource and time constraints, this has been revised down to 367 (which could achieve an MDES of 0.25). Staff and wider partners recognise that randomisation is necessary for Cerridwen to be available in South Wales, and recruitment and retention levels suggest sufficient acceptance. However, concerns persist around fairness and control group support, highlighting the need for ongoing, clear communication about the benefits of an RCT and the safeguarding measures in place.

Introduction

This report presents the findings of an internal pilot, a two-armed parallel randomised controlled trial (RCT) and an implementation and process evaluation (IPE) of Media Academy Cymru's (MAC) Cerridwen programme. The internal pilot was conducted to assess the feasibility of the programme before progressing to an efficacy study evaluation.

The Cerridwen programme (Cerridwen) works with young people aged 10–17 who are at risk of involvement in serious youth violence because they are exhibiting or are at risk of exhibiting violent behaviours. It is a six-month, voluntary one-to-one mentoring and case management intervention, rooted in cognitive-behavioural approaches, in which young people receive one-to-one mentoring from a case manager. Sessions take place in a safe and suitable location, such as the young person's home or school. Key referral sources include partners in education, NHS and health services and children's services. During the pilot period, Cerridwen was delivered across Cardiff, Swansea and Merthyr Tydfil.

The delivery of Cerridwen started in April 2024. The Cerridwen evaluation is being delivered across the following distinct periods:

- 1) **Pilot trial period** – April 2024 to June 2024. Participants recruited during this period formed the pilot cohort.*
- 2) **Pilot report period** – April 2024 to December 2024.*
- 3) **Efficacy study incorporating the pilot trial period and the pilot report period** – April 2024 to April 2026.*

Fieldwork for this report, including the IPE, took place between April 2024 and December 2024, and this report draws on all data collected by the end of December 2024. Where only the data for the pilot cohort is included, we note this explicitly.

Data collected during the pilot trial and pilot report period will inform the efficacy study. Recruitment for the efficacy study is ongoing throughout the pilot reporting period.

For an overview of the participants' flow through the trial, please refer to Figure 5.

Cerridwen is a mentoring and case management intervention that combines mentoring approaches with structured case management. The delivery model can be widely understood as a mentoring programme, following similar interventions which currently inform the existing evidence base for such approaches (see Gaffney et al., 2022).

MAC case managers act as mentors to the young people participating in Cerridwen. Throughout this report, we refer to the people in this role as case managers, in line with MAC's internal terminology.

Background

Cerridwen was developed in response to research which shows that:

- There has been an increase in the number of incidents of youth violence over the last year in England and Wales (Sivarajasingam et al., 2023; Welsh Government, 2022).
- There has been an increase in the number of young people in Wales being referred to youth justice services for violent offences (Morgan, 2022).

When the Youth Endowment Fund (YEF) funded Cerridwen, the policy landscape for tackling youth violence was shaped by the UK government's Serious Violence Strategy (HM Government, 2018). The strategy recognised the growing impact of youth violence, particularly in urban areas, and prioritised early intervention. This was reinforced by the Youth Justice Board's *Strategic Plan 2021–2024*, which emphasised diversionary approaches to reduce reoffending by and ensure proportionate responses to young people in contact with the criminal justice system.

Since then, policy efforts have continued to evolve, with a growing emphasis on public health approaches and multi-agency working. The establishment of Violence Reduction Units (VRUs) in England and Wales reflected a shift towards evidence-based, trauma-informed interventions that address the underlying causes of serious violence. More recently, the UK government's Turnaround programme has expanded investment in early intervention services for children at risk of entering the youth justice system, aiming to prevent formal criminal justice involvement.

Cerridwen aligns with these evolving national priorities by providing a structured, trauma-informed intervention aimed at reducing risk factors for youth violence, particularly for young people who may be resistant to statutory interventions. As part of a wider effort to test alternative early intervention models, the Cerridwen trial will contribute to the evidence base on how mentoring and case management can support violence reduction.

Rationale for the Cerridwen model

YEF has identified mentoring-based interventions as a promising approach to reducing youth involvement in violence, but robust UK-based evidence remains limited. The YEF [Toolkit](#) estimates that the impact of mentoring and cognitive-behavioural therapy on violent crime is likely to be 'medium' and 'high' respectively. This evaluation will contribute to YEF's mission to build a stronger evidence base for 'what works' in violence prevention, particularly in terms of understanding the impact of structured case management combined with mentoring and cognitive-behavioural approaches.

Unlike short-term diversion schemes, Cerridwen provides intensive, structured, one-to-one mentoring, including elements of case management, over six months, ensuring sustained engagement with the young people. Cerridwen integrates mentoring and case management through a trusted adult model, where trained youth workers (referred to as case managers) provide weekly one-to-one sessions that combine the relational focus of mentoring with structured, goal-oriented case management (e.g. a joint goal setting and progress review). It also uniquely integrates cognitive-behavioural approaches, helping participants develop emotional regulation, consequential thinking and prosocial decision-making skills. Additionally, Cerridwen operates in non-statutory settings such as young peoples' homes, making it more accessible to young people who may be resistant to traditional justice system interventions.

The Cerridwen model is based on evidence which shows:

- Focusing on increasing children and young people's empathy may help to avoid future offending (Bateman and Cook, 2021).
- Mentoring and key worker programmes have been shown to have a positive impact on outcomes which are often associated with later involvement in violence, e.g. substance misuse, behavioural difficulties, educational outcomes, social connections, emotional health and self-esteem (Gaffney et al., 2022).
- Protective social networks are important for reducing the risk of offending, including trusted-adult relationships (Gaffney et al., 2022).
- Targeted programmes which consider the individual characteristics and needs of children and young people are more likely to reduce the attrition of participants in interventions and improve reoffending rates (Christensen et al., 2020).
- Cognitive-behavioural approaches and mentoring can be effective at reducing reoffending (Adler et al., 2016).
- Voluntary participation tailored to individual interests, taking a trauma-informed approach, encourages better engagement by children and young people with services than do statutory interventions for this cohort (National Lottery Community Fund, 2018).

Rationale for an internal pilot trial and efficacy study RCT

The rationale for an internal pilot trial, IPE and potentially a full efficacy study (including an RCT and IPE) of Cerridwen is strong, based on preliminary evidence from a qualitative process evaluation of the programme (which has been delivered in Cardiff since 2015) conducted by Swansea University. The evaluation suggested that Cerridwen has the potential to be used by a range of organisations and practitioners to help support young people who display violent behaviours (Morgan, 2022). This evaluation report also included positive qualitative feedback from the children and young people and partner services, which supports the expectation that the project will reduce the severity and frequency of violence among children and young people.

In addition, there is limited robust evidence across the UK for what works to reduce offending among children and young people. In particular, there is limited evidence of the long-term effectiveness of interventions that work with young people aged 10–17 who are at risk of involvement in crime (Ross et al., 2011). However, there is emerging evidence that programmes which include mentoring approaches, such as Cerridwen, may support young people to stay out of crime, but more research is needed in this area (Jolliffe and Farrington, 2008). This means the case for robustly evaluating promising mentoring and case management programmes such as Cerridwen is clear; that is, these evaluations will support the development of the evidence base showing whether mentoring programmes can support a reduction in young people's involvement in serious youth violence.

While the YEF Toolkit suggests that the evidence for mentoring is moderately strong, this evidence is for mentoring programmes as a whole, without any specific focus on children and young people who are already involved in crime or violence. Conducting an internal pilot trial to see if Cerridwen can progress to an RCT efficacy study is an important step that will potentially contribute to the knowledge and understanding of what works to reduce offending among young people in the UK.

Racial inequities in the criminal justice system

In 2017, *The Lammy Review* (2017) concluded that ‘BAME¹ individuals still face bias, including overt discrimination, in parts of the justice system’. As this section will demonstrate, there is extensive evidence highlighting racial disparities within the youth justice system, which has significant implications for the experiences and outcomes of children and young people from ethnic minority backgrounds.

YEF’s *Children, Violence and Vulnerability* report (2024) underscores how children from racialised communities are disproportionately represented at key points of the criminal justice pathway. For example, according to 2021 census figures, Black children aged 10–17 make up 6% of the population but represent 28% of the average monthly youth custody population.

These disparities are not explained by differences in offending but reflect deeper structural inequalities, including differential treatment within the justice system, systemic racism in public services and barriers to accessing early support.

Structural barriers to support and intervention exacerbate these disparities. According to the cross-party law reform charity JUSTICE (Paul, 2021), the data suggests that White children are more likely to be offered diversionary support than children from ethnic minority backgrounds. This indicates a disparity in the accessibility and availability of early intervention that may prevent more serious offending.

There is evidence that young people from racially minoritised backgrounds face structural barriers to support and are disproportionately represented in the youth justice system (Youth Justice Board, 2024). Interventions such as Cerridwen, which offer flexible, one-to-one mentoring, may be particularly well-placed to respond to these inequities by tailoring support to individual experiences, building trusted relationships and strengthening engagement in education and prosocial activities (Gaffney et al., 2022). This underscores the importance of testing interventions, such as Cerridwen, with a diverse population.

Policy and practice context

The Cerridwen project operates within a broader policy and practice landscape in the UK that is increasingly recognising the need for evidence-based early intervention approaches to prevent youth violence and offending. While mentoring and case management interventions are widely used in both statutory and voluntary, community and social enterprise youth justice services, there remains a lack of robust evidence on their effectiveness, particularly for young people already involved in violence.

Existing policy and interventions, such as the Turnaround programme (Ministry of Justice, 2023) and the Serious Violence Duty (Home Office, 2022) emphasise prevention and multi-agency responses, but research that specifically explores the long-term impact of mentoring-based models on reducing violent offending is limited. The Government’s Youth Justice Blueprint for Wales (Welsh Government, 2019a) acknowledges the need for more equitable support and intervention strategies. However, disparities persist, and targeted interventions such as Cerridwen have the potential to address these by offering

¹ The term ‘BAME’ (Black, Asian, and Minority Ethnic) was commonly used in UK policy and research at the time of *The Lammy Review*. However, it has since been criticised for grouping diverse communities together in a way that overlooks their distinct experiences and disparities. Many organisations now favour more specific terminology.

tailored, trauma-informed and voluntary support for young people from diverse backgrounds, including those most affected by racial inequities.

UK studies on youth offending and diversion highlight the complex risk factors contributing to violent behaviour. Research by the Youth Justice Board (2021) suggests that mentoring interventions are more effective when tailored to the young people's individual needs, particularly when incorporating trauma-informed approaches. The Serious Violence Strategy (HM Government, 2018) also emphasises the role of trusted-adult relationships in early intervention. Cerridwen integrates these principles by using a structured case management model that builds long-term relationships with young people, providing personalised, sustained support that aligns with these evidence-based recommendations.

Meta-analyses of youth mentoring programmes (e.g. Jolliffe and Farrington, 2008; Gaffney et al., 2022) suggest that well-structured mentoring interventions can reduce reoffending by approximately 14–21%. However, these studies also highlight the high variability in the interventions' effectiveness, which is often due to inconsistent implementation, a lack of rigorous evaluation or insufficient focus on sustained engagement. Cerridwen's approach addresses these concerns by incorporating cognitive-behavioural techniques and ensuring engagement through one-to-one case management, using an RCT design to provide robust, causal evidence of the impact of this approach. The findings from the Cerridwen RCT will contribute to the evidence base on mentoring and cognitive-behavioural informed approaches and provide insights into how to deliver interventions that are inclusive, equitable and responsive to the needs of all young people, irrespective of their background. This aligns with broader efforts to reduce systemic disparities in the youth justice system.

Intervention

This section provides an overview of MAC's Cerridwen programme. It answers the following questions:

- Who does Cerridwen aim to work with?
- What inputs are required to deliver Cerridwen?
- How does Cerridwen work with young people?
- What is the programme's Theory of Change?
- What does Cerridwen aim to achieve?
- How has Cerridwen been designed to be sensitive to and appropriate for different groups?

Who does Cerridwen aim to work with?

The target group for Cerridwen, and therefore for the internal pilot trial, is young people aged 10–17 who meet all three of the following inclusion criteria:

- **Criteria 1:** The young people are exhibiting, or are at risk of exhibiting, violent behaviours, as demonstrated by evidence from referral partners that the young people have presented with one or more of the following behaviours:
 - Expressing pro-violent thoughts and opinions

- Displaying physical and verbal aggression (for example, making verbal threats of physical violence)
 - Committing violent behaviours (this can include to property, self and/or others)
 - Using violent/aggressive communication strategies.
- **Criteria 2:** The young people are living in Cardiff, Swansea or Merthyr Tydfil and the surrounding areas.
 - **Criteria 3:** The young people are willing to voluntarily engage with and complete Cerridwen, as demonstrated through:
 - Consenting to referral
 - Confirming their willingness to engage following the initial meeting and a detailed explanation of the project.

Young people will not be eligible if they are currently in prison. This is the sole exclusion criteria. Young people who have been released from prison are eligible. This is because Cerridwen aims to intervene at an earlier stage of criminal activity, to prevent young people from engaging in youth violence and offending behaviours that may lead them to entering or re-entering the criminal justice system.

What inputs are required to deliver Cerridwen?

To deliver its intended activities and outcomes, Cerridwen requires the following inputs across the full delivery period (i.e. from April 2024 to the end of delivery, scheduled for April 2026):

- **Funding:**
 - Staff costs (delivery): £1,128,590.00
 - Staff costs (central/management/training): £41,545.84
 - Equipment and materials: £22,617.35
 - Travel and expenses: £28,816.90
 - Other expenses (young people's activities/incentives and translation/speech and language services): £79,900.26
 - Overheads: £217,618.19
 - **Total: £1,519,088.54.**
- **Facilities:**
 - Access to emotionally and physically safe spaces, including the young people's homes, schools, community venues and MAC premises.
- **Personnel:** The funding will support the following full-time equivalent (FTE) roles:
 - Regional Cerridwen Manager (× 1 FTE).
 - Regional Cerridwen Project Assurance Officer (× 1 FTE).
 - Cerridwen Case Manager (× 9 FTE, × 3 FTE per local authority area).
 - Safety and Well-being (Control) Group Workers (× 4 FTE).

How does Cerridwen work with young people?

Cerridwen works with young people across four stages over a six-month period:

- 1) **Stage 1: Engagement and assessment planning (three weeks).** A meeting between the Cerridwen case manager and the young person and their family will take place in the most appropriate venue (i.e. at school, in their home or in the community). This meeting will include an assessment to identify the outcomes that the young person wants to achieve, set goals, discuss the young person's hobbies and interests to build activities around and establish a safety plan if necessary. This will be the basis of the work that takes place in Stage 2, ensuring that young people play an active role in the development of intervention plans. Stage 1 will also include the initial introductory meeting to discuss and obtain informed consent (if the young person is happy to take part) and to complete the baseline (T1) questionnaires prior to randomisation and this Stage 1 assessment meeting. Stage 1 will take around three weeks in total.
- 2) **Stage 2a: Block 1 of weekly two- to three-hour one-to-one case management sessions (eight weeks).** The case manager will work with the young person on core components that look at reducing violence through understanding their own feelings and how they relate to behaviours, moving the young person towards positive activity. The sessions will take place in the most appropriate venue for the young person (i.e. at school, in their home, or in the community). The sessions also act as a review of previous sessions and a well-being check-in about how the young person's life is going. The core components in one-to-one case management sessions are:
 - **Communication:** aggressive/passive/assertive – how to identify and overcome flight/freeze/fight
 - **Consequential thinking:** the importance of 'I' messages and neutralising language and behaviours
 - **Thoughts/feelings/behaviours:** how thoughts, feelings and behaviours are linked and how to recognise negative thinking ideas and flip them
 - **Empathy:** awareness of the impact on self and others and of both the short- and long-term repercussions
 - **Identity:** recognising who you are, role models and how you can be a role model; discussing labels and code switching
 - **Reflection:** discussing what aspects of the course they have most identified with, what they will take responsibility for moving forward and what positive changes they will make
 - **Restorative justice/repairing of harm:** *this is not a core module but is delivered if it is identified as relevant to a young person.*
- 3) **Three-month review (one week).** After three months, the case manager and the young person will review the successes and prioritise the next three months via an outcome star.
- 4) **Stage 2b: Block 2 of weekly two- to three-hour one-to-one case management sessions (eight weeks).** These sessions are a continuation of the one-to-one case management sessions in Stage 2a, with a heightened lens on transition strategies.

Details of the safety and well-being support provided to young people in the control group is provided in the **Methods** section, below.

Following the completion of the Cerridwen programme, there will be a disengagement stage. At this stage, the young person will reflect on their learning and development throughout the intervention and develop and identify next steps with their case manager via a bespoke safe exit strategy. As this disengagement

phase is not part of the core Cerridwen intervention, it will not be included in the evaluation (i.e. the exit measures will be administered before the disengagement stage at five months, after the completion of Stage 2b).

In line with the Welsh Government's (2019b) guidance on youth work, Cerridwen emphasises the importance of voluntary participation, inclusivity and young person-led support. This approach aims to ensure and enable learning opportunities that are educative, expressive, participative, inclusive and empowering. Cerridwen case managers use youth work principles to support the young people and challenge them to engage and make better, safer life choices. They support diversity and inclusivity by ensuring that the days, times and venues of the intervention and any other required modifications (e.g. use of pictorial resources rather than text) are mutually agreed with the young person. Case management is delivered in either English or Welsh language formats, according to the language needs of the young person.

Figure 1 summarises the Cerridwen modules.

Figure 1: Summary of the Cerridwen programme sessions

Module	Content/Theme
1	Cerridwen Assessment and Goal setting (one session)
2 (Core)	Communication (three sessions)
3 (Core)	Identity Part 1 (two sessions)
4 (Core)	Consequential Thinking and Thoughts, Feelings, Behaviours (two sessions)
5 (Core)	Empathy (two sessions)
6 (Core)	Identity Part 2 (one session)
7	Restorative Practice (one session)
8 (Core)	Reflection (six sessions)

Figure 2 summarises the sessions which are delivered to Cerridwen participants, including their anticipated duration, setting and content. Referrals and/or signposting to other services (e.g. the children's services' safeguarding team) are made throughout the programme, depending on any ongoing identified risks and needs.

Figure 2: Cerridwen module and session breakdown

Module(M)/Session(S)	Duration	Setting	Content/Theme
Introductory Period			

Module(M)/Session(S)	Duration	Setting	Content/Theme
M1 S1	2–3 hours	A safe and suitable location (e.g. the young person's home)	Cerridwen Assessment and Goal Setting (Introduction of a simple SMART assessment that can be revisited during the course along with Media Academy Cymru's bespoke personal development star chart)
First Eight-Week Block			
M2 S2	2–3 hours	A safe and suitable location (e.g. the young person's home)	Communication (Introduction to understanding communication)
M2 S3	2–3 hours	A safe and suitable location (e.g. the young person's home)	Communication (Non-verbal; fight, flight, freeze; visual; recognising emotions)
M2 S4	2–3 hours	A safe and suitable location (e.g. the young person's home)	Communication (Written communication; the teenage brain)
M3 S5	2–3 hours	A safe and suitable location (e.g. the young person's home)	Identity Part 1 (Labelling theory; imposter syndrome)
M3 S6	2–3 hours	A safe and suitable location (e.g. the young person's home)	Identity Part 1 (Reflection on labels, assumptions and stereotypes; code-switching; self-affirmation; challenging stereotypes)
M4 S7	2–3 hours	A safe and suitable location (e.g. the young person's home)	Consequential Thinking and Thoughts, Feelings, Behaviours (Understanding thoughts, feelings, behaviours; the relationship between thoughts, feelings and behaviours; dealing with conflict)
M4 S8	2–3 hours	A safe and suitable location (e.g. the young person's home)	Consequential Thinking and Thoughts, Feelings, Behaviours (Unhelpful thinking patterns; exploring positive and negative thinking cycles; positive thoughts and healthy thinking cycles; possible scenarios)
Review Phase			

Module(M)/Session(S)	Duration	Setting	Content/Theme
S9	2–3 hours	A safe and suitable location (e.g. the young person's home)	Midpoint review and reflection on achievements and progress Goal setting for the remainder of the intervention
Second Eight-Week Block			
M5 S10	2–3 hours	A safe and suitable location (e.g. the young person's home)	Empathy (Recognising the difference between sympathy, empathy and compassion; cognitive and emotional empathy; random acts of kindness)
M5 S11	2–3 hours	A safe and suitable location (e.g. the young person's home)	Empathy (The one-punch kill; victims and the ripple effect)
M6 S12	2–3 hours	A safe and suitable location (e.g. the young person's home)	Identity Part 2 (What is self-awareness? A self-reflection tool; emotional resilience)
M7 S13 (Optional session)	2–3 hours	A safe and suitable location (e.g. the young person's home)	Restorative Justice (What is restorative practice? Relationships, respect, responsibility, repair, reintegration; restorative practice skills – active listening activity; positive relationships)
M8 S14	2–3 hours	A safe and suitable location (e.g. the young person's home)	Reflection – Communication (Looking at recent experiences; using different styles of communication; using critical thinking; visiting your goals)
M8 S15:	2–3 hours	A safe and suitable location (e.g. the young person's home)	Reflection – Identity (Looking at experiences; self-affirmation; affirmation letters)
M8 S16	2–3 hours	A safe and suitable location (e.g. the young person's home)	Reflection – Consequential Thinking and Thoughts, Feelings, Behaviours (Looking at recent experiences, how have you found using the cognitive-behavioural therapy toolkit? Has it supported you? Did you feel it was not right for you? Reflecting on behaviours; visiting your goals)

Module(M)/Session(S)	Duration	Setting	Content/Theme
M8 S17	2–3 hours	A safe and suitable location (e.g. the young person's home)	Reflection - Empathy (Reflecting on responsibility; looking at recent experiences; using critical thinking; visiting your goals)
M8 S18	2–3 hours	A safe and suitable location (e.g. the young person's home)	Reflection – Self Awareness (What is self-awareness? A self-reflection tool; emotional resilience)
Disengagement Meeting			
S19	2–3 hours	A safe and suitable location (e.g. the young person's home)	Review and reflection on achievements Independent goals and safety plan agreed with the young person

What is the programme's Theory of Change?

In line with the Early Intervention Foundation's *Ten Steps for Evaluation Success* (Asmussen et al., 2019), this section presents Cerridwen's Theory of Change. This Theory of Change was co-developed with senior MAC colleagues, YEF representatives and Cordis Bright as part of the evaluation co-design phase (summer–autumn 2023). It is based on:

- Documentation provided by MAC
- Outputs shared with Cordis Bright, based on a Theory of Change development process between MAC and Ipsos UK
- Theory of change and evaluation co-design workshops held by Cordis Bright and MAC.

The Theory of Change is presented in Figure 3.

Figure 3: Cerridwen by Media Academy Cymru – Theory of Change

Why?		Who? Participants	How? Intervention	What? Outcomes		
Context	Evidence			Short-term	Medium-term	Long-term
Cerridwen has been developed to address: 1) An increase in the number of incidences of youth violence and of young people in Wales being referred to youth justice services for violent offences (Morgan, 2022; Welsh Government, 2022; Cardiff University, 2023). 2) A gap in long-term case management services that focus on building trusting positive relationships and are available to young people in South Wales who have been	Focusing on increasing young people's empathy may help to avoid future offending (Bateman and Cook, 2021). Mentoring and key worker programmes have been shown to have a positive impact on outcomes that are often associated with later involvement in violence (e.g. substance misuse, behavioural difficulties, educational outcomes, social connects, emotional health, self-esteem) (Ipsos, n.d.;² Gaffney et al., 2022). There is evidence of the importance of protective social networks in reducing the risk of	Young people aged 10–17 who are: - Exhibiting or at risk of exhibiting violent behaviours and offending (demonstrated by one or more of the following: expressing pro-violent thoughts and opinions; making verbal threats of physical violence; committing violent behaviours; and/or using violent aggressive communication strategies) - Live in Cardiff, Swansea, or Merthyr	Six months of community-based one-to-one casework. The young people receive: - A three-week engagement and assessment planning phase. This includes two introductory sessions – one with the child or young person and their family to introduce the programme, and one with just the child or young person to conduct an assessment, build positive and trusting relationships and identify goals and outcomes. - An eight-week block of weekly one-to-one sessions, each lasting 2–3 hours. The core modules are rooted in cognitive-behavioural approaches and include empathy, communication,	The young people: - Have an improved understanding of how their behaviour affects others - Have improved skills in emotional regulation - Report they have developed a positive relationship with their case manager - Have improved understanding of and motivation for the opportunities available to them (such as employment/ training opportunities, education opportunities and	The young people: - Have improved empathy - Have improved self-knowledge and self-regulation - Demonstrate improved emotional health and well-being - Have improved social and communication skills - Report they have more healthy relationships with their peers, family members and teachers - Demonstrate increased agency and self-esteem	There is a reduction in: - Young people involved in violent and non-violent offending behaviour - Young people experiencing behavioural difficulties - School exclusions (fixed-term and permanent) - The frequency and severity of arrests of young people.³

² This source refers to a document which was shared with Cordis Bright entitled *Media Academy Cymru: Cerridwen – Theory of Change and Participant Journey Map* (Ipsos, n.d.). The document is not dated, but we understand that it was produced as part of preparatory work undertaken by Ipsos UK with MAC colleagues prior to the beginning of the trial design phase.

³ A reduction in the severity of arrests refers to young people being arrested for less severe offences.

Why?		Who? Participants	How? Intervention	What? Outcomes		
Context	Evidence			Short-term	Medium-term	Long-term
affected by violence (Ipsos, n.d.).	offending; these include trusted-adult relationships (Ipsos, n.d.; Gaffney et al., 2022). Targeted programmes that consider the individual characteristics and needs of young people are more likely to reduce attrition and reoffending rates (Christensen et al., 2020). Cognitive-behavioural approaches and mentoring can be effective at reducing reoffending (Adler et al., 2016). Voluntary participation in interventions tailored to individual interests and taking a trauma-informed approach encourages better engagement by young people with services than do statutory interventions for this cohort (National Lottery Community Fund, 2018).	Willing to voluntarily engage with and complete Cerridwen (demonstrated through consenting to referral and confirming willingness to engage). Young people will not be eligible if they are in prison (young people who have been released are eligible).	consequential thinking, identity and reflection. - A one-week review to reflect on progress and plan the next three months of support. - A second eight-week block of weekly one-to-one sessions, each lasting 2–3 hours, focused on transitioning out of the programme. Following completion of Cerridwen, there is a disengagement phase lasting up to four weeks. The case manager conducts a review and creates an action plan and a safety plan with the young person. As part of Cerridwen, the case managers employ a youth work approach (Welsh Government, 2019b) to build trusting relationships with the children and young people, ensuring they: - Feel emotionally and physically safe during their sessions - Feel listened to and understood - Feel valued - Want to continue to engage.	opportunities in the community) - Report feeling a greater sense of ownership of their goals for the future and improved action-planning skills - Have increased awareness around the consequences of engaging in criminal activity - Have increased knowledge of risks and protective factors.	- Demonstrate increased empowerment and the knowledge to make decisions about their lives - Demonstrate prosocial values and behaviour.	

Why?		Who? Participants	How? Intervention	What? Outcomes		
Context	Evidence			Short-term	Medium-term	Long-term
			Through this relationship, case managers help the children and young people to: • Reflect on their behaviours and consequences and attitudes about them • Burn off the shame of past behaviours and think about how to change in the future • Feel empowered to use their voices and make their own decisions regarding their action plans and goal setting • Understand and practice social and communication skills, e.g. empathy • Access additional support or services where needed (through advocacy and onward referrals).			

What does Cerridwen aim to achieve?

The Theory of Change shows that Cerridwen aims to achieve the following outcomes.

Short-term outcomes:

- The children and young people have an improved understanding of how their behaviour affects others.
- The children and young people have improved emotional regulation.
- The children and young people report they have developed a positive relationship with their case manager.
- The children and young people have an improved understanding of and motivation for the opportunities available to them (such as employment/training opportunities, education opportunities and opportunities in the community).
- The children and young people report feeling a greater sense of ownership of their goals for the future and improved action-planning skills.
- The children and young people have an increased awareness of the consequences of engaging with criminal activity.
- The children and young people have an increased knowledge of the risks and protective factors.

Medium-term outcomes:

- The children and young people have improved empathy.
- The children and young people have improved self-knowledge and self-regulation.
- The children and young people demonstrate improved emotional health and well-being.
- The children and young people have improved social and communication skills.
- The children and young people report they have more healthy relationships with their peers, family members and teachers.
- The children and young people demonstrate increased agency and self-esteem.
- The children and young people demonstrate increased empowerment and the knowledge to make decisions about their lives.
- The children and young people demonstrate prosocial values and behaviour.

Long-term outcomes:

There is a reduction in:

- Children and young people involved in violent and non-violent offending behaviour
- Children and young people experiencing behavioural difficulties
- School exclusions
- The frequency and severity⁴ of repeat arrests of children and young people.

⁴ A reduction in the severity of arrests refers to young people being arrested for less severe offences.

How has Cerridwen been designed to be sensitive to and appropriate for different groups?

Cerridwen has been designed to be sensitive to and appropriate for children and young people from diverse racial and ethnic backgrounds, thus ensuring that the support is inclusive, accessible and culturally responsive. To facilitate engagement, translation services are available where needed, reducing language barriers for the participants and their families. The programme adapts intervention content and delivery to respect cultural and religious practices, such as by accommodating dietary restrictions, prayer times and gender preferences in regard to case managers where appropriate. Conversations about violence go beyond individual choices to consider broader social and structural factors, ensuring that discussions are relevant to the lived experiences of the different communities. Session materials are designed in flexible formats to avoid stereotyping and to better reflect the realities of diverse groups. Additionally, MAC case managers have completed cultural competency training, equipping them with the knowledge and skills to provide tailored, respectful and effective support.

Research questions

As set out in the [trial protocol](#), the overarching research question that an efficacy study RCT of the Cerridwen project would seek to address is:

Is a dedicated mentoring/case management programme delivered with children and young people involved in (or at risk of involvement in) youth violence and offending behaviours, and which is focused on understanding and managing emotions, an effective approach to reducing children and young people's future engagement in youth violence and offending behaviours compared to light-touch, young person-led well-being and safety support?

The internal pilot evaluation's objective is to assess the feasibility of progressing to a full efficacy study. As part of this objective, the evaluation will contribute to the knowledge and understanding of whether RCT approaches are a feasible, practical and ethical solution to evaluating programmes like Cerridwen and addressing the above key evaluation question.

The internal pilot focuses on addressing the following research questions:

1. Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?
2. Have the data collection processes been established and embedded effectively?
3. Are the evaluation tools used during the internal pilot reliable, valid, accurate and practical for use in the project?
4. What sample size is required for a future efficacy study, accounting for the utility of the data collected during the pilot trial?
5. Is it likely that Cerridwen will recruit and retain enough young people to meet the required sample size for an efficacy study?
6. Has Cerridwen been implemented with fidelity to the co-designed Theory of Change?

7. Is there appropriate capacity for the Cerridwen programme delivery team to deliver the intervention and support the evaluation?
8. How acceptable is the RCT design to the key programme partners?

Success criteria

The internal pilot's questions informed a set of progression criteria designed to support decision-making in regard to whether Cerridwen should progress to an efficacy study.

We co-developed the progression criteria with MAC and YEF. The rationale behind the criteria was to help understand:

- The extent to which the evaluation is on track to receive high-quality data for a sufficient sample size that would allow for robust conclusions to be drawn
- Whether Cerridwen is being delivered in line with the co-designed Theory of Change
- The extent to which key partners are bought into the RCT
- Whether the Cerridwen delivery team and, more broadly, MAC continue to have the capacity to be involved in an RCT evaluation.

Figure 4 shows the progression criteria. These are based on modelling that estimated that within the pilot period, Cerridwen would:

- Receive 53 referrals
- Recruit 45 young people into the project (and therefore to the evaluation)
- Have five young people withdraw/drop out of the project.

Figure 4: Progression criteria

Red/Amber/Green Ratings → Criteria ↓	Green (Go)	Amber (Pause and Think)	Red (Stop)
1. Recruitment: The number of young people who consent and are recruited to the trial's treatment and control groups (the total number across both groups as a percentage of the monthly recruitment targets), measured by administered baseline (T1) questionnaires	Greater than 80% (36 or more young people)	51–79% (23-35 young people)	Less than 50% (Fewer than 22 young people)
2. a. Retention: The number of young people in the intervention group completing questionnaires at five months (as a percentage of those who are recruited to the intervention group)	Greater than 80%	51–79%	Less than 50%
2. b. Retention: The number of young people in the control group completing questionnaires at five months (as a percentage of those who are recruited)	Greater than 80%	51–79%	Less than 50%
3. Data quality: The overall completion rate of all evaluation tools (i.e. the amount of missing data) and the quality of the data for both the treatment and control groups, including that obtained through the outcome measurement tools (Self-Report Delinquency Scale, Strengths and Difficulties Questionnaire, Social Support and Rejection Scale, Basic Empathy Scale)	Greater than 80% complete	51–79% complete	Less than 50% complete
4. a. Fidelity and dosage: The young people receive the majority of the programme as intended, as measured by the percentage of young people who complete the programme, i.e. have attended a minimum of 12 (out of 16) one-to-one case management sessions	Greater than 80%	51–79%	Less than 50%

Red/Amber/Green Ratings → Criteria ↓	Green (Go)	Amber (Pause and Think)	Red (Stop)
4. b. Fidelity and dosage: The case management sessions are being delivered as intended, as measured by the percentage of young people in the treatment group recorded as having received sessions around all of the programme's core topics (communication, consequential thinking, thoughts/feelings/behaviours, empathy, identity, reflection)	Greater than 70%	51–69%	Less than 50%
5. a. Delivery capacity: The Cerridwen workers have the capacity to deliver the programme, as measured by the percentage of young people contacted within five days of their referral being accepted into Cerridwen at the Media Academy Cymru (MAC) allocation meeting	Greater than 70%	51–69%	Less than 50%
5. b. Delivery capacity: The Cerridwen workers have the capacity to deliver the programme, as measured by the percentage of young people who start the programme within 15 days of their referral being accepted into Cerridwen at the MAC allocation meeting	Greater than 70%	51–69%	Less than 50%
6. a. Randomisation: The successful implementation of the randomisation approach, based on the percentage of young people who meet the eligibility criteria and have consented to take part who are successfully randomised into the control or treatment group	Greater than 80%	51–79%	Less than 50%
6. b. Randomisation: Randomisation achieves close to a 1:1 ratio, based on the percentage of participants randomised to the Cerridwen group	45–55%	35–44% or 56–65%	<35% or >65%
7. Eligibility: Cerridwen is reaching its intended audience, as measured by the percentage of young people recruited who meet the eligibility criteria	Greater than 80%	51–79%	Less than 50%

Ethical review

Ethical approval

Ethical approval for the study was granted by the Royal Holloway University of London Research Ethics Committee [REC Project ID: 4052]. The ethics process involved submitting a detailed ethics application, which was subject to review and scrutiny by MAC colleagues prior to submission. No delivery of the project or evaluation took place prior to ethical approval being obtained.

The trial has been registered on the International Standard Randomised Controlled Trial Number (ISRCTN) website (ISRCTN 11258735).

Agreement to participate

In line with our ethics clearance and YEF's guidance on participation, the young people and their parents/carers were asked to provide their informed consent for the young people to participate in the study. The process is explained in detail below.

Consent/agreement to participate in the evaluation of Cerridwen is only obtained from young people who are referred to Cerridwen (from referral partners such as schools, social care and police – see Figure 5 for more details) and subsequently screened and assessed as meeting the eligibility criteria for the programme (see [Participant identification and recruitment](#)). Willingness to voluntarily take part in the Cerridwen project and evaluation is demonstrated by the young person and their parent/carer providing written consent following an initial meeting with the Cerridwen case managers and the receipt of a detailed explanation of the project.

Written and informed consent is gained from the parents/carers and young people using information sheets, a privacy notice and consent forms. These materials were developed by Cordis Bright, in collaboration with MAC colleagues (see the Appendices). They explain:

- The evaluation
- What an RCT is and why it is important – explaining that, should they consent to take part, the young people will be randomly allocated to one of two groups
- What the two groups will receive, explaining that one will receive the Cerridwen intervention, which is being evaluated to see if it works, and one will receive structured children and young person-led signposting and safeguarding support to ensure the safety of the young people in the control group
- That the young people's participation is entirely voluntary
- That they can only participate in Cerridwen if they also consent to be part of the evaluation (but that they can change their mind at any time following giving their consent)
- What they will be asked to do: complete the baseline (T1) questionnaires (containing the Self-Report Delinquency Scale [SRDS], Strengths and Difficulties Questionnaire [SDQ] and Basic Empathy Scale [BES]) immediately prior to randomisation and then, at five months, complete the follow-up (T2) questionnaires (containing the same measures plus the Social Support and Rejection Scale [SSRS])

- That the measures will be linked to police data on offending and to background police data to see what impact the programme has had and whether it works better for particular groups of young people
- That any information they provide to the research team will not be shared with anyone else in a way that could be linked back to them, with the exception of the YEF data-archiving process
- That they can withdraw their consent to be part of the evaluation at any time
- That withdrawing will not affect any other support they are receiving.

The young people and their parents/carers are also given a participant information sheet, and Cerridwen case managers are able to clarify any issues that are not clear and read out the information if required. The young people and their parents/carers are then given the consent form to read and sign, and the practitioner will read out the consent form if required.

The evaluators have supported the case managers in administering informed consent materials by providing training and an evaluation handbook. All the informed consent processes and materials are accessible, inclusive and culturally sensitive.

Data protection

For this study, Cordis Bright (the evaluator) acts as the data controller for the personal data collected during the evaluation and as the data processor for the purposes of data analysis, as specified in the YEF data guidance. We have delivered the evaluation in line with our data protection and information governance policy, which sets out our approach to storing and handling the personal data used for the evaluation.

We have also conducted a data protection impact assessment and developed a signed information-sharing agreement with MAC. These are available in the Appendices.

The processing of personal data is conducted under Article 6(1)(e) of the UK General Data Protection Regulation (GDPR), which permits processing for tasks in the public interest (i.e. conducting research and evaluating youth justice interventions).

Where special category data (e.g. ethnicity data) is processed, this is justified under Article 9(2)(j) of the UK GDPR, which allows processing for research purposes where safeguards (e.g. anonymisation) are in place.

This legal basis is appropriate because the evaluation aims to generate evidence that informs youth justice policy and practice, aligning with Cordis Bright's legitimate interest in conducting high-quality research and with YEF's public interest role in funding evidence-based interventions.

For this evaluation, we have used:

- A clear legal basis for sharing data with us (i.e. informed consent/public interest).
- A robust process to transfer data obtained from MAC's case management system (i.e. MAC transfers data by secure methods such as Egress Switch).

- Secure data storage, i.e. data is saved on our secure cloud-based Microsoft 365 servers. Personal or sensitive data has additional encryption, with access restricted to designated/authorised members of our team.
- Anonymisation and pseudo-anonymisation where possible, including separating personal data from questionnaire data and storing separately.
- The secure deletion of project data. We will delete the names and other personal data from the datasets we hold after we send the data for archiving, in line with YEF guidance.

In addition to the above, the following processes were implemented to comply with GDPR requirements:

- **Informed consent.** The participants were provided with a privacy notice detailing: (a) Purposes of data processing, including evaluation, research and data archiving for long-term research purposes; (b) Data retention periods, including anonymisation procedures and the deletion of personal identifiers; (c) Parties with access to the data, including the evaluation team, MAC (during initial data collection) and YEF upon final transfer of the dataset; (d) Information on YEF's data archive, with a link to YEF's privacy notice; (e) Participant rights (e.g. access, rectification, withdrawal and erasure). Copies of the privacy notice, withdrawal forms and participant information sheets are included in the Appendices.
- **Anonymisation and pseudo-anonymisation.** All the participants are assigned a unique ID for analysis, and pseudonyms are used for interview transcripts. No personally identifiable information will appear in any reports or publications. Only the minimum necessary personal data is collected and processed.
- **A robust process to collect, transfer and store data.** To ensure secure data handling, we have implemented the following measures: (a) Data transfer: MAC transfers the participant data using secure email (CJSM) or Egress Switch; (b) Secure storage: data is stored on Microsoft 365 secure cloud servers, and personal or sensitive data is encrypted, with access restricted to authorised team members only; (c) Data separation: personal data is stored separately from questionnaire data to enhance anonymity.
- **Retention.** Personal identifiers will be deleted after the final dataset is transferred to YEF. The final anonymised dataset will be stored on Cordis Bright's secure servers for six years after the submission of the final report, as per YEF guidance. After six years, all remaining research data will be securely deleted from Cordis Bright's server.

The Cerridwen project was funded by YEF, and there are no known conflicts of interest.

Project team

The evaluation of the Cerridwen project is being led by Cordis Bright and takes a collaborative approach, with input from MAC and YEF. The intervention, Cerridwen, was designed by MAC. During the set-up phase of the evaluation, Cordis Bright provided support to the programme by (a) supporting the refinement of the Theory of Change; (b) supporting the refinement of Cerridwen screening processes; (c) developing a monitoring data collection tool for Cerridwen; and (d) supporting MAC colleagues to identify key race equity considerations for the delivery of Cerridwen.

There are no conflicting interests of which we are aware that may be perceived to influence the design, conduct, analysis or reporting of the trial.

Details of the key Cerridwen delivery and Cordis Bright evaluation team members are presented below.

Cerridwen delivery team

- **Nick Corrigan (Chief Executive Officer, MAC)** has overall responsibility for all MAC activities and is the Designated Safeguarding Lead for MAC. He is also the Designated Data Protection Lead and is registered as such with the Information Commissioner's Office. Nick provides overall strategic direction and regularly reviews performance.
- **Sam Heatley (Deputy Chief Executive Officer, MAC)** has responsibility for ensuring that the project is delivered to a high standard by providing strategic direction and overseeing quality assurance processes.
- **Melanie Holdsworth (HR, Facilities and Administration Manager of MAC)** has responsibility for ensuring that resources and budgets allocated to the project are managed effectively.
- **Tammie Court (Cerridwen Coordinator, MAC)** has responsibility for the day-to-day delivery of the project.
- **Mia Sklavounos (Cerridwen Project Support and Administration Officer, MAC)** supports Tammie in managing the day-to-day delivery of the project and maintains monitoring data.
- **Cerridwen Case Managers:** nine FTE Cerridwen case managers, who have responsibility for managing a caseload of young people and delivering the Cerridwen intervention.
- **MAC Case managers:** four FTE MAC case managers have responsibility for managing a caseload of the young people selected for the control group and conducting regular check-in sessions.

Evaluation team

- **Matt Irani (Principal Investigator, Project Director)** has responsibility for ensuring the evaluation is delivered to a high standard and specification.
- **Dr Stephen Boxford (Co-Principal Investigator, Quality Assurance)** provides quality assurance throughout the project, which includes shaping the evaluation design, approaches, tools, analysis and outputs.
- **Professor Darrick Jolliffe (Royal Holloway, University of London, Co-Principal Investigator)** has responsibilities that include evaluation design, shaping the approaches, designing tools, conducting analyses and performing quality assurance checks on evaluation outputs.
- **Madeleine Morrison (Co-Principal Investigator and Project Manager)** has responsibility for overseeing day-to-day project delivery and acting as the main point of contact for YEF and the project delivery team. Madeleine has taken over this role following Suzie Clements's contributions to the initial phase of the evaluation.

- **Suzie Clements (Co-Principal Investigator and Project Manager)** has played a key role in the early stages of the evaluation, overseeing initial project delivery and serving as the main point of contact for YEF and the project delivery team.
- **Kam Kaur (Head of Safeguarding and Co-Principal Investigator)** provides expert input on safeguarding and consultation with young people.
- **Ashna Devaprasad (Co-Principal Investigator, Researcher)** provides ongoing support to Cerridwen practitioners through the administration of the evaluation tools and by conducting fieldwork and drafting analysis, analysing quantitative data and supporting report drafting.

Methods

Trial design

The evaluation of the Cerridwen project was an efficacy study with an internal pilot. The study was designed as a two-armed parallel randomised controlled trial (RCT), with randomisation at the young person level. The trial design is summarised in Figure 6.

The purpose of this internal pilot was to assess the feasibility of the Cerridwen project before progressing to an efficacy study. All the young people referred into the project who met the eligibility criteria and who consented to be part of the evaluation were allocated at random to a treatment or a control group. We decided upon a 1:1 allocation ratio because it is the simplest to implement practically, and it is the most efficient from a statistical perspective, as it requires the fewest number of treatment group participants to achieve a given level of statistical power (Hutchinson and Styles, 2010).

For the pilot trial, the outcome data was measured at the level of the individual young person through the administration of questionnaires, with measures obtained at:

- Baseline (T1) (prior to randomisation and before support from Cerridwen started for the treatment group)
- After five months (T2) (for both the treatment and control groups).

The questionnaires included YEF core measures: the SDQ and SRDS. They also included the BES at both timepoints, to assess empathy, and the SSRS at five months, to assess the quality of the young person's relationship with their mentor (for those in the treatment group) or a significant adult (for those in the control group).

Those in the treatment group received Cerridwen. The young people allocated to the control group received light-touch signposting and safeguarding support ('safety and well-being support') from MAC. The purpose of the control group was to provide a comparison for the purpose of the trial while also ensuring the safety of all the young people referred into Cerridwen, regardless of the randomisation outcome. The support provided to the control group involved up to eight one-to-one meetings with a MAC case manager over five months (four-weekly followed by four-monthly sessions). The first session included an assessment of needs and risks to identify any immediate safeguarding concerns. Subsequent sessions included informal check-ins about well-being and goal setting. To minimise contamination risk, separate case managers would work with each group.

The support received by those in the control group differed significantly from that received by the treatment group. There are separate case manager teams for each group, which ensured that the case managers supporting the young people in the control group did not have an in-depth knowledge of the Cerridwen intervention, thereby minimising contamination risk. Full details of the control group conditions and associated monitoring protocols are provided in the [evaluation protocol](#).

No important changes have been made to the pilot trial design since the internal pilot evaluation protocol was published.

Figure 5 summarises the flow through the trial, and Figure 6 provides a summary of the trial design.

Figure 5: Pilot trial RCT design

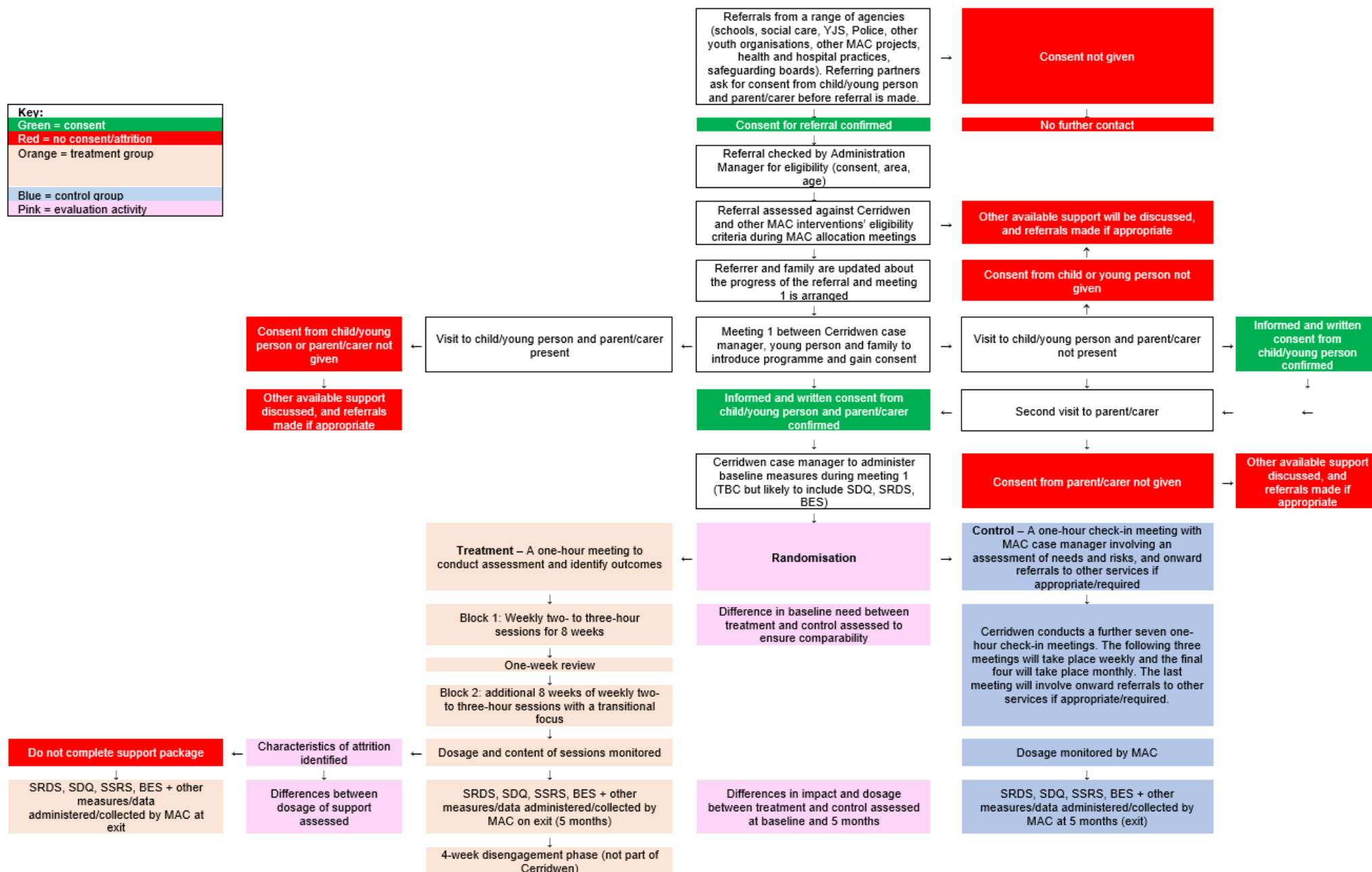


Figure 6: Summary of the trial design

Trial Design, Including Number of Arms		Two-armed parallel randomised controlled trial with random allocation at the young person level
Unit of Randomisation		Individual young person
Stratification Variables (if Applicable)		None
Primary Outcome	Variable	Self-reported offending (violent and non-violent or general)
	Measure (Instrument, Scale, Source)	Self-Report Delinquency Scale (volume score)
Secondary Outcome(s)	Variable(s)	Quality of the relationship with their case manager Empathy Prosocial values and behaviours Behavioural difficulties
	Measure(s) (Instrument, Scale, Source)	Quality of relationship with their case manager, measured by the Social Support and Rejection Scale (Roffman et al., 2000) Empathy, measured by the Basic Empathy Scale (Jolliffe and Farrington, 2006) Prosocial values and behaviours measured by the Strengths and Difficulties Questionnaire prosocial behaviour subscale (Goodman, 2005) Behavioural difficulties, measured by the Strength and Difficulties Questionnaire externalising behaviours score (combining the conduct problems and hyperactivity/inattention subscales) (Goodman, 2005)
T1 for Primary Outcome	Variable	Self-reported offending (violent and non-violent or general)
	Measure (Instrument, Scale, Source)	Self-Report Delinquency Scale (volume score)
T1 for Secondary Outcome	Variable	Empathy Prosocial values and behaviours Behavioural difficulties
	Measure (Instrument, Scale, Source)	Empathy, measured by the Basic Empathy Scale (Jolliffe and Farrington, 2006)

		Prosocial values and behaviours measured by the Strengths and Difficulties Questionnaire prosocial behaviour subscale (Goodman, 2005) Behavioural difficulties, measured by the Strength and Difficulties Questionnaire externalising behaviours score (combining the conduct problems and hyperactivity/inattention subscales) (Goodman, 2005)
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Race equity, diversity and inclusivity considerations in the trial design

The Cerridwen project has been designed and implemented with a commitment to race equity, diversity and inclusivity. In recognition of the over-representation of people from ethnic minority backgrounds within the youth justice system (see the section above on Racial inequities in the criminal justice system), the trial incorporates the following approaches, which promote race equity:

- **Recruitment and participant representation:** continuing to work with local partners in South Wales to ensure recruitment is culturally responsive and avoids reinforcing barriers (i.e. by maintaining open dialogue with referral partners, proactively encouraging referrals from diverse backgrounds and regularly reviewing recruitment practices to identify and address gaps); designing information materials with review by young people engaged with wider MAC services to ensure accessibility and inclusivity.
- **Researcher positionality:** the evaluation team has completed anti-racism training and has regular reflexive discussions considering positionality, cultural humility and the mitigation of potential unconscious bias.
- **Continuous monitoring of the ethnicities of participants** and mapping against the characteristics of the local populations to enable the identification of any discrepancies in representation and to ensure that targeted recruitment drives actively address underrepresentation and the barriers experienced by specific groups.

Participant selection

Participant identification and recruitment

MAC has worked in partnership with a range of key referral organisations to ensure that Cerridwen reaches its intended cohort. Referring organisations include statutory organisations (e.g. partners in education, health services, children's services, police and youth justice services), self-referrals (including referrals from parents/carers), MAC itself and voluntary and community sector organisations.

Referral partners complete a MAC referral form and send this to MAC via email. These referral forms are checked against the basic eligibility criteria (see

Who does Cerridwen aim to work with?) for the wider MAC service by the Administration Manager (i.e. they check whether the young person is of an appropriate age, they have consented to be referred to MAC and they are resident in an eligible area). If the young person meets these criteria, the referral is reviewed and discussed by the MAC team (which includes representatives from all MAC departments and senior management) and the Cerridwen manager in a weekly allocation meeting. These meetings take place within five working days of receiving the referral.

During this meeting, MAC colleagues discuss the information in the referral form and decide and document whether it is an appropriate referral into MAC and, if so:

- a. Which MAC intervention(s) (including Cerridwen) the referral meets the project-specific eligibility criteria for.
- b. Which MAC intervention, based on the project-specific eligibility criteria, would be most appropriate to address the primary concerns and risks described within the referral form.

Eligibility screening then takes place and is recorded during a weekly allocation meeting at which every young person that is referred to MAC is discussed and reviewed. During this meeting, MAC's referral tracker spreadsheet is updated to record the content of this screening process. This tracker records the young person's information, whether MAC's basic eligibility criteria has been satisfied, which Cerridwen project-specific eligibility criteria has been met and the allocation outcome. The tracker provides clear, structured and robust information and data for all referrals into Cerridwen and the outcome of the screening and decision-making against the inclusion criteria.

If a referral meets the eligibility criteria for Cerridwen, MAC colleagues feed back to the referral partner before a Cerridwen case manager makes contact with the young person and their family.

MAC has experience of recruiting and engaging with young people from a diverse range of backgrounds. It is working with its referral partners to ensure diversity in the recruitment of young people by:

- Confirming that referring organisations are fully informed on the service offer and how Cerridwen will use assessments to modify the delivery approach so that it accommodates the needs of different groups. This will enable referral partners to clearly and fully explain the service to the young people prior to making the referral and to remove any barriers to engagement.
- Ensuring that the Cerridwen team understands the different cohorts/demographics of young people supported by the referring organisations so that the programme can effectively support the young people that these organisations are likely to refer into the programme. This will be achieved via an effective communication strategy and ongoing communication with referral partners.
- Establishing referral routes with organisations where young people from minoritised backgrounds are over-represented (such as youth justice services or schools that are referring young people at risk of exclusion).
- Recording and scrutinising referral data in collaboration with Cordis Bright, including the young people's demographic information via monitoring data, and proactively taking steps to address any concerns that may be identified. This may include additional training for staff around engaging with young people from a diverse range of backgrounds, reflection in supervision sessions and staff performance management or disciplinary action if appropriate.

Participant selection criteria

The target group for the RCT is the same as the target group for Cerridwen. Participants are therefore selected based on the eligibility criteria set out under the section in this report headed

Who does Cerridwen aim to work with?

Introduction to Cerridwen

If a young person is referred into MAC, screened and assessed as suitable for Cerridwen, a Cerridwen case manager arranges an initial meeting with the young person and the family within 10 working days. This takes place at the most appropriate venue (i.e. at school, in the young person's home or in the community). During this meeting, the case manager ensures that the eligibility criteria has been met (as mentioned above, eligibility will already have been screened for during the MAC allocation meeting – this meeting with the young person acts as an additional quality assurance process), introduces the project and evaluation and gains written consent from the parents/carers and young people using information sheets and consent forms (see Figure 5).

Rationale for the planned number of participants

The planned number of participants for the pilot cohort is based on at least 36 young people being recruited to the project (18 in the treatment and 18 in the control group). This is based on (a) the funding criteria and timescales determined by YEF; (b) the demand modelling carried out by MAC; and (c) the need to demonstrate that the project could recruit and maintain the flow of participants required to achieve an efficacy study.

Our approach to estimating the sample size for the efficacy study was conservative and influenced by the following:

- **YEF guidance.** YEF guidance suggests that efficacy study RCTs should have a minimum detectable effect size (MDES) of 0.20. According to Lipsey and Wilson (2001), $0.5 d = r$, which, in turn, is equivalent to the difference in proportions. Therefore, it is our understanding that an MDES of 0.20 is roughly equivalent to 10% difference in proportions.
- **The evidence base.** The YEF Toolkit (Gaffney et al., 2022) suggests that similar mentoring/case manager programmes can lead to, on average, a 21% reduction in violence, a 14% reduction in all offending and a 19% reduction in reoffending. In addition, in a meta-analysis using a random effects model of 18 studies ($d = 0.21$; 95% confidence interval 0.07 to 0.34), Jolliffe and Farrington (2008) showed that mentoring programmes similar to Cerridwen make a 10–11% difference to offending rates.
- **Estimated Cerridwen Project recruitment and attrition rates.** We also considered Cerridwen's estimated programme recruitment and attrition rates. The estimated programme recruitment rates were based on MAC's experience of delivering projects in the three delivery areas for more than a decade and of delivering the Cerridwen project in Cardiff. An estimated attrition of 10% from recruitment (the completion of the baseline T1 data collection) to T2 data collection has also been factored into recruitment targets, in line with YEF guidance.
- **Pre-/post-test correlation.** We have suggested a pre-/post-test correlation of 0.5 based on values obtained from unpublished data from an RCT using the same outcome measure for a similar population of adolescents (Humayun et al., 2017).

Based on the above, Figure 7 shows that a total sample of 592 (296 in each group) would be needed to detect a statistically significant result (power = 0.80) in a two-tailed test ($p < 0.05$). This is based on an MDES of 0.20; this is about equivalent to a 10% difference in proportions, which we think is conservative in

line with the literature and should enable statistically significant findings if Cerridwen performs in line with the evidence concerning mentoring programmes.

These calculations were made with the Powerup!-Moderator software package (Dong and Maynard, 2013).

Figure 7: Sample size calculations

		Protocol	Randomisation
Minimum Detectable Effect Size		0.20	
Pre-/Post-Test Correlations	Level 1 (Participant)	0.5	
	Level 2 (Cluster)	N/A	
Intra-Cluster Correlations	Level 1 (Participant)	N/A	
	Level 2 (Cluster)	N/A	
Alpha		0.05	0.05
Power		0.8	0.8
One-Sided or Two-Sided?		Two-sided	
Number of Participants	Intervention	296	
	Control	296	
	Total	592	

During the internal pilot trial period, in collaboration with MAC and YEF, we have remodelled the estimated recruitment numbers for the efficacy trial based on actual recruitment rates and the estimated impact of the mitigations that have been identified. In the time and with the resources available for the efficacy study, the modelling estimates that a minimum total sample size of 367 is now realistic and factors in an attrition of 21%, in line with the attrition rate observed during the pilot trial. This sample would achieve an MDES of 0.25. More about this revised modelling is discussed in the Findings section (What sample size is required for a future efficacy study, accounting for the utility of data collected during the pilot trial?) However, we will be working with MAC to make every effort to achieve a sample size as close as possible to 592, as this would be desirable and in line with YEF guidance.

Data collection

This pilot trial has employed a mixed-methods approach, incorporating (1) quantitative data from the questionnaires and monitoring data collected and (2) qualitative interviews to assess implementation feasibility and evidence of promise.

Cerridwen's Theory of Change was developed collaboratively by Cordis Bright, MAC and YEF during the evaluation set-up phase. This process included co-design workshops and an evidence review, thereby ensuring alignment with existing research on youth mentoring and violence prevention. The Theory of Change remained unchanged throughout the pilot phase.

Figure 8 outlines the data collection methods, participants and relevance to the following research questions:

1. Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?
2. Have the data collection processes been established and embedded effectively?
3. Are the evaluation tools used during the internal pilot reliable, valid, accurate and practical for use in the project?
4. What sample size is required for a future efficacy study, accounting for the utility of the data collected during the pilot trial?
5. Is it likely that Cerridwen will recruit and retain enough young people to meet the required sample size for an efficacy study?
6. Has Cerridwen been implemented with fidelity to the co-designed Theory of Change?
7. Is there appropriate capacity for the Cerridwen programme delivery team to deliver the intervention and support the evaluation?
8. How acceptable is the RCT design to the key programme partners?

Throughout this report, we refer to MAC staff, which covers Cerridwen project case managers and other MAC staff, and to wider partners, which refers to external partners who refer into the programme.

Figure 8: Overview of methods and the research questions they were designed to address

Research Methods	Data Collection Methods	Participants/Data Sources ⁵	Data Analysis Method	Research Questions Addressed	Theory of Change Relevance
Quantitative questionnaire data	Outcomes measure questionnaire completed at: - T1 (prior to randomisation) - Five months post intervention. Standardised assessment tools used to measure key outcomes aligned with the Theory of Change: - Self-Report Delinquency Scale: <i>primary outcome, volume score to measure self-reported offending</i> - Basic Empathy Scale: <i>secondary outcome to measure empathy</i> - Strengths and Difficulties Questionnaire: <i>secondary outcome to measure prosocial values and behaviour and behavioural difficulties</i>	N = 151 at T1 (based on entire pilot period, i.e. April–December 2024) N = 32 five months post-intervention (15 in the treatment group and 17 in the control group; based on entire pilot period, i.e. April–December 2024)	Simple descriptive statistics (e.g. univariate statistics, frequencies, means and percentages) and comparisons (e.g. measures of association, effect sizes and statistical significance)	2, 3, 4, 5	Measures agreed by Cordis Bright, Media Academy Cymru (MAC) and the Youth Endowment Foundation (YEF) to (a) measure the primary outcomes of the randomised controlled trial (RCT) (i.e. self-reported offending) and (b) measure the mechanisms that Cerridwen uses when working with young people to achieve the primary outcome Assess the numbers going through Cerridwen (i.e. completing outcomes measures at baseline [T1] and five months [T2]) for both the treatment and the control groups Assess the completeness, quality and validity of the data received

⁵ For a detailed breakdown of participant flow, please refer to Figure 12.

Research Methods	Data Collection Methods	Participants/Data Sources ⁵	Data Analysis Method	Research Questions Addressed	Theory of Change Relevance
	Only at five-month T2: Social Support and Rejection Scale: <i>secondary outcome to measure quality of relationship with case manager.</i>				
Quantitative monitoring data	Recorded by MAC delivery staff Exported and transferred securely to Cordis Bright	Activity data for all the young people in the treatment group, including the activities/sessions/support offered and received by the young people; the duration of the support; the quantity of support; and completion/non-completion of the full programme (based on the entire pilot period i.e. April–December 2024)	Simple descriptive statistics (e.g. univariate statistics, frequencies, means and percentages)	1, 2, 3, 4, 5, 6	Assess fidelity of delivery to the model
Background data for all the young people who started the Cerridwen project	Collected by MAC staff when the referral is received Exported and transferred securely to Cordis Bright	Background information for all the young people who started the Cerridwen project, including the numbers participating in the trial; their gender, age and ethnicity; geographical area; special educational need or disability and looked-after children status, as collected by MAC, predominantly from referral partners (based on the entire pilot report period, i.e. April–December 2024)	Simple descriptive statistics (e.g. univariate statistics, frequencies, means and percentages)	1, 2, 6	Assess whether Cerridwen is reaching its intended target cohort and the profile of the target cohort
In-depth interviews with the young people (implementation and process evaluation [IPE] study)	The Cordis Bright team conducted interviews with the young people receiving Cerridwen in person and via Microsoft Teams/ telephone	Young people who are receiving support in the treatment group (n = 15)	Thematic analysis	1, 3, 6, 7	Assess whether the implementation is in line with the Theory of Change Assess fidelity of delivery to the model Assess views on completing the research tools Assess views on the study design

Research Methods	Data Collection Methods	Participants/Data Sources ⁵	Data Analysis Method	Research Questions Addressed	Theory of Change Relevance
In-depth interviews with the project staff (IPE study)	The Cordis Bright team conducted interviews with Cerridwen project staff via Microsoft Teams/ telephone.	Project staff, including the Cerridwen Coordinator, Cerridwen Project Support and Administration Officer, Case Managers (for both the control and treatment groups in all three areas) and the Deputy CEO of MAC (n = 14)	Thematic analysis	1, 2, 3, 4, 6, 7, 8	Assess that the implementation is in line with the Theory of Change and shows fidelity to the model Assess the appetite for the RCT and study design
In-depth interviews with the wider programme partners (IPE study)	The Cordis Bright team conducted interviews with wider programme partners associated with Cerridwen via Microsoft Teams/ telephone. These included parents, as the young people's parents are key referrers.	Wider partners from the police, youth justice services, education services/schools and health services and the parents/grandparents of the young people (n = 22)	Thematic analysis	1, 2, 3, 4, 6, 7, 8	Assess that the implementation is in line with the Theory of Change Assess the fidelity to the model. Assess the appetite for the RCT and study design

Quantitative data collection methods

Quantitative data was compiled from three sources:

- A baseline (T1) self-reported questionnaire (consisting of the SRDS, the SDQ and the BES) that was administered in person when possible, using online survey software, by a Cerridwen case manager. These questionnaires were administered to both the treatment and control groups. When the online system did not work (e.g. because of having no internet), the T1 was completed on paper, scanned and sent securely to Cordis Bright and uploaded by a member of the evaluation team.
- A follow-up (T2) questionnaire (consisting of the SRDS, the SDQ, the BES and the SSRS), administered by a case manager, following the same process as the T1 (i.e. online completion wherever possible). These questionnaires were administered to both the treatment and control groups. Since delivery began, YEF, MAC and Cordis Bright have agreed that for young people who disengage, follow-up questionnaires will be completed at five months rather than at the point of disengagement. This will be monitored, as it risks increasing rates of attrition from the trial because it will likely be more challenging to reach young people who have disengaged at a later stage.
- Monitoring data collected by MAC, including the young people's background characteristics, activity and dosage data.

The format of the questionnaires was developed by Cordis Bright, in collaboration with colleagues from MAC and YEF, as was the administration process. The questionnaire responses are linked to a young person by a unique ID. This ensures that anonymity is maintained.

The MAC practitioners administered the questionnaires to both the young people in the treatment group and those in the control group because the trusting relationships they had developed with the young people were considered by MAC, YEF and Cordis Bright colleagues as critical to encouraging the completion of the questionnaires. This was also a more practical approach for both groups, i.e. T2 questionnaires could be administered as part of usual meetings, the young people would feel comfortable asking for clarification if needed and their mentors would understand how to communicate the necessary information to them effectively.

We employed the following mechanisms to ensure that the young people were not influenced by MAC practitioners when completing the questionnaires:

- The questionnaires were accessed online, and each young person completed them on a tablet. As part of the co-developed evaluation handbook and through practitioner training, we asked the practitioners not to look at the responses the young people were providing. The practitioners applied this same approach to those questionnaires that were completed on paper.
- We co-developed a practitioner evaluation handbook and provided training that outlined the 'dos and don'ts' of questionnaire administration to help ensure that the young people completed the questionnaires independently. This included:
 - Providing practitioners with example scripts to introduce the questionnaires and examples of how to respond to the young people in various situations so as not to influence their questionnaire completion.

- Encouraging practitioners to be guided by the young people's needs, for example:
 - Giving a young person the space and time to complete the questionnaire. For example, if a young person were to become distressed while completing a questionnaire, the practitioner should work with them to calm them and then ask them to continue. However, there is an understanding that the young person's welfare comes first, so practitioners should use their professional judgement.
 - Reading out questions word-for-word to the young person, if this would help them.
 - Explaining what a word meant, if the young person is unsure.
 - Making sure the young person is engaging with the questions, i.e. encouraging them to complete the questionnaire properly and to the best of their ability.
 - Not changing the wording of questions unless absolutely necessary when helping a young person — for example, if the young person is struggling to understand certain terms.

The T1 questionnaire was piloted by MAC practitioners between April and May 2024. The piloting was discussed with Cordis Bright, and the decision was taken to proceed with further roll-out.

As part of this process, Cordis Bright conducted a data quality audit based on the first 35 questionnaires received. Overall, the quality of the data in the T1 questionnaires analysed for the purpose of the audit was good. From the data, it was possible to calculate the young people's scores, or estimated scores, for the SDQ, the BES and the SRDS in the majority of instances. This indicated that most of the young people were satisfactorily completing the T1 questionnaires, suggesting that they were accessible for most of the young people participating.

Monitoring data collection was embedded into the everyday practice of MAC staff to increase efficiency and ensure timely data collection to reflect individual participant pathways for both those in the treatment and control groups. For example, questionnaire response links were embedded into monitoring data spreadsheets.

Qualitative data collection methods

Between October and November 2024, in-depth interviews were conducted with:

- The young people who were receiving the Cerridwen intervention (n = 15)
- Cerridwen project team staff (n = 14)
- Wider Cerridwen partners (n = 14)
- Parents/carers whose child was receiving the Cerridwen intervention (n = 8).

Interview topic guides were co-developed by Cordis Bright, MAC and YEF to ensure the interviews' cultural relevance and accessibility to young people. Interviews with the young people were conducted by the evaluation team and took place as one-to-one discussions, either in person at MAC's offices or via Microsoft Teams/phone call, as per the young person's preference and requirements. The evaluation team worked closely with the case managers to ensure that the consultations were safe, accessible and

comfortable; this included providing clear, jargon-free explanations, ensuring informed consent, allowing the young people to take breaks or stop the interview at any time and arranging immediate follow-up support if needed. The interviews with staff, wider partners and parents took place via Microsoft Teams/phone call and were scheduled flexibly.

Many of the practices described above, such as co-developing research materials with MAC colleagues who were familiar with local communities, taking flexible approaches to consultation and training practitioners to adapt interactions to suit each young person's needs, were designed to support race equity and inclusion. By embedding these culturally responsive approaches into the data collection methods, we aimed to ensure that young people from diverse racial and ethnic backgrounds felt safe, respected and supported to engage fully with the evaluation.

Randomisation

The process for randomisation used in the pilot trial followed the approach detailed in the Cerridwen evaluation protocol. This process follows good practice as set out in Nesta guidance (Edoald and Firpo, 2016).

The Cerridwen project evaluation is a two-armed, parallel RCT. Randomisation is performed at an individual level. All young people who are referred into the programme, meet the eligibility criteria, consent to be part of the evaluation and complete a T1 questionnaire are allocated at random to the intervention or control group on a one-to-one basis, as per Hutchinson and Styles (2010).

Randomisation is conducted using 'blocks' of four, six and eight young people; for each block, the number of young people allocated to the intervention and control group will be the same. That is, in a block of four, for example, there will always be two treatment and two control group allocations, but the order of assignment will be random. Randomly varying block sizes are used. This follows Nesta guidance (Edoald and Firpo, 2016).

This design was agreed in collaboration with MAC colleagues, based on anticipated recruitment rates (between 10 and 14 young people per locality, per month in Year 1, rising to between 11 and 18 per locality, per month in Year 2). These recruitment rates were estimated by analysing demand for the current Cerridwen project operating in Cardiff and modifying projections based on the populations and demand within the youth justice services in the other areas Cerridwen will be operating. MAC colleagues discussed and sense-checked this with youth justice services in the areas Cerridwen would be delivered.

The use of block sizes of four, six and eight therefore supports an even spread of allocation month-by-month, enabling MAC case managers to be allocated appropriately across the localities and to operate at capacity in each area.

The evaluator digitally generates the randomisation sequence using 'sealed envelope' software,⁶ allocating the maximum possible number of young people to the treatment or control groups. MAC staff do not have access to the randomisation sequence.

⁶ See <https://www.sealedenvelope.com/> (last accessed 28 January 2025).

Once a case manager has obtained written consent for a young person to take part in the Cerridwen project and the young person has completed a T1 questionnaire, the case manager accesses the young person's allocation. They do so by inputting the young person's reference number into a 'sealed envelope', which triggers an email, sent to the case manager's inbox, that contains the randomisation outcome. If the case manager does not have internet access, they have access to a text service that sends a text message containing the allocation outcome. In both scenarios, the case manager only accesses the randomisation outcome after a young person has completed a T1 questionnaire.

MAC colleagues were given training, an evaluation handbook and access to continuing support from Cordis Bright on how to implement this process and how to communicate the randomisation result to the young person and their parents/carers, with the aim being to avoid any feelings of 'winning' or 'losing' depending on the outcome.

No blinding of allocation is possible in this process. MAC case managers, who act as data collectors, need to be aware of which group the young person has been allocated to so that they can administer support accordingly. The young people are made aware of what the treatment and control group support entails so that they can give their informed consent.

Analysis

Figure 8 outlines the data collection methods and participants/data sources used to answer each of the research questions. Addressing the research questions involved the triangulation of quantitative and qualitative data, as shown in Figure 9. We analysed both data types in parallel, using a continuous, reflective process within the research team to compare and interpret the findings. This identified areas of convergence and divergence to build a more nuanced understanding and strengthen the validity of the findings.

As part of this process, we used both quantitative and qualitative data to explore differences in access and engagement across ethnic groups. This allowed us to explore how structural and systemic factors may shape the experiences of young people from minority ethnic backgrounds within the intervention. For instance, we looked at the demographic characteristics of the young people who had started Cerridwen in quantitative analyses and perceptions of accessibility and at the inclusion of young people from minority ethnic backgrounds in qualitative analyses.

Figure 9, below, outlines the data analysis methods and focus for each dataset in more detail.

Figure 9: Overview of the quantitative and qualitative analysis methods

Data Collection Method	Analysis Method	What the Analysis Examined
Quantitative outcomes measure questionnaires at: • Baseline (T1) (prior to randomisation) • The five-month follow-up (T2).	Simple descriptive statistics (e.g. univariate statistics, frequencies, means and percentages) Comparisons (e.g. measures of association and statistical significance)	• Whether the outcome measures questionnaire processes have been set up and embedded effectively • The number of people who completed the questionnaires

Data Collection Method	Analysis Method	What the Analysis Examined
	Checks of internal consistency and construct validity (e.g. Cronbach's alpha and correlations)	• Completion rates and the quality of the completion of the evaluation tools • The validity and reliability of the evaluation tools.
Quantitative Media Academy Cymru (MAC) monitoring data	Simple descriptive statistics (e.g. univariate statistics, frequencies, means and percentages) and comparisons	• Whether the data monitoring processes have been set up and implemented effectively • The flow through the programme • The activities and dosage of Cerridwen received by the young people in the intervention group • The demographic characteristics of the young people who had started Cerridwen.
Qualitative in-depth telephone/online interviews with young people, MAC staff and wider partners	Thematic analysis: evidence was recorded in a matrix, with responses mapped against key evaluation questions. We deployed a mixture of a priori codes and open coding to categorise and identify recurring themes and issues. This was an iterative process that used the initial data collected to establish themes and then used those themes to code further data. This allowed for the constant comparison of the themes and ensured that any theories or judgements were closely linked to the data that they developed from.	• How the pilot recruitment, randomisation and retention processes have been established and embedded, and how they worked in practice • Whether the data collection processes have been established and embedded effectively • The perceived recruitment and retention rates for Cerridwen, demand for the intervention in the local area, how this was reflected in the referral rates and expectations for future referral rates • How the Cerridwen model has been implemented and whether it has maintained fidelity to the co-designed Theory of Change

Data Collection Method	Analysis Method	What the Analysis Examined
		The acceptability of the randomised controlled trial design to MAC staff and wider partners.

Timeline

Figure 10, below, presents a timeline for the efficacy study. The internal pilot trial has been delivered within this timeline and has not paused while a decision whether to transition to an efficacy study is being made.

Figure 10: Timeline

Date	Activity	Staff Responsible for/Leading the Activity
October 2023	Setup and mobilisation period begins	Cordis Bright and MAC
October 2023	Data protection impact assessment and information-sharing agreement discussions begin Draft outcome measure tools are produced	Cordis Bright
November 2023	Scoping consultation with key partners takes place Randomisation approach is agreed and finalised	Cordis Bright and MAC
December 2023	Ethics application submitted to the Royal Holloway Research Ethics Committee Outcome measures are revised and agreed Research tools are agreed and finalised Trial protocol is refined	Cordis Bright
January 2024	Media Academy Cymru (MAC) approach to recording monitoring data is agreed and finalised Scripts and guidance are developed for Cerridwen practitioners	Cordis Bright
February 2024	Data protection impact assessment and information-sharing agreement agreed and put in place Incorporate Youth Endowment Fund (YEF) feedback and deliver final revised study protocol	Cordis Bright

Date	Activity	Staff Responsible for/Leading the Activity
March 2024	Cerridwen practitioners receive training and support in rolling out research tools Ethics clearance obtained from the Royal Holloway Research Ethics Committee MAC begins accepting referrals (these will not become active referrals or considered at MAC allocation meetings until 1 April)	Cordis Bright
April 2024	Pilot phase launch Delivery of Cerridwen begins T1 data collection begins The tools are piloted with the first 20 young people and a data quality audit conducted	MAC, with support from Cordis Bright
September 2024–November 2024	Implementation and process evaluation (IPE) interviews with the young people, wider partners and project staff Statistical analysis plan draft commences (to be published in spring 2025)	Cordis Bright and MAC
November 2024	Pilot trial data completed	MAC
December 2024–February 2025	Pilot analysis and reporting takes place	Cordis Bright
February 2025	First draft of the pilot trial report submitted	Cordis Bright
February–March 2025	Efficacy protocol and statistical analysis plan updated Consent materials amended, if needed Review of the pilot phase undertaken	Cordis Bright
April–May 2025	Efficacy protocol and statistical analysis plan amended, incorporating YEF feedback	Cordis Bright and MAC
October 2025	Completion of all T1 data collection Referrals stop	MAC
December 2025–February 2026	IPE interviews with young people, wider partners and staff	Cordis Bright
April 2026	Delivery of Cerridwen ends Completion of all exit data	MAC

Date	Activity	Staff Responsible for/Leading the Activity
April 2026	Disengagement phase ends	MAC
March–July 2026	Efficacy study analysis and reporting takes place	Cordis Bright
July 2026	Draft final evaluation report submitted	Cordis Bright
June–September 2026	Report reviewed by YEF, peer reviewers and MAC	YEF and MAC
October–December 2026	Final revised evaluation report submitted, incorporating feedback Data prepared and submitted to the YEF data archive	Cordis Bright

Findings

The Cerridwen pilot cohort was recruited from April to June 2024, covering the first three months of the project's delivery. The full pilot period, from which we have drawn data throughout this report, covered April to December 2024. In this section, we aim to draw on the fullest range of data available. Where relevant, we include data through to the end of December 2024. We specify each dataset and its corresponding time period throughout this section.

Participants

Overview of the internal pilot trial research questions, methods and number of participants

Figure 11 shows the research questions addressed by this internal pilot trial and the number of participants involved in each method that informed the findings.

Figure 11: Internal pilot research questions, methods and participants

Research Question	Methods/Data Sources	Number of Participants Included in the Analysis
Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?	Cerridwen monitoring data (young people)	217
	In-depth interviews with the young people	15
	In-depth interviews with project staff	14
	In-depth interviews with wider programme partners	22
Have the data collection processes been established and embedded effectively?	Outcomes of the questionnaire responses	151 at T1 32 at T2 ⁷
	Cerridwen monitoring data	151
	In-depth interviews with project staff	14
	In-depth interviews with wider programme partners	22
Are the evaluation tools used during the internal pilot reliable, valid, accurate and practical for use in the project?	Outcomes of the questionnaire responses	151 at T1 32 at T2
	In-depth interviews with the young people	15
	In-depth interviews with project staff	14
What sample size is required for a future efficacy study, accounting for the utility of the data collected during the pilot trial?	Outcomes of the questionnaire responses	151 at T1 32 at T2
	Cerridwen monitoring data	151
Is it likely that Cerridwen will recruit and retain enough young people to meet the required sample size for an efficacy study?	Outcomes of the questionnaire responses	151 at T1 32 at T2
	Cerridwen monitoring data	151
	In-depth interviews with the young people	15
	In-depth interviews with project staff	14
	In-depth interviews with wider programme partners	22

⁷ For a detailed breakdown of participant flow please refer to Figure 12.

Research Question	Methods/Data Sources	Number of Participants Included in the Analysis
Has Cerridwen been implemented with fidelity to the co-designed Theory of Change?	Cerridwen monitoring data	151
	In-depth interviews with the young people	15
	In-depth interviews with project staff	14
	In-depth interviews with wider programme partners	22
Is there appropriate capacity for the Cerridwen programme delivery team to deliver the intervention and support the evaluation?	In-depth interviews with project staff	14
How acceptable is the randomised controlled trial design to the key programme partners?	In-depth interviews with project staff	14
	In-depth interviews with wider programme partners	22

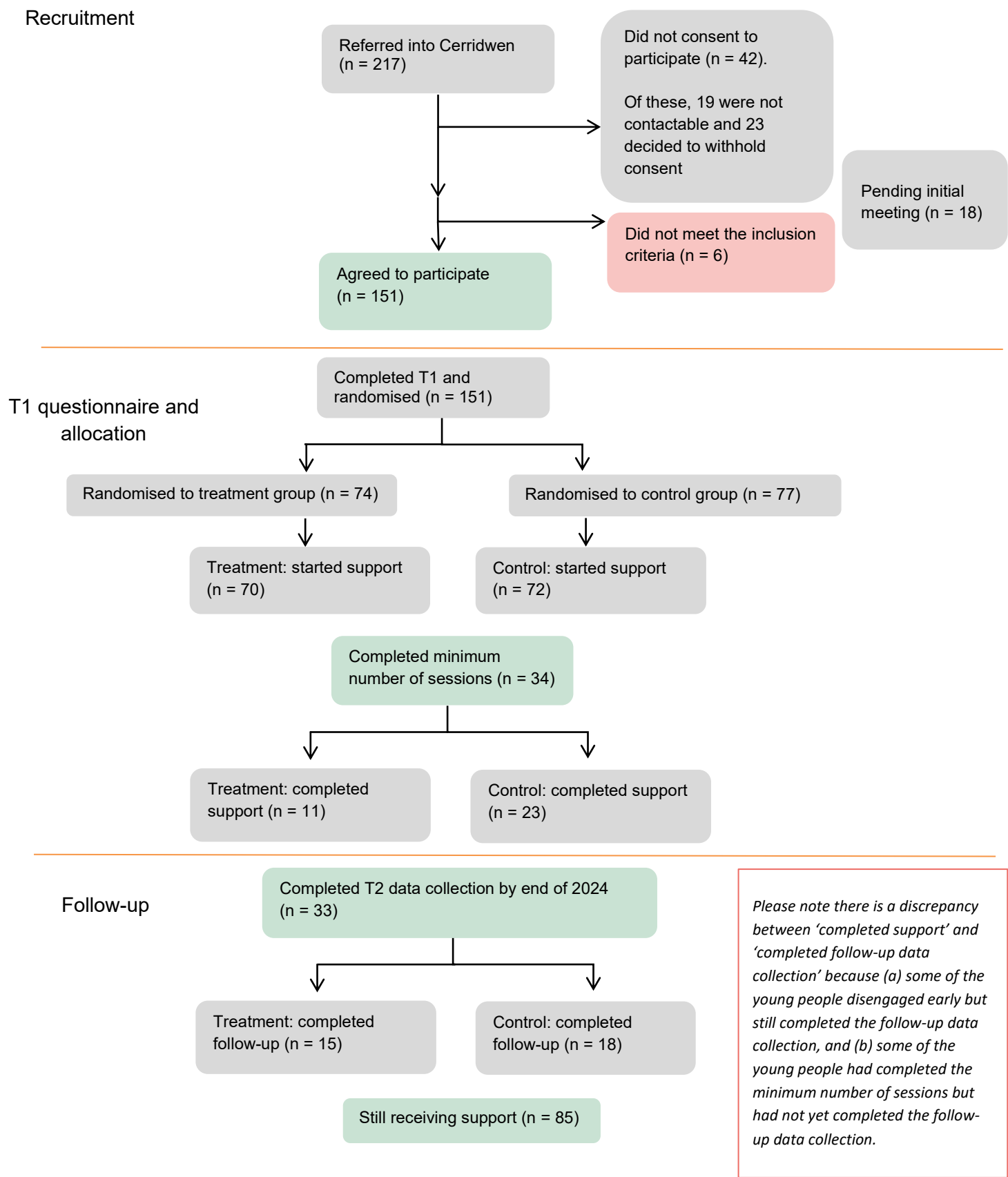
Flow through the Cerridwen project

Figure 12 summarises participant flow through the Cerridwen project from 2 April 2024 to 31 December 2024. As the evaluation was still ‘live’ at the end of 2024, this flow diagram does not account for all participants’ complete journeys through Cerridwen (e.g. it does not account for those young people who were still receiving support at the end of December 2024). The diagram shows that:

- A total of 217 young people were referred into the project in the pilot period (109 of these formed the pilot cohort [April–June 2024]).
- All the young people were screened for eligibility, and 211 met the criteria. The reasons for ineligibility were:
 - The young person was not exhibiting violent behaviours (two young people)
 - Cerridwen was not suitable (two young people)
 - A different programme offered by MAC was deemed more suitable (two young people).
- Of those eligible, 23 declined to participate (e.g. because they did not want support or felt they had enough support from other sources), and 19 were not contactable.
- At the end of the pilot period (December 2024), 18 young people were awaiting their first meeting with a member of the Cerridwen delivery team.
- 151 young people completed the baseline (T1) questionnaires by the end of the pilot period (December 2024), 56 of these as part of the pilot cohort (April–June 2024). All the 151 young people were randomised.
- 74 young people (49%) were randomised to the treatment group and 77 (51%) to the control group.
- 33 young people had completed a follow-up (T2) questionnaire. 15 of these were in the treatment group and 18 in the control group.

Further details of recruitment, randomisation and retention, including a comparison of the modelled participant numbers with the observed numbers for the pilot period, is provided below in Research Question 1: Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?.

Figure 12: Participant flow diagram between April 2024 and 31 December 2024



Who is Cerridwen working with?

An analysis of the monitoring data collected for the 151 young people who were randomised by the end of December 2024 provides an overview of the demographic characteristics of the young people the Cerridwen project is working with (see Figure 13 and

Figure 14).

This analysis shows that:

- 73% (n = 110) of the young people are male and 27% (n = 41) are female.
- The mean age of the young people in the Cerridwen project is 13. The age range is nine to 17 years old.
- Three young people are looked-after children (LAC).
- Approximately half of the young people (51%; n = 77) have a special educational need and/or disability (SEND). Half of those reporting as having SEND have a diagnosis.
- 61% (n = 92) of the young people are based in or near Cardiff; 34% (n = 52) are based in or near Swansea; and 5% (n = 7) are based in or near Merthyr Tydfil.
- 90% (n = 136) of the young people are of a White British ethnic background.

As Cerridwen progresses to an efficacy trial, it will be important to continue ensuring that the programme is accessible to a diverse range of young people. Current data suggests that the programme is successfully engaging racially minoritised young people, with representation aligning with youth justice statistics and general population proportions in Cerridwen's delivery areas. According to youth justice statistics (Ministry of Justice, 2024), 93% of child first-time entrants into the criminal justice system in South Wales were White. According to 2021 census data, across Wales, the percentage of the population who identified as falling within 'White' ethnic groups was 93.8% (Office for National Statistics, 2022). Within the relevant local areas, this breaks down to 79.1% in Cardiff; 91.4% in Swansea; and 97% in Merthyr Tydfil.⁸ This reflects the proactive steps MAC has taken to embed race equity, which include engagement with other YEF-funded organisations, race equity audits and making inclusivity a standing agenda item in project meetings.

However, consultation with wider partners suggests that some young people, particularly those not in education, may be under-represented in the programme. These young people may be less likely to be identified by key referral partners, such as schools, or may be reluctant to engage with formal support. MAC is already working to involve parents/carers as referrers. Continuing to work with a broad range of community partners, such as youth workers, may help ensure Cerridwen is accessible to all the young people who may benefit from the project.

⁸ This pilot report does not provide a breakdown of the young people's demographic characteristics by delivery area. This is to avoid any potential scenarios that may compromise the integrity of the efficacy trial, such as an attempt to seek balance across the areas.

Figure 13: Key background information for those participating in the Cerridwen project⁹

Gender			Age			Looked-After Child (LAC)																																																											
<table><tr><th>Gender</th><th>Number</th><th>%</th></tr><tr><td>Female</td><td>41</td><td>27%</td></tr><tr><td>Male</td><td>110</td><td>73%</td></tr><tr><td>Total</td><td>151</td><td>100%</td></tr></table>			Gender	Number	%	Female	41	27%	Male	110	73%	Total	151	100%	<table><tr><th>Age</th><th>Number</th><th>%</th></tr><tr><td>9</td><td>1</td><td>1%</td></tr><tr><td>10</td><td>16</td><td>11%</td></tr><tr><td>11</td><td>14</td><td>9%</td></tr><tr><td>12</td><td>21</td><td>14%</td></tr><tr><td>13</td><td>33</td><td>22%</td></tr><tr><td>14</td><td>23</td><td>15%</td></tr><tr><td>15</td><td>24</td><td>16%</td></tr><tr><td>16</td><td>13</td><td>9%</td></tr><tr><td>17</td><td>6</td><td>4%</td></tr><tr><td>Total</td><td>151</td><td>100%</td></tr></table>			Age	Number	%	9	1	1%	10	16	11%	11	14	9%	12	21	14%	13	33	22%	14	23	15%	15	24	16%	16	13	9%	17	6	4%	Total	151	100%	<table><tr><th>LAC</th><th>Number</th><th>%</th></tr><tr><td>No</td><td>148</td><td>98%</td></tr><tr><td>Yes</td><td>3</td><td>2%</td></tr><tr><td>Total</td><td>151</td><td>100%</td></tr></table>			LAC	Number	%	No	148	98%	Yes	3	2%	Total	151	100%
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Geographical area			Special Educational Need or Disability (SEND)			SEND Diagnosis																																																											
<table><tr><th>Delivery Team</th><th>Number</th><th>%</th></tr><tr><td>Cardiff</td><td>92</td><td>61%</td></tr><tr><td>Swansea</td><td>52</td><td>34%</td></tr><tr><td>Merthyr Tydfil</td><td>7</td><td>5%</td></tr><tr><td>Total</td><td>151</td><td>100%</td></tr></table>			Delivery Team	Number	%	Cardiff	92	61%	Swansea	52	34%	Merthyr Tydfil	7	5%	Total	151	100%	<table><tr><th>SEND?</th><th>Number</th><th>%</th></tr><tr><td>No</td><td>74</td><td>49%</td></tr><tr><td>Yes</td><td>77</td><td>51%</td></tr><tr><td>Total</td><td>151</td><td>100%</td></tr></table>			SEND?	Number	%	No	74	49%	Yes	77	51%	Total	151	100%	<table><tr><th>Status</th><th>Number</th><th>%</th></tr><tr><td>Diagnosed</td><td>40</td><td>50%</td></tr><tr><td>Awaiting diagnosis</td><td>28</td><td>35%</td></tr><tr><td>Self-reported/showing traits</td><td>12</td><td>15%</td></tr><tr><td>Total</td><td>80</td><td>100%</td></tr></table>			Status	Number	%	Diagnosed	40	50%	Awaiting diagnosis	28	35%	Self-reported/showing traits	12	15%	Total	80	100%															
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Awaiting diagnosis	28	35%																																																															
Self-reported/showing traits	12	15%																																																															
Total	80	100%																																																															

⁹ Due to rounding, percentage totals may not sum to exactly 100%.

Geographical area			Special Educational Need or Disability (SEND)	SEND Diagnosis
Place of residence	Number	%		
Cardiff	69	46%		
Swansea	46	30%		
Merthyr Tydfil	6	4%		
Vale of Glamorgan	23	15%		
Bridgend	1	1%		
Neath Port Talbot	5	3%		
Rhondda Cynon Taff	1	1%		
Total	151	100%		

Figure 14: Ethnic background of those participating in the Cerridwen project¹⁰

Ethnic group	Number	%	Ethnic group	Number	%
White			Black/African/Caribbean/Black British		
English/Welsh/Scottish/Northern Irish/British	127	84%	African	1	1%
Irish	1	1%	Caribbean	1	1%
Gypsy or Irish Traveller	0	0%	Any other Black/African/Caribbean background	0	0%
Any other White background	8	5%			
Mixed/multiple ethnic groups			Other ethnic group		
White and Black African	2	1%	Arab	0	0%
White and Black Caribbean	4	3%	Any other ethnic group	0	0%
White and Black Asian	0	0%			
White and Asian	0	0%			
Any other Mixed/Multiple ethnic background	3	2%			
Asian/Asian British					
Indian	2	1%	Missing	1	1%
Pakistani	0	0%			
Bangladeshi	0	0%			
Chinese	0	0%			
Any other Asian background	1	1%	Total	151	100%

¹⁰ Due to rounding, percentage totals may not sum to exactly 100%.

Evaluation feasibility

Key messages

Findings from the internal pilot trial indicate that an efficacy study of the Cerridwen project is feasible. These findings are based on qualitative consultation with Cerridwen delivery staff, wider programme partners and the young people and their parents/carers, as well as on a quantitative analysis of the monitoring data and outcome data collected to date.

Key messages include:

- The recruitment, randomisation and retention processes have been successfully implemented, with clear referral pathways and an effective allocation system. While the referral rates initially exceeded targets, they later reduced and then stayed at a lower level. An action plan is in place to support recruitment and referral rates during the transition to an efficacy study and as the study progresses. Randomisation has been delivered smoothly, and retention rates have been relatively strong, supported by clear communication, strong partnerships and a young person-led approach.
- The data collection processes have been successfully embedded, with high completion rates for both the outcomes questionnaires and monitoring data. Questionnaire completion rates have exceeded the 80% target (full details of the completion rates and sample sizes are provided in the [Outcomes questionnaires](#) section), with no evidence of systematic missing data, and the young people have generally found them accessible to complete. MAC's collaborative approach has ensured that monitoring data systems are practical for delivery while supporting evaluation. As the trial progresses to efficacy, maintaining sufficient capacity for data recording will be essential to sustaining data quality.
- The evaluation tools used during the internal pilot have been reliable, valid and practical for use in the project. The outcomes questionnaires demonstrated high completion rates, with responses aligning with theoretical expectations, suggesting that they effectively capture the intended measures. Internal consistency analyses indicate acceptable reliability across key scales, and the findings align with the expected characteristics of Cerridwen's target cohort (see the [Outcomes questionnaires](#) section). These results provide confidence in the feasibility of using these tools in the efficacy trial.
- A revised target sample size of 367 has been identified for the efficacy study, balancing statistical power with realistic recruitment expectations. This target, based on pilot trial data, modelling and power calculations, would achieve a MDERS of 0.25. This is the target sample size for T2 data collection; it accounts for a 21% attrition from baseline (T1) to T2 data collection, in line with the rates observed during the pilot trial. Cerridwen will still work towards achieving an MDERS of 0.20, as this is in line with both YEF guidance and the rationale set out in our trial protocol.
- Recruiting and retaining the required sample size for an efficacy study appears feasible, although it will require an increase in monthly recruitment. Cerridwen has averaged 24 referrals per month across the first nine months of delivery (up to the end of December 2024), with a target of 33 referrals per month needed for the efficacy study to reach the revised target sample size.

Strengthening a wide range of referral routes and maintaining or improving the 79% retention rate (44 out of 56 young people) observed for data collection in the pilot will be key to achieving this target.

- Cerridwen has broadly been implemented with fidelity to the co-designed Theory of Change, with the core components being consistently delivered. Key deviations include a longer-than-planned delivery time frame (taking up to eight months rather than five), and therefore a longer time frame between baseline (T1) and T2 data collection for the intervention group; and shorter session lengths, particularly for young people with neurodiversity. MAC staff reported that the young people with neurodiversity needed shorter sessions than was initially planned for. These factors will need to be monitored to ensure that the total dosage remains sufficient to achieve the intended outcomes.
- The Cerridwen delivery team is committed to delivering the programme effectively, but capacity challenges exist, particularly around initial engagement and maintaining the five-month delivery time frame. Case managers often face delays in reaching the young people and their families, and missed sessions can extend the intervention period. To help mitigate these challenges, MAC is implementing strategies to improve early engagement and explore flexible scheduling.
- The RCT design has been broadly accepted by staff and wider partners, although some concerns remain about the ethics of randomisation and its alignment with a youth-led approach. Staff and wider partners recognise that randomisation is necessary for Cerridwen to be available in South Wales, and recruitment and retention levels suggest sufficient acceptance of this process. However, concerns persist around fairness and control group support, highlighting the need for ongoing clear communication about the benefits of an RCT and the safeguarding measures in place.

These findings support the conclusion that Cerridwen is ready to progress to an efficacy trial, with targeted refinements being made to data collection, implementation, recruitment and retention strategies to strengthen the next phase of the evaluation.

Introduction to the findings

This section provides a summary of the findings related to the feasibility and practicality of progressing to an efficacy evaluation, presented against the nine research aims detailed in Section 3.4 of the [Evaluation Protocol](#). These findings are based on a qualitative consultation with Cerridwen staff, wider programme partners, the young people and their parents/carers, as well as on a quantitative analysis of the monitoring data and outcome data collected to date.

Research Question 1: Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?

The pilot recruitment, randomisation and retention processes have been fully embedded, with clear referral pathways and a well-functioning allocation system in place. The IPE has highlighted important learning relating to recruitment and retention that will support the trial as it progresses to efficacy.

Recruitment

Successfully recruiting a young person into the Cerridwen project relies on several processes: (1) MAC receiving referrals, primarily from external partners; (2) MAC assessing the eligibility of referrals; (3) (if eligible) MAC converting the referral into informed consent, T1 data collection and randomisation; and (4) the work starting in either the treatment or control group.

These processes have been implemented effectively, as shown by the monitoring data relating to the young people referred into Cerridwen by the end of December 2024:

- **Process (1): referrals.** 217 young people were referred into the Cerridwen project by the end of December 2024, against a target of 270. During the pilot recruitment period (April 2024–June 2024), Cerridwen received 109 referrals, which was more than double the target of 53 for this time frame.
- **Process (2): eligibility assessment.** All the referrals were assessed for eligibility, and 211 young people (97% of the referrals received by the end of December 2024) were assessed as eligible for Cerridwen (for details on eligibility criteria, see [Who does Cerridwen aim to work with?](#)).
- **Process (3): conversion of referral into consent and T1 data collection.** Of the 217 young people who were referred into the Cerridwen project by the end of December 2024, 18 were pending an initial meeting and six were deemed ineligible. Of the remaining 193 young people, 151 (78%) consented to take part in the evaluation and completed a T1 questionnaire. All the young people who completed a T1 questionnaire were successfully randomised into either the treatment or the control group. Discussion of the approaches taken to improve the rate of conversion (from referral to consent and T1 data collection) is provided in the [Retention and attrition](#) section.
- **Process (4): starting the programme.** Of the 151 young people who had completed a T1 questionnaire by the end of December 2024, 142 (94%) had also completed their first session, according to monitoring data recorded by the end of 2024.

Key enablers underpinning these processes included:

- **Straightforward referral processes.** The referral partners report that referring a young person into Cerridwen is straightforward and that the referral forms are not overly complicated. One referral partner stated:

It's quite easy really, it's just a simple form giving them as much info as we possibly can so [MAC] are prepared for what this child is going to need. And we just email it into a central email service, and they pick up those referrals once a week. I don't think there's any improvements to be made to this, really.

- **Well-understood eligibility criteria.** The eligibility criteria and aims of Cerridwen are simple and well-understood by referral partners, meaning that the referral partners who were interviewed consistently displayed a strong understanding of the referral criteria and target audience.

- **Efficient processing and communication.** The referral partners report that MAC colleagues process referrals quickly and efficiently and communicate regularly. The referral partners and MAC staff interviewed note that, particularly in Cardiff, they can leverage the organisation's pre-existing strong presence and established relationships to ensure strong communication with partners.
- **Clear information during the initial meetings with the young people and their families.** The parents and carers report that case managers clearly convey key information during initial meetings with young people and families.

While recruitment exceeded targets during the first three months (the pilot recruitment phase), reaching 109 by the end of June 2024, the rate of referrals dropped to a lower but consistent rate, with a total of 108 further referrals being made in the six months from July to December 2024:

- From July–September 2024, Cerridwen received 52 referrals against a target of 85 and recruited¹¹ (i.e. gave consent and completed baseline measures) a total of 52 referrals against a target of 74.
- From October–December 2024, Cerridwen received 56 referrals against a target of 132 and recruited (i.e. gave consent and completed baseline measures) a total of 43 referrals against a target of 117.

Interviews with MAC delivery staff and local partners suggested that the following factors likely contributed to a referral rate that was lower than the target referral rates across the period June–December 2024:

- **Variations in take-up across areas.** Referral rates have been lower than expected in Merthyr Tydfil, where MAC has not previously delivered services, in contrast to its more established presence in Cardiff and Swansea. By the end of December 2024, 61% of referrals were from Cardiff, 34% from Swansea and only 5% from Merthyr Tydfil.
- **Barriers to establishing a presence in Merthyr Tydfil.** Several factors have affected MAC's ability to build referral pathways in Merthyr Tydfil:
 - Temporary office closure limited its local presence for several months.
 - A lack of multi-agency strategic forums has reduced opportunities to engage with potential referral partners.
 - Some MAC staff have reported a historic reluctance in Merthyr Tydfil to engage with external service providers.

These factors are linked to external circumstances and will continue to evolve. For instance, it is likely that the profile of referral partners will change as MAC colleagues continue to promote the Cerridwen project across multi-agency forums and via engagement events. MAC's presence in Merthyr Tydfil is likely to improve now that an office has been opened and as word spreads to wider partners about the Cerridwen

¹¹ Recruited is counted as the total number of young people who gave consent and completed baseline measures.

project. Further discussion of mitigations to address the challenges around referrals and recruitment is provided in the Conclusion section.

Randomisation processes

Cerridwen project staff reported that the process of randomisation used to allocate the young people to either the treatment or the control groups has been implemented effectively. This is evidenced by the monitoring data, as follows:

- By the end of December 2024, 151 young people had been recruited into the trial, as indicated by 151 completed T1 questionnaires and subsequent randomisations.
- By the end of December 2024, 49% (74 young people) had been randomly assigned to the treatment group, and 51% (77 young people) had been randomly assigned to the control group. This is in line with the 1:1 allocation ratio that the process is aiming to achieve for the trial.

Retention and attrition

Retention to the intervention

Retention to the intervention is defined as the proportion of young people who begin the Cerridwen intervention and subsequently go on to complete the full intervention. The monitoring data shows that Cerridwen's retention rates have been relatively strong, and consultation with MAC colleagues, wider partners and the children and young people themselves has highlighted several factors supporting this.

To measure retention, we have analysed the journeys taken by the young people in the pilot cohort who completed the T1 questionnaires and were randomised (April 2024–June 2024), as these young people should have completed Cerridwen by the end of December 2024.

A total of 56 T1 questionnaires were completed by the pilot cohort. These were randomised and split 50:50 between the treatment and the control group. Retention is measured based on the number of young people who had either completed a T2 questionnaire or were still engaging with support, as recorded at the end of December 2024.

The treatment group

Of the 28 young people in the pilot cohort who were assigned to the treatment group between April 2024 and the end of June 2024, 50% (14 young people) had completed a T2 questionnaire, and 29% (eight young people) were recorded as still engaging with support. This means that the retention rate for the treatment group was 79%, with 21% (six young people) not being retained.

The control group

Of the 28 young people in the pilot cohort who were assigned to the control group between April 2024 and the end of June 2024, 61% (17 young people) had completed a T2 questionnaire, and 18% (five young people) were recorded as still engaging with support. This means that the retention rate for the control group was also 79%, which matches the treatment group's retention rate.

Supporting factors

Across both the control and treatment groups, several factors underpin successful engagement:

- **A proactive and responsive approach.** The young people and parents/carers we interviewed valued the proactive and responsive approach that MAC staff have taken throughout the project, which has strengthened their sustained engagement.
- **The positive role of a trusted adult.** Many of the young people we spoke to, as well as their parents/carers, recognised that having a case manager as a trusted adult who provides consistency and support has given them a reason to continue to engage with the support:

At the start, [my son] didn't have any relationship with [his case manager]; we didn't think he would complete the programme at the start but he got there [...] – he learnt that it was a safe space. —A parent

- **Session adaptation to meet the young person's needs.** MAC staff ensured that sessions were adapted to suit the young person's needs, interests and personal goals (e.g. they adapted the session length to make the sessions accessible for young people with neurodiversity).
- **Clear communication while respecting confidentiality.** Parents/carers value MAC staff's clear communication and efforts to keep them informed while respecting confidentiality and protecting the case manager–young person relationship. Achieving parental buy-in has been a key success:

[The case manager is] brilliant at responding and keeping in contact with us – we feel very informed. —A parent

- **The intensive and creative nature of support.** In the treatment group specifically, the young people and parents/carers we spoke to explained that the intensive nature of the support has helped the young people to build more meaningful relationships with their case managers. One young person described the way that continuous reinforcement relating to topics such as imposter syndrome has helped them notice how patterns and habits can repeat across different aspects of their life. The young people have benefitted from the range of interactive and engaging activities available, such as creative sessions, which has helped maintain engagement:

Nothing to improve [in Cerridwen sessions]; I've really enjoyed them. I really like how it's not shut in a doctor's office [and] it's wherever I want; it's important to me that it's out and about. It's easier to talk when we're doing other things. —A young person receiving Cerridwen

Barriers to engagement

The key barriers to engagement across both the treatment and control groups generally relate to external factors. Examples of common reasons for disengagement are challenging external circumstances (e.g. family instability), the young people being referred before they were ready to engage in a more intensive programme and overwhelm from engagement with multiple services. Some staff and wider partners reported that the intensity of the Cerridwen project and the level of commitment required may be too demanding for some young people.

Strategies that are being used to mitigate these factors, and which should be maintained as the trial proceeds to efficacy, include:

- Ensuring referral partners understand the intensity of Cerridwen, which helps to ensure that referrals are suitable
- The MAC team making pre-referral calls to referrers to confirm a young person's readiness to participate
- Case managers focusing on relationship building in early sessions to sustain engagement with a young person longer-term.

Attrition from the evaluation

Attrition from the evaluation is defined as the proportion of the young people who completed the baseline (T1) data collection but dropped out or disengaged before completing the T2 data collection. As detailed above, an attrition rate of 21% was observed in both the treatment and control groups. This is a higher attrition rate than anticipated in the initial model, which (in line with YEF guidance) estimated a 10% attrition rate from baseline (T1) to T2 data collection. Accordingly, a 21% attrition rate has been used in the sample size scenario modelling for the efficacy phase, as detailed in the section What sample size is required for a future efficacy study, accounting for the utility of data collected during the pilot trial?, below.

The Cerridwen Action Plan details the range of measures being taken to reduce attrition from the evaluation, including strengthening referral pathways and targeting under-referring agencies (particularly in Merthyr Tydfil); improving pre-referral communication with families to manage expectations; and using data to monitor and respond to variability in the referral patterns over time and across locations. These measures are detailed further in the recommendations presented in Figure 35.

Research Question 2: Have the data collection processes been established and embedded effectively?

Two methods of data collection have been embedded for the Cerridwen project:

- Outcomes questionnaires
- Monitoring data.

Outcomes questionnaires

The administration of the outcomes questionnaires has been successful.

The analysis of the completeness of the outcomes questionnaires shows that the baseline (T1) and follow-up (T2) questionnaires have been completed to a good standard for all four scales, exceeding the target completion rate of 80% outlined in the co-developed progression criteria for the trial.¹²

¹² Please note that the T2 analyses look at a sample size of 32, even though 33 T2 questionnaires were collected before the end of December 2024. This is because one questionnaire was completed on a paper copy and received after the analysis had begun.

- **SDQ completion.** Figure 15 shows that at both T1 and T2, all items in the SDQ (Part 1 of the questionnaire) were completed by 94% of participants (142 out of 151 [T1] and 30 out of 32 [T2]). The SDQ impact supplement was also well completed: Figure 16 shows that 90% of the young people (136 out of 151) completed the first item at T1; Figure 17 shows that 100% (32 out of 32) completed the first item at T2.
- **BES completion.** Figure 18 shows that at T1, 84% of participants (127 out of 151) had completed all the items in the BES. At T2, all items had a completion rate of 87% or higher (28 out of 32). The missing responses were distributed randomly, with no clear patterns.
- **SRDS completion.** Figure 20 presents the completion rates for the SRDS at T1 and T2, focusing on responses to both the 'variety' of delinquency and the 'volume' of the delinquency items ('volume' will be the primary outcome measure in the efficacy trial). At T1, 79% of participants (120 out of 151) had completed each item in the volume measure, with most items having a response rate of least 81%. Similarly, for the variety measure, 80% or more of participants had responded to each item. At T2, response completeness was higher, with 87% of participants (28 out of 32) providing answers to the volume-based questions and all of the variety-based items. The highest non-completion rate for any item was 13% (4 out of 32 in relation to Items 5 and 8).

The patterns of missing data were broadly consistent across both measures, with no clear evidence of systematic missingness across specific items. Although the completion rates were slightly lower for the SRDS than for other scales, given that the volume score will serve as the primary outcome measure in the efficacy trial, the observed completion rates suggest that this measure is likely to be completed at a sufficient rate to justify future data collection.

- **SSRS completion (T2 only):** For the 32 young people who completed the SSRS at T2, completion rates were high. Figure 21 shows that each item on this scale was answered by 87% of the young people (28 out of 32), and most items had a completion rate of 94% (30 out of 32) or higher. Overall, missing responses were minimal, with only three young people missing one or more items on the scale.

This positive picture of outcome measurement is supported by the young people's reflections, captured in interview. Most of the young people stated that the questionnaire was relatively straightforward to complete and not overly time-consuming. The young people reported that they had completed the questionnaires independently, with some reporting that they had asked for occasional support from their case manager when they needed help to understand certain words or questions. When asked about the questionnaire, the young people we spoke to said it 'wasn't too difficult,' that it 'felt easy to answer' and that they felt 'comfortable' completing it.

A small handful of young people, when asked about the questionnaire, provided less positive feedback. One young person said it made them feel 'frazzled', while others found some items 'crazy'.

Figure 15: Response patterns for the SDQ in the T1 and T2 outcomes questionnaires (n = 151 at T1; n = 32 at T2)

No.	Item	Number of Valid Responses (%) at T1	Number of Missing Responses (%) at T1	Number of Valid Responses (%) at T2	Number of Missing Responses (%) at T2
		Time 1		Time 2	

No.	Item	Number of Valid Responses (%) at T1	Number of Missing Responses (%) at T1	Number of Valid Responses (%) at T2	Number of Missing Responses (%) at T2
1	I try to be nice to other people. I care about their feelings.	151 (100%)	0 (0%)	32 (100%)	0 (0%)
2	I am restless; I cannot stay still for long.	151 (100%)	0 (0%)	30 (94%)	2 (6%)
3	I get a lot of headaches, stomach aches or sickness.	149 (99%)	2 (1%)	32 (100%)	0 (0%)
4	I usually share with others (food, games, pens, etc.)	150 (99%)	1 (1%)	32 (100%)	0 (0%)
5	I get very angry and often lose my temper.	150 (99%)	1 (1%)	31 (97%)	1 (3%)
6	I am usually on my own. I generally play alone or keep to myself.	150 (99%)	1 (1%)	32 (100%)	0 (0%)
7	I usually do as I am told.	150 (99%)	1 (1%)	32 (100%)	0 (0%)
8	I worry a lot.	149 (99%)	2 (1%)	32 (100%)	0 (0%)
9	I am helpful if someone is hurt, upset or feeling ill.	147 (97%)	4 (3%)	32 (100%)	0 (0%)
10	I am constantly fidgeting or squirming.	147 (97%)	4 (3%)	30 (94%)	2 (6%)
11	I have one good friend or more.	147 (97%)	4 (3%)	32 (100%)	0 (0%)
12	I fight a lot. I can make other people do what I want.	145 (96%)	6 (4%)	32 (100%)	0 (0%)
13	I am often unhappy, downhearted or tearful.	146 (97%)	5 (3%)	32 (100%)	0 (0%)
14	Other people my age generally like me.	145 (96%)	6 (4%)	31 (97%)	1 (3%)
15	I am easily distracted. I find it difficult to concentrate.	147 (97%)	4 (3%)	31 (97%)	1 (3%)
16	I am nervous in new situations. I easily lose confidence.	146 (97%)	5 (3%)	32 (100%)	0 (0%)
17	I am kind to younger children.	145 (96%)	6 (4%)	32 (100%)	0 (0%)
18	I am often accused of lying or cheating.	145 (96%)	6 (4%)	31 (97%)	1 (3%)
19	Other children or young people pick on me or bully me.	145 (96%)	6 (4%)	31 (97%)	1 (3%)
20	I often volunteer to help others (parents, teachers, children).	144 (95%)	7 (5%)	31 (97%)	1 (3%)
21	I think before I do things.	144 (95%)	7 (5%)	30 (94%)	2 (6%)
22	I take things that are not mine from home, school or elsewhere.	143 (95%)	8 (5%)	31 (97%)	1 (3%)
23	I get on better with adults than with people my own age.	142 (94%)	9 (6%)	31 (97%)	1 (3%)
24	I have many fears; I am easily scared.	144 (95%)	7 (5%)	30 (94%)	2 (6%)
25	I finish the work that I am doing. My attention is good.	144 (95%)	7 (5%)	30 (94%)	2 (6%)

Figure 16: SDQ impact supplement completion at T1 (n = 151)

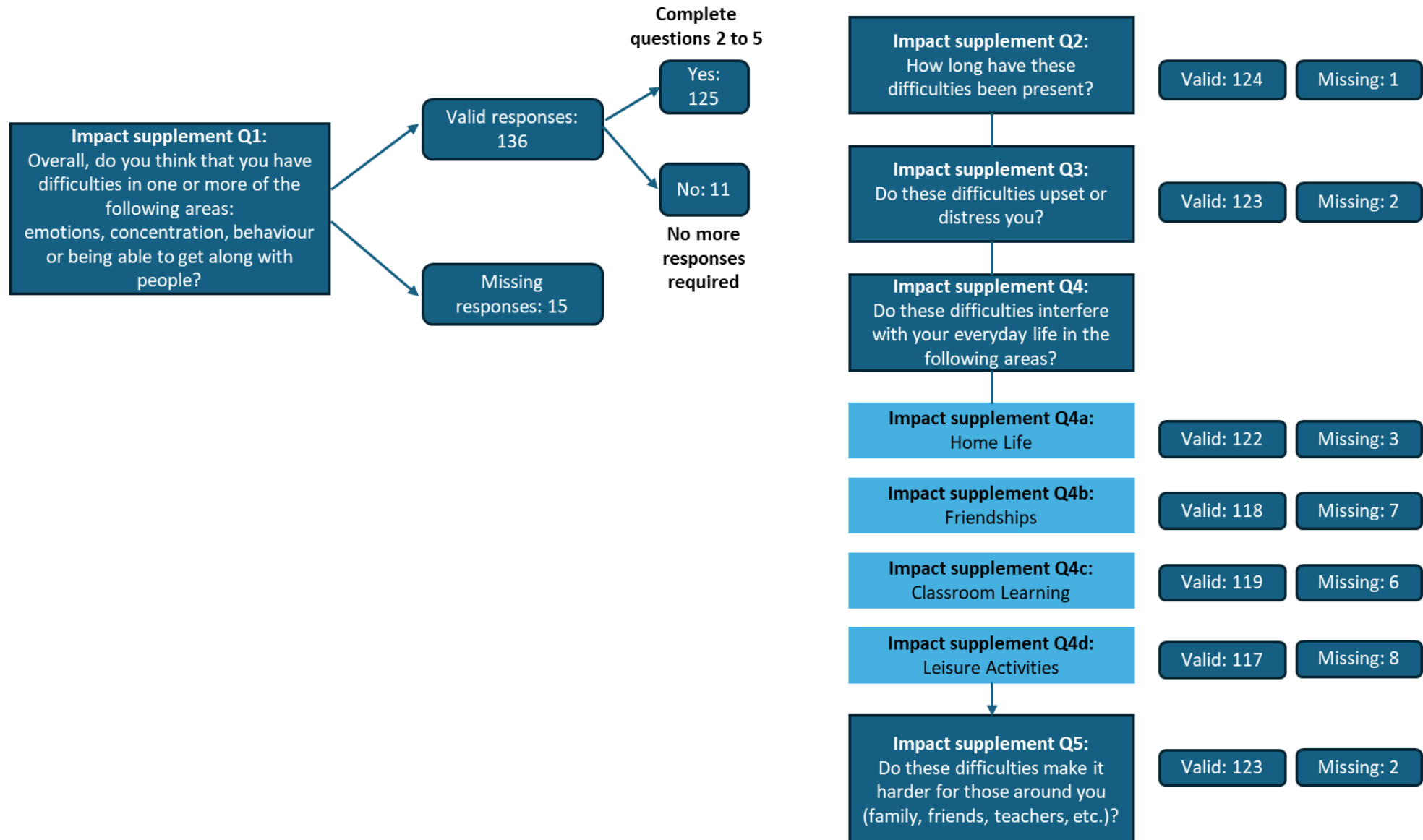


Figure 17: SDQ Impact supplement completion T2 (n = 32)

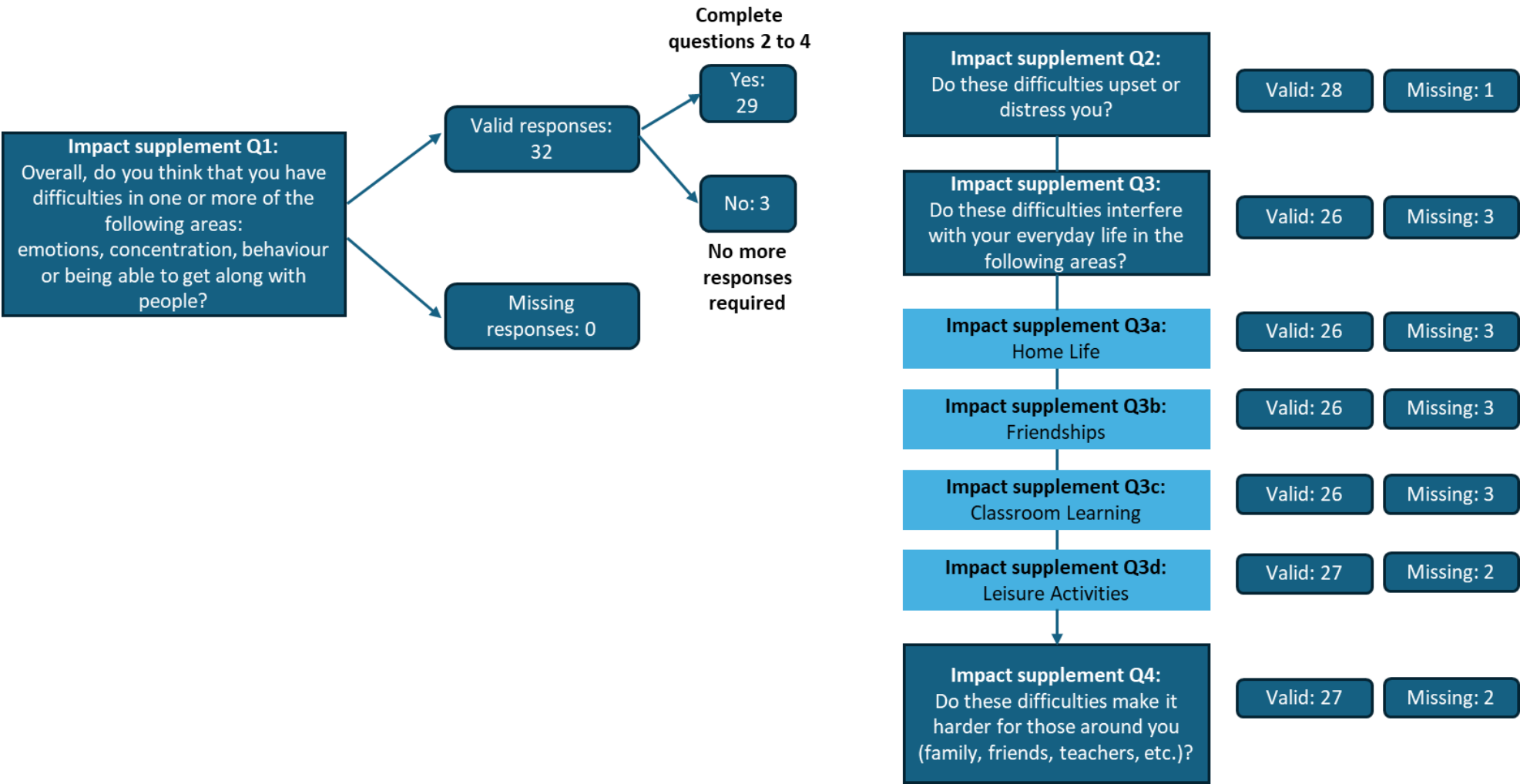


Figure 18: Response patterns for the BES in the T1 and T2 outcomes questionnaires (n = 151 at T1; n = 32 at T2)

No.	Item	Number of Valid Responses (%) at T1	Number of Missing Responses (%) at T1	Number of Valid Responses (%) at T2	Number of Missing Responses (%) at T2
1	My friend's emotions don't affect me much	139 (92%)	12 (8%)	31 (97%)	1 (3%)
2	After being with a friend who is sad about something, I usually feel sad	137 (91%)	14 (9%)	30 (94%)	2 (6%)
3	I can understand my friend's happiness when she/he does well at something	138 (91%)	13 (9%)	30 (94%)	2 (6%)
4	I get frightened when I watch characters in a good scary movie	137 (91%)	14 (9%)	30 (94%)	2 (6%)
5	I get caught up in other people's feelings easily	136 (90%)	15 (10%)	30 (94%)	2 (6%)
6	I find it hard to know when my friends are frightened	133 (88%)	18 (12%)	30 (94%)	2 (6%)
7	I don't become sad when I see other people crying	137 (91%)	14 (9%)	31 (97%)	1 (3%)
8	Other people's feelings don't bother me at all	135 (89%)	16 (11%)	30 (94%)	2 (6%)
9	When someone is feeling 'down', I can usually understand how they feel	133 (88%)	18 (12%)	30 (94%)	2 (6%)
10	I can usually work out when my friends are scared	134 (89%)	17 (11%)	29 (91%)	3 (9%)
11	I often become sad when watching sad things on TV or in films	133 (88%)	18 (12%)	28 (87%)	4 (13%)
12	I can often understand how people are feeling even before they tell me	131 (87%)	20 (13%)	29 (91%)	3 (9%)
13	Seeing a person who has been angered has no effect on my feelings	133 (88%)	18 (12%)	31 (97%)	1 (3%)
14	I can usually work out when people are cheerful	132 (87%)	19 (13%)	29 (91%)	3 (9%)
15	I tend to feel scared when I am with friends who are afraid	133 (88%)	18 (12%)	29 (91%)	3 (9%)
16	I can usually realise quickly when a friend is angry	127 (84%)	24 (16%)	30 (94%)	2 (6%)
17	I often get swept up in my friends' feelings	130 (86%)	21 (14%)	29 (91%)	3 (9%)
18	My friends' unhappiness doesn't make me feel anything	129 (85%)	22 (15%)	31 (97%)	1 (3%)
19	I am not usually aware of my friends' feelings	130 (86%)	21 (14%)	28 (87%)	4 (13%)
20	I have trouble figuring out when my friends are happy	128 (85%)	23 (15%)	29 (91%)	3 (9%)

Figure 19: SRDS summary of responses for 'variety of delinquency' questions across 19 behaviours and offending histories, examined at T1 (n = 151) and T2 (n = 32)

No.	Behaviours and Offending	Number of Valid Responses (%) at T1	Number of Missing Responses (%) at T1	Number of Valid Responses (%) at T2	Number of Missing Responses (%) at T2
1	Fare-dodging	126 (83%)	25 (17%)	32 (100%)	0 (0%)
2	Noisy behaviour in public	126 (83%)	25 (17%)	30 (94%)	2 (6%)
3	Shoplifting	127 (84%)	24 (16%)	29 (91%)	3 (9%)
4	Ride in a stolen vehicle	126 (83%)	25 (17%)	30 (94%)	2 (6%)
5	Theft from school	123 (82%)	28 (18%)	28 (87%)	4 (13%)
6	Carried a knife/weapon	122 (81%)	29 (19%)	30 (94%)	2 (6%)
7	Graffiti	124 (82%)	27 (18%)	30 (94%)	2 (6%)
8	Robbery	123 (82%)	28 (18%)	28 (87%)	4 (13%)
9	Criminal damage	124 (82%)	27 (18%)	29 (91%)	3 (9%)
10	Housebreaking	123 (82%)	28 (18%)	30 (94%)	2 (6%)
11	Theft from home	124 (82%)	27 (18%)	30 (94%)	2 (6%)

No.	Behaviours and Offending	Number of Valid Responses (%) at T1	Number of Missing Responses (%) at T1	Number of Valid Responses (%) at T2	Number of Missing Responses (%) at T2
12	Broken into vehicle to steal	122 (81%)	29 (19%)	30 (94%)	2 (6%)
13	Fire-setting	119 (81%)	28 (19%)	29 (91%)	3 (9%)
14	Harming or injuring animals	122 (81%)	29 (19%)	29 (91%)	3 (9%)
15	Assault	123 (82%)	28 (18%)	30 (94%)	2 (6%)
16	Bullying behaviour	129 (86%)	22 (14%)	31 (97%)	1 (3%)
17	Racial assault or harassment	122 (81%)	29 (19%)	31 (97%)	1 (3%)
18	Selling illegal drugs	122 (81%)	29 (19%)	30 (94%)	2 (6%)
19	Skipping or skiving from school	121 (80%)	30 (20%)	30 (94%)	2 (6%)

Figure 20: SRDS summary of responses for 'volume of delinquency' questions across 18 behaviours and offending histories, examined at T1 (n = 151) and T2 (n = 32)

No.	Behaviours and Offending	Number of Valid Responses (%) at T1	Number of Missing Responses (%) at T1	Number of Valid Responses (%) at T2	Number of Missing Responses (%) at T2
1	Fare-dodging	126 ¹³ (83%)	25 (16%)	31 (97%)	1 (3%)
2	Noisy behaviour in public	126 (83%)	25 (17%)	29 (91%)	3 (9%)
3	Shoplifting	127 (84%)	24 (16%)	29 (91%)	3 (9%)
4	Ride in a stolen vehicle	125 (83%)	26 (17%)	30 (94%)	2 (6%)
5	Theft from school	123 (82%)	28 (18%)	28 (87%)	4 (13%)
6	Carried a knife/weapon	121 (80%)	30 (20%)	30 (94%)	2 (6%)
7	Graffiti	124 (82%)	27 (18%)	30 (94%)	2 (6%)
8	Robbery	123 (82%)	28 (18%)	28 (87%)	4 (13%)
9	Criminal damage	124 (82%)	27 (18%)	29 (91%)	3 (9%)
10	Housebreaking	123 (81%)	28 (19%)	30 (94%)	2 (6%)
11	Theft from home	123 ¹⁴ (81%)	27 (18%)	30 (94%)	2 (6%)
12	Broken into vehicle to steal	122 (81%)	29 (19%)	30 (94%)	2 (6%)
13	Fire-setting	121 ¹⁵ (80%)	29 (19%)	29 (91%)	3 (9%)
14	Harming or injuring animals	123 ¹⁶ (81%)	27 (18%)	29 (91%)	3 (9%)
15	Assault	123 (82%)	28 (18%)	29 (91%)	3 (9%)
16	Racial assault or harassment	122 (81%)	29 (19%)	30 (94%)	2 (6%)
17	Selling illegal drugs	122 (81%)	29 (19%)	30 (94%)	2 (6%)
18	Skipping or skiving from school	120 ¹⁷ (79%)	30 (20%)	30 (94%)	2 (6%)

¹³ One invalid response. "Invalid responses" are where responses do not follow the questionnaire's logical structure format, including: i) selecting more than one option for single-response questions, or ii) skipping or responding 'No' to the main question while still answering one or more follow-up questions. This happens primarily when using paper questionnaires.

¹⁴ One invalid response.

¹⁵ One invalid response.

¹⁶ One invalid response.

¹⁷ One invalid response.

Figure 21: Completion of SSRS at T2 (n=32)

No.	Item Description	Number of Valid Responses (%)	Number of Missing Responses (%)
1	My case manager/this person cares about how I am doing in school	30 (94%)	2 (6%)
2	My case manager/this person is very sure I can do well in school and in the future	30 (94%)	2 (6%)
3	My case manager/this person cares about me, even when I make mistakes	30 (94%)	2 (6%)
4	My case manager/this person really listens and understands me	30 (94%)	2 (6%)
5	My case manager/this person looks out for me and helps me	30 (94%)	2 (6%)
6	My case manager/this person and I both have fun when we're together	30 (94%)	2 (6%)
7	I talk to my case manager/this person about problems with my friends	30 (94%)	2 (6%)
8	I talk to my case manager/this person about problems with my parents/family	30 (94%)	2 (6%)
9	I feel safe when I'm with my case manager/this person	31 (97%)	1 (3%)
10	I tell my case manager/this person things that are very private	29 (91%)	3 (9%)
11	I talk to my case manager/this person when something makes me angry or afraid	29 (91%)	3 (9%)
12	My case manager/this person gives me useful advice in dealing with my problems	29 (91%)	3 (9%)
13	My case manager/this person has qualities or skills that I'd like to have when I'm older	28 (87%)	4 (13%)
14	I learn how to do things by watching and listening to my case manager/this person	29 (91%)	3 (9%)
15	My case manager/this person introduces me to new ideas, interests and experiences	29 (91%)	3 (9%)
16	My case manager/this person pushes me to succeed at the things I want to do	30 (94%)	2 (6%)
17	Sometimes I think that my case manager/this person doesn't like me	30 (94%)	2 (6%)
18	I don't like things my case manager/this person says or does	30 (94%)	2 (6%)
19	My case manager/this person is too busy to pay attention to me	30 (94%)	2 (6%)
20	My case manager/this person and I get angry at each other	30 (94%)	2 (6%)
21	I feel my case manager/this person will let me down	30 (94%)	2 (6%)
22	If I tell my case manager/this person what I'm thinking, he/she will laugh at me	30 (94%)	2 (6%)

Monitoring data

MAC colleagues have worked with the evaluator and YEF to ensure that the case management system and monitoring data capture processes are practical for day-to-day use and sufficient for the evaluation. This process has been successful, with a dataset that allows for the emerging evidence to be analysed to determine the fidelity of the delivery to the theory of change.

MAC's flexibility and responsiveness has been crucial to the successful implementation of the monitoring data collection mechanisms, which also align with YEF's monitoring requirements. Gathering fit-for-purpose monitoring data is time-intensive, especially for case managers, and as the trial progresses to efficacy, it will be imperative that sufficient time is budgeted for each case manager to continue to record high-quality monitoring data.

Research Question 3: Are the evaluation tools used during the internal pilot reliable, valid, accurate and practical for use in the project?

The analysis of the completion of the outcomes questionnaire data shows that the young people completed a high proportion of the items. This is promising for future analyses.

The outcomes questionnaires included/consisted of the SDQ, the BES, and the SRDS at both baseline (T1) and follow-up (T2), with the SSRS added at T2.

To explore the reliability and validity of the measures, we analysed the number of valid responses and examined the consistency of the responses to the SDQ, the BES and the SRDS to see if they were in line with what we would expect.

Strengths and Difficulties Questionnaire

The analysis of the T1 and T2 SDQ responses showed that the young people submitted a sufficient number of valid responses to the SDQ for the scores to be analysed.

Figure 22 shows the number of valid items within the T1 SDQ that could be scored, along with the average (mean) scores and the Cronbach's alpha for the scale.

Figure 23 shows the same analysis for T2. Both figures show that the externalising, internalising and SDQ total scores have acceptable levels of reliability at both T1 and T2.

The reliability of some of the subscales was lower according to the Cronbach alpha, for example, for peer problems ($\alpha = 0.50$ at T1; $\alpha = 0.56$ at T2) and conduct problems ($\alpha = 0.57$ at T1; $\alpha = 0.64$ at T2). However, this is not a concern at this stage, as these subscales contain only five items each, and Cronbach's alpha is influenced by how well the items in the scale are interrelated and the total number of items in the scale. The relatively small sample size at this stage of the study may have influenced the alpha coefficients.

Figure 22: Valid scales, average scores and the Cronbach's alpha for the SDQ scales in the T1 outcomes questionnaire (n = 151)

Strengths and Difficulties Questionnaire (SDQ) Scale	N Valid (%)	Mean (SD)	Alpha
Emotional problems	140 (92.7%)	5.0 (2.4)	0.76
Conduct problems	142 (94.0%)	5.1 (1.9)	0.57
Hyperactivity	144 (95.4%)	7.7 (1.9)	0.72
Peer problems	141 (93.4%)	4.6 (1.8)	0.50
Prosocial behaviour	143 (94.7%)	6.4 (1.9)	0.64
Externalising behaviour	142 (94.0%)	12.8 (3.2)	0.73
Internalising behaviour	138 (91.4%)	9.4 (3.8)	0.77
SDQ total	136 (90.1%)	22.7 (5.5)	0.75

Figure 23: Valid scales, average scores and the Cronbach's alpha for the SDQ scales in the T2 outcomes questionnaire (n = 32)

Strengths and Difficulties Questionnaire (SDQ) Scale	N Valid (%)	Mean (SD)	Alpha
Emotional problems	30 (93.8%)	4.8 (2.5)	0.69
Conduct problems	28 (87.5%)	4.5 (2.0)	0.64
Hyperactivity	26 (81.3%)	6.9 (1.8)	0.76
Peer problems	30 (93.8%)	5.0 (1.9)	0.56
Prosocial behaviour	31 (96.9%)	6.8 (2.1)	0.74
Externalising behaviour	23 (71.9%)	11.2 (3.2)	0.77
Internalising behaviour	29 (90.6%)	9.7 (4.0)	0.71

Strengths and Difficulties Questionnaire (SDQ) Scale	N Valid (%)	Mean (SD)	Alpha
SDQ total	22 (68.8%) ¹⁸	21.2 (6.1)	0.72

The analysis of the SDQ responses also suggests this questionnaire was completed well. At T1, the internalising and externalising scales were significantly correlated ($r = 0.28$; $p < 0.01$). Among these subscales, the strongest correlation was observed between the emotional problems scale and the peer problems scale ($r = 0.55$; $p < 0.01$), followed by the conduct problems scale and the hyperactivity scale ($r = 0.48$; $p < 0.01$). This aligns with the expectation that these difficulties commonly co-occur.

Figure 24 also shows a strong correlation between conduct problems and the SRDS volume score at T1. Hyperactivity was also positively correlated with SRDS volume ($r = 0.29$; $p < 0.01$). In contrast, prosocial behaviour and SRDS volume ($r = -0.35$; $p < 0.01$) were negatively correlated. Generally, these patterns align with theoretical expectations. Correlations with other SDQ subscales may not be significant because of the low numbers in the study at present.¹⁹

Figure 24: Correlation between the SDQ scales in the T1 outcomes questionnaire responses and the Self-Report Delinquency Scale variety score ($n = 151$)

	Emotional Problems	Conduct Problems	Hyperactivity	Peer Problems	Prosocial Behaviour	SRDS Volume
Emotional problems	X	0.25*	0.33*	0.55*	0.23*	0.11
Conduct problems	X	X	0.48*	0.19*	-0.13	0.58*
Hyperactivity	X	X	X	37*	-0.03	0.29*
Peer problems	X	X	X	X	0.11	-0.03
Prosocial behaviour	X	X	X	X	X	-0.35*
Self-Report Delinquency Scale variety score	X	X	X	X	X	X

Note: The internalising and externalising scales were positively correlated: $r = 0.283$; $p < 0.001$. In Figure 24, * denotes statistical significance level $p < 0.01$.

Figure 25 shows that at T1, 82% (124 young people) of the cohort for whom sufficient data was available to analyse (all 151 young people) scored a 'high' or 'very high' SDQ total score, and 69.4% (93 out of 134 young people) returned a 'high' or 'very high' score on the SDQ impact supplement.

These findings are consistent with the expected needs of Cerridwen's target cohort, further suggesting that the SDQ is valid and reliable.

¹⁸ This is the number of young people who completed all items in the scale.

¹⁹ Please note that correlations were not calculated at T2, as impact is not being analysed as part of the pilot trial.

Figure 25: SDQ total score grouped at T1 (n = 151)

SDQ Total Scores (Grouped)	Total Score (Frequency)	Total Score (Proportion)	Impact Supplement Score (Frequency)	Impact Supplement Score (Proportion)
Close to average	12	7.9%	21	15.7%
Slightly raised	15	9.9%	20	14.9%
High	32	21.2%	8	6.0%
Very high	92	60.9%	85	63.4%
Valid total	151	100%	134	100%
Missing	0	-	17	-
Total	151	-	151	-

Basic Empathy Scale

The analysis of T1 and T2 BES responses indicates that the young people provided a sufficient number of valid responses for analysis.

Figure 26 and Figure 27 present the number of valid scales within the BES that could be scored, along with the average (mean) scores and Cronbach's alpha for each BES subscale at T1 and T2. Across both time points, affective empathy, cognitive empathy and BES total scores demonstrate acceptable levels of reliability at both T1 and T2.

Figure 26: Valid scales, average scores and the Cronbach's alpha for the BES in T1 outcomes questionnaire (n=151)

Basic Empathy Scale	N Valid (%)	Mean (SD)	Alpha
Affective empathy	125 (82.8%)	32.3 (7.2)	0.77
Cognitive empathy	119 (78.8%)	31.5 (5.9)	0.80
BES total	115 (76.2%)	63.4 (11.2)	0.84

Figure 27: Valid scales, average scores and the Cronbach's alpha for the BES in T2 outcomes questionnaire (n=32)

Basic Empathy Scale	N Valid (%)	Mean (SD)	Alpha
Affective empathy	26 (81.3%)	32.5 (6.3)	0.66
Cognitive empathy	28 (87.5%)	32.1 (6.9)	0.86
BES total	26 (81.8%)	61.1 (14.6)	0.84

Self-Report Delinquency Scale

Figure 19 and

Figure 20 shows that the SRDS had a high response rate. In addition, the analysis of the response rate suggests that the SRDS was completed reliably and validly. For example, Figure 28 shows that 124 out of 134 young people (92.5%) at T1 for whom sufficient data was available to analyse reported engaging in one or more behaviours or offences at least once. 44% (n = 59) of the young people reported engaging in these behaviours or offences 20 or more times, and fewer than 21% (n = 28) reported engaging in such behaviours fewer than five times.

This provides further reassurance that the SRDS is reliable, as this finding is consistent with what would be expected for the Cerridwen's target cohort, i.e. young people at risk of involvement in violent behaviours.

Figure 28: Volume of engagement in behaviours and offences (grouped) as reported in the SRDS (n = 134)

Volume of Engagement in Behaviours and Offences (Grouped by Number of Times Offence Committed)	Frequency	Proportion (%)
0	10	7.5%
1–2	9	6.7%
3–4	9	6.7%
5–9	23	17.2%
10–14	13	9.7%
15–19	11	8.2%
20+	59	44%
Total (valid responses)	134	100%

Research Question 4: What sample size is required for a future efficacy study, accounting for the utility of data collected during the pilot trial?

The efficacy study will aim to assess the impact of MAC's Cerridwen project on self-reported offending, measured using the SRDS Volume Score (SRDSVS) as the primary outcome measure (Smith and McVie, 2003).

In light of the actual referral rates Cerridwen has received up until the end of December 2024, YEF, MAC and the evaluation team have continued to work together to ensure that targets are realistic and reflect what is achievable. Original modelling and power calculations suggest that a sample size of 592 would be needed to detect a statistically significant result (power = 0.80) in a two-tailed test ($p < 0.05$), based on an MDES of 0.20. This sample size is in line with YEF guidance, which recommends an MDES of 0.20, and with the original demand modelling conducted by MAC and Ipsos.

However, based on actual recruitment rates up to December 2024, and while we are still striving to achieve the original sample size, MAC, YEF and the evaluation team have re-modelled what sample size might be realistic in the remaining time and with the resources available for the trial. This modelling is presented in Figure 29. It is based on the following assumptions:

- Referrals will now end one month earlier (in September 2025, rather than October 2025) to allow sufficient time for all the young people recruited to complete the full programme.
- Referral rates are now based on actual referral and recruitment data for April 2024 to December 2024.
- Projected referral rates from January 2025 onwards are based on revised figures taken from the Cerridwen Action Plan. Two scenarios are presented: one based on a modelled attrition rate of 10% from baseline (T1) to T2 data collection (in line with YEF guidance); and a second based on a modelled attrition rate of 21% from baseline (T1) to T2 data collection (in line with the attrition rate observed during the pilot). While it is likely that mitigations put in place by MAC as part of the action plan will reduce the attrition rate from what was observed during the pilot, taking this approach ensures that targets are realistic.

This modelling suggests that, given the resources and time available for the efficacy trial, a final sample size of 367 is realistic. This would achieve an MDES of 0.25. This is a higher MDES than that recommended by YEF guidance. However, in light of the time and resource constraints on the programme and evaluation, this MDES is realistic. That said, the likelihood of the efficacy trial detecting statistically significant effects is reduced if the impact is lower than originally anticipated. An MDES of 0.25 remains within a policy-relevant range for real-world interventions and is consistent with the effect sizes seen in similar programmes (Koehler et al., 2012).

Further information on sample size assumptions and calculations is available in the [MAC Cerridwen Trial Protocol](#) and [Statistical Analysis Plan](#).

Figure 29: Modelling of the efficacy study recruitment rates

Quarter →	Q1 (Actual)	Q2 (Actual)	Q3 (Actual)	Q4	Q5	Q6	Q7	Q8
Months →	Apr 24– Jun 24	Jul 24– Sep 24	Oct 24– Dec 24	Jan 25– Mar 25	Apr 25–Jun 25	Jul 25– Sep 25	Oct 25–Dec 25	Jan 26– Mar 26
Target number of children and young people recruited to the project and evaluation (i.e. that have completed baseline T1 measures) (quarterly) – assuming 10% attrition	56	52	43	87	87	87	0	0
Target number of children and young people recruited to the project and evaluation (i.e. that have completed baseline T1 measures) (cumulative) – assuming 10% attrition	56	108	151	238	325	412	412	412
Target number of children and young people recruited to the project and evaluation (i.e. that have completed baseline T1 measures) (quarterly) – assuming 21% attrition	56	52	43	99	99	99	0	0
Target number of children and young people recruited to the project and evaluation (i.e. that have completed baseline T1 measures) (cumulative) – assuming 21% attrition	56	108	151	250	349	448	448	448
Projected number of completed T2 measures (cumulative)	–	–	27	95	133	211	289	367

Research Question 5: Is it likely that Cerridwen will recruit and retain enough young people to meet the required sample size for an efficacy study?

The required sample size for an efficacy study is discussed in the [What sample size is required for a future efficacy study, accounting for the utility of data collected during the pilot trial?](#) section, above. This details the trial's original target sample size and outlines a revised, lower target sample size based on referral and recruitment data from the pilot period. MAC colleagues are working closely with YEF and the evaluation team to implement a range of mitigations that will work towards achieving the original sample size; as of the timing of this report, it is not possible to assess the impact of these mitigations on the likely final sample size.

To answer the question as to whether it is likely that Cerridwen will recruit and retain enough young people to meet the required sample size for an efficacy study, we will assess this on the basis of the revised, lower target sample size. As detailed above, the revised sample size is a pragmatic adjustment, and any additional young people included in the sample as a result of the mitigations put in place will result in a lower MDES, which would increase the likelihood of the efficacy study identifying statistically significant findings at lower effect sizes.

To achieve the revised efficacy study target of 367 participants outlined in the section above, Cerridwen needs to recruit (i.e. have complete baseline T1 data collection for) between 29 and 33 young people per month. While this reflects an increase in the average number of monthly referrals, this target feels feasible, especially as Cerridwen and MAC's presence in Merthyr Tydfil continues to become stronger and better embedded within the local landscape.

Attrition is also a critical factor for achieving the target sample size. In the pilot, 21% of the young people recruited (i.e. those who completed baseline T1 data collection and were randomised into either the treatment or control group) dropped out or disengaged prior to completing the T2 data collection. While the mitigations being put in place by MAC to increase the retention of young people are expected to reduce this attrition rate, the modelling and targets presented above assume this 21% attrition rate continues.

Considering the pilot data, existing trends and planned mitigation strategies, the likelihood of Cerridwen achieving the revised sample size as modelled and outlined in the section above appears realistic.

Research Question 6: Has Cerridwen been implemented with fidelity to the co-designed Theory of Change?

The Cerridwen project has been implemented largely in line with the Theory of Change. Delivery staff have maintained the key structural and theoretical components, including:

- Prioritising relationship building early on as part of the engagement phase, thereby ensuring that the young people feel safe, valued and heard. This aligns with the emphasis on building trusted-adult relationships.
- Delivering a minimum of 18 sessions over 20 weeks. 15 young people from the treatment group had completed a T2 questionnaire by the end of December 2024. 73% of these (11 young people) had completed at least 18 sessions. The four young people who did not complete the intervention had withdrawn within seven sessions.

- Covering the core modules, such as communication, consequential thinking, empathy, identity and reflection. Figure 30 indicates high fidelity to the Theory of Change, with 10 out of the 11 young people completing all but one of the core modules (Module 4).
- Incorporating a necessary degree of flexibility so that the pace and format of the sessions aligns with the young people's needs while adhering to the core modules. This is in line with trauma-informed, youth-led principles, which are embedded in the Theory of Change.

A notable area where the actual delivery of Cerridwen has deviated from the Theory of Change relates to the time frame within which Cerridwen is delivered. All 11 of the young people who had completed at least 18 sessions by the end of December 2024 had taken six to eight months between their first and last session, exceeding the six-month treatment period. Based on data obtained from consultations with staff, we understand that the longer-than-anticipated delivery window has been a result of delivery staff ensuring Cerridwen is delivered in full while occasionally needing to miss a week of support (e.g. because of illness, holidays or other external 'real-world' circumstances). We are continuing to explore the reasons behind this and implementing mitigations.

The extended time frame does not impact the quality or completeness of data delivery. As Cerridwen progresses to an efficacy trial, the evaluation team will work with the delivery team to monitor the time frame and ensure Cerridwen is being delivered within five to six months (e.g. by doubling up sessions to compensate for missed weeks). This process will also involve working with MAC colleagues to explore all potential contributing factors to these delays in delivery and to put in place appropriate mitigations.

The duration of individual sessions has also not aligned with the Theory of Change. The case managers reported that this adaptation has been necessary because some of the young people (especially those with neurodiversity) struggled to engage with sessions lasting two to three hours. As Figure 31 shows, for the 11 young people who had completed at least 18 sessions by the end of December 2024, most sessions lasted less than two hours.

Evidence suggests that both session length and cumulative contact hours matter to achieving meaningful change (Jolliffe and Farrington, 2008). This adaptation may therefore present a risk to programme effectiveness if it results in a significantly lower total dosage.

Overall, Cerridwen has been broadly implemented with fidelity to the co-designed Theory of Change. Crucially, the case managers have maintained the core components while delivering the project in line with youth-led principles in terms of the format in which sessions are delivered. The main areas to monitor as the trial progresses are (1) the overall duration of engagement by each young person and (2) the average session length.

Figure 30: Completion rates across Cerridwen's core modules

Module	Total Number of Young People Who Completed at Least One Session from the Module (n = 11)
Module 1: Assessment	10 (91%)

Module	Total Number of Young People Who Completed at Least One Session from the Module (n = 11)
	<i>Session 1 listed as 'other' for one young person²⁰</i>
Module 2 (Core): Communication	11 (100%)
Module 3 (Core): Identity Part 1	10 (91%)
Module 4 (Core): Consequential Thinking and Thoughts, Feelings, Behaviours	8 (73%)
Module 5 (Core): Empathy	10 (91%)
Module 6: (Core) Identity Part 2	11 (100%)
Module 7: Restorative Practice	9 (82%)
Module 8 (Core): Reflection	11 (100%)

Figure 31: Length of the sessions that were delivered to 11 young people

Session Length	Frequency (n = 221)
30 mins or less	14 (6%)
31–60 mins	80 (36%)
61–90 mins	86 (39%)
91–120 mins	31 (14%)
121 mins or more	10 (5%)

Research Question 7: Is there appropriate capacity for the Cerridwen programme delivery team to deliver the intervention and support the evaluation?

The Cerridwen team is highly committed to delivering the programme effectively and to supporting the evaluation activities, including administering questionnaires and recording monitoring data. While staff generally feel the programme is running well, they emphasise that maintaining high-quality delivery and

²⁰ In the monitoring dataset, this session is recorded as 'other' rather than as one of the set modules.

data collection is demanding and time-intensive. This is factored into the judgements relating to re-modelling the target sample size (see the sections Rationale for the planned number of participants and What sample size is required for a future efficacy study, accounting for the utility of data collected during the pilot trial?).

Two key challenges impact the team's capacity to deliver the programme:

- **Onboarding and engaging the young people.** After allocation, case managers often face delays in reaching the young people and their parents/carers, requiring multiple attempts to establish initial contact and secure engagement. Even when the initial contact is made, maintaining engagement can be difficult, particularly when families are uncertain about Cerridwen's purpose or benefits. For instance, one staff member noted that they had needed to close a case due to a parent not engaging, despite having had a positive initial phone call.
- **Delivering the core intervention within five months.** The five-month model assumes weekly sessions, but in practice, missed sessions due to illness, holidays, or unforeseen personal challenges made this difficult to achieve. Staff reported that many of the young people, particularly those facing complex personal circumstances, required six to seven months to fully engage with the programme.

To mitigate these challenges, MAC colleagues are: (1) working with referrers to ensure that the young people and their families are aware of the referrals in advance, thereby reducing confusion and improving initial engagement; and (2) exploring whether it is possible to deliver multiple sessions within the same week, where necessary, to ensure that the intervention is delivered within a five-month window.

Research Question 8: How acceptable is the RCT design to the key programme partners?

The RCT design has been accepted by Cerridwen project staff and wider partners sufficiently well for the trial to recruit and retain a sufficient number of young people. Staff and wider partners accept randomisation as a condition of Cerridwen being available as an intervention in South Wales.

It's not like [MAC] are saying no to people, so it doesn't worry me and it doesn't bother me. I know that they will work with the young person to signpost to the support they need. As professionals, we need to take what's out there, and we need to appreciate that. —A wider partner

However, MAC delivery staff and wider partners expressed some concerns about the randomisation design.

It's really tough. I know that it needs to be this way, but I don't agree with it because it takes a lot for a young person to ask for help – this may be a bit of a barrier. —A wider partner

Figure 32 presents the concerns highlighted in interview and possible responses to address these concerns.

Figure 32: Staff and wider partners' RCT concerns and possible responses

Concern	Detail	Response(s)
It is unethical for young people to be allocated to the control group	There were concerns that if a young person is referred to Cerridwen, it is based on a belief that they would benefit from support. Therefore, it feels unethical if the young person does not subsequently receive mentoring from Cerridwen.	Clearly communicate the benefits of a randomised controlled trial (RCT) as opposed to other methods, in terms of how it improves the evidence base for what will help young people to reduce offending and helps to evidence the benefits of Cerridwen to the point where it would become unethical not to deliver it. Explain that an RCT will increase understanding; that is, we do not know if Cerridwen is actually beneficial (it could be harmful) and, therefore, that an RCT is needed. Improve awareness of the safeguarding protocols in place for the control group, which meet the responsibilities Cerridwen has to all the young people involved (e.g. explain that Cerridwen staff will escalate safeguarding concerns if necessary). To help understand the scale of this challenge, suggest that MAC staff keep a log of incidences where a young person has been distressed about being allocated to the control group.
Randomisation feels misaligned with a 'youth-led' approach	There were concerns that the random allocation of the young people to either the treatment or control group contradicts the principles of a 'youth-led' approach, according to which the young people should have agency in any decisions affecting them. Some staff and wider partners reported that the young people should be able to choose whether they receive support from Cerridwen rather than being assigned through a random process.	Clearly explain that, while youth voice is a key principle, an RCT is designed to fairly assess the impact of a programme and thereby ensure that future decisions about service provision are based on robust evidence rather than assumptions. Highlight that randomisation is the most reliable way to determine whether Cerridwen is effective, which will ultimately help more young people in the long run by strengthening the case for sustainable funding. Reassure wider partners that the young people in the control group are not left without support; explain what alternative services are available to them. Emphasise that young people's voices are still central to Cerridwen and the evaluation, including through the self-report surveys and via interviews that capture their experiences and perspectives.

Evidence of promise

As Cerridwen is in a position to progress to efficacy, this pilot report does not include evidence of promise in relation to the impact and distance travelled in young people's outcomes. We intend to use data collected during the pilot trial in the efficacy study, and we wish to maintain the integrity of the trial. The findings, both positive and negative, may influence future delivery and processes. Moreover, the sample size in the pilot trial is not sufficiently powered to meaningfully measure impact. In addition, due to the nature of the qualitative data obtained from the IPE consultation with the young people, it has not been possible to examine any difference in experience across different groups. However, we do intend to be able to undertake this analysis for the final efficacy phase report.

Based on consultations with the young people and their parents/carers, Cerridwen appears to be succeeding in supporting the project's intended short- and medium-term outcomes. No harmful or unintended consequences were reported.

The pilot trial also provided evidence that the inputs and outputs of Cerridwen are broadly aligned with its Theory of Change. Staff training, referral processes and case manager relationships are supporting the delivery of structured, personalised sessions, while the monitoring data shows that the young people are engaging with the core modules and receiving support that is consistent with the programme's intended model.

The young people engaging with the Cerridwen project describe it as a valuable and impactful programme that provides trusted relationships, tailored support and a safe space to reflect on their behaviours and choices. Many highlight that the project is different from other services they have encountered, particularly in terms of its approachability, flexibility and focus on personal growth.

[My Cerridwen case manager] just gets me in a way that's different to other support I've had. —A young person receiving Cerridwen

She's [case manager] really good at explaining things, so I'm able to open up about the bad things I do, and she gives me options of other things I can do instead. —A young person receiving Cerridwen

Parents and carers also report positive changes in their children's attitudes, behaviours and ability to manage challenges:

I've never known a service like it, to be honest – it's incredible. —A parent

This positive perception extends to the professionals working with the young people, who see Cerridwen as a trusted and effective intervention for addressing behavioural challenges:

If there are issues around anger/violence, I first think of MAC/Cerridwen. —A wider partner

The young people and their parents/carers identified the key activities and approaches being taken within Cerridwen that are likely to achieve positive outcomes and have a beneficial impact on young people, including:

- **Trusted relationships and one-to-one support.** Cerridwen gives young people the opportunity to build a relationship with a trusted adult (i.e. the Cerridwen case managers). All the young people

who took part in the consultation described having positive relationships with their case managers. Many of the young people reported this as a key difference between Cerridwen and other interventions they have taken part in, saying that it was a key factor that helped in their continued engagement with Cerridwen.

- **Person-centred and trauma-informed approaches.** The young people consistently emphasised the importance of working with ‘approachable’ and ‘supportive’ staff who, they reported, they can rely on. The continuity of support and provision of a personalised approach tailored to the young people’s needs, goals and interests were seen as critical factors in their engagement. The young people also valued the ability to meet the case managers in the setting where they were most comfortable, whether at home, at school or in the community.
- **Opportunities for review and reflection.** The structured review session midway through the programme was highlighted by both the staff and the young people as a valuable moment for self-reflection, allowing the young people to recognise their own progress and set further goals.

Readiness for trial

The pilot phase has demonstrated that the Cerridwen project can feasibly be implemented and evaluated through an efficacy trial: it is broadly being delivered with fidelity to its Theory of Change; it has established and embedded successful recruitment processes; it has implemented high-quality, robust data collection mechanisms; and it is providing an important service that, according to qualitative evidence, shows evidence of promise for young people.

Figure 33 provides a summary of Cerridwen’s progress against the pre-defined, co-developed progression criteria.²¹ These criteria are rated either red (stop), amber (pause and think) or green (go). The figure looks at the data from the pilot period (i.e. April to the end of June 2024) together with the data up to the end of December 2024 to support confidence in decision-making about progression to a full efficacy study. The table suggests that Cerridwen is in a strong position to proceed to an efficacy trial, with 10 out of the 11 indicators being rated green and one being rated green/amber.

The Evaluation feasibility section provides further commentary on the learning that will be carried into the efficacy trial.

²¹ Please note that this red/amber/green table was produced prior to the completion of the final analyses that have informed this pilot report. As such, figures may vary slightly, and conclusions should be drawn from the [Conclusion](#) section rather than from this table.

Figure 33: Cerridwen progress against progression criteria

Criteria	Green (Go)	Amber (Pause and Think)	Red (Stop)	Status (Red/Amber/Green)	Commentary
Recruitment: the number of young people who consent and are recruited to the trial's treatment and control groups (the total number across both groups as a percentage of the monthly recruitment targets), measured by T1 questionnaires administered	Greater than 80% (36 or more young people)	51–79% (23–35 young people)	Less than 50% (Fewer than 22 young people)	Green (Based on data from the pilot period)	Recruitment during the pilot period Q1 (April–June 2024) significantly exceeded the target. 56 young people were recruited, exceeding the target by 24% and firmly placing Q1 in the green category. This breaks down into 20, 16 and 20 young people recruited across April, May and June, respectively.
a. Retention: the number of young people in the intervention group completing questionnaires at five months (as a percentage of those who are recruited to the intervention group)	Greater than 80%	51–79%	Less than 50%	Green (Based on data for the young people recruited during the pilot period)	28 young people were recruited to the intervention group between April and June (Q1). 18 of these young people are still receiving Cerridwen, five have exited and completed a T2 and five have disengaged without completing a T2. This means that 82% (23 out of 28) have been retained.
b. Retention: the number of young people in the control group completing questionnaires at five months (as a percentage of those who are recruited)	Greater than 80%	51–79%	Less than 50%	Amber/Green (79%: one young person away from Green) (Based on data for young people recruited during the pilot period)	28 young people were recruited to the control group between April and June (Q1). Seven of these are still receiving the Safety and Well-being support sessions (control), 15 have exited and completed a T2 and six have disengaged without completing a T2. This means 79% (22 out of 28) have been retained.

Criteria	Green (Go)	Amber (Pause and Think)	Red (Stop)	Status (Red/Amber/Green)	Commentary
Data quality: the overall completion rate for all evaluation tools (i.e. the amount of missing data) and the quality of data for both the treatment and control groups, including the outcome measurement tools (Self-Report Delinquency Scale [SRDS], Strengths and Difficulties Questionnaire [SDQ], Social Support and Rejection Scale [SSRS], Basic Empathy Scale [BES])	Greater than 80% complete	51–79% complete	Less than 50% complete	Green (Based on all questionnaires received by 5 December 2024)	Data quality is evaluated based on the proportion of the young people who have completed at least 80% of the scales. In the T1 questionnaires, there are three scales (the SRDS, SDQ and BES). In the T2 questionnaires, there are the same three scales with the addition of the SSRS. This analysis looks across the questionnaires received by 5 December 2024 (T1: n = 143; T2 treatment group: n = 6; T2 control group: n = 16). At T1, between 82% and 96% of the young people had completed at least 80% of each scale, with the SDQ having the highest completion rate (96%) and the SRDS the lowest (82%). At T2 in the treatment (Cerridwen) group, between 83% and 100% of the young people had completed at least 80% of each scale, with the SDQ having the highest completion rate (100%) and the BES, SRDS and SSRS having the joint lowest completion rate (83%). At T2 in the control group, between 94% and 100% of the young people had completed at least 80% of each scale, with the SDQ having the highest completion rate (100%) and the BES, SRDS and SSRS having the joint lowest completion rate (94%). Please note: T2 completion rates are based on a small sample size and so should be treated with caution.
a. Fidelity and dosage: the young people receive the majority of the programme as intended, as measured by the percentage of the young people who complete the	Greater than 80%	51–79%	Less than 50%	Green	Young people are assessed as having completed Cerridwen once they have completed the minimum required number of sessions over at least five months.

Criteria	Green (Go)	Amber (Pause and Think)	Red (Stop)	Status (Red/Amber/Green)	Commentary
programme, i.e. having attended a minimum of 12 (out of 16) one-to-one case management sessions				(Based on data for the young people recruited during the pilot period)	Of the 28 young people in the intervention group included in the pilot study (i.e. those who completed a T1 by June 2024), two young people completed Cerridwen. Both these young people completed the minimum of 12 one-to-one sessions (100%). 18 young people are still receiving Cerridwen. These young people have been receiving support for between five and a half and eight months. Of these, 10 have completed the minimum number of sessions already, and the eight others are on track to do so. Eight of the 28 young people in the pilot have disengaged from Cerridwen early and so have partially completed the sessions. Caution should be taken when interpreting these figures due to the low sample size.
b. Fidelity and dosage: case management sessions are being delivered as intended, as measured by percentage of the young people in the treatment group recorded as having received sessions around all of the programme's core topics (Communication; Consequential Thinking/Thoughts/Feelings/Behaviours; Empathy; Identity; Reflection)	Greater than 70%	51–69%	Less than 50%	Green (Based on data for the young people recruited during the pilot period)	Two young people in the Cerridwen group completed the intervention by the end of November 2024. Both of these young people received sessions around all the programme's core modules. Caution should be taken when interpreting these figures due to the low sample size.
a. Delivery capacity: Cerridwen workers have the capacity to deliver the programme, as measured by the percentage of the young people who are contacted within five days of their referral being accepted into Cerridwen at	Greater than 70%	51–69%	Less than 50%	Green (Based on data for the young people recruited by the end of November 2024)	By the end of November, 197 young people had been referred into Cerridwen. Of these, 191 were assessed as eligible for Cerridwen at a MAC allocation meeting.

Criteria	Green (Go)	Amber (Pause and Think)	Red (Stop)	Status (Red/Amber/Green)	Commentary
the Media Academy Cymru (MAC) allocation meeting					187 of these young people (98%) were contacted within five days of their referral being allocated to Cerridwen.
b. Delivery capacity: Cerridwen workers have the capacity to deliver the programme, as measured by the percentage of the young people who start the programme within 15 days of their referral being accepted into Cerridwen at the MAC allocation meeting	Greater than 70%	51–69%	Less than 50%	Green (Based on data for the young people recruited by the end of November 2024)	By the end of November, 142 young people had been accepted into Cerridwen or the Safety and Well-Being Group at the allocation meeting and had started the programme (as measured by whether they had received a first meeting with a MAC staff member to give consent). 114 (80%) started within 15 working days of their referral being accepted at the allocation meeting. Of these, 71 were randomly allocated to Cerridwen. 53 of these young people (75%) started within 15 working days of their referral being accepted at the allocation meeting. Overall, the average number of days between the allocation meeting and starting the programme was 12 working days (for both groups) and 13 working days for the intervention group.
a. Randomisation: The randomisation approach is successfully implemented, based on the percentage of the young people (who meet the eligibility criteria and consent to take part) who are successfully randomised into the control or treatment group.	80%	51–79%	Less than 50%	Green (Based on data collected before the end of November 2024)	100% of the young people who (a) were eligible to take part, (b) consented to take part and (c) had a parent/carer who consented to their taking part were successfully randomised to either the treatment or the control group.
b. Randomisation: randomisation achieves a close to 1:1 ratio, based on percentage of participants randomised to the Cerridwen group	45–55%	35–44% or 56–65%	<35% or >65%	Green (Based on data collected by the end of November 2024)	Of the 142 young people recruited to the study by the end of November, 71 young people (50%) were randomised to the Cerridwen group and 71 (50%) to the control group.

Criteria	Green (Go)	Amber (Pause and Think)	Red (Stop)	Status (Red/Amber/Green)	Commentary
					Randomisation has therefore been achieving a 1:1 ratio so far.
Eligibility: Cerridwen is reaching its intended audience, as measured by the percentage of the young people recruited who meet the eligibility criteria	80%	51–79%	Less than 50%	Green (Based on data collected by the end of November 2024)	142 young people were recruited to the study by the end of November 2024. All 142 (100%) were eligible.

Cost information

As outlined in the Cerridwen evaluation protocol, this internal pilot trial did not include a structured cost analysis. Instead, we explored with staff and wider partners how cost estimation could be approached in the efficacy study. MAC colleagues and wider programme partners found it challenging to engage with cost-related questions. Some noted that it could be difficult to track the financial inputs required for programme delivery, especially for potential costs incurred by referral partners, which are not explicitly included in the budget for delivery.

The referral with Cerridwen is quick and easy; it doesn't take much time. The time that we do invest is [in] working with a young person initially to work out if they are at risk of violent offending when they are initially identified through non-violent offending, e.g. antisocial behaviour, shoplifting, etc. This process can take a while and involves staff time, but does this just count as core staff time? This is core police work, so it's difficult to know whether this is a Cerridwen-related cost. —A wider partner

MAC colleagues suggested that using the existing Cerridwen programme budget may be the most appropriate method for estimating delivery costs, aligning with YEF's cost-reporting guidance. This approach ensures that cost estimation:

- Focuses on the cost of delivery rather than offering a comparison with 'business as usual' service provision
- Uses a bottom-up estimation principle, where resource requirements are itemised and costed individually
- Reflects the perspective of the organisation delivering the intervention, as MAC is responsible for all key delivery components.

For the efficacy study, we intend to work with MAC colleagues and use the Cerridwen budget breakdown to report on the prerequisite, setup and recurring costs of the project in relation to staff, buildings and facilities, materials and equipment, incentives and any other inputs.

In an efficacy trial analysis, cost estimation will focus on capturing:

- **Staffing costs:** salaries for case managers, referral coordinators and programme oversight
- **Training and supervision:** costs related to staff development and ongoing support
- **Programme resources:** materials required for delivering Cerridwen sessions, including printed workbooks and digital tools
- **Travel and facilities:** costs associated with home visits and community-based session delivery
- **Incentives and activities:** costs related to engagement support, such as for refreshments and diversionary activities.

Conclusion

This section summarises our judgement of the evaluation's feasibility and discusses the findings from the Cerridwen pilot trial. Figure 34 summarises the findings discussed in this report.

Figure 34: Summary of the research findings

Research Question	Finding
Have the pilot recruitment, randomisation and retention processes been established and embedded effectively, and do they work in practice?	The recruitment, randomisation and retention processes have been embedded successfully and are working well. Cerridwen received a total of 109 referrals during the pilot period, against a target of 53. Since then, the referral rate has reduced and remained at a lower level, with 108 referrals made over a six-month period (giving a total of 217 referrals made during the pilot period, against a target of 270). Target recruitment rates are being monitored in light of this. At the end of December 2024, 78% of eligible referrals had consented to take part in the project and completed baseline (T1) data collection. There have been no reported challenges with randomisation, and all the young people have been successfully randomised into either the treatment or the control group.
Have the data collection processes been established and embedded effectively?	The administration of the outcomes questionnaires has been successful. This is reflected in the strong completion rates. At T1, of all the questionnaires completed before the end of December 2024, all items in the Strengths and Difficulties questionnaire (SDQ) had a completion rate of 94% or higher, and all items in the Basic Empathy Scale (BES) had a completion rate of 87% or higher. In the Self-Report Delinquency Scale (SRDS), all items relating to the 'volume' score had a completion rate of 79% or higher, and all items relating to the 'variety' score had a completion rate of 80% or higher. The follow-up (T2) outcomes questionnaires are also demonstrating strong completion rates. Monitoring data recording has also been embedded successfully, which has enabled analyses relating to participant characteristics and dosage.
Are the evaluation tools used during the internal pilot reliable, valid, accurate and practical for use in the project?	The scales included in the outcomes questionnaires appear to be reliable, valid and practical for use in the project. At both T1 and T2, completion rates were high. The SRDS 'volume' scores and the SDQ and BES scores could be calculated and analysed. The SDQ externalising and internalising scores were significantly correlated at T1 and showed acceptable levels of reliability, measured by Cronbach's alpha. Correlations between the scales and T1 scores were generally as expected, suggesting that the measures are reliable.
What sample size is required for a future efficacy study, accounting for the utility of the data collected during the pilot trial?	The internal pilot and related discussions between Cordis Bright, YEF and MAC suggest that a minimum final sample size of 367 is realistic over the full recruitment period, which is scheduled to run until October 2025. This would have a minimum detectable effect size (MDES) of 0.25. MAC will continue to work with Cordis Bright to identify any potential barriers that may be limiting referrals and overcome these to ensure the largest sample size possible is achieved.
Is it likely that Cerridwen will recruit and retain enough young people to meet the	Considering current recruitment and retention rates, it is likely that Cerridwen will meet the required sample size for an efficacy trial. During the pilot period, we have collected valuable data that enhances our understanding of both the challenges and enabling factors influencing referral rates. Applying this learning,

Research Question	Finding
required sample size for an efficacy study?	such as by continuing to promote Cerridwen to referrers, will support continued recruitment. While attrition rates to date have been slightly higher than initially projected, insights from the pilot (e.g. the importance of ensuring that the young people and referral partners fully understand the offer) will inform targeted strategies to reduce attrition in the next phase.
Has Cerridwen been implemented with fidelity to the co-designed Theory of Change?	Evidence indicates that Cerridwen is being delivered broadly in line with the Theory of Change. Monitoring data suggests that case managers are covering all the core sessions. Further work will focus on ensuring (1) the length of the sessions and (2) the duration of the support is consistent and aligns with the Theory of Change.
Is there appropriate capacity for the Cerridwen programme delivery team to deliver the intervention and to support the evaluation?	During the pilot period, the Cerridwen delivery team successfully delivered the intervention and recorded good-quality data. As the trial progresses, it will be important to maintain these standards. The time involved in the delivery and data collection has been factored into judgements relating to modelling the target sample size.
How acceptable is the RCT design to the key programme partners?	The RCT has been accepted, and partners generally understand its value. There are some wider concerns relating to (1) the ethics of randomisation and (2) the potential for randomisation to undermine youth-led principles. Further communication about the evaluation's potential to contribute to the evidence base about 'what works' to reduce serious youth violence and provide reassurance around the ethics and safeguarding protocols in place for the control group will be important to address these concerns as the pilot progresses to an efficacy study.

Evaluator judgement of evaluation feasibility

Based on the evidence presented in this report and the pre-agreed progression criteria, we conclude that the Cerridwen trial is ready to progress to an efficacy study. This decision reflects the trial's strong performance across key progression/success criteria. MAC has achieved a significant milestone in successfully launching and embedding the programme at pace and scale, despite the complexities of delivering an intervention within an RCT framework. In a short period, the team has built strong referral pathways, implemented rigorous data collection processes and ensured that the young people have received high-quality support. Recruitment and retention are progressing well, given the challenges associated with an RCT, and the monitoring data suggests that Cerridwen is engaging its intended audience while maintaining its focus on equity and inclusion. These achievements provide a strong foundation for the next phase of the trial.

While no major changes to the evaluation design are required, the following refinements will support recruitment, retention and data quality in the efficacy phase:

- **Strengthening recruitment pathways.** Recruitment has been positive overall but slower than anticipated, particularly in Merthyr Tydfil. To address this, MAC will continue its targeted outreach to under-referring schools and agencies, expand its engagement with health providers (e.g. GP surgeries) and increase its participation in multi-agency forums to establish new referral routes.

The reopening of the Merthyr Tydfil office is also expected to support improved recruitment in the area.

- **Maintaining retention and engagement.** Early disengagement remains a risk, and the delivery of Cerridwen is taking longer than intended for some of the young people. Continued early engagement with families and proactive follow-ups with referrers will be critical to delivering high retention rates. Implementing measures to ensure the delivery window is as close to six months as possible will be important to maintaining fidelity to the intervention model.

Additionally, Figure 35 presents key recommendations that should be considered as Cerridwen progresses to an efficacy trial. These will build on MAC's existing practices, such as good data collection processes and skills in building relationships with the young people and their families to help ensure success.

With these refinements and recommendations, the efficacy trial is well-positioned to proceed, ensuring the robust evaluation of Cerridwen's impact. Regular monitoring and collaboration between MAC, Cordis Bright and YEF, including as part of monthly steering group meetings, will allow for ongoing adaptations as required (the trial steering group consists of colleagues from MAC, Cordis Bright and YEF).

Figure 35: Recommendations of key considerations during the efficacy trial

Trial Area	Recommendations
Recruitment, randomisation and retention	• Improve recruitment and retention rates by maintaining and further building strong referral pathways and increasing targeted engagement with under-referring agencies, particularly in Merthyr Tydfil and via multi-agency forums. • Continue ensuring clear and proactive communication between referrers and families prior to referrals, to manage expectations and improve engagement. • Monitor the variability in referral numbers across different time periods (e.g. during the school holidays) and across different geographic areas, using data insights to refine outreach strategies.
Delivery with fidelity to the Theory of Change	• Monitor the total engagement duration for each young person and assess whether intervention timelines remain feasible given current delivery patterns. • Deliver more than one session per week where weeks are being missed, to ensure the intervention does not last longer than six months. • Ensure that session duration variations (e.g. shortened sessions for accessibility reasons) do not compromise engagement or content delivery. • Consider strategies to manage programme engagement, such as flexibly structuring sessions to maintain fidelity while accommodating individual needs.
Ensuring appropriate capacity within the delivery team	• Provide ongoing support for case managers to manage the balance between service delivery and time-intensive data collection requirements. • Consider adjusting workload models if retention rates lead to higher-than-expected caseloads, particularly in areas with stronger engagement. • Maintain proactive referral management to ensure the young people and their families fully understand the programme before enrolment, reducing early disengagement.
Acceptability of a randomised controlled trial (RCT)	• Provide further training and supporting materials for Media Academy Cymru staff to help them explain randomisation to the young people and their families. • Reinforce the importance of RCT design to measuring impact, ensuring that staff feel confident in responding to any concerns.

Trial Area	Recommendations
	Consider implementing a system for monitoring incidents of distress or upset associated with a young person being allocated to the control group.

Interpretation

The internal pilot findings provide strong evidence that an efficacy trial of Cerridwen is feasible. As detailed in this section, the findings should provide confidence in Cerridwen's readiness to progress to an efficacy trial.

Referral, recruitment and retention

The RCT infrastructure has been successfully established. The recruitment target for the pilot period (Q1) was exceeded, and retention rates were encouraging. While recruitment rates slowed after Q1, particularly in Merthyr Tydfil, proactive measures, including the reopening of MAC's local office and engagement activities with schools and other agencies, have been implemented to address this. Moving into the efficacy phase, the ongoing monitoring and adaptation of recruitment strategies will be crucial to maintaining momentum.

The implementation of early engagement strategies with referrers and families has been key to minimising attrition, as young people are less likely to disengage if they fully understand the level of commitment required for the project at the point of completing a T1 questionnaire. This approach will need to be sustained as the trial progresses.

Randomisation

The randomisation process has been successfully implemented, with a 1:1 allocation ratio achieved, demonstrating the integrity of the trial design. Randomisation processes will continue to be closely monitored in the efficacy trial to ensure balance across groups and prevent systematic biases.

Data collection processes

The quality of the outcome data collected has also been strong, with over 80% of participants completing at least 80% of each scale in the evaluation questionnaires based on data collected until the end of December 2024. The consistency of data collection suggests that the measures used in the trial are practical and feasible, although ongoing support for case managers in administering questionnaires will be beneficial. The decision to standardise the timing of the five-month T2 questionnaire for all participants, including those who disengage early, presents a potential risk to response rates. While this change improves methodological consistency, previous experience suggests that contacting young people post-disengagement can be challenging. Careful monitoring of response rates will be needed to mitigate data loss.

Fidelity to the Theory of Change

Cerridwen is broadly being implemented as intended, with fidelity to its Theory of Change. Ongoing monitoring of session delivery shows that the majority of the young people still engaged in the programme are on track to complete the required number of sessions and the core modules. These findings indicate

that the intervention model is deliverable within the existing structure, although continued monitoring will be needed to ensure session completion rates remain high.

Delivery team capacity

The delivery team's capacity to support an efficacy trial is well evidenced. MAC has successfully met key delivery benchmarks relating to initial contact with the young people and the consistent delivery of sessions. While the increased recruitment targets for efficacy will place additional pressure on delivery staff, the structured approach to referral management, caseload monitoring and proactive engagement with referrers should provide a solid foundation for scaling up. Ongoing assessment of delivery capacity will be essential, particularly in relation to case manager workloads and the feasibility of maintaining session intensity over an extended trial period.

Racial equity considerations

The pilot trial has demonstrated that Cerridwen is reaching its intended target group. All the young people recruited to the programme met the eligibility criteria, thus ensuring that the intervention is delivered to those most at risk of involvement in violent behaviours. MAC has taken proactive steps to embed race equity, such as by employing dedicated engagement strategies and organisation-wide equity audits.

However, there are still areas where additional attention to accessibility and engagement strategies may be beneficial. Referral patterns vary by area, with lower engagement in Merthyr Tydfil reflecting both recruitment challenges and potentially also structural barriers to service access. The efficacy trial presents an opportunity to continue to ensure that recruitment and engagement strategies are proactively designed to meet the needs of different communities. This means continuing to refine outreach approaches, building trust with underrepresented groups such as young people from ethnic minority backgrounds and integrating best practices from other youth interventions. The focus will remain on ensuring that all eligible young people can access and engage with Cerridwen in ways that work for them.

Key risks and mitigations

While the evidence supports progression to an efficacy trial, there are some risks that require continued attention:

- **Recruitment fluctuations.** Referral numbers declined after the initial pilot period, particularly in Merthyr Tydfil. Continued efforts to strengthen referral pathways, particularly through schools and local agencies, will be beneficial.
- **Session completion rates.** While fidelity to the theory of change has been good, some of the young people have missed sessions due to illness or other barriers. Strategies to maintain session intensity, such as flexible scheduling, will help ensure that participants receive the full intervention within five months.
- **Delivery capacity.** Increasing the scale of recruitment will require the careful management of case managers' workloads. Monitoring caseloads and adjusting staffing if needed will be important to maintaining quality.
- **Attrition and follow-up data collection.** There is a risk that some young people – particularly those who disengage from either the treatment or control groups early – may not complete the follow-

up T2 data collection. Implementing proactive follow-up strategies, such as timely reminders, flexible contact methods and clear communication about what participation involves, will help mitigate this risk and support data completeness.

Overall, the internal pilot has provided a strong foundation and valuable learning for scaling up to an efficacy trial. The intervention has demonstrated clear feasibility, strong engagement and good data quality, with targeted adaptations now needed to refine recruitment and retention strategies for the next phase. By building on the findings from the pilot, Cerridwen is well-positioned to generate robust evidence on its effectiveness at preventing youth violence and offending behaviours.

Limitations and lessons learned

The following limitations should be noted:

- **Setting targets and measuring against these.** A key challenge in the pilot was that initial recruitment and demographic targets were based on estimates rather than firm benchmarks, given that this was the first time Cerridwen had been delivered and evaluated at this scale. While the referral and retention targets were met in some areas, there was variation across locations, particularly in Merthyr Tydfil, where recruitment was lower than anticipated due to differences in local service provision and referral pathways. Similarly, although participant demographics were monitored, ensuring inclusivity is about more than aligning numbers to the population distribution. Referral patterns are influenced by factors such as service availability, engagement from schools and youth justice agencies and levels of trust in intervention services. Instead of relying on fixed demographic targets, the efficacy study should take a flexible, data-driven approach, continuously reviewing referral patterns and adapting recruitment strategies to ensure the programme is accessible to all the young people who could benefit from it.

For the efficacy study, this means continuously reviewing referral patterns, identifying potential barriers to access and strengthening outreach efforts in areas where engagement is lower. This will help ensure that all eligible young people—particularly those facing the greatest barriers to support—have the opportunity to engage with Cerridwen.

- **Fidelity to the Cerridwen project delivery timeline.** The intended five-month delivery period for the Cerridwen trial was exceeded for some of the young people, with the intervention taking between six and eight months in many cases. This was due to missed sessions caused by illness, school commitments or personal circumstances. While the case managers ensured that the young people received all the core sessions, the extended time frame may affect programme feasibility at scale. The efficacy trial will need to monitor engagement duration closely.
- **Acceptability of the RCT design.** While the randomisation process was successfully embedded, some project staff and wider partners expressed concerns about the RCT model, particularly its impact on the young people who were allocated to the control group. Some staff found the lack of choice in allocation difficult to reconcile with a youth-led approach. To address this, the efficacy trial will include further training and guidance for MAC staff to ensure they feel confident in explaining randomisation to the young people and their families.

Future research and publications

This pilot trial has demonstrated that an efficacy trial of Cerridwen is feasible. An efficacy study is recommended to answer the question:

Is a dedicated mentoring/case management programme delivered with children and young people involved in (or at risk of involvement in) youth violence and offending behaviours, and which is focused on understanding and managing emotions, an effective approach to reducing children and young people's future engagement in youth violence and offending behaviours compared to light-touch, young person-led well-being and safety support?

The efficacy trial should follow the same methodology and design as the internal pilot phase, building on the strong implementation and evaluation processes already in place. However, implementing the recommendations detailed in Figure 35 will be important to ensuring the success of the trial.

Beyond the primary evaluation question, and depending on the findings of an efficacy trial, future research could explore the following:

- Which mechanisms of change contribute most to engagement and outcomes for the young people in Cerridwen?
- Does Cerridwen lead to a sustained impact on young people beyond the intervention period?
- Are certain groups more or less likely to benefit from Cerridwen? What factors influence engagement and retention?
- How does Cerridwen compare to other mentoring models designed for young people at risk of involvement in violence?

As the trial progresses to efficacy, racial equity will be kept at the forefront of all decisions. This will include:

- Continuing to monitor the ethnic backgrounds of the young people recruited to the trial and to ensure that Cerridwen continues to take an inclusive approach
- Checking for patterns in disengagement and reviewing practices to ensure that Cerridwen (including the evaluation) is delivered inclusively
- Collecting and analysing disaggregated data to explore differences in outcomes across different ethnic groups.

In addition, future research could explore the following areas²²:

²² It is important to note that, given the scale of the efficacy IPE and the time and resources available, these would likely require standalone studies.

- Using qualitative methods to understand how young people from minority ethnic backgrounds experience Cerridwen, including cultural responsiveness and any barriers to engagement.
- Exploring how structural inequities (e.g. school provision, access to services) intersect with programme engagement and outcomes to inform recommendations for more equitable policy and delivery in the future.

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Appendices:

Appendix 1: Summary of MAC services

The table below provides a summary of MAC services that it currently delivers in Swansea, Cardiff and Merthyr Tydfil.

MAC Service	Description	Ages eligible	Intervention specifically addresses youth violence/offending	Trusted Adult / Case Manager Approach	Eligible for Cerridwen and rationale
MAC Education	Post 16+ training delivering accreditations in creative media courses.	16 – 25	No	No	Yes – this is a business-as-usual universal service that does not aim to address youth violence/offending.
Peer Active Collective	Young people led research and social action project.	10 – 25	No	No	Yes – this involves a non-trusted adult approach and the intervention is not aimed at addressing violence
Divert	10-17 Diversion service commissioned by Cardiff Youth Justice System	10 - 17	No	Yes	Yes - this would be considered a business-as-usual service as this is a commissioned service by Cardiff YJS and equivalent support is available in all areas of Wales. This team and equivalent teams in other YJS's would be a key referral route for Cerridwen. Referral sources and support received will be monitored throughout the Cerridwen intervention and evaluation.
Braver Choices	Structured Intervention aimed at young people at	10 - 17	Yes	Yes	No – This is a structured intervention that adopts a trusted adult / case management approach. Therefore, the risk of contamination is high.

MAC Service	Description	Ages eligible	Intervention specifically addresses youth violence/offending	Trusted Adult / Case Manager Approach	Eligible for Cerridwen and rationale
	risk of or engaging in carrying a knife.				
Delivering Resilience	Structured Intervention aimed at young people at risk of or victim of child criminal exploitation	10 - 17	Yes	Yes	No – This is a structured intervention that adopts a trusted adult / case management approach. Therefore, the risk of contamination is high.
Parallel Lives (adolescent to parent violence)	4 Tier service aimed young people and parents who are experiencing adolescent to parent violence.	10 – 17	Yes	Yes (for young people accessing Tier 4 – Beyond)	No - where young person has engaged in Tier 4 – Beyond. Tier 4 – Beyond is a structured intervention that adopts a trusted adult / case management approach. Therefore, the risk of contamination is high. Yes, for Tiers 1-3. In these tiers only the parents receive intervention and support. Therefore, the risk of contamination is low.

MAC Service	Description	Ages eligible	Intervention specifically addresses youth violence/offending	Trusted Adult / Case Manager Approach	Eligible for Cerridwen and rationale
Positive Masculinity	1:1 and group work intervention aimed at young boys to address concerns around toxic masculinity and promote positive self-identity.	10 – 17	Yes – although not exclusively	Yes – although not exclusively.	No – where the young person has engaged in 1:1 support via a trusted adult approach Yes – where the young person has previously only engaged in group workshops
Hospital Navigator	Support provided to young people who access Singleton Hospital as a victim of a serious assault / Knife crime.	10 – 30	Yes	Yes – although not exclusively.	No – where the young person has engaged in 1:1 support via a trusted adult approach Yes – where the young person has only engaged in initial triage assessment and a referral to another service (e.g. Cerridwen) is appropriate. Although the Hospital Navigator does provide ongoing 1:1 support assessing and referring young people to specialist intervention, addressing identified need is a key aim of this project. Also, there is another equivalent service provided

MAC Service	Description	Ages eligible	Intervention specifically addresses youth violence/offending	Trusted Adult / Case Manager Approach	Eligible for Cerridwen and rationale
					by another organisation in Cardiff, therefore this project could be considered business as usual.
Creative Media Drop ins and Workshops	Sessions for young people in a variety of creative media subjects including art and music.	10 – 25	No	No	Yes – non trusted adult approach and not intervention aimed at addressing violence

Appendix 2: Information sheet and consent forms

Parent/carers information sheet and consent form for the evaluation

Evaluation of Media Academy Cymru's Cerridwen Programme

Information sheet for parents/carers

1. What are we doing?

We are doing a study of young people taking part in Media Academy Cymru's (MAC) Cerridwen programme. This is to find out how it might help young people with their wellbeing and behaviour, and to prevent involvement in violent behaviours. The study is being funded by the Youth Endowment Fund (YEF). For more information, please see: <https://youthendowmentfund.org.uk/>.



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

2. Who are we?

This study is being organised by an independent research organisation called Cordis Bright. You can find out more about Cordis Bright by visiting our website: <https://www.cordisbright.co.uk/>.

When we collect and use your child/the child in your care's personal information as part of the study, we are the **controllers** of the personal information. This means we decide what personal information to collect and how it is used. Contact details of research team members are:

Contact details:



Project Manager: Suzie Clements

Email: Cerridwen@cordisbright.co.uk / Telephone: 020 7330 9170



Data Protection Officer: Colin Horswell

Email: ColinHorswell@cordisbright.co.uk / Telephone: 020 7330 9170

3. 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 eligible to take part in the Cerridwen programme.

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

If you agree that your child/the child in your care can take part in the study, they will fill out a questionnaire which includes questions about their experiences and wellbeing. A Cerridwen case manager will support your child/the child in your care to answer the questions where appropriate. The questionnaire will take around 30-40 minutes to complete.



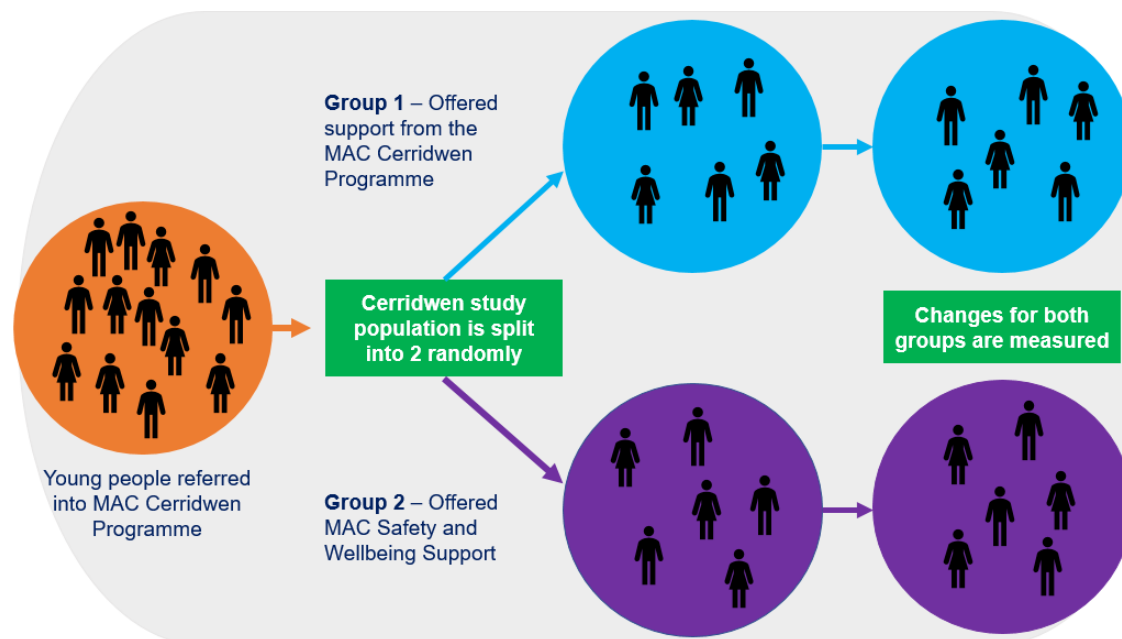
Once they have answered these questions, they will **either be offered:**

- 1) **MAC Cerridwen Programme.** Young people will be offered support from a Cerridwen case manager who will meet up with them and offer advice.

Or:

- 2) **MAC Safety and Wellbeing support.** Young people will be offered support from a MAC youth worker who will meet up with them and offer wellbeing support.

Whether they receive (1) or (2) will be based on random allocation. This is so that we can compare the benefits of the different support. The picture explains this:



Your child/the child you care for will then be asked to fill out a second questionnaire around 5 months after they completed the first one to see if anything has changed. This will help us to

understand the difference the support is making to young peoples' lives. These questionnaires will be administered by members of the MAC team.

If you agree that your child/the child you care for can take part in the study, we will also access records collected by MAC. This may include information about their background and what support they have received. We may also collect data from organisations that hold data about your child, for example, local authorities and the police.

5. Who has confirmed that this study is ethical?

This study has been reviewed and has achieved ethical approval by the Royal Holloway, University of London Research Ethics Committee. The approval ID is 4052.

6. Do they have to take part in the Cerridwen study?

If you do not want your child/the child you care for to take part in the study, they do not have to. It is a decision you may wish to take together.

We would like as many eligible young people as possible to take part to improve our understanding about what makes a difference for young people.

If your child/the child you care for chooses not to take part in the study, all the usual services will continue to be available. However, **Cerridwen will not be available** to them.

7. How do we keep your child/the child in your care safe?

Occasionally, someone may feel upset about a question or issue that arises during the study. If you or your child/the child in your care feels upset by any of the questions they are asked as part of this study, you should tell their case manager, our study manager Suzie (see box above for contact details) or our safeguarding lead Kam Kaur, who is contactable at KamKaur@cordisbright.co.uk or on 020 7330 9170.

If you or your child/the child in your care do not feel able to ask us 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 keep the information that you/the child in your care shares with us confidential. However, if they tell us something that makes us think they or others might be at risk of harm we will report this to the relevant authorities. If this happens then we will try to discuss it with them first.

You can find more information in our Safeguarding Policy. This can be viewed here: <https://www.cordisbright.co.uk/news/safeguarding-and-protecting-children-young-people-and-adults-at-risk>.

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

We will use the information that your child/the child in your care gives us to find out how well the Cerridwen programme has worked and to write a report about our findings.



The **Privacy Notice** provided along with this information sheet provides more information about what will happen to this information after the study. This is also summarised in a diagram on page 5 of this information sheet.

9. What happens if you change your mind?

You and your child/the child in your care can change your minds about whether they take part in the study (and have their information sent to the YEF archive) at any time before the study comes to an end in April 2026.



To withdraw from the study, please contact Suzie, the Project Manager, using the details provided in the box at the start of this information sheet. You do not have to give a reason and your child/the child in your care will still be allowed to work with a Cerridwen case manager if they have already started working together.

If you change your mind, please tell us as soon as possible. Two weeks after completion of the second questionnaire (at around 5 months), it may no longer be possible to delete the information already collected from your child/the child in your care. This is because we will have used their information and those of other participants to carry out part of our study and to write a research report. If it is too late to delete the information already collected from your child/the child in your care from the study, they can still withdraw from the rest of the study (that is, not answering any more questions) and from the YEF archive.

Once information goes to the YEF archive after August 2026, it can no longer be deleted because that would affect the quality of the archived data for use in future research.

10. Feedback, queries and complaints

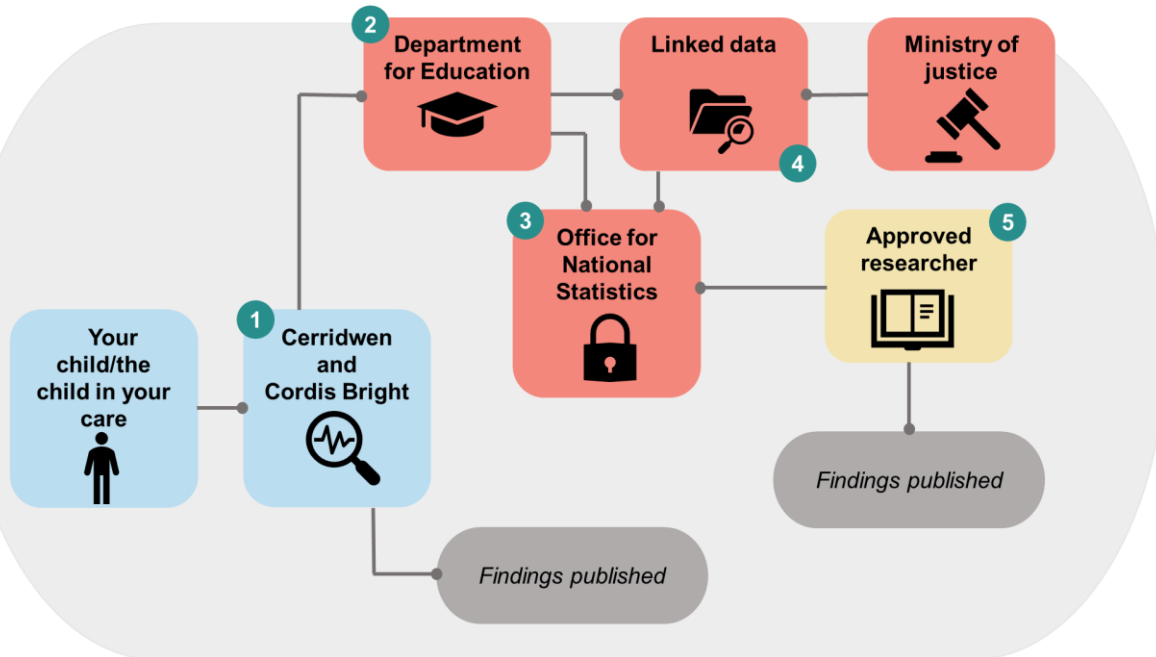
If you have any questions about anything to do with the study, you can contact the Cerridwen practitioner who has talked about this with you, or Suzie, the study project manager. Her details are in the box on the first page of this sheet.



If you have any feedback or questions about how we use personal information, or if you want to make a complaint, you can contact Colin, 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/>.

How information will be used



1. Information is collected from your child/the child you care for and other young people as part of the study to see if the support is helping them.
2. Personal information (like their name or date of birth) is removed from your child/the child in your care's records and they are assigned a unique identification number. After this, no one will be able to know who they are when looking at the information.
3. The information will then be held in a safe place called the YEF archive by the Office for National Statistics (ONS). No one can access it without approval.
4. The Department for Education and the Ministry of Justice will link together information on education and crime records that they hold. It will be possible to send information such as this to the ONS to safely match to your child/the child in your care's information in the YEF archive.

5. Only approved researchers will be allowed to safely access your child/the child in your care's information to see if the Cerridwen programme helped people in the long term.

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

I agree that my child/the child in my care can take part in this study	Yes ☐ No ☐
Name of child (block capitals)	
Signed (parent/carer)	
Date	
Signature of Cerridwen case manager	Date
<u>Case manager details:</u> <i>Name in block capitals:</i> <i>Tel:</i>	

Email:

One copy for parent/carer to keep and one copy for case manager to return to Media Academy Cymru offices

Young person information sheet and consent form for the evaluation

Evaluation of Media Academy Cymru's Cerridwen Programme

Information sheet for young people

Summary of this document

- The Youth Endowment Fund is funding a study of Media Academy Cymru's Cerridwen programme.
- Cerridwen may help you with your personal goals and it may help you be safe.
- The study aims to understand how well Cerridwen is doing and whether it can be improved.
- If you agree to take part in the study, you will receive either 1:1 support from a Cerridwen case manager about once a week for six months, or you will receive safety and wellbeing support. This will be decided randomly.
- You will also be asked to complete a questionnaire about how you feel and things you have done in the past. This will happen at the beginning of the study, and again around 5 months later.
- The rest of this document provides more information about (1) the study, (2) what taking part would mean for you, (3) the information we collect and how this will be used, and (4) who to contact if you have any questions.
- If you would like to take part in the study, please complete the consent form at the end of the document. We will also ask your parent/carers if it is ok for you to take part.

1. What are we doing

The Cerridwen programme is designed to help young people. It is delivered by Media Academy Cymru (MAC). It is funded by the Youth Endowment Fund (YEF).

It may help you with your personal goals and help make sure you are safe.

We are doing a study to see whether Cerridwen helps young people and how it could be improved.



2. What will you get

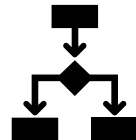
If you agree to take part in this study, you will **either be offered**:

- 3) **MAC Cerridwen Programme.** You will be offered a Cerridwen case manager who will meet up with you and offer you advice.

Or:

- 4) **MAC Safety and Wellbeing support.** You will be offered a MAC youth worker who will meet up with you and offer you wellbeing support.

Whether you receive 1) or 2) above will be decided randomly. This is so that we can see if there are any differences based on the support people receive.



3. Who we are

We are Cordis Bright, a research organisation. Contact details of key team members are below.

Contact details:



Project Manager: Suzie Clements

Email: Cerridwen@cordisbright.co.uk / Telephone: 020 7330 9170



Data Protection Officer: Colin Horswell

Email: ColinHorswell@cordisbright.co.uk / Telephone: 020 7330 9170

4. What will you need to do

If you agree to take part in the study, someone from Cerridwen will ask you some questions about how you are feeling and things you have done in the past. You will answer these questions on a laptop or a phone. This should take around 30-40 minutes.



They will ask you these questions at the beginning of the study before you get any advice or support.

A case manager will also ask you these questions again around 5 months later.

5. Information we collect

MAC will give us some **information about you**, like your name and date of birth.



MAC will give us some **information about the support you receive**, like the number of meetings you have and what topics you covered.

We will collect the information from the questions you are asked about **how you are feeling and things you have done in the past**.

We may also collect data about you from other organisations that may hold data about you, for example, local authorities and the Police.

6. How we keep you safe

If you feel upset by any of the questions you are asked, you should tell your parent or carer or the person you are working with.

The answers you give will be kept secret between us and the researchers unless we think that you or someone else might be at risk of harm. If this happens then we will try to talk to you first about why we want to tell another person or organisation about what you told us.

7. How we use your information

We will use the information you and other young people give us to find out how much Cerridwen has helped people.



We will write a report about what we find. The report will not include your name or any other information that could identify you.

The report will go on to the YEF's website and anyone will be able to read it. We might also put it on our website or in articles and presentations.

8. 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.



We will always keep your information safe. During the study, we only let our research team look at your information.

9. What are your legal rights?

The law gives you rights over how we can use your information. You can find full details of these rights in the information sheet the case manager has given to your parent or carer and in the YEF's archive privacy notice: <https://youthendowmentfund.org.uk/wp-content/uploads/2021/07/YEF-Data-Guidance-Participants.pdf>.

10. After the study finishes

When we finish the study, we'll give your information to the YEF and they will become the 'controller' of it.

They will keep your information in a safe place called the YEF archive.

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

The picture on page 6 explains more about what will happen to your information. If you have any questions, you can ask the case manager who is talking to you about this.

You can also see more information in the Privacy Notice that has been given to your parent/the person who cares for you.

11. Do you want to take part?

You can decide whether or not you want to take part in the Cerridwen programme study.



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

You do not have to take part in the study – it is up to you. If you do not want to take part, tell your parent or guardian, or the person from Cerridwen you are working with.

If you decide not to take part in the study, you can still get all the support you would normally have. However, you won't be able to take part in Cerridwen.

We will also talk to your parent or the person who cares for you, so they know we have asked you about this. We will also ask for their permission to let you take part.

12. What happens if you change your mind?

You can change your mind about taking part in the study at any time. If you change your mind, tell your parent or guardian, or contact Suzie from the research team. You will still be allowed to take part in Cerridwen.

Once your information goes into the YEF archive it can't be deleted because it needs to be used for future research.

13. How long will we keep your information?

After we have finished the study, we will take all names and other personal details out of the information held by Cordis Bright so no one will be able to know who took part in the study.



We will keep this information for six years after we have finished the final report.

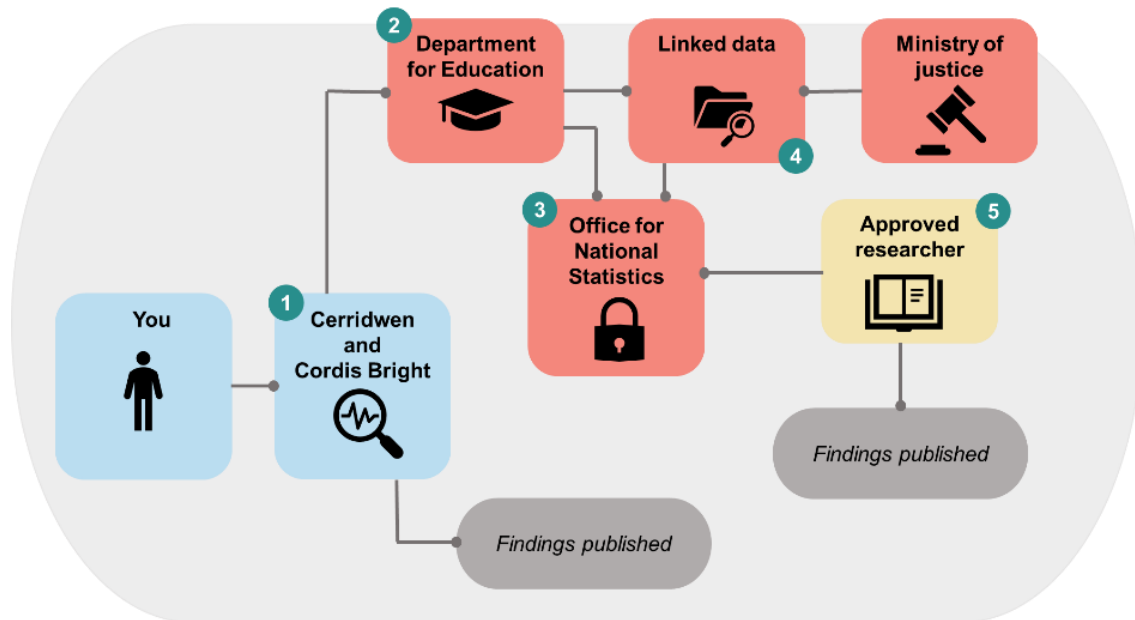
14. Do you have any questions?

If you have any questions, you can ask the person who is talking to you about this. You can also contact Suzie, the Project Manager. Her contact details are in the box on the second page.

If you have any questions about how we will use your information, you can ask our Data Protection Officer, Colin. His contact details are in the box on the second 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/>

How your information will be used



1. Information is collected from you and other young people as part of the study to see if Cerridwen is helping you.
2. Personal information (like your name or date of birth) is removed from your records. After this, no one will be able to know who you are when looking at the information.
3. The information will then be held in a safe place called the YEF archive by the Office for National Statistics (ONS). No one can access it without approval.
4. The Department for Education and the Ministry of Justice will link together information on education and crime records that they hold. It will be possible to send information such as this to the ONS to safely match to your information in the YEF archive.
5. Only researchers that the YEF works with will be allowed to safely access your information to see if Cerridwen has helped people.

Agreement statement for young people to take part in the evaluation of the Cerridwen programme

I agree to take part in the study	Yes ☐ No ☐
Signed (young person)	
Date	
Name in block capitals (young person)	
<u>Case manager details</u> <i>Name in block capitals:</i> <i>Signature:</i> <i>Tel:</i> <i>Email:</i>	

One copy for young person to keep and one copy for case manager to return to Media Academy Cymru offices.

Parent/carer information sheet and consent form for interviews

Evaluation of Media Academy Cymru's Cerridwen programme

Interview information sheet and consent form for parents and carers

What are we doing?

The Media Academy Cymru (MAC) Cerridwen programme is designed to help young people with their wellbeing, relationships and behaviours and to prevent involvement in violent behaviours.

We are doing a study to see whether Cerridwen helps young people, how it may do this and how it could be improved.

The study is being funded by the Youth Endowment Fund (YEF), for more information see: <https://youthendowmentfund.org.uk/>.

As part of the study, we would like to talk to young people who are working or have worked in the past with a Cerridwen case manager.

You can choose whether or not you would like your child/the child in your care to be involved. You may discuss anything in this form with other people.

We will also talk about this with your child/the child you care for. They also need to agree to take part in the discussion.

Who are we?

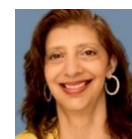
We are part of a research organisation called Cordis Bright. If your child/the child you care for takes part, they will talk to one of the researchers called Suzie, Kam or Madeleine.



Suzie Clements, Email: Cerridwen@cordisbright.co.uk
Tel: 07990 011 613



Kam Kaur, Email: kamkaur@cordisbright.co.uk Tel: 07919 483 968



Madeleine Morrison, Email: madeleinemorrison@cordisbright.co.uk
Tel: 07849 087 360



What would happen?

If you and your child/the child you care for agree that they can take part, they will talk to one of the researchers in person or on the telephone/on a video interview.

The interview will take around 30 minutes.

Their Cerridwen case manager will also be around to help if they need them. Your child/the child you care for can also choose whether their Cerridwen case manager sits with them when they speak to Suzie, Kam or Madeleine.

They will be offered a £20 Love2shop voucher for taking part.

Does my child/the child I care for have to take part?

If you decide that you do not want your child/the child you care for to take part, they do not have to. It is a decision you may want to take together.

If your child/the child you care for does not take part, they will still get all the support they would normally have from the Cerridwen project.

Is everybody going to know about this?

The only people who will know that your child/the child you care for is involved in the research are you, the child, MAC Cerridwen staff and the researchers from Cordis Bright.

If your child meets with a researcher, only the researcher (and your child's Cerridwen case manager if they would like them to be there) will know what they say.

The answers your child/the child you care for give will be kept confidential. However, if they say something that makes us concerned about them or others being at risk of harm, we will report this to the relevant authorities. If this happens then we will try to discuss the issue with them first.

We will always keep information about your child/the child you care for safe. During the study, we only let our research team look at their information. After we have finished the research, we will delete any personal information.

You can find more information in our Safeguarding Policy, see:

<https://www.cordisbright.co.uk/news/safeguarding-and-protecting-children-young-people-and-adults-at-risk>.

What will happen afterwards?



After we have spoken with your child/the child you care for, we will use the information they tell us to find out how well the Cerridwen programme has helped people. We will write a report about what we find. The report will not include their name or any other information that could identify them.



The report will go on to the Youth Endowment Fund's website. The Youth Endowment Fund are funding the research and anyone will be able to read the report. We might also put it on our website or in articles and presentations.

What happens next?

If you are happy for your child/the child you care for to talk with a researcher from Cordis Bright, please fill in the agreement at the end of this document.

What happens if I change my mind?

You can change your mind about whether you are happy for your child/the child you care for to speak with us at any time. You can tell their Cerridwen case manager or Suzie, the Project Manager, if you change your mind. Suzie's contact details are on the first page of this information sheet.



If your child/the child you care for changes their mind part way through talking with one of the researchers and they want to stop, that is also fine. They can tell the researcher and the researcher will delete any notes they have taken.

Who can I talk to or ask questions to?

If you have any questions then please ask Suzie Clements at cerridwen@cordisbright.co.uk or 020 7330 9170, or your child's/the child in your care's Cerridwen case manager.



Agreement

I confirm that: • I understand the information in this document. • I have enough information to decide whether my child/the child I care for can participate in the interview. • I understand that I can change my mind at any time. • I understand that they are free to withdraw from the interview at any point. • I have had the opportunity to ask questions.	
I agree that my child/the child I care for can take part in the interview. Yes ☐ No ☐	
<i>Name of participant/child (block capitals)</i>	
<i>Signed (adult on behalf of participant)</i>	<i>Date</i>
<i>Name of adult (block capitals)</i>	
<i>Signature of Cerridwen case manager</i>	<i>Date</i>
<u><i>Cerridwen case manager contact details</i></u>	
<i>Name in block capitals:</i>	
<i>Tel:</i>	
<i>Email:</i>	

Please return this form to the Cerridwen case manager

Young person information sheet and consent form for interviews

Evaluation of Media Academy Cymru's Cerridwen programme

Interview information sheet for young people

Summary of this document

- The Youth Endowment Fund is funding a study of Media Academy Cymru's Cerridwen programme. This study aims to understand whether Cerridwen helps young people and how it can be improved.
- As part of this study, the researchers who are doing the study would like to ask about your experience of working with Cerridwen.
- We would like to ask you about what you have liked, what you think could be improved, and whether you think Cerridwen has made a difference for you.
- If you agree to take part, the conversation would take around 30 minutes, either over the phone, video-call, or in person.
- You can choose whether your Cerridwen case manager is in the room or not.
- You will receive a £20 Love2shop voucher as a thank you.
- Taking part in the interview is optional. You can choose whether or not you would like to take part and you can change your mind at any time. We will also ask your parent/carers if they agree you can take part.
- Everything you say will be kept secret between you and the researcher. The only exception is if you say something which makes us think you or someone else is at risk of harm.
- The rest of this document gives more information about (1) the interview, (2) what would happen if you agree to take part, (3) confidentiality, and (4) who to contact if you have any questions.
- If you would like to take part, **please complete the consent form at the end of this document.** We will also ask your parent/carers if it is ok for you to take part.

What are we doing?

We would like to talk with you and ask some questions about your work with your Cerridwen case manager including what you think about Cerridwen and whether or not it has made a difference to you.

We will also talk about this with your parent or the person who cares for you. They also need to agree for you to take part in the discussion.



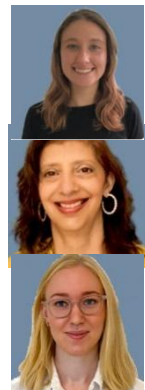
Who are we?

We are a research organisation called Cordis Bright which is working closely with the Cerridwen programme. If you agree to take part, one of the researchers called Kam, Suzie or Madeleine will talk to you.

Cerridwen@cordisbright.co.uk

kamkaur@cordisbright.co.uk

madeleinemorrison@cordisbright.co.uk



What would I need to do?

If you agree to take part, you will talk to Suzie, Kam or Madeleine in person or on the telephone/ by a video call. You and your Cerridwen case manager can decide how you would prefer to talk to Suzie, Kam or Madeleine. The interview will take around 30 minutes.



Your Cerridwen case manager will also be around to help if you need them. You and your case manager will also be able to choose whether they sit with you while you talk to Suzie, Kam or Madeleine.

You will be offered a £20 Love2shop Voucher as a thank you for taking part.

Do I have to take part?

You do not have to talk with us if you don't want to – it is up to you. If you decide not to talk with us, you can still get all the support you would normally have from your case manager.

You can talk about anything in this form with anyone you would like to speak to. You can decide whether you would like to take part or not after you have talked it over. You do not have to decide straight away.

Who is going to know about this?

The only people who will know that you answered some questions are you, your parent or guardian, staff from the Cerridwen programme and the researchers from Cordis Bright. The answers you give will be kept secret unless we think that you or someone else might be at risk of harm. If this happens, we will tell the relevant authorities, but we will try to discuss this with you before doing so.

What will happen afterwards?

After we have spoken with you, we will use the information you tell us to find out how well Cerridwen has helped young people. We will write a report about what we find. The report will not include your name or any other information that could identify you.



The report will go on to the Youth Endowment Fund's website. The Youth Endowment Fund are funding this study. Anyone will be able to read the report. We might also put it on our website or in articles and presentations.

What happens next?

If you are happy to talk with us, please fill in the consent form. Your case manager can help you with this. Please give the consent form to your Cerridwen case manager

If you do not want to take part, then that is OK. You will still be able to work with your Cerridwen case manager.

What happens if I change my mind?

You can change your mind about talking with us at any time. You can tell your Cerridwen case manager if you change your mind.

If you change your mind part way through talking with one of the researchers and you want to stop, that's also fine. You can tell the researcher and they will any notes they have taken.



Who can I talk to or ask questions to?

If you have any questions, then please ask your case manager. You could also email Suzie, who is one of the Cordis Bright researchers. Her email address is Cerridwen@cordisbright.co.uk.



Agreement

Signed (participant)	Date
Name in block capitals (participant)	
Signature of Cerridwen case manager	Date
<u>Cerridwen case manager contact details</u> Name in block capitals: Tel: Email:	

Please return this form to your Cerridwen case manager

Thank you for taking part in this evaluation

Appendix 3: Privacy notice

Media Academy Cymru (MAC) Cerridwen Study Privacy Notice

1. What is Cerridwen and what is the study about?

We are carrying out a study of young people taking part in Media Academy Cymru's (MAC) Cerridwen programme to try to find out how the programme might help young people in the future. The study is being funded by the Youth Endowment Fund (YEF). Please see <https://youthendowmentfund.org.uk/> for more information.

This study is being organised by an independent research organisation, Cordis Bright. You can find more information on Cordis Bright by visiting our website: <https://www.cordisbright.co.uk/>.

When we (Cordis Bright) collect and use participants' personal information as part of the study, we are the **controllers** of the personal information. This means we decide (1) what personal information to collect, and (2) how it is used.

This Privacy Notice explains how we will use and protect the personal information we collect from your child/the child you care for.

Key research team members' contact details are:

Contact details:



Project Manager: Suzie Clements

Email: Cerridwen@cordisbright.co.uk / Telephone: 020 7330 9170



Data Protection Officer: Colin Horswell

Email: ColinHorswell@cordisbright.co.uk / Telephone: 020 7330 9170

2. How will we use the personal data that we collect?

Data protection laws require us to have a valid reason to use your child's/the child in your care's personal information. This is referred to as our 'lawful basis'. We rely on the public task lawful basis to use their personal information. This means we will only use more sensitive information (such as information about their wellbeing, ethnic background, school attendance, or any criminal offence information) if it is necessary for research purposes which are in the public interest.



We will use the information that your child/the child in your care gives us to find out how well the Cerridwen programme has worked and to write reports about our findings.

The reports will not contain any personal information about your child/the child in your care and no one will be able to identify them from the reports. The reports will be published on the YEF's website and we might also use the reports on our website. We may also include findings from the reports in articles that we write or in presentations.

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

The only time we may share this personal information with another person or organisation is if your child/the child in your care says something that makes us concerned about them or about someone else.

Our Safeguarding Policy (See: <https://www.cordisbright.co.uk/news/safeguarding-and-protecting-children-young-people-and-adults-at-risk>) has more information about steps that we might take if this happens.

3. What happens to personal information after the study?

Once we have finished the study, we will do the following:

- Create and submit two separate datasets to the Department for Education (DfE) and the Office for National Statistics (ONS).
 - The first dataset contains only identifying information and a unique project specific reference number for each child. The DfE will replace all information that could identify the young people (their name, gender, date of birth, home address) with an identification number²³. 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**. The DfE will transfer the pseudonymised information to the YEF archive²⁴.
 - We will create and submit a second dataset directly to the ONS. This will contain all the evaluation data and the project specific reference numbers. This is submitted directly to the ONS, where it is also stored in the YEF archive. All young people will be **anonymous and non-identifiable** in this dataset.
- Once information is transferred to the DfE and the ONS, we hand over control to YEF for protecting your personal information. YEF is the 'controller' of the information in the YEF archive. By maintaining the archive and allowing approved researchers to access the

²³ The young person's unique Pupil Matching Reference number in the DfE's National Pupil Database.

²⁴ The YEF archive is stored safely in the Office for National Statistics Secure Research Service.

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 Cerridwen programme, and other programmes funded by YEF, had an impact over a longer period of time. Using the unique identification numbers added to the data by the DfE, it will be possible to link the records held in the YEF archive to other information held by the DfE and Ministry of Justice. This will help approved researchers to understand the long-term impact of the Cerridwen programme because they can find out, for example, whether it reduces a child's likelihood of being excluded from school or becoming involved in criminal activity.

4. How will we protect your child's/the child in your care's information?

We will do a number of things to protect your child's/the child in your care's personal information during the study, including:

- Limiting access to a few researchers who need the information to conduct the study.
- Keeping personal details such as name and address separate from all other data and linking these using a unique number.
- Keeping information on a secure safe server and making sure information is regularly backed up so it is not lost.



We will not transfer personal data outside the UK.

5. How is information in the YEF archive protected?

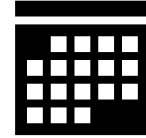
The YEF has strong measures to protect the information in their archive. The YEF archive is protected by the Office for National Statistics' 'Five Safes' framework. The information can only be accessed by YEF approved researchers in safe settings and there are strict rules about how the information can be used. All proposals must be approved by an ethics panel. Information in the YEF archive cannot be used by the police or 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://youthendowmentfund.org.uk/evaluation-data-archive/>. YEF's data archive privacy statement is also available here: <https://youthendowmentfund.org.uk/wp-content/uploads/2021/07/YEF-Data-Guidance-Participants.pdf>. We encourage all young people, parents and carers to read the YEF's guidance for participants before deciding to take part in this study.

6. How long will the information be kept for?

After we have given the information to YEF, we will take all names and other personal details out of the dataset held by Cordis Bright so no one will be able to know who took part in the study. We will keep this information for six years after we have finished the report.



The YEF will keep information in the YEF archive for as long as it is needed for research purposes. This is allowed under data protection laws because it is in the public interest. The YEF will carry out a review every five years to see whether it is likely that the data will be used for future research and to see whether it still makes sense to keep the information in the archive.

7. What are your data protection rights?

You/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 8 below about the time limits for requesting deletion of personal information;
- Object to us using the personal information for public task 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 would like to do any of the above during the study period, please contact Suzie, our Project Manager, or Colin, our Data Protection Officer using the details provided above. We will usually respond within one month of receiving your request.

If you would like to do any of the above after the study has finished, please contact the YEF. Further information and their contact details are available in YEF's here:

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

If you ask us to do any of the above, we may need to ask for more information to help us confirm the identity of your child/the child you care for. This makes sure that personal information is not shared with a person who has no right to receive it. We may also ask you for more information to make sure we can respond more quickly.

8. Time limits

If you decide that you would like us to delete your child/the child in your care's information from the study, you should tell us as soon as possible.

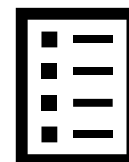
After two weeks following completion of the second set of questions (at around 5 months – see the information sheet for parents/carers for more information) it might no longer be possible to delete the personal information we have already collected from your child/the child you care for. This is because we might have used their information, along with all of the information we have gathered from the other participants, to carry out part of our study and to write a report.

Once information goes into the YEF archive after August 2026, we can no longer delete it. You will need to apply to the YEF (see contact details in Section 7 above), who will review applications for deletion on an individual basis.

9. Other privacy information

Categories of personal information we will collect may include:

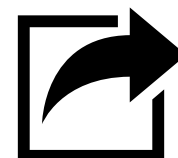
- First name
- Surname
- Date of Birth
- Home address
- Alternative address (if appropriate)
- Telephone number
- Email address



10. What personal information will be shared?

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 3 above explains how we share data with the Department for Education and the YEF.



We may also share personal information with the police and local authority youth justice services so that they can tell us what information they have about the young person from the year before they took part in the study and in the year after they agreed to take part in the study. We will not transfer your personal data outside the UK.

11. What if I have any questions, feedback, 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 Suzie, the Project Manager or Colin, the Data Protection Officer using the details provided above. 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/>



Appendix 4: Data Protection Impact Assessment

Cordis Bright | Data Protection Impact Assessment Template

Project summary	
Project Name	Evaluation of the Cerridwen programme
Description of Project	Intervention: Media Academy Cymru's (MAC) Cerridwen programme aims to work with 10- to 17-year-olds who are at risk of involvement in serious violence or exploitation. Cerridwen aims to reduce children and young people's future engagement in violence and offending behaviour. Cerridwen is a voluntary 1:1 case worker/mentoring intervention, rooted in cognitive behavioural approaches. The target group for Cerridwen is young people aged 10-17 who are exhibiting or at risk of exhibiting violent behaviours. It will be delivered across Cardiff, Merthyr Tydfil and Swansea in South Wales. The Cerridwen model involves 1:1 case management sessions which cover communication, consequential thinking, thoughts/feelings/behaviours, empathy identity and reflection. Evaluation: The evaluation will be a Randomised Control Trial (RCT) with an internal pilot. It will take place across two years from April 2024 to December 2026. The evaluation will seek to address the overarching research question: <i>"Does a dedicated case worker/mentoring programme delivered with children and young people involved in (or at risk of involvement in) youth violence and offending behaviours, focused on understanding and managing emotions, an effective approach to reducing children and young people's future engagement in youth violence and offending behaviours compared to light-touch young person-led wellbeing and safety support?"</i> Both MAC's Cerridwen and the evaluation are funded by the Youth Endowment Fund (YEF). More about YEF can be read here: https://youthendowmentfund.org.uk/. More about YEF's approach to Pilot, Efficacy and Effectiveness RCT studies can be read here: https://youthendowmentfund.org.uk/resources-for-evaluators/.
Key Stakeholders Names & Roles	Dr Stephen Boxford: Director, Cordis Bright Colin Horswell: Managing Director and Data Protection Officer, Cordis Bright Matt Irani: Project Director, Cordis Bright Suzie Langdon-Shreeve: Project Manager, Cordis Bright Prof. Darrick Jolliffe: Senior Advisor in Quantitative Methods. Kam Kaur: Director and Safeguarding Lead, Cordis Bright Ashna Devaprasad: Researcher, Cordis Bright Nick Corrigan: CEO, MAC Sam Heatley: Deputy CEO, MAC Melanie Holdsworth: HR, Facilities and Administration Manager, MAC

	Tammie Court: Cerridwen Coordinator	
Date	8 March 2024	
Screening Questions	Yes or No	
Will the project involve the collection of information about individuals?	Yes	
Does the project introduce new or additional information technologies that can substantially reveal business sensitive information, specifically: have a high impact on the business, whether within a single function or across the whole business?	No	
Will the project compel individuals to provide information about themselves?	No	
Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	Yes	
Are you using information about individuals for a new purpose or in a new way that is different from any existing use?	Yes	
Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of data to make a decision about care that's automated.	No	
Will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g. service planning, commissioning of new services	No	
Will the project result in you making decisions about individuals in ways which may have a significant impact on identifiable individuals? i.e. does the project change the delivery of direct care. N.B. If the project is using anonymised/pseudonymised data only, the response to this question is "No".	No	
Will the project require you to contact individuals in ways which they may find intrusive?	No	
Does the project involve multiple organisations, whether they are public sector agencies i.e. joined up government initiatives or private sector organisations e.g. outsourced service providers or business partners?	Yes	
Does the project involve new or significantly changed handling of a considerable amount of personal and/or business sensitive data about each individual in a database?	Yes	
Does the project involve new or significantly changed consolidation, inter-linking, cross referencing or matching of personal and/or business sensitive data from multiple sources?	Yes	

If any of the screening questions have been answered "YES", then please continue with the Data Protection Impact Assessment Questionnaire (below).

If all questions are "NO" there is no need to proceed.

Use of Personal Information Data flows containing personal and identifiable personal information			
Personal Data	Please tick all that apply	Special Category Data	Please tick all that apply
Name	✓	Racial / ethnic origin	✓
Address (home or business)	✓	Political opinions	
Postcode	✓	Religious beliefs	
NHS No		Trade union membership	
Email address		Physical or mental health	✓
Date of Birth	✓	Sexual life	
Payroll number		Criminal offences	✓
Driving Licence (shows date of birth and first part of surname)		Biometrics; DNA profile, fingerprints	
		Bank, financial or credit card details	
		Mother's maiden name	
		National Insurance number	
		Tax, benefit or pension Records	
		Health, adoption, employment, school, Social Services, housing records	✓
		Child Protection	✓
		Safeguarding Adults	
Additional data types (if relevant)		Demographic data including: language; sex; gender; city the young person lives in; SEND status (yes/no); SEND need (type of need/disability); EHCP (yes/no); school exclusion data; English as an additional language (yes/no); Police data in relation to offending behaviour.	
		Other services' involvement with the young person	
		Eligibility based on criteria: Criteria 1: Are exhibiting, or are at risk of exhibiting violent behaviours, as demonstrated by evidence from referral partners that they have presented with one or more of the following behaviours: - o Expressing pro violent thoughts and opinions . - o Making verbal threats of physical violence.	

	- o Committing violent behaviours (this can include on property, self and / or others). - o Using violent / aggressive communication strategies. • Criteria 2: Are living in Cardiff, Swansea, or Merthyr Tydfil. • Criteria 3: Are willing to voluntarily engage with and complete Cerridwen, as demonstrated through: - o Consenting to referral. - o Confirming willingness to engage following initial meeting and detailed explanation of the project.
	Referral data including: referral date; referee; geographical area team (Cardiff, Swansea, Merthyr Tydfil); allocation date
	Intervention data including: intervention outcome (completed/partially completed/did not complete); intervention outcome notes; lead caseworker; intervention start date; intervention end date; number of sessions; length and location of sessions; topics covered; referrals/signposting; disengagement and reasons for disengagement
	Completed evaluation tools (including Self-Reported Delinquency Scale, Basic Empathy Scale, Social Support and Rejection Scale, Strengths and Difficulties Questionnaire)
	Evaluation monitoring data including information on informed consent, confirmation of outcomes data collection and randomisation outcomes

Lawfulness of the processing: Conditions for processing for special categories - to be identified as whether they apply

Condition		Please tick all that apply	
Explicit consent unless or allowed by other legal route	✓	Other legal route	✓ in the public interest – public task basis
Processing is required by law			
Processing is required to protect the vital interests of the person			
Is any processing going to be by a not for profit organisation, e.g. a Charity			
Would any processing use data already in the public domain?			
Could the data being processed be required for the defence of a legal claim?			
Would the data be made available publicly, subject to ensuring no-one can be identified from the data?			
Is the processing for a medical purpose?			
Would the data be made available publicly, for public health reasons?			
Will any of the data being processed be made available for research purposes?			✓

Answer all the questions below for the processing of Personal Confidential Data	
What is the justification for the inclusion of identifiable data rather than using de-identified/anonymised data?	Personal, identifiable data will be shared between MAC and Cordis Bright, so that Cordis Bright can securely transfer this to the Department for Education as part of the YEF data archiving process. More about this can be seen here: Evaluation data archive - Youth Endowment Fund . The justification we are using for this is Public Task.
Will the information be new information as opposed to using existing information in different ways?	Yes – it will be a combination of new and existing data which will be linked.
What is the legal basis for the processing of identifiable data? E.g. Conditions under the Data Protection Act 2018, GDPR, the Section 251 under the NHS Act 2006 etc. (See Appendix 1 for Lawfulness Conditions under the Data Protection Legislation) If consent, when and how will this be obtained and recorded?	The legal basis for sharing the data will be public interest (public task).
Where and how will this data be stored?	When the data gets shared with Cordis Bright it will be saved on Cordis Bright's secure cloud-based SharePoint server. It will also be password protected and the data will only be accessible to those who require it for the purposes of the evaluation. Pseudo-anonymisation will take place where possible, and personal data will be stored separately from questionnaire data and other monitoring data. After we transfer the information to YEF, we will remove all names and other personal details from the dataset held by Cordis Bright.
Who will be able to access identifiable data?	Data provided will be pseudo-anonymised where possible. Data will be accessed only by those members of the Cordis Bright team including Professor Darrick Jolliffe who require it for the purposes of the evaluation.
Will the data be linked with any other data collections?	Yes – with data from South Wales Police.
How will this linkage be achieved?	This is to be confirmed, but it is likely that: • MAC will provide a list of names of young people with their MAC referral number to police colleagues via secure email. • Police colleagues will match offending history data to individuals. They will use a formula provided by Cordis Bright to change the MAC referral number to a new ID number (pseudonym). • Police colleagues will share the offending data and the pseudonym ID number by secure email with Cordis Bright. Cordis Bright can then use the formula to change the pseudonym ID number back to the MAC referral number in order to match offending data with other data being collected by the evaluation team.

Is there a lawfulness condition for these linkages?	Public Interest (Public Task).
How have you ensured that the right to data portability can be respected? i.e. Data relating to particular people can be extracted for transfer to another Controller, at the request of the person to which it relates, subject to: • Receipt of written instructions from the person to which the data relates. • Including data used for any automated processing, And The transfer of the data has been made technically feasible. N.B. Transferable data does not include any data that is in the public domain at the time of the request. No data that may affect the rights of someone other than the person making the request can be included.	During the evaluation, once data has been shared with Cordis Bright there will be no further data portability. In transferring the data, MAC will be responsible for ensuring that the transfer is technically feasible and only includes information for those young people who have participated in the Cerridwen evaluation. At the end of the evaluation, all data that we collect as well as identifiable information will be securely transferred to the Department for Education as part of Youth Endowment Fund's data archiving process to support potential future analyses. The Department for Education will pseudonymise the data. All participants will have been given information about the data archiving process and will have consented to this as part of being involved in the intervention and the study. A separate DPIA for the data archiving process has been drafted by the YEF, available here: https://res.cloudinary.com/yef/images/v1625734434/cdn/YEF_DPIA_YEFArchive/YEF_DPIA_YEFArchive.pdf
What security measures will be used to transfer the data?	Shared via encrypted email service (e.g. CJSN or Egress) and password protected. Password shared via a different medium.
What confidentiality and security measures will be used to store the data?	Data will be pseudo-anonymised where possible. Data will be password protected when saved on Cordis Bright's secure server.
How long will the data be retained in identifiable form? And how will it be de-identified? Or destroyed?	After data has been transferred to the Department for Education as part of the YEF data archiving process (currently scheduled for October - December 2026), After transferring the information to YEF, we will remove all names and other personal details from the dataset held by Cordis Bright. We will keep this information for six years after the final report has been submitted to the YEF.
What governance measures are in place to oversee the confidentiality, security and appropriate use of the data and manage disclosures of data extracts to third parties to ensure identifiable data is not disclosed or is only disclosed with consent or another legal basis?	Only the research team will have access to the data which will be securely stored on Cordis Bright's servers. The data will only be used for the purpose of this evaluation and will not be disclosed to third parties during the course of the evaluation. Prior to participation in the intervention and the evaluation informed consent will be gained from participants and their parents/guardian for the

	data to be transferred to the Department for Education as part of the YEF archiving process at the end of the evaluation.
If holding personal i.e. identifiable data, are procedures in place to provide access to records under the subject access provisions of Data Protection Laws? Is there functionality to respect objections/withdrawals of consent?	All participants and their parents/guardians 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, they also have the right to: • ask us to erase the personal information where there is no good reason for us continuing to hold it; • object to us using the personal information for public task purposes; • ask us to restrict or suspend the use of the personal information, for example, if they want us to establish its accuracy or our reasons for using it. They will be informed of these rights and how to do any of the above as part of consenting to be involved in the intervention and the evaluation. Once the pseudonymised data is transferred to the YEF archive requests will be considered by the YEF on a case-by-case basis.
Are there any plans to allow the information to be used by a third party?	During the evaluation there are no plans to allow the information to be used by a third party. After the data has been transferred to the YEF archive, YEF will become the data controller. They may allow approved researchers to access data held in the archive in order to conduct research on long-term outcomes. YEF will only permit data in the YEF Archive to be used via the Office of National Statistics' (ONS) Secure Research Service (SRS), which is governed by the ONS's 'Five Safes' framework. More detail on this is available here: https://res.cloudinary.com/yef/images/v1625734434/cdn/YEF_DPIA_YEFArchive/YEF_DPIA_YEFArchive.pdf
Please confirm that the data will be easily separated from other datasets to enable data portability (see previous questions), audit of data relating to specific organisations and to facilitate any requirements for service transitions.	Each dataset received will be saved separately in its original form, and a collated version will be saved before analysis takes place.

Understanding reporting requirements
Which staff roles will have access to the data and be able to analyse it?
Director, Cordis Bright Managing Director and Data Protection Officer, Cordis Bright Principal Consultant, Cordis Bright Senior Consultant, Cordis Bright Researcher, Cordis Bright Senior Advisor in Quantitative Methods, Royal Holloway University of London Director and Safeguarding Lead, Cordis Bright Admin, Cordis Bright
Who will receive the report or where will it be published?
YEF MAC Reports will be published on the YEF's website. Cordis Bright may also include findings from the reports in articles that we write or in presentations. We may also share reports on our website and via social media channels.
Will the reports be in person-identifiable, pseudonymised or anonymised format?
Anonymised
Will the reports be in business sensitive or redacted format (removing anything which is sensitive) format?
No
If this new/revised function should stop, are there plans in place for how the information will be retained / archived/ transferred or disposed of?
Cordis Bright will conduct an Efficacy Trial RCT between April 2024 and December 2026 to test Cerridwen's effect on young people's outcomes. Once this has been completed, Cordis Bright will transfer the data to the YEF for archiving. Cordis Bright will keep the data in its original format for 6 months and then remove all identifiable information and keep until 6 years after the evaluation concluded.

Are multiple organisations involved in processing the data? If yes, list below		Yes /No
Name	Controller or Processor?	
Cordis Bright	Controller & processor (during the evaluation period)	Yes
Media Academy Cymru	Controller (of any participant personal data collected by Media Academy Cymru, and joint controller with Cordis Bright during the evaluation period)	Yes

Has a data flow mapping exercise been undertaken?	Yes/No
If yes, please provide a copy.	Yes
Describe the Information Flows The collection, use and deletion of personal data should be described here and it may also be useful to refer to a flow diagram or another way of explaining data flows.	

Does any data flow in identifiable form? If so, from where, and to where?	See Annex A of this document for a full overview of YEF evaluation data flows: YEF-Data-Guidance-Projects-and-Evaluators.pdf (cloudinary.com) Data will flow in an identifiable form between: a) Media Academy Cymru and Cordis Bright Cordis Bright and the Department for Education as part of the YEF Data Archive process.
Media used for data flow? (e.g. email, fax, post, courier, other – please specify all that will be used)	Encrypted email between Media Academy Cymru and Cordis Bright. For instance, CJMS or Egress.

Data Protection Risks (see Appendix 2)

List any identified risks to Data Protection and personal information of which the project is currently aware.

Risks should also be included on the project risk register.

Risk Description (to individuals, clients or Cordis Bright)	Current Impact	Current Likelihood	Risk Score (I x L)	Proposed Risk solution (Mitigation)	Is the risk reduced, transferred, or accepted? Please specify.	Evaluation: is the final impact on individuals after implementing each solution a justified, compliant and proportionate response to the aims of the project?
Data protection breach	5	2	10	Cordis Bright staff receive data protection training and have a good understanding of information governance protocols. Media Academy Cymru staff also receive data protection training and will ensure that only qualified, trained individuals are involved in data transfer.	Accepted	Yes
Service user: if non-pseudonymised data or non-necessary personal information (e.g. address) is shared in error	5	1	5	Clear explanation of process to data controller and processors. We will support MAC colleagues with their data collection system and explore methods of extracting and sharing only necessary data with Cordis Bright in a pseudonymised format where possible. Any data sent in error deleted by processor from servers.	Accepted	Yes

Consultation requirements

Part of any project is consultation with stakeholders and other parties. In addition to those indicated “Key information, above”, please list other groups or individuals with whom consultation should take place in relation to the use of person identifiable information. It is the project’s responsibility to ensure consultations take place, but IG will advise and guide on any outcomes from such consultations.

Colleagues from:

MAC
YEF

South Wales Police
Wales Violence Prevention Unit
Local authorities in Cerridwen areas
Further information/Attachments (e.g. project proposal)
Managing Director comments:

Appendix 5: Information Sharing Agreement

Cordis Bright | Information Sharing Agreement with Media Academy Cymru

Partners to the agreement

Discloser and Data Controller	
Name of organisation:	Media Academy Cymru
Address:	3-7 Columbus Walk, Brigantine Place Cardiff CF10 4BY
Registration number:	N/A
Contact name and role:	Nick Corrigan – Chief Executive Officer
Contact details:	Address as above Telephone: 02920 667 668 Email: nick@mediaacademycymru.wales mailto:joannasmith@fordswell.gov.uk

Recipient and Data Controller / Processor	
Name of organisation:	Cordis Bright Ltd
Address:	23-24 Smithfield Street, London EC1A 9LF
Registration number:	3620136
Contact name and role:	Matt Irani, Project Director
Contact details:	Address as above Telephone: 020 73309170. Email: mattirani@cordisbright.co.uk

Purpose

1. This agreement creates a framework for the formal exchange of large, sensitive, personal data between Media Academy Cymru and Cordis Bright to enable Cordis Bright to evaluate the impact of Media Academy Cymru's Cerridwen programme on reducing children and young people's future engagement in violence and offending behaviour. This evaluation will run from April 2024 to April 2026 to test the programme's impact on young people's outcomes.
2. Information provided may not be used for any other purpose.

Legal basis

3. The Discloser and Data Controller confirms that the legal basis for sharing information between Media Academy Cymru and Cordis Bright is informed consent and public task [in line with ICO requirements, conditions under the Data Protection Act 2018 and GDPR requirements]. Service users accessing the Cerridwen programme have consented to having their data shared with the evaluator. This consent is recorded in informed consent forms held by the Cerridwen programme and uploaded to the secure case management system. Electronic copies of these forms will be stored securely in Media Academy Cymru's servers/in a secure locked cabinet at Media Academy Cymru's premises and then destroyed by secure methods once they have been shared with Cordis Bright for their records. The data will feed into the evaluation of the Cerridwen programme. The programme and the evaluation are being funded by the Youth Endowment Fund (YEF).
4. Personal information will be shared and processed in accordance with the Data Protection Act 2018.

Recipient

5. The recipient of the data is Cordis Bright. They will have access to the data on a one-off basis as part of the evaluation of the Cerridwen programme.

Data Controller and Data Processor

6. The joint Data Controllers are Cordis Bright and Media Academy Cymru.
7. The Data Processor is Cordis Bright.
8. The Discloser and Data Controller confirms that it has followed all of its relevant protocols and procedures in relation to data sharing. This includes completing, if necessary, a Data Protection Impact Assessment.
9. The Data Processor confirms that it will adhere to its Information Governance and Data Protection Policy – and the requirements specified here – in the storage, handling, analysis and deletion of this data.

Data to be shared

10. The following data is being shared:

- Personal identifiable data, for example, name of young person, postcode, date of birth, ethnicity.
- Demographic information including sex, special educational needs and disability status and need.
- Socioeconomic information including school exclusion data language, and English as an additional language.
- Referral data, including referral date, referral source and referral reason.
- Questionnaire responses including Self-Reported Delinquency Scale, Basic Empathy Scale, Social Support and Rejection Scale, Strengths and Difficulties Questionnaire.
- Data collected by Media Academy Cymru concerning activities and dosage.
- Evaluation monitoring data including information on informed consent and randomisation outcomes.
- Police data in relation to young people's offending behaviour

11. The following fields will be provided:

- Name
- Reference number
- Language
- Sex in line with YEF guidance on collecting demographic data:
<https://youthendowmentfund.org.uk/wp-content/uploads/2023/06/YEF-Policy-Demographic-data-June-2023.pdf>
- Date of birth
- Ethnicity
- Other services involved
- Flag (including school exclusions, SEND status and need, EHCP, English as an additional language)
- Risk factors
- Post code
- Monitoring data about consent, referrals, activities provided and amount of activities provided (dosage)

12. The personal information shared under this agreement must be relevant and proportionate to achieve the purposes identified above. Only the minimum necessary personal information will be shared and where possible aggregated non-personal information will be used.

Data quality

13. Media Academy Cymru agrees to provide high quality, accurate data, using the fields detailed above. Media Academy Cymru and Cordis Bright confirm that they have received consent from individuals for this information to be shared.

Data security

14. Data will be provided in electronic format. Media Academy Cymru will supply the data in line with its policy on handling personal and sensitive data. This includes, as a minimum:
 - Data provided will only be that needed to administer the evaluation.
 - Data will be password protected.
 - Data will be sent to Cordis Bright via a secure mechanism (e.g. Switch Egress).
 - Passwords will be sent via a different medium.
15. On receipt of the data, Cordis Bright will handle the data in line with its policy on handling personal and sensitive data. This includes:
 - Cordis Bright will save data on Cordis Bright's secure server. Cordis Bright stores data on a Microsoft SharePoint server. SharePoint is a web-based collaborative platform that integrates closely with Microsoft Office 365. Apart from the advantages it brings to companies operationally in terms of sharing files and working together, it also delivers a very secure working environment, reducing the risk of cyber-attacks and hacks that can be experienced by traditional land-based file servers. Using SharePoint means that our data is hosted on Microsoft servers. Data is always encrypted, whether just being stored or being transmitted between a user and the servers, and there are multiple backups. We're able to specify the geographical location we want our data stored in. User logons require complex passwords and include 2 factor authentication when a logon is required on a new device. This security is reinforced by the level of access control and privacy offered by SharePoint – we can control who can see what, down to a user by user, file by file level if necessary. Microsoft's Office 365 services adhere to globally recognised security standards including ISO 27001 and 27018.
 - The data will not be saved on any other devices.
 - Personal or sensitive data has additional encryption with access only to designated/authorised member of our team.
 - Only relevantly qualified and experienced people will have access to and be able to utilise the data.
 - Pseudo-anonymisation will be used where possible.
 - Personal data will be saved and stored separately from questionnaire data.
 - The data will only be used for the purposes of the evaluation of the Cerridwen programme.

Retention of shared data

16. At the end of the evaluation (currently scheduled for December 2026) all data will be transferred to the Department for Education as part of the YEF data archiving process (see <https://youthendowmentfund.org.uk/evaluation-data-archive/> for more information). Before this transfer, we will need to discuss a further Data Sharing Agreement and Data Protection Impact Assessment with YEF, Department for Education and Media Academy Cymru. After transferring the information to YEF, we will remove all names and other personal details from the dataset held by Cordis Bright so that it is not possible to identify who took part in the study. We will keep this information for six years after we have submitted the final report to YEF.

Individuals' rights

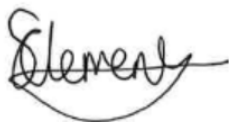
17. The Data Protection Notification and Privacy Notice of each partner must reflect the processing of personal information under this agreement, to ensure that data subjects are fully informed about the information that is recorded about them and their rights to gain access to information held about them and to correct any factual errors that may have been made. If there are statutory grounds for restricting a data subject's access to the information held about them, they will be told that such information is held and the grounds on which it is restricted. Where opinion about a data subject is recorded and they feel the opinion is based on incorrect factual information, they will be given the opportunity to correct the factual error and / or record their disagreement with the recorded opinion.
18. Subject Access Requests will be handled in accordance with the standard procedures of the partner who receives the request.
19. Complaints will be handled in accordance with the standard procedures of the partner who receives the complaint.

Review of effectiveness/termination of the sharing agreement; and

20. This agreement will be reviewed annually.
21. This agreement can be suspended by either party in the event of a serious security breach.
22. Termination of this agreement must be in writing giving at least 30 days' notice to the other partners.
23. Each partner organisation will keep each of the other partners fully indemnified against any and all costs, expenses and claims arising out of any breach of this agreement and in particular, but without limitation, the unauthorised or unlawful access, loss, theft, use, destruction or disclosure by the offending partner or its subcontractors, employees, agents or any other person within the control of the offending partner of any personal data obtained in connection with this agreement.

Signatories

24. By signing this agreement all signatories accept responsibility for its execution and agree to ensure all staff are trained so that requests for information and the process of sharing information itself is sufficient to meet the purposes of this agreement.
25. Signatories must all ensure that they comply with all relevant legislation in the processing of personal information.

Signed on behalf of...	
Name of organisation:	Cordis Bright
Name:	Suzie Clements
Position:	Project Manager, Principal Consultant
Signature:	
Date:	07/08/24

Signed on behalf of...	
Name of organisation:	Media Academy Cymru

Name:	Nick Corrigan
Position:	Chief Executive Officer
Signature:	N. Corrigan
Date:	07/08/24